

# THE FEMALE OFFENDER—1979-80

## HEARINGS

BEFORE THE

SUBCOMMITTEE ON COURTS, CIVIL LIBERTIES,  
AND THE ADMINISTRATION OF JUSTICE

OF THE

COMMITTEE ON THE JUDICIARY  
HOUSE OF REPRESENTATIVES

NINETY-SIXTH CONGRESS

FIRST SESSION

ON

THE FEMALE OFFENDER—1979-80

OCTOBER 10 AND 11, 1979

PART 1

Serial No. 59



for the use of the Committee on the Judiciary

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# CONTENTS

## HEARINGS HELD

October 10, 1979.....	Page 1
October 11, 1979.....	43

## WITNESSES

Carlson, Norman A., Director, Bureau of Prisons..... 91000	2
Prepared statement.....	3
Chapman, Jane Roberts, Center for Women Policy Studies.....	44
Prepared statement.....	88
Fidler, Vickie, inmate, Pensacola, Fla.....	34
Fields, Ogis, warden, Federal Correctional Institution, Lexington, Ky.....	2
Freeman, James W., Assistant Director, Executive Services, D.C. Department of Corrections.....	27
Heffernan, Dr. Esther, Catholic University of America.....	44
Prepared statement.....	93
Neagle, Kenneth H., warden, Federal Correctional Institution, Alderson, W. Va.....	2
Overton, Crystal Gay, inmate, Chicago, Ill.....	34
Pitts, Donald L., chairperson, Alderson Task Force, West Virginia Advisory Committee, U.S. Commission on Civil Rights.....	106
Prepared statement.....	106
Resnik, Judith, Guggenheim Program in Criminal Justice, Yale Law School.....	106
Prepared statement..... 91003	135
SchWeber, Dr. Claudine, State University College at Buffalo, N.Y.....	44
Prepared statement.....	78
Shaw, Dr. Nancy Stoller, University of California at Santa Cruz..... 91001	44
Prepared statement.....	44
Taylor, Patricia P., Assistant Director, Community Women's Programs, D.C. Department of Corrections.....	27
Turnbo, Charles, warden, Federal Correctional Institution, Pleasanton, Calif.....	2
Williams, Jean Delores Dockery, inmate, Washington, D.C.....	34

## ADDITIONAL STATEMENT

Jackson, Delbert C., Director, District of Columbia, Department of Corrections.....	Page 27
-------------------------------------------------------------------------------------	---------

## APPENDIXES

### APPENDIX 1—SUPPLEMENTAL MATERIALS OF WITNESSES

A. Bureau of Prisons, U.S. Dept. of Justice (BOP):	
(1) BOP, Task Force Report: Female Offenders, Feb. 1979 (Excerpt).....	168
(2) Selected Correspondence and Materials Relevant to F.C.I. Alderson (W. Va.) Medical Facilities (1978-81):	
(a) Hania W. Ris, M.D., letter and report to Robert L. Brutsché, M.D., Medical Dir., BOP, dated June 30, 1978.....	290
(b) Brian D. Williams, Area Service Dir., W. Va. H.S.A., letter to Norman Dittman, Project Officer, Public Health Service, dated June 8, 1979.....	300
(c) Norman C. Dittman, letter to Mr. John Kutch, Medical Dir., BOP, dated June 12, 1979.....	303
(d) Robert L. Brutsché, M.D., Asst. Surg. Gen., USPHS, and Med. Dir., BOP, summary of Medical Care Program, F.C.I. Alderson, dated Oct. 5, 1979.....	304

A. Bureau of Prisons, U.S. Dept. of Justice (BOP)—Continued

(1) BOP, Task Force Report—Continued

Page

(e) Norman A. Carlson, Dir., BOP, letter to Hon. Robert W. Kastenmeier, Chairman, House Judiciary Subcommittee on Court, Civil Liberties, and the Administration of Justice, dated Dec. 19, 1979, and enclosing Follow-up Report, Evaluation of F.C.I. Alderson Medical Services, by Dr. Brutsché, dated Dec. 18, 1979.-----

306

(f) BOP, Follow-up Report to Evaluation of F.C.I. Alderson Medical Services (by Hania W. Ris, M.D., June 30, 1978), dated Feb. 9, 1981.-----

311

91004 (3) BOP, Female Psychiatric Unit Task Force: Report, dated April 11 and 12, 1979.-----

316

(4) James L. Beck, Ph.D., "Finding a Job: The Post-release Employment of Federal Parolees, Vocational Training Evaluation Interim Report, BOP: Office of Research, Sept. 18, 1978.-----

355

(5) BOP, Security Designation and Custody Classification Manual (P.S. 5100.1), July 14, 1980.-----

370

91005 (6) BOP, Federal Prison Service Task Force: Report on Family Visitation, Dec. 1980.-----

462

(7) BOP, Alderson Feasibility Study:

(a) H.R. Rept. 96-873, Part 1, 96th Cong., 2d Sess., House Comm. on the Judiciary, dated April 14, 1980. (Excerpt, 17, 18)-----

484

91006 (b) Kevin D. Rooney, Asst. Atty. Gen. for Admin., U.S. Dept. of Justice, letter to Chairman Peter W. Rodino, Jr., dated Dec. 31, 1980, and enclosing Report to Congress, "Feasibility Study of Alternative Uses for the F.C.I. Alderson, W. Va."-----

485

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528

C. Judith Resnik and Nancy Shaw, "Prisoners of Their Sex: Health Problems of Incarcerated Women," Vol. II, Prisoners' Rights Sourcebook (Edited and Compiled by Ira P. Robbins, Clark Broadman Co., Ltd.), 1980, 319-413.-----

567

74-292

APPENDIX 2—GENERAL ACCOUNTING OFFICE

A. GAO, Staff Study, "Female Offenders: Who Are They, and What Are the Problems Confronting Them?" (GGD-79-73) Aug. 23, 1979.-----

663

B. GAO, Comptroller General, Report to the Congress of the United States, "Women in Prison: Inequitable Treatment Requires Action," (GGD-81-6) Dec. 10, 1980.-----

752

APPENDIX 3—ADDITIONAL CORRESPONDENCE AND MATERIALS

A. General:

(1) Maryann Bird, "The Women in Prison: No Escape from Stereotyping," The New York Times, June 23, 1979, (Style), 14.-----

813

(2) Clarice Feinman, "Sex Role Stereotypes and Justice for Women," Crime and Delinquency, Jan. 1979, 87-94.-----

814

(3) Institution Education Services, Inc., Prison Law Monitor, "Women in Prison Issue," Vol. 2, No. 4 (Sept. 1979). (Several articles below are excerpted from this issue.)

(a) Joan Potter, "Women in Prison"-----

822

(b) James L. Potts, "Prisoners Forum: Aspects of Life in a Women's Prison"-----

825

(c) "Damage Action(s): Women Awarded \$4,000 Damages for Forced Disrobing in Presence of Male Guards as Being Cruel and Unusual Punishment".-----

827

(d) "Visiting Regulation Barring Children From Visiting Parents in Jail Unconstitutional"-----

828

## A. General—Continued

(3) Institution Education Services, Inc.—Continued	Page
(e) "Bibliography: Major Studies on Female Offenders"	828
(f) Judith Magid, Esq., "Glover v. Johnson: Totality Litigation Against Womens Institutions"	830
(g) Ilene R. Bergsmann, "The Federal Female Offenders"	835
(h) "International Symposium on the Female Offender"	838
(i) "Breed Cites Sexism in Corrections"	
(j) Carole Shapiro, "The N. Y. U. Womens Prison Project at Bedford Hills"	839
(k) Victoria Webb, "The Lifers Club, Tenn. Prison for Women"	840
(l) Stephen Angell, "Death Row Women"	841
(4) National Commission of the Observance of International Women's Year, Female Offenders: A Workshop Guide, Excerpt of "Fact Sheet, Female Offenders," 1977	842
(5) President's Advisory Committee for Women, Voices for Women, 1980. (Excerpted on Female Offenders, 108-112, 117.)	853
(6) Eileen Ogintz, "Rallsback Asks Inquiry on Women in Prison," Chicago Tribune, Aug. 13, 1980	860
(7) Laurel L. Rans, "Women's Crime: Much Ado About . . . ?" 42 Feb. Prob. (No. 1), March 1978, 45-49	861
(8) Celeste L. Rice, Program Dir., Ananda Marga Resource Center, Inc., Madison, Wisc., letter and enclosures to Hon. Robert W. Kastenmeier, dated Nov. 5, 1979	866
(9) Sr. Margaret Ellen Traxler, SSND, Dir., Institute of Women Today, Chicago, Ill., letter to Hon. Robert W. Kastenmeier, dated Dec. 18, 1979, with enclosures on Women's Conference on Human Rights and Mission (Venice, June 24-30, 1979)	879
(10) U.S. Dept. of Justice, Federal Standards for Prisons and Jails, Dec. 19, 1980. (Excerpted)	890
(11) United Nations, Sixth U.N. Congress on the Prevention of Crime and the Treatment of Offenders, Resolution on Women Offenders, approved by the Congress (plenary session), Sept. 5, 1980	973

## B. F.C.I. Alderson (W. Va.):

(1) Stephen W. Angell, and others, National Moratorium on Prison Construction, letter to Hon. Robert Kastenmeier, dated March 10, 1979	974
(2) Dyeatra Carter, Long Termers Committee, F.C.I. Alderson, "Long Termers-Lifers Proposal," Feb. 1979	976
(3) Richard C. Dieter, Alderson Hospitality House, Alderson, W. Va., Statement to the Subcommittee on Courts, Civil Liberties, and the Administration of Justice, dated Oct. 23, 1979, and enclosures	1003

## C. Women Offenders from Washington, D.C.:

(1) Correspondence between D.C. State Fed. of Business and Professional Women's Clubs and D.C. Officials:	
(a) Alice A. Booher, Pres., D.C. State Fed. of Bus. and Prof. Women's Clubs, letter to Hon. Marion Barry, Jr., Mayor, D.C., dated Oct. 14, 1980	1011
(b) Norman A. Carlson, Dir., Fed. Prison System, letter to Alice A. Booher, dated Oct. 17, 1980	1013
(c) Norman A. Carlson, letter to Alice A. Booher, dated Oct. 20, 1980	1014
(d) Arrington Dixon, Chairman, Council of the District of Columbia, letter to Alice A. Booher, dated Oct. 20, 1980	1015
(e) David A. Clarke, Member, Council of the District of Columbia, letter to Alice Booher, dated Nov. 28, 1980	1016
(2) Jill MacNeice, "D.C. Women in a District Jail," The Washington Post, Sept. 25, 1980, (The District Weekly) 1, 2	1017
(3) Sr. Mary McGowan, S.C., letter to Hon. Robert W. Kastenmeier, dated Oct. 18, 1979	1020

C. Women Offenders from Washington, D.C.—Continued	Page
(4) Elizabeth Rudek, Statement by the D.C. Committee on Alternatives to Alderson, Oct. 1979-----	1022
(5) Correspondence and Materials Relating to the W. Va. Advisory Committee (to the U.S. Civil Rights Commission) and D.C. Officials:	
(a) James B. McIntyre, Chairperson, W. Va. Advisory Comm., letter to Hon. Robert W. Kastenmeier and attachment (Testimony of Donald L. Pitts before the Comm. on the Judiciary of the Council of the Dist. of Col. on April 17, 1980), dated June 4, 1980-----	1026
(b) Donald L. Pitts, Chairperson, Alderson Task Force, W. Va. Advisory Comm., letter to Hon. David A. Clarke, Chairperson, Comm. on the Judiciary, Council of D.C., and attachment (Thomas W. Lippman, "Rural Exile May End for District's Female Prisoners," The Washington Post, Nov. 13, 1980, (D.C. Weekly) 2), dated Nov. 14, 1980-----	1049
(c) Jerry A. Moore, Jr., Councilmember at Large, Council of D.C., letter to Donald L. Pitts, dated Dec. 1, 1980-----	1051
(6) The Women's Bar Assoc. of D.C.:	
(a) Judith E. McCaffrey, Pres., WBACD, letter to Hon. Robert W. Kastenmeier with attachment (WBA Resolution of D.C. Women Offenders, passed June 1980), dated Aug. 29, 1980-----	1052
(b) Statement on Behalf of the WBA Before the City Council of D.C., Comm. on the Judiciary, Oct. 16, 1980-----	1057
D. Employment, Education, and Job Training:	
(1) Alexis M. Herman, Dir., Women's Bureau, U.S. Dept. of Labor, "If She Were a Carpenter: Nontraditional Apprenticeships for Women in Prison," 41 Corrections Today (No. 6), Nov.-Dec. 1979, 24, 25, 28, 38, 56-----	1062
(2) Kay Stellpflug, "Traditional Education Falls Short of Women's Needs in Institutions," Am. J. of Corr., Nov.-Dec. 1978, 26, 27-----	1066
(3) U.S. Dept. of Labor, Office of the Sec., Women's Bureau, "The Women Offender Apprenticeship Program: From Inmate to Skilled Craft Worker," (Pamphlet 21) 1980. (Excerpted)-----	1068
(4) Gene Weingarten, "Sex Bias in Prison Care Barred," The National Law Journal, Nov. 5, 1979-----	1115
(5) Wider Opportunities for Women, Inc., "An Insignificant Share: CETA and the Woman Offenders," (a Summary Report) Dec. 1980-----	1116
E. Family:	
(1) Hon. John Conyers, Jr. (Rep. from Mich.), "New Bureau of Prisons Mail Policy," Cong. Record, June 28, 1979 (Daily Ed.), E 3338, 3339-----	1124
(2) Nadine Joseph, "Jailed Mothers Retain Babies," The Capital Times (Madison Wis.), April 26, 1979-----	1125
(3) Henry Musk, "Incarcerated Women and Their Children: Preliminary Report No. 1," (Am. Correctional Assoc., Assoc. on Programs for Women Offenders) July 1979-----	1126
(4) Eileen Ogintz, "Legislators to Aid Women Prisoners," Chicago Tribune, Aug. 9, 1980-----	1161
(5) Eileen Ogintz, "State's New Priority: Children of Women Inmates," Chicago Tribune, Aug. 10, 1980-----	1162
(6) Quentin C. Qualle, Fairbanks, Alaska, letter to Hon. Robert Kastenmeier, dated May 31, 1980-----	1163
(7) Hon. Tom Railsback, Ranking Minority Member, House Judiciary Subcommittee on Court, Civil Liberties, and the Administration of Justice, and others, Report of Field Trip to F.C.I. Pleasanton (Calif.) and Hayward Shelter, April 9, 1980-----	1164
(8) Gregory Turlik, CFX, St. Joseph's Villa, Richmond, Va., letter to Norman Carlson, Dir., BOP, dated Aug. 28, 1979-----	1191

F. Health:	
(1) Hania W. Ris, M.D., "What Are the Health Needs of Residents of Juvenile and Women Correctional Institutions?" Paper presented at the 2d National Conf. on Medical Care and Health Services in Correctional Institutions, Chicago, Ill., Oct. 27-28, 1973.....	1193
(2) Select Comm. on Narcotics Abuse and Control, U.S. House of Repr., "Report on U.S. Bureau of Prisons Staff Study: Institutional Drug Abuse Treatment of Programs and Utilization of Prescription Drugs at Five Institutions," 96th Cong., 2d Sess., SCNAC, 1980. (Excerpts include information of F.C.I. Alderson, F.C.I. Lexington, and F.C.I. Terminal Island.).....	1200
G. Selected Materials from the Conference on Female Offenders: Alternatives for the '80's, (Univ. of Wisc., Madison, Wisc.) June 7-8, 1979:	
(1) Charlotte Ginsburg, Exec. Dir., Female Offenders Program of W. Pa., Keynote Address of the Conference, June 7, 1979.....	1276
(2) Martin Drapkin and Marian Thompson, Preliminary Report to Wis. Council on Criminal Justice on the Conference on Female Offenders: Alternatives for the '80's, dated June 28, 1979.....	1283
(3) Conference, Workshop Needs Assessments and Recommendations for Change, June 1979.....	1285
(4) Carolyn Wilson, Conference, "Female Offenders: A Selected Bibliography," June 7-8, 1979.....	1299

#### APPENDIX 4—SELECTED BIBLIOGRAPHY

A. David M. Horton and Marjorie Kravitz, The Female Offender: A Selected Bibliography, Jan. 1979. (National Criminal Justice Reference Service, Rockville, Md.) (Prepared for the National Institute of Law Enforcement and Criminal Justice, LEAA, U.S. Dept. of Justice) (Reprinted in this appendix.).....	1309
B. Additional Selected Bibliography.....	1359

## THE FEMALE OFFENDER—1979-80

TUESDAY, OCTOBER 10, 1979

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON COURTS, CIVIL LIBERTIES,  
AND THE ADMINISTRATION OF JUSTICE,  
OF THE COMMITTEE ON THE JUDICIARY,  
*Washington, D.C.*

The subcommittee met at 1:45 p.m. in room 2226 of the Rayburn House Office Building; the Honorable Robert W. Kastenmeier (chairman of the subcommittee) presiding.

Present: Representatives Kastenmeier and Danielson.

Staff present: Gail Higgins Fogarty, counsel, and Joseph V. Wolfe, associate counsel.

Mr. KASTENMEIER. Today, the Subcommittee on Courts, Civil Liberties, and the Administration of Justice will begin hearings on the female offender.

This marks the first time, to my knowledge, that Congress has focused on the problems and needs of women offenders, and particularly those in the Federal Prison System.

Women represent about 5 percent of the Federal prison population, that is to say about 1,325 of approximately 24,000 total Federal prisoners, and we are anxious to look into the charges that women in Federal prisons are getting short-changed when it comes to facilities, rehabilitation, health services, and job training.

It is timely that we do so. This subcommittee, which has oversight of the Federal Bureau of Prisons, has monitored the Bureau's task force on the female offender. The task force was set up over 1 year ago at the direction of Norman Carlson, the Director of the Bureau, to investigate many of the issues relating to the female offender.

Recently, the task force has made several recommendations to the executive committee. They include the need for geographic placement closer to the legal residences, more appropriate and reduced security, more parenting programs, better medical and psychiatric health care, and the development of needed job skills. (see app. 1.A.(1))

I commend the Bureau on its initiative in creating the task force, and in its plan to implement many of its recommendations.

It is also timely that the hearing today follows the recent publication by the General Accounting Office of a nationwide study of female offenders in Federal, State, and local correctional facilities.

The preliminary results of the GAO's staff study indicate that women are indeed short-changed in the areas of health care, facilities, and job training. (see app. 2(A))

Our first witnesses today are representatives of the Federal Bureau of Prisons, including its Director, Norman Carlson. Mr. Carlson, of

course, has frequently appeared before this subcommittee, and I am very pleased to welcome him again.

Accompanying Mr. Carlson are three wardens from facilities which house women. The Federal Correctional Institution at Alderson, W.Va., and the Federal Correctional Institution at Pleasanton, Calif., are both all-female prisons, although as I remember this, Pleasanton was originally cocorrectional.\* Also the institution of Fort Worth, Tex., and the Lexington, Ky. facility are both cocorrectional.

Mr. Kenneth Neagle, who has been the warden at Alderson since July 1978, has worked in the Federal Bureau of Prisons System serving at Petersburg and Lexington. He has also helped to set up the Fort Worth institution as the original cocorrectional institution in the Federal system.

Charles Turnbo has been the warden at Pleasanton for over 1 year and he has also served as warden at Lompoc, Calif.

Mr. Ogis Fields, who last month assumed the position of warden at Lexington, was formerly the warden at Oxford in Wisconsin, and I might note has appeared before this committee last year.

After the Bureau of Prisons panel, we will hear testimony from the D.C. Department of Corrections. About 10 percent of the women in the Federal Prison System are committed from the District of Columbia, either as District of Columbia Code or United States Code violators.

Mrs. Patricia P. Taylor, who is the Assistant Director of the community and women's programs, will testify in place of the Director of the Department, Mr. Delbert Jackson.

Following the witnesses from the D.C. Department of Corrections, there will be a panel of women inmates from Alderson. They have braved the snow and sleet to be here today, and we will subsequently hear from them.

I welcome you all, and now I'd like to greet the Director of Bureau of Prisons, Mr. Carlson.

Mr. CARLSON. Thank you very much, Mr. Chairman.

**TESTIMONY OF NORMAN A. CARLSON, DIRECTOR, BUREAU OF PRISONS, ACCOMPANIED BY OGIS FIELDS, WARDEN, FEDERAL CORRECTIONAL INSTITUTION, LEXINGTON, KY.; KENNETH H. NEAGLE, WARDEN, FEDERAL CORRECTIONAL INSTITUTION, ALDERSON, W. VA.; AND CHARLES TURNBO, WARDEN, FEDERAL CORRECTIONAL INSTITUTION, PLEASANTON, CALIF.**

Mr. CARLSON. I appreciate the opportunity to appear before the subcommittee again. It's always a pleasure to meet you and talk about the problems we have in the Federal Prison System.

I have a prepared statement, Mr. Chairman, which I have submitted to the subcommittee.

Mr. KASTENMEIER. No objection. It will be received and made a part of the record.

[The document follows:]

\*Ed. note—Before publication of this hearing record, F.C.I. Pleasanton returned to its cocorrectional status (in 1980).



# Department of Justice

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STATEMENT

OF

NORMAN A. CARLSON  
DIRECTOR  
BUREAU OF PRISONS

BEFORE

THE

COMMITTEE ON THE JUDICIARY  
SUBCOMMITTEE ON COURTS, CIVIL LIBERTIES  
AND THE ADMINISTRATION OF JUSTICE  
HOUSE OF REPRESENTATIVES

CONCERNING

FEMALE OFFENDER PROGRAM - BUREAU OF PRISONS

ON

OCTOBER 10, 1979



Mr. Chairman and Members of the Subcommittee:

I appreciate the opportunity to appear before you and your colleagues in order to discuss the problems of female offenders in the Federal Prison System.

Until recent years, little attention was paid to the special needs of female offenders, primarily because they represented only a small proportion - six percent - of the entire inmate population. With society's growing awareness of the equal rights of women, the increased recruitment of female employees, with correctional administrators becoming more aware of the special needs of female offenders, and with the larger number of women being committed to federal custody, this lack of attention is rapidly changing.

In order to focus attention on the female offender, a Task Force was appointed last year within the Federal Prison System to study the issues and make recommendations, which I will discuss later.

#### FEMALE OFFENDER PROFILE

There are currently 1325 women serving sentences in Federal institutions; approximately 125 of whom are District of Columbia Code violators. Although the number of women in the Federal Prison System has doubled over the past ten years, the inmate population is now declining in both female and male institutions. The recent decline is attributed to a number of factors including the expanded use of Community Treatment Centers, the increased number of inmates being released from custody and the decreasing number of Federal commitments.

The typical female offender is 31 years old, black and single with responsibility for two children. She does not have a high school diploma and is typically the head of her household.

Most women confined in Federal institutions face the same economic pressures that have been associated with criminal behavior in the past. Many lack job skills to enable them to enter and stay in the work force and most have virtually no financial resources. The majority have histories of drug abuse. Over twenty percent are serving sentences for economically related crimes such as larceny, theft, fraud, embezzlement, or forgery. An additional twenty-five percent are serving sentences for drug related offenses. Contrary to popular opinion, the offense pattern for female offenders has remained fairly constant over the past fifty years.

Currently, fifteen percent of the female offenders are convicted of violent offenses which includes robbery, assault, kidnapping and homicide. The percentage of District of Columbia Code offenders committing violent crimes is significantly higher and represents nearly seventy-five percent of that population.

Two-thirds of the women are serving sentences of between 2 to 6 years with the average sentence being 6 years.

More than fifty percent of the federal female offender population are from urban locations. Of these, one third are from two large geographic areas: the Northeast corridor from New York City to Washington, D.C. and the lower Great Lakes from Milwaukee to Cleveland. An additional eight percent come from the Los Angeles-San Diego area.

#### INSTITUTIONS HOUSING FEMALE OFFENDERS

Women committed to the Federal Prison System by the Courts are incarcerated in the all female institutions at Alderson, West Virginia, (current population 400), or Pleasanton, California, (current population 250); or, the two co-correctional institutions at Lexington, Kentucky, (current female population 400), or Fort Worth, Texas, (current female population 275).

ALDERSON

When the U.S. Industrial Institution for Women, as it was originally named, opened in 1927 at Alderson, West Virginia, it was the first institution constructed to house federal female offenders. Previously, women were housed on a contract basis in state institutions.

Located in the Allegheny mountains, the site at Alderson was specifically selected because it was near the geographic center of the federal prison population and was relatively close to Washington, D.C. Legislators and correctional administrators alike believed that only in a rural setting could women from urban areas develop self respect, discipline and employable skills. Ironically, the strengths of Alderson's geographic location which impressed early reformers now present problems in providing adequate services, due to limited community resources. Accessibility to legal services, recruitment of staff, and family visitation are made difficult due to the remote location of the institution.

Despite these problems, the staff at Alderson have been able to develop a number of program resources. As a result of their efforts, the institution now offers registered apprenticeship training programs through the Department of Labor, Bureau of Apprenticeship and Training. In addition, a wide range of academic and industrial training programs are available. We have also been fortunate to receive the services of a number of federal, state and local governmental agencies. Most noteworthy has been the cooperation from of the Women's Bureau of the U.S. Department of Labor. That Bureau has assisted in developing apprenticeship programs in many non-traditional job areas.

The Alderson staff has successfully recruited two full time U.S. Public Health Service physicians and draw on the services of many consultants in the local community. Legal services, including civil, criminal and District of Columbia code issues, are provided weekly by law students from Washington and Lee University in Lexington, Virginia.

Women who have a history of violent, assaultive behavior and who are escape risks are housed in Davis Hall, a small maximum security unit at Alderson. There are currently eleven women in this unit. Rather than impose restrictions and controls on the majority of the population who can get along in a relaxed minimum security environment, we think it is more advisable to place such controls on the limited number who require them. The placement of each woman in Davis Hall is monitored closely by the institution staff. Legal, medical, educational, recreational and counseling services are available to the women in the unit.

#### PLEASANTON

Opened in 1974, the Federal Correctional Institution at Pleasanton, California, 30 miles southeast of San Francisco houses women from western states. Because of its location and access to the Bay Area, this facility is able to provide a wide range of services to inmates.

Educational programs range from of literacy training to college courses. Classes are also available in job readiness, consumer education, automated grocery checking, data keypunch as well as basic and advanced business skills. In addition Federal Prison Industries operates an upholstery shop, a drapery shop and a clothing repair factory there. Medical, dental, psychological and psychiatric services are also provided.

#### CO-CORRECTIONS

As I noted earlier, the Federal Correctional Institutions at Fort Worth and Lexington are co-correctional institutions. While co-corrections is not a panacea, we have found that the environment of a co-correctional institution provides for a safe, humane institution. Research has demonstrated that co-corrections is most successful when there is a wide variety of inmates representing varying ages,

racess, ethnic backgrounds, socio-economic strata and offense histories. Inmates in correctional facilities also have the opportunity to participate in a greater variety of training programs that otherwise would not exist in a single sex institution.

#### FEMALE OFFENDER TASK FORCE

As mentioned earlier, our most recent effort on behalf of the female offender was the establishment of the Female Offender Task Force. In this effort, Bureau of Prisons staff were joined by persons representing a wide range of professional backgrounds, including academicians, interested professionals in government as well as a member of the staff of your Subcommittee. The Task Force focused on the status of the female offender and identified strengths and weaknesses in current programming. Critical issues identified by the Task Force were medical and psychiatric care, education and vocational training, family visitation, community programs, and drug and alcohol abuse programs.

As a result of the Task Forces recommendations, a psychiatric unit is being established at the Federal Correctional Institution at Lexington where women presenting psychiatric problems can be treated. This unit, which will open January 1, 1980, will provide services for 30 offenders. Additional health education programs for both women and men are being established with the assistance of the U.S. Public Health Service.

We recognize the importance of offenders obtaining employment and becoming economically independent upon release and are now evaluating inmate preferences for various education and training programs. The growth of equal opportunities for women in jobs in the community is having its impact on women in prison. In the past, training programs have been confined to traditionally female occupational areas such as domestic work, health service occupations, keypunching, and related clerical occupations.

In addition to programs in these areas, Alderson currently offers six accredited apprenticeship programs in such non-traditional vocations as auto mechanics, electricians, painters, plumbers, power house operators, and steamfitters. In addition, Pleasanton offers a course in stationary engineering; and a number of women are enrolled in a graphic drafting program at Lexington.

In regard to drug and alcohol program needs, the Task Force found that over fifty percent of the women had a history of drug use and thirteen percent indicated they had been arrested for drunkenness, drunk driving, or other offenses resulting from the abuse of alcohol. Substance abuse units exist in all four institutions for women and counseling and therapy are provided.

Because the average female offender has two dependent children for whom she must be responsible upon release, visitation programs to strengthen family ties are of particular importance. Two programs unique in the Federal Prison System are the Emergency Shelter Program and the Children's Center Program at Pleasanton.

The Emergency Shelter Program provides specialized services to women who are pregnant when committed to custody. Eligible women are transferred to the shelter during their seventh month of pregnancy and, following birth, remain at the shelter with their newborn child for up to four months. This program enables expectant mothers to prepare for their child's delivery, and develop child placement plans if needed.

The Children's Center program is sponsored by the National Council on Crime and Delinquency. It involves a certified early childhood teacher directing inmate trainees in working with mothers and children during weekend visiting hours in a playschool setting. The trainees earn college credits for their practical experience and related coursework. Project staff also coordinate supportive services for the mother, child and foster parent-guardian with assistance from institution staff.

In an attempt to be more sensitive to the needs of female offenders, we recently established an office in Washington to monitor programs for the female offender. This new office will insure that the needs of women inmates are considered in the formulation of inmate management policy.

Finally, stimulated by the Task Force, a two day workshop on the female offender was held in October, 1978. It was sponsored by the Bureau of Prisons in conjunction with the National Institute of Corrections. At the workshop 25 correctional practitioners, active in programs for female offenders defined critical issues for women inmates and developed plans to serve as guidelines for action.

While we recognize that many problems remain, we believe that federal institutions are making progress in serving the needs of female offenders. We will continue to seek the assistance of volunteer groups and others to improve services to the female offender. With this assistance and our own internal efforts, we believe that we can help to better these inmates chances of leading more productive, crime free lives after release.

In closing, I want to commend the committee for your interest in this area. We particularly appreciate the assistance provided by your staff.

That concludes my statement, Mr. Chairman. I would be pleased to respond to any questions you or your colleagues may have.

Mr. CARLSON. As I point out in my statement, Mr. Chairman, until relatively recently, there was little attention focused on the problem of female offenders, basically because they constitute a comparatively small percentage of the total inmate population, approximately 5 percent.

As a result, when people talked about corrections and correctional problems, they generally focused on the male offender in large institutions, and little attention was paid to the problems of female offenders, who are in many ways unique.

This, however, is changing, and of course changing rapidly. The change in the attitude of correctional administrators toward the female offender is a reflection of the attitude of society in general toward these problems that we've tended to overlook for many years.

As you've indicated, we currently have 1,325 women confined in Federal institutions. There has been a reduction of approximately 10 percent over the past year, which corresponds with the overall reduction we've had in our total population.

The decline of the female offender population is almost identical with that of the male population. The decline has occurred because of the increased use of halfway houses and fewer prosecutions by U.S. attorneys as a result of the FBI guidelines, of prosecution of specific offenses by the Department of Justice.

Let me briefly describe the typical female offender: She is 31, black, from an urban area, single, and with two children. The majority have not completed high school and lack job skills when committed. Many have a history of drug abuse.

At the present time these offenders are confined in four institutions: The all-female institutions at Alderson, W. Va., which houses 400 inmates, and Pleasanton, Calif., near the bay area, which houses 250 female inmates; and two cocorrectional institutions where both male and female offenders are confined in the same institutions. These are the Federal Correctional Institution, Lexington, Ky., that Warden Ogis Fields heads, which houses 400 female offenders, and a similar institution at Fort Worth, Tex., which houses 275 female offenders.

This means that nearly half of the total female offenders confined in Federal institutions are today in cocorrectional institutions. This represents a rather significant departure of where we were 8 or 10 years ago, when all women were housed in all-female institutions. There was no such thing at that time as a cocorrectional facility.

As you've alluded to, Mr. Chairman, there was a female offender task force appointed by the Bureau of Prisons last year. The mandate given the task force was to identify the issues that face the Bureau in respect to dealing with the female offender.

The task force was composed of Bureau personnel, with input from people from outside agencies and organizations, including the academic community, who had an interest in the problems of the female offender.

As a result of the task force report, we have addressed some of the problems we do face in our institutions. We are attempting to make changes where necessary, and generally are attempting to make the programs that we provide in our institutions as meaningful and as relevant as we can.



The task force has enhanced the level of attention of the correctional staff of the Bureau of Prisons, particularly administrators who are focusing on the problems of the female offender.

Obviously, we are not completely satisfied with the programs to date. We still operate antiquated institutions in remote locations.

On the other hand, I believe we are making progress in addressing some of the basic issues that the task force addressed during their deliberations.

I appreciate very much the interest and support of the committee and the staff in focusing attention on the problems of female offenders.

As you pointed out, Mr. Chairman, this is the first time that I can recall when a committee of Congress has ever paid particular attention to this important facet of the corrections spectrum.

With that, I will conclude my very brief summary, and my colleagues and I will be pleased to answer any questions you or Mr. Danielson may have.

Mr. KASTENMEIER. Thank you very much, Mr. Carlson, for that statement.

I'd like to proceed from the areas of, first of all, geographic placement, family ties, visiting, and certain specific areas.

For a frame of reference for the committee, however, you mentioned that the number of offenders in the Federal system are about 5 percent female. Does this compare to the State systems?

Mr. CARLSON. I believe that would be a fairly comparable figure. I don't have the exact numbers, but the percentage would certainly be close to the 5-percent range.

Mr. KASTENMEIER. Are the women offenders who are incarcerated, incarcerated for committing more or less the same crimes as their male counterparts?

Mr. CARLSON. Yes. There is very little change in the distribution by offense category, male versus female.

There is a difference, however, in respect to the District of Columbia offenders. The majority of District of Columbia offenders have been committed for violent offenses; whereas the majority of those committed by the Federal courts across the country are sentenced for nonviolent offenses.

Mr. KASTENMEIER. Before I go into various areas, I'd like to ask you what primary problems had you identified over the years in terms of the female offender as compared to the balance of the prison system?

Mr. CARLSON. I have to say, Mr. Chairman, that until the last 4 or 5 years, little attention was placed on the female offender. We had two all-female institutions, at Alderson, W. Va., which continues to operate today, and a female unit in our institution at Terminal Island, Calif., which was a separate facility from its male counterpart. It was not a cocrrectional institution at that time. I'd honestly have to say that very little attention was placed on either institution in comparison with the attention we placed on the male institutions.

Mr. KASTENMEIER. As you know, one of the areas of complaint and criticism that the task force had identified was the present geographic placement of women. As you point out, there are in fact

few institutions in the Northeast and North Central regions of the United States. The Northeast only had one, Alderson, W. Va., and yet 44 percent of the Bureau's female population is from this area.

Therefore, to the extent that any prisoner, male or female, likes to be and should be, to the extent practicable, within reach of family and other supporting sources, I suppose, this poses a problem.

Has the Bureau considered either closing Alderson or attempting to place women in other types of facilities, whether these be camps, halfway houses, community facilities, including non-Federal facilities, as alternatives to the one or two exclusively female facilities?

Mr. CARLSON. In answer to the latter part of your question, Mr. Chairman, we have substantially increased the use of halfway houses or community treatment centers for all offenders. I believe the task force did address that issue and found that we are utilizing halfway houses for the majority of female offenders who are being released from custody.

Our average stay is over 100 days. We are trying to increase that to 120 days.

In answer to the former question, it has been recommended that we consider closing Alderson, but we have never seriously considered doing so for a variety of reasons.

Mr. KASTENMEIER. Well, I might ask you for those reasons. I'm probably less interested in whether you close Alderson than whether you have other options available for use. The fact that 70 percent of the women inmates are eligible for the lowest security level in terms of requirements for high, medium, or minimum security, and that a very high percentage, 88 percent, are within 2 years of release date, suggest that something other than just one or two institutions to house them all would be desirable. These women should be put into situations that require less prison security, and would ease their return to society.

Mr. CARLSON. I certainly would agree. We are looking at the possibility of opening a minimum security facility somewhere in the North Central and/or the Northeast region of the country. Thus far we have not found such a facility, but if we could find a surplus military base, for example, like the camp opened recently at Big Spring, Tex., or in California, we certainly would try to acquire the facility and operate it as a minimum-security female institution. But at this time we have not found a camp available to us. They are scarce, as you may know, and there are very few located near a major metropolitan area. Unfortunately, when a minimum-security camp becomes available to us on a surplus basis, frequently the location simply precludes the operation of a viable correctional program.

Mr. KASTENMEIER. It's come to my attention—I don't know how reliable it is—but in this area one of the options considered was the Allenwood Camp. It was considered as a possibility for female offenders, but was rejected because of staff attitudes. I don't know if that's a correct assessment.

Mr. CARLSON. I don't think that was totally the reason. There were several reasons. Allenwood is as remote as Alderson in many

respects; although it is not as remote from New York City, it is certainly difficult to reach the institution and therefore wouldn't enhance the ability of the family to visit.

In addition, we have also examined the possibility of a new camp now under construction at Danbury, Conn., which is outside the main compound and adjacent to the institution. That will be completed in approximately a year and a half. At that time it is possible we may consider using the facility to house female offenders.

A factor to consider is the declining prison population. We are not certain what the future holds in terms of the number of offenders we have in our institutions, so it is a time of instability in regard to our ability to predict where institutions are needed.

Mr. KASTENMEIER. At this point I have a number of other questions, but I want to yield to the gentleman from California.

Mr. DANIELSON. Mr. Chairman, you just go right ahead. I won't interrupt your line of thought here. I'll take over when you want me to, but don't defer to me.

Mr. KASTENMEIER. Well, I have some questions. Otherwise, I would yield to the gentleman whenever he cares to ask questions.

I'd be interested to know how you feel about vocational programs. Do you feel that women are being short-changed in terms of educational programs at these institutions because of the relatively small size of the institution, or perhaps because of the traditional view that women aren't necessarily going to be the breadwinners in the family?

Mr. CARLSON. I think the best way to sum up, Mr. Chairman, is to say that the correctional institutions operate much like society at large in terms of programs for female offenders. Our programs were fairly typical of what a vocational school would provide. For many years most of the occupations for females were limited to sewing and other basically domestic occupations. Only in the last several years have we tried to expand and diversify our programs and provide what we consider to be more relevant programs in our institutions.

A number of the programs in the three institutions represented today are now certified by the Department of Labor, Bureau of Apprenticeship and Training. This is something which is new. Also in both cocorrectional institutions we operate a number of non-traditional female programs. For example, we have women who work in the auto shop and auto mechanics, something we could not do in the past because we simply did not have the resources. In a cocorrectional institution we do have a much broader diversity of programs which are available to all offenders.

Enrollments certainly are not limited by the status of the person's sex.

Mr. KASTENMEIER. May I inquire of Warden Neagle what present options, training or careers do you have for women offenders at Alderson?

Mr. NEAGLE. With regard to the principle program, we have 10 women involved at the present time in programs such as auto mechanics, electricity, painting, plumbing, powerhouse, and steamfitting.

In addition, we have, pending approval through the Bureau of Apprenticeship and Training, cosmetology, dental assistant, medical assistant, air-conditioning, and heating.

In addition to that, we also have a data entry program which prepares women for keypunch operation and other industrial programs.

We also provide typing and shorthand, accounting, office practices, clerical skills, as well as the traditional programs that Mr. Carlson mentioned.

Mr. KASTENMEIER. What percentage of your inmates are in the programs you just outlined?

Mr. NEAGLE. I would say that close to 75 percent of our inmates are involved in educational programs of one kind or another.

As Mr. Carlson indicated, most of them come to us without a high school diploma. There are more than 100 women working toward their high school equivalency diplomas.

There are also a significant number of women who are not yet at the high school level. About 100 of these women are involved in the adult basic education programs where they study basic learning skills.

Mr. KASTENMEIER. Most correctional institutions have some way of processing gripes of inmates. Many of them have organizations of the inmates, usually certified and accepted by the administration.

Are women's facilities any different in that regard?

Mr. NEAGLE. No. At Alderson, for example, we have a warden's council and a representative who is elected from each one of the 18 housing units. The council is a significant and viable, listened-to group of inmates.

The staff at Alderson talks to inmates on a daily basis to learn what their problems and concerns are.

In addition to that, they also have the opportunity to visit with us in our offices and discuss their problems on a more personal basis, if they wish.

Mr. KASTENMEIER. Therefore, if any group of women came to make a statement about institutionalization, you would pretty much be aware of what it is that they were talking about?

Mr. NEAGLE. We try to be.

Mr. KASTENMEIER. I'd like to ask Mr. Turnbo to comment on the family-related programs at your institution. What do you have in that connection that is of a major concern?

Mr. TURNBO. We have, of course, like all of our Federal facilities, visiting facilities where family members, friends, and the community can come in and see the inmate.

One of the things we have tried to do is to bring children into the institution to see their mothers. We have a program set up on the weekends called Project MATCH. Community sponsors visit and work in formally structured programs with the inmates and their children.

This allows the inmate and the child to see one another outside the visiting room atmosphere, and really work on strengthening that important relationship.

Mr. KASTENMEIER. What about the difficulty of families and the inmate being separated at very great distances? How can these programs work when the family is likely to be hundreds or thousands of miles away?

Mr. TURNBO. I might mention in our case, Mr. Chairman, that we utilize the furlough program very heavily for those inmates who do have children and family members who live great distances away from the institution. Our furlough program is used almost exclusively in maintaining family relationships of women who travel out of State for furlough purposes.

We also have excellent community support in California in the bay area. For example, if a child is flown in, let's say, from Houston, Tex., to the San Francisco airport, we have volunteers that will go to the airport, bring the child to the institution, stay through the visit, and then return the child to the airport to return home.

I think Alderson has a very similar program.

Mr. KASTENMEIER. It's been said that there's need for another Federal facility for women in southern California. If you agree, what sort of facility would you recommend? Would it duplicate Pleasanton, or would it be another type of facility?

Mr. CARLSON. Let me respond, if I may, Mr. Chairman.

At the present time, the caseload of Federal offenders in California, I don't believe, would justify a separate Federal institution. There is also a problem of the size of institutions in terms of being able to provide a variety of programs and staff that are required.

At the present time the Pleasanton population is approximately 250, which is below its rated capacity. It's one of our few institutions which actually operates today with fewer inmates than it was designed to house. So at this particular time I have reservations about building another separate Federal institution.

This does present a problem, I would agree, for the inmate population from the San Diego-Los Angeles area. But at this point in time we can't justify asking for another Federal institution.

Mr. KASTENMEIER. I may not be well informed on that point.

Is it easier to develop a cocorrectional institution, for example, if 1980 or 1981 produced about 200 more incarcerated women? If the prison population increased to 1,500 women, would it be easier to place those extra 200 women in a cocorrectional institution or in an exclusively female institution?

Mr. CARLSON. Cocorrections would undoubtedly be the answer. I might point out, as you've indicated, Pleasanton initially was operated as a cocorrectional institution. The only reason it was made into a totally female institution was because we had no place on the west coast to house the rapidly expanding female population encountered in the mid-1970's. As you recall, our population skyrocketed, and we simply didn't have facilities available, so we converted it to an all-female institution.

Should the population at Pleasanton remain at its present level, or decline further, we would seriously consider making that facility again into a cocorrectional institution.

If that would be the case, we could also consider the same thing for the southern part of California. Again I would consider a cocorrectional facility.

Mr. KASTENMEIER. I'm going to ask Mr. Neagle about the difficulty of the health field because the exclusively female institutions are relatively small. The health professionals which I think normally would be recommended, for example, would include a psychiatrist and a gynecologist. You do not have this type of professional, I gather. Are those positions difficult to justify from a budget standpoint? What, if any, are the problems with respect to fully serving the health care of your female inmates?

Mr. NEAGLE. I think, Mr. Chairman, we are providing quality medical care. I think there are some problems, as you indicate, in terms of recruiting, but we have at the present time two full-time physicians.

We are trying to recruit a third. Out of a total of 15 full-time positions at Alderson, we are able to provide round-the-clock coverage.

We also send women who need medical attention to the local community. We made about 800 trips to consultants last year, and in addition to that we have the services of the Federal Correctional Institution at Lexington, Ky. We can fly women there when needed. Furthermore, we placed women in community hospitals about 250 times last year.

Mr. KASTENMEIER. Your answer is that as far as supplementing the medical specialties in an institution like Alderson, you are able to do that through community sources; that is, to engage specialists for consultation?

Mr. NEAGLE. Yes.

Mr. KASTENMEIER. And do you find that is adequate?

Mr. NEAGLE. Yes. With the advent of the new psychiatric referral center at FCI Lexington, coupled with a consultant psychiatrist who comes in once a week, and meets with four psychologists and the inmates' team—which consists of a unit manager and caseworker—this seems to be adequate for our purposes at this time.

Mr. KASTENMEIER. There was a case reported, I guess a rather well-known case, in which an Alderson prisoner allegedly was given some medical examinations. She subsequently delivered twins, one still-born. Apparently, her pregnancy went undetected. This may be a single incident, but it suggests that some flaw in the medical examinations of prisoners may exist.

Do you have any comment on that case?

Mr. NEAGLE. As I understand it, Mr. Chairman, what happened was that the inmate was not given a urine test at any time during the course of her examinations, both by the consultant obstetrician, as well as by our own staff. And all I can say is that we're now providing that test to all inmates.

Mr. KASTENMEIER. Let me ask you this just for the record. Are you aware of any allegations of sexual abuse of women inmates by male guards at Alderson, or any other Federal facility?

Mr. CARLSON. I know of none at Alderson. I do know of one at Lexington which is being investigated by the FBI, as well as our own Office of Inspections. At this point in time I can't comment further because it is an active case under investigation.

Mr. KASTENMEIER. You have a case under investigation. Apart from that, what is the procedure of the Bureau in connection with any such allegations or cases? Is there a procedure that you follow?

Mr. CARLSON. Yes, there is. First of all, we refer it to the FBI immediately, because it would be a crime on a Government reservation, and they're the agency with responsibility for the investigations of those crimes. These are routinely reported immediately to the FBI.

In addition, my office includes an Office of Inspections which would look into allegations to insure that they are adequately followed up.

In the case at Lexington, it has been investigated and, as I say, it's an active case at this point.

Mr. KASTENMEIER. I yield to my colleague from California again.

Mr. DANIELSON. Well, you were doing such a good job, Mr. Chairman, that I didn't want to commit sabotage by interrupting.

I have a couple of questions, though.

Your comment, Mr. Carlson, or somebody's comment was to the effect that about 10 percent, as I recall it, of the prisoners come from the District of Columbia, and also that they represent a different offense mix than you find in the other institutions.

I would infer from that, not that the people of the District are more criminally inclined than those around the country, but because of the unique nature of the District of Columbia as a Federal enclave, we deem as Federal offenses those offenses which would, in a State, be considered State offenses. Is that not correct?\*

Mr. CARLSON. That's absolutely correct, Mr. Danielson. I would like to correct the record if I was unclear.

Mr. DANIELSON. Oh, you were not; but we're so sensitive today. I wanted to be sure the record is eminently clear.

Mr. CARLSON. We handle all female offenders sentenced in the District of Columbia, whereas in the other parts of the country, we handle only those women sentenced for Federal crimes.

Mr. DANIELSON. If there were a robbery on Connecticut Avenue, and there were a conviction, and a felony sentence, the female defendant would go into the Federal institution; whereas, if the same thing happened in Silver Spring, Md., that offender would go into the State institution?

Mr. CARLSON. That's correct.

Mr. DANIELSON. And that probably is the only distinction we have here between the offenders from the District and those from around the country?

Mr. CARLSON. That is the only distinction—the fact that we do handle all women offenders from the District of Columbia.

Mr. DANIELSON. Fine.

I do have your figures on the 1,325 offenders who are presently under confinement by the institution. What is the capacity of each of these institutions?

For example Alderson's current population is 400. What is the capacity?

Mr. NEAGLE. 525.

Mr. DANIELSON. Let's see. We had Pleasanton at 250.

Mr. TURNBO. Our capacity would be 338.

Mr. DANIELSON. 338.

And then at Lexington we had 400. What would be the capacity?

Mr. FIELDS. About 500.

Mr. DANIELSON. About 500?

Mr. FIELDS. Yes, sir.

Mr. DANIELSON. And last, in Fort Worth, we have 275.

Mr. CARLSON. I'll have to supply it for the record, but I believe that it is pretty close to the capacity. I was just there last Thursday, and that's just right at capacity.

Mr. DANIELSON. Just at capacity. That's good enough. I don't need it precisely.

So you do have a little added capacity. If need be, you've got 125 plus 75 plus 100. Oh, you've got a lot of added capacity.

\*Ed. note—Women charged with D.C. Code violations are processed through the D.C. Superior Court; those charged with U.S. Code violations are processed through the U.S. District Court for D.C.

Now, on cocorrectional as opposed to the strictly female or strictly male institutions, I recognize you have some problems; but do you feel that in the future, if there are any additional facilities built, they should be cocorrectional, or should we try to stick to male or female institutions?

Mr. CARLSON. I believe you need a mix. I don't think that cocorrections is a panacea. These institutions obviously can't handle all offenders, either male or female, but I think that the mix we have at the present time, where approximately half the female offenders are housed in cocorrectional institutions is good. We've made progress in this area. I think we can increase the number, but we'll never be able to reach the point where all female offenders can be handled in a cocorrectional-type environment.

Mr. DANIELSON. You do not recommend a change in that?

Mr. CARLSON. Not totally. I think there has to be a mix of institutions.

Mr. DANIELSON. Fine. I'm sure I'll get that question sometime. Now at least I have an authoritative answer to give back.

How many do you have confined at the Terminal Island unit?

Mr. CARLSON. We have no females confined there. We do use the hospital, however, in the institution, which is a fully accredited hospital, for some of the female offenders from Pleasanton. We had two women there who just returned. They were in Terminal Island for specialized medical care, and have now gone back to Pleasanton.

Mr. DANIELSON. There's obviously no need for it at the present time, you've got excess capacity at Pleasanton.

Mr. CARLSON. Yes, we do.

Mr. DANIELSON. How many did you house there at Terminal Island?

Mr. CARLSON. At Terminal Island, I believe the highest female population was 200 to 225.

Mr. DANIELSON. Was that before Pleasanton?

Mr. CARLSON. Before Pleasanton, that was the highest.

Mr. DANIELSON. Thank you.

On-job training for occupational training for postrelease, I would assume—and please correct me if I'm wrong—that this must be one of the greatest concerns that the Bureau has, is it not, for female offenders?

Mr. CARLSON. Yes, I think it is. I think what the task force did is to identify the problems which had been overlooked for many years. I think we primarily supported the degree of interest that the inmates themselves had in nontraditional female roles.

As I indicated in response to the chairman's question, most of our programs for many years were centered on home economics and other occupations which were very limited in terms of the job market outside.

We now have expanded and are expanding as rapidly as we can into nontraditional job opportunities for female inmates.

Mr. DANIELSON. I commend you for that. I'm one of those who believes that whatever opportunities are available to one should be available to everyone, and I invite your suggestions. Is there anything that we could conceivably do which would better the offering of occupational training to these female offenders, or male, for that matter? But let's stick to the ladies today.



Mr. CARLSON. I think the degree of cooperation that has recently been extended by the Department of Labor has been our largest single inducement into making these changes. For many years, the Department of Labor had little interest, if any, in the problems of offenders. This has changed rapidly. We have a great deal of cooperation between the two departments at the present time. They have given us a great deal of advice and guidance, and as already indicated, a number of our programs are now fully certified by the Bureau of Apprenticeship and Training, which means that the formalized vocational training experience the inmate receives in the institution is fully recognized once she returns to the community.

Mr. DANIELSON. It just has to cost more in money, let alone in human suffering, to keep a person in prison than it does to do almost anything with them on the outside, and I commend you for opening up some more opportunities for postconfinement employment.

But I hope also, and invite you to let us know if you can think of anything we can do to improve this occupational training. It's tough enough for a male offender on release to find a place in the economy. It must be tougher on a quantum basis for a female to come out of prison and find employment that will support her and usually some kids.

I don't know any solutions, but I'm sure we'd welcome some suggestions if you could possibly come up with them.

I have two other good points, and they won't take long, if the chairman will indulge me.

Some of these institutions are in low-density population areas. You mentioned Alderson, I believe, was in what was deemed to be a rural or pastoral area, and it was thought that this would be wholesome. Maybe it is; I don't know. But you also comment that the absence of community or the minimal amount of community facilities makes it a problem also to have a place in a rural area.

Do you have anything at all that enables these female prisoners to enjoy some of the benefits of being in a rural area? Can they get outside? Can they walk through the woods? Can they smell the flowers, et cetera? Is that possible?

Mr. NEAGLE. Mr. Danielson, Alderson was a new experience for me when I went there.

Mr. DANIELSON. I'm glad it was. I don't even want the experience.

Mr. NEAGLE. We have perhaps one of the largest prisons in the country at Alderson. We have 95 acres under fence, a wide assortment of trees and flowers and things of that nature. To be more specific about getting out of the institution, last year we gave approximately 500 furloughs to inmates to go to their own home communities. We gave about 900 escorted trips into the community and sent about 200 women to the State fair.

Just this past year, for the first time in the history of Alderson, we had an open house, and we had 400-plus community members visit.

Mr. DANIELSON. That must help morale, doesn't it?

Mr. NEAGLE. I believe it does, on both sides of the fence. I think the community gets a feeling for the kinds of professional work the staff is doing at Alderson. Prison work is a negative kind of job, I guess, and every now and then our staff needs a little bit of a lift.

On the other hand, I think for the inmates to see the community take that kind of interest in the institution is very much of an uplift for them also.

Mr. DANIELSON. Do you suppose you could achieve that if your institution were in the middle of a big city?

Mr. NEAGLE. The parameters would probably change in some respects. I think it's something you have to take a look at. I know that Warden Turnbo dealt with that issue.

Mr. DANIELSON. I'm a country boy, to start with, and I guess you never get that out of a person, but in a smaller town or smaller city, it's been my experience that the community takes more of an interest in what's going on among its neighbors.

Mr. NEAGLE. I would certainly agree with that, Congressman Danielson. The largest single problem with the remote location is the difficulty of the families in visiting, and the inmate visiting the family, which obviously is No. 1 as far as priorities are concerned.

If it were not for that factor alone, I would agree that the remote location would not be nearly as negative as it is, but family visitation is just tremendously difficult in a place like Alderson.

Mr. DANIELSON. You've got 95 acres, that's a lot of land. Can they do things like gardening? Can they raise radishes, for example?

Mr. NEAGLE. We did that this summer on a trial basis. I think we'd like to try it again next year.

Mr. DANIELSON. Did the inmates like it?

Mr. NEAGLE. Yes, sir. They're involved in a number of other projects in the community. For example, they're working in nursing homes.

We also have a fire company that fights forest fires. I don't think they're doing that today with the snow and the rain, but they're involved in a lot of community projects.

Mr. DANIELSON. Thank you. I'm glad to hear that these efforts are going on. Now the trouble with problems of so-called corrections—I say so-called, because I don't think they correctively deal—in fact, there doesn't seem to be any real solution to the problems. The best thing we can possibly do is try to keep them from coming back, and try to keep them from getting there in the first place.

That's my last little point.

Under our criminal laws we treat male offenders precisely the same as female offenders. It's just as much against the law for a woman to rob a bank as it is for a man, et cetera. Usually, the Criminal Code reads any person who does thus and so will get thus and so.

Do you have any suggestions along that line? Is there anything that we should build into our substantive or correctional law, something so that a female would be treated somewhat differently from a male?

I suppose I run the risk of being damned by all of my ERA friends because they think women should be treated exactly the same as men, but I'm not sure that's true in the field of corrections.

Mr. CARLSON. Congressman, I think the bill which is before the Judiciary Committee that I testified on yesterday to reform the Criminal Code would accomplish a great deal, particularly in the area of reducing disparity in sentencing.

One of the problems we have in all institutions, and I think it's probably as prevalent in female institutions as anywhere, is the fact that we have disparity.

A judge in one part of the country gives the maximum, for example, while a judge in another part of the country gives another offender a light sentence for essentially the same offense. I think the reform of the Criminal Code as now contemplated and the establishment of a sentencing committee would go a long way toward bringing these sentences into a more uniform basis.

Mr. DANIELSON. And you think that would be helpful?

Mr. CARLSON. Yes.

Mr. DANIELSON. And your comment relates equally to the male and female offender, does it not?

Mr. CARLSON. It would certainly reduce this disparity which I receive many complaints about, in all of our institutions, including the female institutions.

Mr. DANIELSON. Is there a more aggravated situation in the female institutions?

Mr. CARLSON. Warden Turnbo was discussing this morning the case of the young female offender who has a 20-year sentence for a narcotic offense. She probably would have received a 2- or 3- year sentence in this part of the country. I think that particular case is a glaring example of a disparity. If that could be corrected, I think we'd go a long way toward making our system of justice more equitable and certainly enhance the stature of the justice system in the eyes of the public and the offenders as well.

Mr. DANIELSON. Thank you very much, gentlemen.

Thank you, Mr. Chairman.

Mr. KASTENMEIER. I compliment my colleague on his questions. I'd like to follow up on them before I yield to Mr. Railsback.

You seem to talk very glowingly about opportunities to choose an educational or vocational program, but isn't it true that most of these facilities have no financial or good time incentives for inmates who do choose educational or vocational programs? Doesn't this really discourage the female offender who more often than the male inmate has to send money home, which she might earn in industry work?

Why couldn't the inmates be offered such incentives for educational or vocational programs? Or as an alternative, why couldn't an inmate be given the option for a part-time job to earn money and then part-time studying and vocational programs?

I understand these options do not presently exist.

Mr. NEAGLE. Well, the option of good time as a result of inmates' working and going to school is not available. The option of going to school after their job is available to them. For the most part what we try to do is construct a world of work environment where women work as much or as close to the 8-hour day as possible, and then at the same time build into it enough programs, so the option is available to improve their vocational skills and their learning skills.

Mr. KASTENMEIER. You're talking about that they have the option of working 8 hours a day in a prison industry and then if they're still not too tired at the end of that, taking some vocational or educational program in the balance of the day?

Mr. NEAGLE. Yes, sir.

Mr. KASTENMEIER. Well, that may be somewhat limiting on some of them. I really don't see why they couldn't work part time 4 hours in industry—it may be tough work.

Mr. TURNBO. Mr. Chairman, I'd like to mention that we do have that arrangement at Pleasanton where a person can work half time and go to school or become involved in vocational training half time. We gave the option to the inmates, though, because we had a need for some in school, some in industries, and found that, interestingly enough, a very large number of women elected to work all day and go to school at night. So we operate our programs both in the day and in the evening hours.

Mr. KASTENMEIER. I yield to the gentleman from Illinois.

Mr. RAILSBACK. Thank you, Mr. Chairman.

I notice from the profile that there is a disproportionate number of black men in the national prison population. Then with women, the percentage is even substantially higher, with 57 percent of the Federal prison population being black women.

I'm just curious if any of you have any ideas why that is. I don't mean to be attributing fault to any of you, but based on your experience why do you think that is the case?

Mr. CARLSON. I really don't know. One factor that comes to mind, however, Congressman Railsback, is that roughly 10 percent of the female offenders are from the District of Columbia, which has a higher proportion of black residents than it does other residents, so I suspect that would tend to have some impact.

You're correct, less than 40 percent of the male inmates are black, whereas 57 percent of the female offenders are black.

Mr. RAILSBACK. Now, with respect to visitation, Warden Neagle, and based again on the profile which indicates that apparently a lot of the inmates have children, how often is a child permitted to visit its mother? How difficult is that to do at Alderson?

Mr. NEAGLE. The difficulty is not with institution procedures, as I see it.

Mr. RAILSBACK. Are you fairly liberal in permitting a child to visit its mother, whenever it can?

Mr. NEAGLE. We permit anybody to visit who is on the approved visiting list, and obviously children would be welcome, as with parents and husbands, to come as frequently as 7 days a week, Monday through Sunday, and visit all day.

Mr. RAILSBACK. Oh, they can visit all day?

Mr. NEAGLE. All day.

Mr. RAILSBACK. I notice that there was a pilot program recommended to allow young children to stay with their mothers for periods of time during holidays and vacation. Whatever became of that recommendation?

Mr. NEAGLE. Well, I don't think the recommendation was approved, but I think in part what has happened is that we are furloughing people to the local community when their children come in, which is something that we had not done within the past year. So if the children come, they are able to go to a local hospitality house and stay with them there.

To give you a little information concerning how visiting is or goes at Alderson, only 50 different inmates received visitors this past year,

and over the summer months, as few as only two children came to visit their mothers. So it's—

Mr. RAILSBACK. To what do you attribute that? Is it the relatively inaccessible location?

Mr. NEAGLE. I'm sure that's part and parcel of it, yes.

Mr. RAILSBACK. Let me ask all of you this. I've had the pleasure of being in Madison when you were participating in juvenile delinquency hearings there. I kind of disagree with what I think may have been the thrust of Mr. Danielson's comments about the desirability of having programs for the women to enjoy rural areas, inasmuch as—now let me put it a different way.

I think that we have found that because of the very large proportion of urban inmates, the trend ought to be to get away from rural-type locations and find areas that will make it easier for the people, once they have served their time, to go back into their community with a job skill or some kind of training that is comparable to the jobs that may be available in their urban community.

I'm just wondering whether we as a country, shouldn't be trying to relocate jails and prisons, correctional institutions, near urban areas, whenever we can, given experiences like Alderson, where you have a remote location and perhaps 50 percent of the women inmates coming from urban areas.

Mr. CARLSON. Let me respond, if I may.

I certainly agree with your basic premise. I think this is another reflection of some of the changing concepts in the field of corrections and criminal justice generally.

As you know, we've moved a great deal in the last several years away from the so-called medical model and implied that we had the ability to treat and diagnose criminal behavior.

Another recent development has been that we are no longer considering putting female institutions in remote locations.

As I say in my statement, Alderson was specifically selected for its remoteness. That was one of the factors that appealed to the parties that had the responsibility for finding the location for the institution.

Today we certainly recognize that instead of being an asset, the location is a liability, as Mr. Neagle pointed out, so I certainly would agree in the future when we're talking about building a Federal facility for female offenders, it would not be in a remote location, but like Pleasanton, which is in the immediate bay area of San Francisco.

Mr. RAILSBACK. I will conclude, Mr. Chairman, because I haven't been here and haven't heard all the testimony. But I do want to say, based on the figures provided regarding visitation at Alderson, that is a sad statistic that so few children were able to even visit their mothers. I would hope that in the case of women who are responsible for children, that every effort would be made to accommodate them in any way. Particularly where you have a distant location like Alderson, I would think that we would be actively trying to find ways to do something about that problem.

Mr. CARLSON. Let me again respond, if I may, Congressman Railsback.

In addition, however, to the visits at the institution, I think there were 500 women inmates furloughed last year. As you recall, this was

the committee that gave us the authority to establish furlough programs for Federal inmates 5 years ago.

Mr. RAILSBACK. What was the experience with the furlough programs?

Mr. CARLSON. Extremely positive. I support the use of furloughs for women to go back home, rather than to have the child live in the institution. I frankly reject that. I think it's far better to have the mother go back to her home community and visit with the family in that environment than to have a child live in an institution for a day or two.

I also think it could have a negative impact in the long run. It's immeasurable at this point in time, but I would prefer the use of furloughs. We do use furloughs for female offenders to a greater extent than we do with their male counterparts.

Mr. RAILSBACK. Thank you. That's all.

Mr. DANIELSON. I have another, if I may.

Mr. KASTENMEIER. The gentleman from California.

Mr. DANIELSON. My good friend, Mr. Railsback, points up to that no matter how hard we try, we sometimes are misunderstood, as I did with you, Mr. Carlson, on the District of Columbia women. I certainly was not advocating that we have rural prisons, but we have one, and I was simply trying to explore how we could make the greatest use of the assets available there.

I suppose one of those would be to let them get outside and wander around the 95 acres once in a while. I would imagine at the time Alderson was built, people acted on what was a reasonable supposition, though maybe wrong, that putting people in a rural environment would be helpful in rehabilitation. But they overlooked the fact that the trip takes them farther from home and farther from their families, complicates things such as medical care because there are very few doctors available. So what seemed to be a good idea at the time turned out to be not quite so good, and I hope we can avoid the things in the future.

One of the plusses, I imagine, is the fact that, as I understand it, you did have community involvement with the facility.

Mr. NEAGLE. Yes, sir.

Mr. DANIELSON. I would think that in the middle of New York City or Chicago, it would be rather difficult to get any significant community involvement with the penal facility, in the big cities, as we oftentimes don't even know our neighbors, and we shun those who are in some kind of institution.

So it could have plusses. I'm distressed, though, if my understanding is correct, you said at Alderson, only 50 different inmates received visitors in the last year?

Mr. NEAGLE. That's correct.

Mr. DANIELSON. And that was out of how many inmates?

Mr. NEAGLE. 400, approximately.

Mr. DANIELSON. One in four in a year, and only two of them had children visit?

Mr. NEAGLE. That was just for 1 month. I think part of the problem is that we don't have any way of collecting that sort of information. What we did learn was that in the month of June, there were three children who visited their mothers. In July there were eight, in August, two, and September, two.

Mr. DANIELSON. Well, that's really unfortunate.

I thank you very much for the work you're doing and, as I said before, I for one would invite any suggestions you have which might help. This is a tough one that I really don't know what to do with, but I'd sure like to have some one give me an idea.

Thank you very much.

Mr. KASTENMEIER. Mr. Neagle, your predecessor warden was in fact a woman?

Mr. NEAGLE. No; that was one predecessor prior, Virginia McLaughlin.

Mr. KASTENMEIER. Yes, at Alderson. That does not suggest the possibility that women as wardens or superintendents in Federal correctional institutions are past, I assume?

Mr. NEAGLE. No, sir. I think it does reflect, however, that we no longer have the traditional role that a female must head a female institution. As you say, we have a female warden now at a male institution, which I think is a step in the right direction. I don't think we should typecast and say that only a female can operate a female institution, or conversely only a male can operate a male institution.

Mr. KASTENMEIER. I agree with that, but I thought for the record I would raise the question.

I think you have a woman warden at Morgantown.

Mr. NEAGLE. And she's doing an outstanding job.

Mr. KASTENMEIER. I trust that likewise the Bureau of Corrections is giving women opportunities to assume responsibilities, greater responsibilities in supervisory roles in the Bureau.

I agree with what you said that a male warden can head up a female institution, and a female warden can head up a male institution.

I am curious generally about the makeup of personnel at all-female institutions. I'm talking about guards, other correctional personnel, counselors, and other staff. I take it it's not the same mix that you would have at an all-male institution; is that correct? Is it principally male?

Mr. NEAGLE. Our mix at Alderson is approximately 50 percent male and 50 percent female.

Mr. TURNBO. Our mix is about 40 percent female and 60 percent male, but again we were a cocrrectional institution until about 2 years ago, so we have a large number of male staff.

Mr. KASTENMEIER. What was it at Lexington?

Mr. FIELDS. It's 40 percent female and 60 percent male.

Mr. KASTENMEIER. What would it be at an all-male institution, typically? Ten percent female?

Mr. CARLSON. Ten percent or less in many of the larger penitentiaries, Congressman, and none of those would be correctional officers. Many of those would be in traditional feminine roles, not in other capacities.

Mr. KASTENMEIER. Well, I'm sure there are all sorts of other questions we could ask you, but in the interest of moving on, we will merely thank you for your very considerable contribution here this afternoon, in terms of explaining to the committee what the present situation is with respect to women in Federal prisons and correctional institutions.

Accordingly, while there are, I think, as a result of possibly subsequent testimony, or possibly other issues will arise which will cause us to recontact you for answers to certain allegations or questions; none-

theless, I think it is a credit to you, Norm Carlson, that you convened this task force and have made this issue a priority in terms of responding to the problems of the female offender.

Thank you very much.

Mr. CARLSON. Thank you, Mr. Chairman.

Mr. DANIELSON. I was going to say, Mr. Chairman, while the next witnesses are coming forward, a few years ago I visited the maximum-security prison in Sweden. It was the time the chairman broke his foot. And the warden was a female. I would say in her thirties. This was a prison in Sweden. Of course, the Swedes have always been very advanced.

Mr. KASTENMEIER. I would remind my colleague I made part of the trip to Holland, and one of the principal institutions we visited there was headed by Dr. Ann Rosenberg who was head of a very special institution.

I am very pleased to greet Ms. Patricia P. Taylor, who is Assistant Director of the community women's programs in the District of Columbia Department of Corrections, and I understand accompanying Ms. Taylor is Mr. James W. Freeman, Assistant Director, executive services. We are most pleased to greet you both.

Ms. TAYLOR. Thank you.

**TESTIMONY OF PATRICIA P. TAYLOR, ASSISTANT DIRECTOR, COMMUNITY WOMEN'S PROGRAMS, DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS, ACCOMPANIED BY JAMES W. FREEMAN, ASSISTANT DIRECTOR, EXECUTIVE SERVICES**

Ms. TAYLOR. We have submitted a statement by the Director for the record, and I would like to just briefly summarize that.

Mr. KASTENMEIER. Without objection, the statement will be received in the record and you may proceed as you wish.

[The document follows.]

**STATEMENT OF DELBERT C. JACKSON, DIRECTOR, DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS**

This paper will take a look at the treatment of women offenders within the District of Columbia. Presentations will focus on some historical highlights of women offenders in the District, current methods of treatment, and related problems and recommendations for corrective action.

*Highlights*

In 1908, President Theodore Roosevelt appointed a commission to study the Jail's overcrowding and unsatisfactory conditions. As a result, Congress authorized construction of an open institution with emphasis on outdoor work programs. Resulting was the construction of the Workhouse at Occoquan, Virginia, in 1910. In 1912, women were transferred from the jail to the Women's section of the workhouse, which was similar to the workhouse for men.

As Federal prisons become increasingly crowded, the District was required to care for long-term prisoners, as well as those committed for short sentences. As a result, a Women's Reformatory was constructed. The facility had a 225-bed capacity, and was used to house misdemeanor (mostly alcoholics) and felon offenders.

In 1966, the United States Court of Appeals handed down the *Easter Decision*, which recognized public intoxication as a public health problem rather than a criminal offense. Prior to this decision, approximately 70 percent of the population at the women's reformatory were serving sentences for intoxication or charges indirectly related to alcoholism. After the decision, women felons were transferred to Alderson, West Virginia and the reformatory was turned over to the Rehabilita-



tion Center for Alcoholics (DHR) in 1967. With the closing of the Women's Reformatory, the Mayor-Commissioner gave the Department the authority to establish a separate Women's Detention Center. A facility known as the Women's Bureau of the Metropolitan Police Department was obtained by the Department. The facility, Women's Detention Center (WDC), served as a police lock-up facility, a pretrial holding facility for females awaiting federal transfer and a holding facility for female Youth Act cases, awaiting evaluation studies. Finally in September 1977, the women were transferred to the New Detention Facility and WDC converted into a work release center for male offenders.

#### *Current treatment and current problems*

Presently, the Department has no sentencing facilities for women offenders. Instead, women offenders are transferred to the Federal system and may be housed at Alderson, West Virginia, Lexington, Kentucky, or as far away as Pleasanton, California. This reduces their ability to improve and/or maintain their family and community contacts and relationships which are a positive force in aiding them to achieve a successful community re-entry and adjustment upon release.

The lack of a Women's Correctional Facility in the District excludes equal protection to the female offender. They are unable to participate in Department activities such as our work-training and educational furlough program, and receive regular and necessary visits from their families and friends due to the hardship and expense incurred in traveling to West Virginia (this is not the case for the District's males incarcerated at Lorton). Fairness and the principle of equal protection under the law dictate that the District should provide programs and facilities for females comparable to those it provides for men. In addition, misdemeanant women, with no pending charges, who are currently serving their sentence in the Central Detention Facility should be placed in a facility (minimum and medium security) which reflects their security requirements and not routinely placed in a maximum security jail.

The construction of a Women's Correctional Facility would allow D.C. female misdemeanants and felons to participate in the Department's higher education and institutional work release program; reduce the hardship of family visitation; offer the women the opportunity to receive a wide variety of necessary social services available in the Metropolitan area, (but not at Alderson); and allow them to participate in rehabilitation and training programs relevant to this area and to adjust to changing trends related to urban living and survival. Also, the construction of a female sentencing facility would reduce the community re-entry problems women currently face as they try to re-establish their community and family ties after being removed for two, three or more years. Further, their job search efforts would be enhanced, since they could receive the benefits of job counseling, referrals and placement services available in the Metropolitan area and not available to them while they are serving their time in the Federal system.

#### *Recommendation*

In keeping with the idea of equal treatment under the law, there was a need to develop a plan for the construction of a women's correctional facility, and the Department has developed such a plan.

The plan is called the *Lorton Improvement Plan* (LIP). LIP concerns itself with other correctional responsibilities other than females, but one very important section addresses the female offenders. The proposed plan was developed by the Department years ago and it proposes the construction of a 200 bed facility for female offenders. The facility would provide bed space and programs to handle short and long term persons committed to the Department for service of their sentence. It is requested that the plans as proposed be approved, monies be allocated and the construction of the Women's Correctional facility become a reality.

The Women's Correctional Facility, I am proposing, at current dollars will cost roughly \$21 million to construct. Each year the construction of the facility is delayed, the cost will increase at or above the annual inflation rate.

In summary, the construction of a Women's Correctional Facility would afford women a chance to participate in the many rehabilitation programs now available to the men at Lorton. Such programs would provide the women with educational opportunities ranging from basic skills courses to a college degree. In addition, programs would provide relevant training for jobs in the Metropolitan area. Furthermore, furlough opportunities would be maintained. Finally, the use of Alderson and other isolated locations would be discontinued.

Ms. TAYLOR. Most briefly, the District of Columbia Department of Corrections and the District of Columbia government blatantly discriminates against the female offender. We maintain at the Lorton reservation facilities to handle sentenced males.

We have no capacity in the Department of Corrections to handle the sentenced female.

Several years ago we submitted as part of the Lorton improvement plan the drawings for the women's facility at Lorton. That plan has not yet become a reality, and it appears to constantly meet with heavy opposition.

At present, we have over 140 women housed in the maximum-security District of Columbia new jail. We have approximately 99 women at Alderson, an additional 42 at Lexington, as I indicate, approximately 150 at CDF, and we have 41 in work release.

The facility that we had planned for Lorton for women would house 200 offenders at a cost of about \$21 million. Of course, that cost continues to escalate with the inflation.

If we had that facility today, we could fill it up. We would be bringing back those 140-some women from the Federal system, together with the 70 that are sentenced that are in CDF.

That, briefly, gentlemen, is our statement.

Mr. KASTENMEIER. Thank you very much.

Actually, at the present time, you are not holding women here under sentence, are you? These are women who are held pending trial?

Ms. TAYLOR. Yes; they are being held pending transfer. There are 70 of them at the new jail.

Mr. KASTENMEIER. And that is because you do not have the facilities for holding women who may be sentenced for incarceration for periods of time?

Ms. TAYLOR. That is correct, sir.

Mr. KASTENMEIER. Usually, I think male prisoners, whether these are local or State or Federal facilities, find the jails the most difficult setting. The personal security is less, and there usually are not training and vocational programs. Sometimes there are, after a fashion, but the personal situation for the prisoners is much more difficult in a jail setting than it is in a somewhat longer term institutional setting where programs can be developed.

Ms. TAYLOR. That's quite correct.

Mr. KASTENMEIER. Accordingly, the same is true of these women that are held here in the District of Columbia facility. That is to say they, too, are in a difficult position because they do not have the programs, the things that a longer term prisoner under sentence would have access to.

Ms. TAYLOR. That is correct, sir. I would note that the Department of Labor has just given us a \$50,000 grant for preemployment training for female offenders. This marks the first moneys ever directed at the female offender.

Mr. KASTENMEIER. When you talk to female offenders, whether they are here pending sentence, or whether they are at Alderson under sentence, what sort of comments do you get in general as a complaint or an assessment of their situation? Do complaints differ depending on whether the inmate is in the District of Columbia jail or in the Federal system? Wouldn't a female inmate have easier access

to her family and children in Washington, D.C. compared to her situation at Alderson or some facility like Lexington much further away? But I don't want to answer that for you. I was just curious as to what your reaction is and what women inmates, either in jail or in other Federal institutions, complain about and find most difficult for them.

Ms. TAYLOR. Well, I visit Alderson about once a year to talk with the women and they hate it. They don't like the mountains, they don't like the isolation. They are completely severed from all of their family and friends, and it's a very difficult existence for them. And I use the word "existence" advisedly.

Mr. KASTENMEIER. Do they prefer the jail?

Ms. TAYLOR. Yes, sir. They would prefer anything closer to home. If you've ever journeyed to Alderson—

Mr. KASTENMEIER. Being close to home is very important?

Ms. TAYLOR. Oh, very important. You have to realize that at Alderson, these women are not eligible for our furlough program. They are not eligible for work training, and while we bring them back for work release when they are within 6 months away from their parole eligible date, their male counterparts are eligible to be in work-training programs 2 years prior to that.

Mr. KASTENMEIER. Ms. Taylor, one of the conclusions Mr. Carlson suggested to us, I think is a rather new development. At one time, I gather there was some consideration of an additional facility in southern California. Now with a somewhat lessening in terms of prison population in the Federal system, both male and female offenders; that is, they are not looking for another facility. You talked about the population that you could easily house 200 women in this area. Do you see a lessening of the prison population?

Ms. TAYLOR. No; in fact, it's up about 300 percent for female offenders.

Mr. KASTENMEIER. Up about 300 percent?

Ms. TAYLOR. 300 percent. In 1976, when we were running the Women's Detention Center here, we averaged a daily population of 70.

Mr. KASTENMEIER. In terms of innovative programs initiated to help female offenders who are in the District of Columbia jail, you just mentioned a Department of Labor grant which is going to be useful to you. But really, what educational and job-training programs are available to female jail inmates here?

Ms. TAYLOR. Not very many, sir. It is limited to GED, basic kinds of things. The Labor Department grant will help us some. We hope to be able to service approximately 100 women in a year's time, and that is the life of the grant, 1 year.

Mr. KASTENMEIER. Do you have any health care, family programs available?

Ms. TAYLOR. We have medical and treatment where indicated. The women at the new jail are accorded the same treatment as the men, which isn't—

Mr. KASTENMEIER. I was going to say, is that adequate?

Ms. TAYLOR. I don't believe it to be adequate, sir, but then I'm a feminist.

Mr. KASTENMEIER. Well, in that regard, you have a sense that some of these women offenders are pushed to the back of the bus, as the case often is, to accommodate the needs of the male offenders?

Ms. TAYLOR. I very definitely feel that way. I know when we had the Women's Detention Center, at least the women could have their children in periodically and, you know, have contact visiting with their children. That is not possible at the new jail. You know, it's the finer things in life that are missing.

Mr. KASTENMEIER. But what you're saying is the one thing that we might do is to support a new facility in this area for female offenders involving more or less 200 persons?

Ms. TAYLOR. I would strongly urge that.

Mr. KASTENMEIER. And that is the Lorton improvement plan; is that correct?

Ms. TAYLOR. That's right, sir.

Mr. KASTENMEIER. It would be in the Lorton area. Would it be part of or a separate compound or how?

Ms. TAYLOR. It would be—it's planned as a separate building, but it would be on the Lorton reservation.

Mr. KASTENMEIER. Mr. Jackson's statement speaks of the Department having this plan under consideration, but never having funded it. Is that within the District of Columbia Department of Corrections?

Ms. TAYLOR. This is the District of Columbia Department of Corrections.

Mr. KASTENMEIER. How can this subcommittee help? By liberal funding of the District of Columbia budget, or what?

Ms. TAYLOR. Initially, sir, Congress did appropriate the money for the Lorton improvement program. It was never acted on by the city, and therefore the money has now gone back.

Mr. KASTENMEIER. So our role is to encourage the city to commit those funds and go forward with that plan?

Ms. TAYLOR. Yes, sir.

Mr. KASTENMEIER. That's what you are advising us to do.

Thank you very much for your statement, Ms. Taylor.

The gentleman from California, Mr. Danielson.

Mr. DANIELSON. Thank you, Mr. Chairman.

Thank you, Ms. Taylor.

I'm going to ask you to give me a little education, if you will. I remain uncertain as to the different jurisdictions between the District of Columbia Department of Corrections and the Federal Bureau of Prisons for the purpose of housing sentenced prisoners. Would you thumbnail that for me, please?

Ms. TAYLOR. Certainly. In the District of Columbia, both District of Columbia and United States Code violators are committed to the custody of the Attorney General of the United States. It is therefore the Bureau of Prisons responsibility to designate the limits of confinement for that individual.

In the case of the female offender who has a term in excess of 1 year, she is automatically designated to the Federal system. That does not mean necessarily Alderson. It can mean Pleasanton, Calif., or any place in between.

Mr. DANIELSON. But it would be one of those four?

Ms. TAYLOR. Not necessarily. I have known of women to go to Fort Worth. I have also known them to be housed in State institutions that have contracts with the Federal Government. It's up to the Federal Government to say where that woman goes.

Mr. DANIELSON. And that decision is made by what agency?

Ms. TAYLOR. The Bureau of Prisons.

Mr. DANIELSON. The Bureau of Prisons?

Ms. TAYLOR. Yes.

Mr. DANIELSON. What guidelines are followed? You did mention the sentence for a period exceeding 1 year.

Ms. TAYLOR. Yes.

Mr. DANIELSON. But now let's assume that that's the only category we are talking about. Within that category, what are the indicia which decide you're going to Alderson or you're going to Lorton, or whatever it may be?

Ms. TAYLOR. Well, you have youth offenders, drug offenders are the two major breakoff categories that would be a determining factor.

Mr. DANIELSON. They would go where?

Ms. TAYLOR. The drug offenders generally go to Lexington. The youth offenders go to Alderson, most generally.

Mr. DANIELSON. And who goes to Lorton?

Ms. TAYLOR. The men.

Mr. DANIELSON. There are some women; are there not?

Ms. TAYLOR. No, sir.

Mr. DANIELSON. Where is the Women's Detention Center?

Ms. TAYLOR. It no longer exists, sir. We closed it in 1977.

Mr. DANIELSON. Then all of them go either to Alderson, Lexington, Pleasanton, or Fort Worth?

Ms. TAYLOR. Yes.

Mr. DANIELSON. OK. For those sentenced for less than 1 year, where do they go?

Ms. TAYLOR. They serve their time in jail.

Mr. DANIELSON. I see.

Ms. TAYLOR. Unless, of course, they are work-released ordered.

Mr. DANIELSON. Switching the subject to occupational training, which I think is terribly important if we're going to have people confined; are there opportunities for these confined persons to take up things like typing, office skills, shorthand, and the like?

Ms. TAYLOR. Not at the new jail, sir.

Mr. DANIELSON. There would be at Alderson, I assume?

Ms. TAYLOR. Yes, sir.

Mr. DANIELSON. I think we must make efforts, as long as they are confined, to at least help them find some key that will unlock an opportunity once they leave. That would be the least we could do; I should think.

Ms. TAYLOR. We hope that this Labor Department grant will accomplish that in part.

Mr. DANIELSON. Would you comment on the attaining of a parole? We have a District of Columbia Parole Board as well as the U.S. Parole Commission. What's the situation on the utilization of those two boards?

Ms. TAYLOR. In essence, what occurs is that a woman who is transferred into the Federal system serves a longer period of time than she would if she were here. The Federal Board of Parole has jurisdiction over everybody who is in a Federal prison, including District of Columbia Code violators.

The Board of Parole here appears to be more liberal than the U.S. Board is, even when OK, a woman meets the parole board in Alderson.

They are governed by the salient factors to determine when she can come out on parole, how much time must be served in relation to this particular sentence and crime.

Once she is under their jurisdiction, if we want her back here, we have to request the District of Columbia Board of Parole to assume jurisdiction of her.

Mr. DANIELSON. So that if they are in the Federal institution, they go before the U.S. Board; if they should be transferred or come back here, suppose they are in a community-based facility here, then they would be subject to the local board?

Ms. TAYLOR. That would be the local board.

Mr. DANIELSON. We have female prisoners then in the jail who are sentenced to less than 1 year?

Ms. TAYLOR. Yes, sir.

Mr. DANIELSON. And they have no occupational training opportunity there, to speak of?

Ms. TAYLOR. No, sir.

Mr. DANIELSON. They just sit, in other words?

Ms. TAYLOR. Yes, sir.

Mr. DANIELSON. Thank you very much. Thank you for your help. I don't know what we can do about it. We ought to do something.

Mr. KASTENMEIER. One more question, Ms. Taylor. Based on what options ought to be; that is, whether we ought to have a 200-inmate facility for women. Are there not those who argue persuasively that it isn't the capacity for large jails that District of Columbia needs, but more community-based facilities to which women can be assigned, either pending sentence or otherwise, which would be less expensive and more special to their educational, vocational, and other needs?

Ms. TAYLOR. We do have work release for women. We have one facility which is all female. It has 18 beds. And we have a coed facility that has 12 women in it. And then we have bedspace with the Bureau of Rehabilitation for females.

Mr. KASTENMEIER. There are those who argue that if you build a big 200-prisoner jail for women, you'll end up with more women in prison.

Ms. TAYLOR. Well, I would counter that without the facility we have over 140 women housed away from home in Federal facilities. So that argument does not hold. We already have the capacity to fill it up.

Mr. KASTENMEIER. And these women cannot be diverted to non-jail facilities, such as, halfway house programs or other types of community-based facilities that are less secure than the jail?

Ms. TAYLOR. No, sir. In the past year I think we have reviewed 63 applications for the community-based program for women. That's all. The length of sentence is mostly the deterring factor.

Mr. KASTENMEIER. All right. Thank you very much for your appearance here today. We appreciate the difficulty you confront in the District of Columbia Department of Corrections, particularly with respect to female offenders. That seems to be not only a Federal, but a District of Columbia problem as well.

Thank you very much, Ms. Taylor.

Mr. DANIELSON. This has nothing to do with the witnesses here, but the witness did bring out that there are Federal female prisoners who are housed in State institutions, sometimes under contract. I wasn't

aware of it. Mr. Carlson's figure of 1,325 prisoners may not include those. I'm not sure. Could we have staff check so we'd know whether that category—and probably where they have them?

Mr. KASTENMEIER. That's a very good idea. We will find out. The 1,325 appears to be in the four institutions.

Mr. DANIELSON. Right.

Mr. KASTENMEIER. Now the Chair would like to greet an inmate panel from Federal Corrections Institution at Alderson. They've come an 8-hour trip on this miserable day, all the way down to be the panel here. And, so I would like to greet Ms. Vickie Fidler from Pensacola, Fla.; Ms. Crystal Gay Overton from Chicago, Ill.; and Ms. Jean Delores Williams of Washington, D.C.

We appreciate your appearing here today. I know that you do not have prepared, filed statements, but I'm wondering whether each of you would briefly tell me your own background and experience, of whatever problems you and other inmates confront, and which you feel might be remedied.

You've been very patient today. You've heard the testimony of those who preceded you, and we'd like to get your view.

Ms. Vickie Fidler, would you proceed.

**TESTIMONY OF VICKIE FIDLER, PENSACOLA, FLA.; CRYSTAL GAY OVERTON, CHICAGO, ILL.; AND JEAN DELORES DOCKERY WILLIAMS, WASHINGTON, D.C., INMATES FROM FEDERAL CORRECTIONAL INSTITUTION, ALDERSON, W. VA.**

Ms. FIDLER. I'm Vickie Fidler. I've been at Alderson for approximately 15 months.

Mr. KASTENMEIER. Excuse me. Can people at the back hear the witness?

Perhaps if you will speak more directly into the microphone.

Ms. FIDLER. I've been at Alderson for approximately 15 months. I am from Florida. My charge was armed bank robbery. I was sentenced to 10 years. This is my first time being in a Federal correction institute.

Ms. WILLIAMS. My name is Jean Delores Dockery Williams. I'm from Washington, D.C. This is my second time to be in a Federal institution. I was sentenced for assaulting a police officer and for receiving stolen goods. I've been to Alderson 29 months. I've been incarcerated 45. I was sentenced in Superior Court in Washington, D.C.

Mr. DANIELSON. Mr. Chairman, may I tell the witnesses that these microphones are really not very sensitive, and if you don't get right down in them and talk, we're not going to hear you. They are not real sensitive microphones.

Ms. OVERTON. My name is Crystal Gay Overton, I'm 26. I'm from Chicago, Ill. My incarceration is as a result of being convicted of conspiracy to violate narcotic laws. I received a 12-year sentence under the Youth Corrections Act. I've been incarcerated for 30 months, and I have a presumptive parole date for April 17, 1981.

Mr. KASTENMEIER. Thank you.

Ms. Williams, you heard Ms. Taylor suggest that she talked to a number of women at Alderson at least once a year, and that they

don't appear to like Alderson. Is that correct? Does that reflect the views of any or all?

Ms. WILLIAMS. I've been in Alderson 29 months. In the 29 months I have been there, I have not seen Ms. Taylor in Alderson, W. Va., Federal Correctional Institution. I think that she was talking about at least 4 or 5 years ago, before they closed the Women's Detention Center.

And, I also heard her tell you how District of Columbia women get to Alderson and other Federal institutions in the country, and I have to disagree with that, due to the fact if you're sentenced in U.S. District Court, after you are sentenced, the marshal sends the designation papers to the Bureau of Prisons. That means if you have a Federal sentence, you will be designated Federal.

If you are sentenced in D.C. Superior Court, the jail sends a designation paper to the Bureau of Prisons, and the jail asks for recommendations.

I was sentenced in Superior Court, and the jail asked for a recommendation that I be designated to Washington, D.C. The Bureau designated me to Washington, D.C. We were moved out to the new jail, and then the authorities at the new jail sent in another designated paper and asked for me to be redesignated to a Federal institution.

I can't say that the Federal Bureau designated us District of Columbia prisoners just automatically. The Department of Corrections has a lot to do with us being designated to a Federal institution.

Mr. KASTENMEIER. Do I understand you did spend some time at the new jail yourself?

Ms. WILLIAMS. I was sentenced January 28, 1976. I stayed in the District of Columbia Women's Detention Center in the new jail from January 28, 1976, to June 9, 1977, and then the Department of Corrections sent and asked for a new designation, and I was redesignated to Alderson.

When I arrived at Alderson, my caseworker couldn't understand why the Department of Corrections asked for a redesignation of me when I was so close to going out on work release. I was sent to Alderson in June, I was eligible for work release in September 1977.

Mr. KASTENMEIER. When is your presumptive release now?

Ms. WILLIAMS. Well, it's a long story. I'll try to make it short.

Mr. KASTENMEIER. You indicated you were close to release. That's why it puzzled your counselor why you were sent to Alderson.

Ms. WILLIAMS. Right. I was sentenced to 26 months to 6½ years out of superior court. I have done 18 months of that 26 or more in the District Columbia. Then I was sent to Alderson. When I got to Alderson, my caseworker immediately referred me back to the Department of Corrections, which was September 1, 1977. The Department of Corrections sent back and told the caseworker that I had no program, and they could not accept me at that time. They would like a progress report.

My caseworker sent the progress report back to Washington, D.C. on September 27. At that time they sent back and told—Washington sent back and told them at that time that they could not accept me because I hadn't been there long enough for them to write a progress report on me and what I'm doing.

So, February 1978, my caseworker sent in another progress report. When Washington looked into the report, I was past my parole date,



which I was supposed to meet the Board in March 1978. They went back—they sent back and told Alderson that they could not accept me at this time because I was in Federal jurisdiction, and I would have to meet the Federal Parole Board; when if I meet the Board and the Board give me a date within 9 months, they would reconsider accepting me for work release.

I continued to waive the Federal Parole Board until April 1979 and I met the Board, and I was given expiration due to the fact that my guidelines were very high. At that time I was something like 15 months short from release, and my caseworker wanted to refer me to the Department of Corrections, and I refused to be referred again. I decided to stay in Alderson.

Mr. KASTENMEIER. What do you regard as major problems at Alderson as compared to the new jail?

Ms. WILLIAMS. Well, the major problem at Alderson is the women don't have—we get furloughs, but it's women that live a long way don't have the funds, you know, to get to places to see their children. I feel that is the major problem in Alderson.

The major problem at the new jail, it's filthy. You're locked up the biggest part of the day. You're served your food from a big kitchen on a steam table. By the time it gets to you, it's cold, because they have—end up in the thousands being served.

The sanitation is very bad. When it rains, this new building, the rain come inside. Rats run all over you. It's very congested. I don't think a woman would want her child really to visit her in the new jail, because it's a hideous place, very hideous.

Mr. KASTENMEIER. You do not have that criticism for Alderson? Alderson isn't that bad?

Ms. WILLIAMS. The only thing I see about Alderson—well, for me, it's not remote, because this is my second time there, and I have learned, you know, work to earn funds and whatnot to get home on furlough. But, for a lot of women that live at distances, they cannot afford to go, to pay the money to go on furlough. And my children haven't been up there to see me, because I don't want them to come up and see me, because I get furloughs, and they would be just throwing away money when I can go home like every 30 days and visit them.

Mr. KASTENMEIER. You can go home every 90 days on furlough?

Ms. WILLIAMS. Right.

Mr. KASTENMEIER. How about you, Ms. Overton?

Ms. OVERTON. I'm furlough-eligible, but I see, too, you know, it's a problem, that there are a lot of women with sentences that don't fit the furlough criteria at all, and it's hard for their children and families to get to the institution, and they have no way of maintaining or, you know, strengthening their family ties. And that's a very big problem.

I've had one visit since I've been at Alderson, but when my parents want to come down, I ask them not to, because, you know, it's too dangerous to drive, to get there.

Mr. KASTENMEIER. Too dangerous to drive?

Ms. OVERTON. Yes.

Mr. KASTENMEIER. Up in the mountains? Why is it dangerous to drive?

Ms. OVERTON. Well, it's not up in the mountains. I think it's down in the mountains. [Laughter.]

You know, there are a lot of curves, dangerous curves, and whatnot, trying to get to the institution.

Mr. KASTENMEIER. The three of you represent a lot of women there. Do you regard it as remote and difficult for friends and relatives to visit, and unless you get out on furlough, then it's really not a very good situation in terms of family and friends?

Ms. FIDLER. That's correct. I'm from Florida, and that's a long way from Alderson, and my father has visited me once, and my mother has visited me once. My son, not at all. I don't know if his father, who has custody of him now, would even allow it. My parents would have brought him. A lot of the women that have children, for various reasons don't allow them to come, or are not able to have them come because of financial reasons or because of family problems. The distance from home, the geographical location is the major problem for visitation and furloughs.

Mr. KASTENMEIER. Is it generally the case that if you get a furlough, and if you've got the money to travel to where you want to go to meet family, it's OK; but if you're not furlough-eligible or if you don't have the money if you do get a furlough, then you really are pretty remote there, as far as visits from children or family and friends?

Ms. OVERTON. Unless there is a death in the family or another emergency that the administration would deem that it's fitting for you to travel.

Mr. KASTENMEIER. How about medical care? Any complaint about medical care there? Is it OK?

Ms. FIDLER. It has improved quite a bit the past few months because of the new doctors that we have. The doctor that was there before, we didn't have too much confidence in, for various reasons. But I do believe it has improved quite a bit.

Mr. KASTENMEIER. Do you agree it has improved quite a bit?

Ms. OVERTON. Oh, yes; as far as the doctors, actual doctors. But there are many complaints about the medical students that work at the institution. Some of the women feel that they should either be removed or more closely supervised.

Mr. KASTENMEIER. The medical students from the medical college nearby?

Ms. OVERTON. Yes.

Mr. KASTENMEIER. In terms of being able to develop some job skills at Alderson, or get an education, or earn some money in the prison industry, how do you compare those? Do you think you have the opportunities? Are they adequate? Have they improved? What's your comment about education and work at Alderson?

Ms. WILLIAMS. They have improved. We have quite a bit of programs at Alderson, if we choose to participate in them. We are encouraged to participate in the program. But then I think more money would help to get the proper staff so the programs could be more beneficial, and we could get more out of the programs when we participate in them, so they could get more people in there to teach the programs that the women would be interested in, because I feel like every job there, it has something for a woman if she can get the proper training out of the job.

Like me, I worked in the garment factory, so I'm on work release now, so I'm thinking about being a seamstress, because I make, you know, clothes. But then we have ADP, we have electric shop, auto

mechanics and all that. But then we have the dining room. Now, that's the criteria a lot of women would like to get, but, you know, we have the staff that's supervising you to cook, so they can't give too much of their time to a woman to teach her about cooking. So appropriate funds would help to get more staff to teach them.

Mr. KASTENMEIER. I don't know which of you may have served some time in another institution; I would ask you to compare Alderson to it. Is it better or worse? How is Alderson regarded? Other than the new jail which you described, have any of you also spent any time in another Federal institution? If so, how does it compare to Alderson?

Ms. OVERTON. I was initially designated to Lexington, and I spent 8 months there. As far as differences between the institutions, personally, like the programing and different things like that, there is a lot of it, there is a lot at Alderson and there is a lot at Pleasanton. But my biggest thing was that Pleasanton and Lexington are too small. The rooms are small, you know, and it's just not enough space to move them around, you know. Like at Lexington in the wintertime, like they have a big yard, but in the wintertime it's closed and you can't go out there, and there is only, like, a little space. It's an area called Central Park, and they have a coffee shop and casual corner, and it's not that much space, you know, for the amount of people that's in the institution.

But at Alderson, we are outside all year round. I was only at Pleasanton for 4 months, and I didn't like it at all. I liked the weather.

Mr. KASTENMEIER. But as far as institutions go, none of these institutions were preferred to Alderson? Alderson is not any worse than any of the other institutions?

Ms. OVERTON. Well, they're all prisons, you know.

Mr. KASTENMEIER. They're all prisons.

Ms. OVERTON. Right. And Lexington is close, you know, to a lot of people's family where they live, you know, in comparison to Alderson, and also by being men there, you know, that alleviates a lot of pressure, too. But really, you know you can't say that one is better than the other, because they're all prisons, you know. That's the main thing.

Mr. KASTENMEIER. One of the common complaints about any prison is the despair, the frustration, sort of the hopelessness that often affects people, particularly if you're likely to be in for any length of time.

How about your own personal outlooks? Do you each personally have a good sense of getting released and being able—I'm not the parole board—but I'm just interested in whether you see and sense the despair of your fellow inmates, or whether as you approach a release date, you have an optimistic sense of being able to be equipped to go out and cope with the outside world, so to speak, and how you feel about that?

Ms. FIDLER. I believe that the programs offered in the institution has been a lot of benefit to me. There's a program called self image; we have other programs like PMA, "Positive mental attitude." These are self-awareness programs, and I believe they've done a lot for the atmosphere in helping women toward institutional life.

Ms. WILLIAMS. I have to agree with her.

Ms. OVERTON. I'd like to say that the programs are, you know, they are there and they're available, but I'm a first offender, and also

Youth Act, and that sentence is supposedly for rehabilitation and special counseling or whatever, and I have never received that since I was incarcerated. Although I feel good about myself now, because I was like—I don't know, I guess forced to grow up, you know. But I feel that there should have been more guidance, you know, and to other women that are youth offenders and first offenders, there should be more specialized counseling for them, because when they are housed in the institution with women doing life or repeated offenders, you know, they're like lost in the shuffle, and they should get special attention.

Mr. KASTENMEIER. Lexington is used largely, I assume, for drug-related programs more so than Alderson. Is that right?

Ms. OVERTON. Yes.

Ms. WILLIAMS. And first offenders, mostly. Lexington is used for drug abuse and youth, mostly.

Mr. KASTENMEIER. Do you have any organization at Alderson composed of women inmates in which you elect officers and spokeswomen, have complaint sessions, that type of thing?

Ms. FIDLER. Yes, we do.

Mr. KASTENMEIER. What do you call your organization?

Ms. FIDLER. Warden's council, and it's a very active part of the institution, because we have two women out of each cottage elected to it, and we have two monthly—we have monthly meetings. Also out of that group we form a task force, and anything we disagree with or things we want to get started, we are able to send proposals to the administration.

Mr. KASTENMEIER. The gentleman from California.

Mr. DANIELSON. Thank you, Mr. Chairman.

We have a vote real soon, so I'm going fast here, if I may. One question, and I think any one of you can answer: When you are released on a furlough, do you travel alone, or are you accompanied by somebody?

Ms. FIDLER. Alone.

Mr. DANIELSON. And I think all three of you now are furlough-eligible, from what I figured out here. It's up to you to provide your own travel funds; is that correct?

Ms. FIDLER. Unless it's an emergency, and then there is an inmate emergency fund available to us.

Mr. DANIELSON. I see.

Have you observed that when there truly is an emergency, the person is allowed to go, the funds are provided?

Ms. FIDLER. Yes.

Ms. WILLIAMS. Yes.

Mr. DANIELSON. Thank you.

On jobs, is any one of you not taking some kind of occupational training? Apparently not. You're all doing something in the way of training.

I believe you, Ms. Williams, pointed out that you felt there should be more opportunity to learn food preparation, catering?

Ms. WILLIAMS. Right.

Mr. DANIELSON. Do you feel there are quite a few of the inmates who would take advantage of that, if it were available to them?

Ms. WILLIAMS. Yes, I do.

Mr. DANIELSON. What are you taking? What are you studying?

Ms. WILLIAMS. Seamstress.

Mr. DANIELSON. Seamstress, that's right.

Ms. WILLIAMS. I'm on work release.

Mr. DANIELSON. Oh, you're doing it on work release? Right. Thank you.

Ms. Fidler, you're from Florida. What are you studying?

Ms. FIDLER. I'm involved in the college courses they have in the institution.

Mr. DANIELSON. What do they point toward?

Ms. FIDLER. They are three general basic courses: English composition, art appreciation, psychology.

Mr. DANIELSON. I see.

Are you taking anything which would prepare you to hold down a job when you are released?

Ms. FIDLER. I have office skills, and I am practicing them in the institution on the job.

Mr. DANIELSON. What kind of skills?

Ms. FIDLER. Typing, shorthand, filing.

Mr. DANIELSON. Well, you should work hard at that. There is a terrible shortage of stenographers, so you might be able to find a job.

Ms. OVERTON, what are you studying?

Ms. OVERTON. I attend college classes at night, and I go full time during the week to the certified medical technician.

Mr. DANIELSON. Medical technician?

Ms. OVERTON. Yes, lab technician.

Mr. DANIELSON. Do you agree with Ms. Williams, who says that there ought to be a greater opportunity for learning food-handling, food preparation service, and the like?

Ms. OVERTON. Well, I think women would be interested in it. It would be another field, but my basic complaint or complaints from the women deal with vocational training, is that there's no money. You know, you don't really get paid anything, there's no incentive for it.

Mr. DANIELSON. Well, you don't get paid anything while you are there, but you recognize it does help you find a job when you get out?

Ms. OVERTON. That's true, but, you know, some people, that's what they do to support themselves. They are trying to learn a skill, but at the same time they may not get money from home.

Mr. DANIELSON. I've got two last questions, if I can go kind of fast. You're all from Alderson, so you can answer this with unanimity, meaning all together.

Namely, is it clean, is the place kept clean?

Ms. FIDLER. Yes.

Ms. WILLIAMS. Yes.

Ms. OVERTON. Yes.

Mr. DANIELSON. A filthy place of confinement is just inexcusable. It's clean enough. And I believe you said you have what you consider adequate medical care? It's better than it has been?

Ms. WILLIAMS. Way better than it has been.

Mr. DANIELSON. How is the food?

Ms. FIDLER. How is the food? Good.

Mr. DANIELSON. What opportunity for entertainment—yes, entertainment?

Ms. WILLIAMS. Well, I run the movie projector for the inmate population. We have two movies a week. We have a committee of inmates that picks the movies.

Mr. DANIELSON. Two movies a week. Do you have a television?

Ms. WILLIAMS. Color TV.

Mr. DANIELSON. What about participatory things you can do?

Ms. WILLIAMS. We have ball teams. Each unit has a ball team. We have an institution ball team. We have volleyball.

Mr. DANIELSON. I also understand you have disco dancing.

Ms. WILLIAMS. Yes; we have a big recreation area where we have that.

Mr. DANIELSON. Thank you very much. I'm sorry I have to hurry, but we have a vote coming up.

Mr. KASTENMEIER. Yes; the gentleman is correct, we have a quorum immediately to be followed by a vote.

Accordingly, on behalf of the committee, I would like to thank Ms. Williams, Ms. Fidler, and Ms. Overton for coming all the way down from Alderson today to address their views and problems and their situation and that of their co-inmates at Federal institutions and Alderson.

This concludes today's hearing. We will meet tomorrow morning at 10:30 rather than 9:30 in this room, at 10:30 for continued hearings on female offenders.

We will have a panel of researchers testifying on vocational education, parent skills, cocorrections, educational programing, health care, and also two lawyers who will be testifying as well on female offenders.

Until then, 10:30 tomorrow morning in this room.

The committee stands adjourned.

[Whereupon, at 3:15 p.m., the hearing was adjourned.]

## THE FEMALE OFFENDER—1979-80

THURSDAY, OCTOBER 11, 1979

U.S. HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON COURTS, CIVIL LIBERTIES,  
AND THE ADMINISTRATION OF JUSTICE  
OF THE COMMITTEE ON THE JUDICIARY,  
*Washington, D.C.*

The subcommittee met at 11 a.m. in room 2226 of the Rayburn House Office Building; Hon. Robert W. Kastenmeier [chairman of the subcommittee] presiding.

Present: Representatives Kastenmeier, Danielson, Railsback, and Moorhead.

Staff present: Gail Higgins Fogarty, counsel, and Joseph V. Wolfe, associate counsel.

Mr. KASTENMEIER. The subcommittee will come to order.

Today the subcommittee will conclude its initial hearings on the female offender

Yesterday we heard from Federal and District of Columbia correctional officials, as well as from three women inmates at the Federal Correction Institution at Alderson, W. Va.

The witness at today's hearings are not themselves part of the corrections system. They are, however, well acquainted with the system, and particularly its impact upon women offenders.

The first panel is composed of researchers, and I would like to introduce each member of the panel.

Ms. Jane Roberts Chapman is the director of the Center for Women Policy Studies in Washington, and was in fact one of the founders of the center which was established in 1972. Ms. Chapman has conducted several research projects in the area of criminal justice, including most recently an LEAA study on programing for the female offender. She will address the vocational and family needs of women offenders.

Dr. Esther Heffernan is a postdoctorate fellow at the Boys Town Center, Catholic University of America. Of course, I might personally add that she is on the faculty of the Sociology Department of Edgewood College at Madison, Wis., in my own district, so I know of her reputation, both directly as well as through her national reputation.

She's been extensively involved in the criminal justice area, and particularly in women offenders and cocorrections. She has also served as a consultant to the Bureau of Prisons. She will discuss cocorrections, or that is to say correctional facilities shared by both male and female inmates.

Dr. Claudine SchWeber is an assistant professor at the Department of Criminal Justice at State University College at Buffalo. She is also

a consultant to the Bureau, having recently been awarded a national grant to do the history of Alderson.

Dr. SchWeber will discuss Alderson and educational programing.

Dr. Nancy Stoller Shaw is an assistant professor, Board of Community Studies, University of California, Santa Cruz, a medical sociologist, and recently coauthored a book about the health needs of imprisoned women.

I am indeed pleased to greet and welcome this distinguished panel of researchers, and I will call them forward at this time.

Among you, do you have any particular order of presentation?

Dr. SHAW. Yes, we have an order.

**TESTIMONY OF JANE ROBERTS CHAPMAN, DIRECTOR, CENTER FOR WOMEN POLICY STUDIES; DR. ESTHER HEFFERNAN, BOYS TOWN CENTER, CATHOLIC UNIVERSITY OF AMERICA; DR. CLAUDINE SCHWEBER, ASSISTANT PROFESSOR, DEPARTMENT OF CRIMINAL JUSTICE, STATE UNIVERSITY COLLEGE AT BUFFALO; AND DR. NANCY STOLLER SHAW, ASSISTANT PROFESSOR, BOARD OF COMMUNITY STUDIES, UNIVERSITY OF CALIFORNIA, SANTA CRUZ**

Dr. SHAW. My name is Nancy Shaw. I have a written statement which I would like to submit to the committee, and then I'd like to make some brief remarks.

Mr. KASTENMEIER. Without objection, the statement offered by Dr. Shaw will be accepted.

[The document follows:]

#### HEALTH NEEDS OF FEMALE PRISONERS IN THE FEDERAL PRISON SYSTEM

In both their service and their research, the medical and correctional professions have devoted little attention to the health needs of incarcerated women. This is true in federal as well as State and municipal settings. Because so little data on the health status of female inmates has been compiled by the U.S. Bureau of Prisons, this report will also make reference, where appropriate, to literature on health needs of other female prisoners as well.

I would like to discuss first the needs of women when they enter prison, secondly the services available in the Federal system, and third the changes which would be required to make a quality health care service available to female federal prisoners. I appreciate the opportunity to submit this written statement and hope it will illuminate not only the existing health problems of women in Federal prisons but also the reasons why their situation requires response from this committee.

#### HEALTH AND ILLNESS AMONG FEMALE PRISONERS

Female inmates have certain biologically-based health and medical needs which differ from those of men. The most obvious physical differences between the sexes are in their reproductive systems.<sup>1</sup> Women have menstrual cycles; they can become pregnant, abort spontaneously or intentionally, give birth and nurse. In addition to minor diseases and complications of normal functions, major diseases and physical injury to the female reproductive system can cause sterility or death. To care adequately for female patients, medical personnel must have special training concerning women's distinctive biological and physiological needs. The specialty in medicine exclusively concerned with such needs is gynecology.

A second difference between women and men is that some diseases occur more frequently and in different forms in one sex or the other. For example, due to the presence and amount of certain hormones during women's reproductive years, they

<sup>1</sup> A non-technical introduction to the health and diseases of women is provided by the Boston Women's Health Book Collective in *Our Bodies, Ourselves* (2d ed., 1976); available in Spanish as *Nuestros Cuerpos, Nuestras Vidas* (1978). For a review of current gynecological practice, see L. Parsons and S. Sommers, *Gynecology* (2d ed., 1978).



are less susceptible to developing arteriosclerosis; however, perhaps due to the same hormones, they are also more likely to have varicosities than are men. Genetic factors are key to other differences. For example, women carry and may transmit hemophilia while men are more likely to have the illness itself. Other diseases may appear differently in women and men because of their respective anatomies. One example is gonorrhea, which women have without symptoms more frequently than do men.

In addition to physiological differences which distinguish women's health needs from men's, social organization, attitudes towards women, and the attitudes of women towards themselves shape and define their medical needs. Differential socialization according to sex begins in infancy. Female and male babies are treated differently even as newborns; boys tend to be bounced, thrown about, and encouraged to engage in greater physical activity than are girls. Throughout childhood, expectations for girls and boys support different choices of pursuits. Boys are generally more involved in active sports. The greater frequency of obesity found in American girls<sup>2</sup> may be related to a generally lower level of physical exercise which in turn results in a less healthy physical condition.<sup>3</sup>

Role differentiation according to sex results in adult women and men engaging in different behaviors and occupations and expressing ideas and feelings in different ways. These differences affect the health problems they are likely to have and how health providers are likely to treat them. For example, for many years, women had lower rates of lung cancer than did men, one reason being that fewer smoked. When smoking became more socially acceptable for women, female rates of lung cancer increased.

The fact that men and women tend to engage in different occupations affects their health, as some jobs expose workers to unhealthy environments. For example laundry workers, a majority of whom are female, have a high rate of certain skin diseases, while coal miners, most of whom are male, are more likely to have black lung disease than the population at large.

Social patterns also expose women and men to selected risks. For example, rape and "spouse abuse" are overwhelmingly female problems.<sup>4</sup> Further, some role expectations lead women or men to act in ways viewed as pathological; some behaviors typically associated with, and sometimes required of, females, such as dependence and passivity, may be described as signs of emotional illness in healthy individuals.<sup>5</sup>

One additional impact of gender on health problems is noteworthy. Women and men patients tend to be treated differently by medical personnel. A recent study presents evidence that doctors are less concerned when told by women of medical complaints. As a result, physicians may treat women's symptoms but probe less extensively for sources of underlying pathology.<sup>6</sup> Such practices can leave serious problems undetected.

In sum, although women and men have numerous medical needs in common, women have a significant number of distinct health needs and some unique problems. If physicians and other health personnel in correctional institutions are to provide adequate care, they must be sensitive to these differences. Given the male-oriented nature of current health education, this will require supplemental training for most professionals and paraprofessionals.

#### POVERTY

In addition to the special problems women inmates have because they are women, many are also likely to have certain illnesses because they are poor. A study of women's correctional programs in 14 States reports that over half of the

<sup>2</sup> One study found that 12 pct of American school girls, as compared with 8.6 pct of American school boys were obese. M. L. Johnson, et al., "The Prevalence and Incidence of Obesity in a Cross Section of Elementary and Secondary School Children," 4 American Journal of Clinical Nutrition, 231-238 (1956).

<sup>3</sup> Fat children are significantly less active than thinner children. B. A. Bullen, et al., "Physical Activity of Obese and Nonobese Adolescent Girls Appraised by Motion Picture Sampling," 14 American Journal of Clinical Nutrition, 211-214 (1964); see also J. Parizkova, "Body Composition and Exercise During Growth and Development," in G. L. Garlick, Physical Activity, Human Growth and Development, ch. 5 (1973), cited in K. Anderson, et al., Habitual Physical Activity and Health (1978) at 35.

<sup>4</sup> D. Martin, Battered Wives (1978) at 10-15.

<sup>5</sup> See, e.g., N. Weisstein, Kinder, Küche, Kirche as Scientific Law: Psychology Constructs the Female in R. Morgan, Sisterhood is Powerful (1968) at 203; see also N. Shainess, A Psychiatrist's View: Images of Women—Past and Present, Over and Obscured, 23 American Journal of Psychotherapy 77 (1969).

<sup>6</sup> Arnltage, Schneiderman and Bass, Response of Physicians to Medical Complaints in Men and Women 24 Journal of American Medical Association (JAMA) 2186 (1979). See also Lennane and Lennane, Alleged Psychogenic Disorders in Women—A Possible Manifestation of Sexual Prejudice, 283 New England Journal of Medicine 283 (1973).

inmates had, at some point, received welfare payments.<sup>7</sup> While more than 90 percent of the women surveyed had worked during their adult years and almost half were employed in the 2 months prior to incarceration, the majority held low paying jobs, in semi and unskilled occupations.<sup>8</sup>

Imprisoned women's income often has to be used to support not only themselves but also their children. Additionally, current studies find that the majority of women's crimes are economic in nature and involve activities and locations accessible to the poor. This holds true for federal as well as other lawbreakers.<sup>9</sup> More than 50 percent of incarcerated women have dependent children living with them at the time of their arrest,<sup>10</sup> but only one-half as many female as male prisoners are married and therefore able to depend on this form of additional support for their children.<sup>11</sup>

Being poor, like being female, has implication for health.

[R]ecent statistics, gathered mostly through national health surveys, evidence the comparatively poorer health status of lower-income people. Sixty percent of the children coming from families defined as poor have never seen a dentist. Thirty percent of their parents have one or more chronic diseases. Incidence of all forms of cancer is inversely related to income. Heart disease and diabetes are more prevalent among the poor. The poor have four times as many heart problems, six times as many cases of hypertension, arthritis, and rheumatism, eight times as many visual impairments, and far more psychiatric illnesses, especially schizophrenia than the more affluent.

Death rates from tuberculosis, influenza, syphilis, pneumonia, and vascular lesions of the central nervous system are twice as high among poor blacks as among persons where annual family income is \$15,000 or more. And there exists twice as much disability from accidents among the poor when the two groups are compared. Infant mortality rises considerably as income decreases; and the poor's risk of dying under age 25 is four times the national average.

These figures clearly document the fact that by national standards the health status of the poor is far below that of other income groups in the United States.<sup>12</sup>

Females incarcerated in the federal system suffer from poverty just as do other prisoners.

#### ETHNICITY

A disproportionate number of incarcerated women, like incarcerated men, are members of minority groups. Although only 11 percent of American women are of African descent, over 50 percent of the women imprisoned in the Federal system and 48.3 percent of those in the States are black.

Minority identity, like poverty, has direct consequences for health. Some diseases are genetically transmitted. Sickle cell anemia is one example which, because of heredity, blacks are more likely to have than are whites. While heredity is not always the cause, other ailments associated with the poverty caused by racism are also found with greater frequency and severity among certain ethnic groups. For example, higher rates of dental disease, diabetes, certain heart ailments, and hypertension are reported among blacks than among whites.<sup>13</sup> When such illnesses are present, death is also more likely in non-white populations, probably as a result of inferior access to medical care.<sup>14</sup> In addition to being susceptible to the illnesses described above, women in minority groups have higher rates of mortality when giving birth than do white women.<sup>15</sup>

Explaining the relationship between ethnicity and illness can be complex. Genetics and race-related poverty are not the only factors which affect disease patterns. Other significant variables include exposure to risks, access to and utilization of medical services, and social customs and attitudes. Although the causes of differential susceptibility to disease are not always clear, one consequence is known:

<sup>7</sup> R. Glick and V. Neto, *National Study of Women's Correctional Programs* (California Youth Authority, 1976) at 121.

<sup>8</sup> *Id.*, at 134.

<sup>9</sup> See for example, F. Adler and R. Simon, *The Criminology of Deviant Women*, 1979.

<sup>10</sup> Glick and Neto, at 116-117.

<sup>11</sup> U.S. Bureau of Prisons, *Conference on Confinement of Female Offenders*, March 28-30, 1978 (unpublished paper).

<sup>12</sup> R. Kane, J. Kasteler and R. Gray, *The Health Gap: Medical Services and the Poor* (1976), at 6.

<sup>13</sup> Newman, Amidel, Carter, Cay, Druvant and Russell, *Protest, Politics and Prosperity: Black Americans and White Institutions, 1940-75* (1978), at 226-227.

<sup>14</sup> National Center for Health Statistics of the United States, 1971, *Mortality*, (Vol. II, Part A, 1975), Table 2-1, at 2-3, cited in Newman, et al., at 190.

<sup>15</sup> National Academy of Sciences, Institute of Medicine, Panel on Health Services Research, "Infant Death: An Analysis by Maternal Risk and Health Care," (1973), described by Newman, et al. at 89.

American minorities, who have a high confinement rate in U.S. prisons, have a greater statistical chance of being in poor health than do whites.

#### ARREST AND CONVICTION PATTERNS

A relatively high percentage of female federal inmates are detained for drug offenses, crimes which expose participants to significant health risks, such as hepatitis, addiction, endocarditis and respiratory problems, including pneumonia and tuberculosis. Alcoholics and barbiturate users may also have serious withdrawal problems requiring close medical supervision. Those who are prostitutes may have been victims of violence, as well as being subject to exposure to venereal disease.

Federal institutions which take boarders from less secure and more poorly financed state systems may also receive women with problems compounded by or developed during their preceding imprisonment.

#### HEALTH ON ADMISSION

The Federal Bureau of Prisons does not currently collect and analyze data on the health status of new admittees. However, studies of women just admitted to other prisons provide evidence that these groups enter with many illnesses. A review of admissions to New York City jails in 1975 found that 72 percent of the women had, upon arrival, at least one current medical problem.<sup>16</sup> The four most frequently found problems were drug addiction (23 percent), psychiatric illness (10 percent), hypertension (10 percent), and respiratory problems (6.7 percent). Seventeen percent of the women were also listed as having recent physical injuries. Additional data indicate that 7 percent of the incoming women are pregnant, 10 percent suffer from untreated syphilis and 8 percent from untreated gonorrhea.<sup>17</sup> Although percentages vary among the studies, venereal disease is commonly reported in 5 to 10 percent of the women admitted to jails.<sup>18</sup> In New York City jails women have higher rates of asthma, drug abuse problems, seizure disorders, hypertension, diabetes, hepatitis, heart disorders, gastrointestinal problems, and genitourinary disorders than men do.<sup>19</sup> Whether comparable differences between men and women would be found among Federal prisoners cannot be known until independent system-wide research is done on the health status of Federal prisoners.

In terms of gynecological problems, in its study of 51 women jailed in seven States the American Medical Association found that 4.6 percent reported breast lumps, 42 percent had unusual vaginal discharge, and 4.2 percent had unusual vaginal bleeding; 12.8 percent said they were pregnant. As part of the study, 32 percent of the women received internal pelvic examinations. Of these, 56 percent had abnormalities of the vulva or vagina, 38 percent had abnormal cervixes, and 37 percent abnormal uteri or ovaries. None of these women was currently being treated for her ailment.

#### AVAILABILITY OF MEDICAL SERVICES

Once incarcerated, women are exposed to new risks. First, since women comprise less than 8 percent of the total population of jails and prisons, the medical services provided are often staffed by physicians accustomed to and primarily concerned with men.

In the Federal system, gynecologist/obstetricians are contracted specifically to hold specialty clinics and do fee-for-service work. They are not involved in any overall review of the adequacy of gynecological or women's health care offered. Additionally, the Public Health Service, which provides the medical care in the Bureau of Prisons' institutions, employs not one full-time board-certified gynecologist, nor does it conduct any regular review of services for women. Simply for convenience, at F.C.I. Lexington, the major medical referral center for female Federal prisoners, general surgeons in the Bureau's employ are utilized for gynecological surgery, which under other conditions would be done by a specialist.

At Alderson, 500 female prisoners, many of whom come from major urban centers, find themselves in an isolated rural setting with inadequate access to

<sup>16</sup> L. Novick, R. Della Penna, M. Schwartz, E. Kennlinger and R. Lowenstein, "Health Status of the New York City Prison Population," 15 *Medical Care* 205 (1977).

<sup>17</sup> *Rikers Island Health Service, Monthly Report* (November, 1978) (unpublished).

<sup>18</sup> H. Ris and R. W. Dodge, "Gonorrhea in Adolescent Girls in a Closed Population," 123 *American Journal of Diseases of Children* 135 (1972). These rates are similar to those found in surveys of non-incarcerated young adult females. See, e.g., R. Mattingly, *Telinde's Operative Gynecology* (1977) at 260.

<sup>19</sup> Novick, et al., at 214.

quality gynecologic and obstetrical care. Although there is a small community hospital nearby, the closest major medical centers are approximately 100 miles away.

When women are to be transferred from F.C.I. Alderson to Lexington for medical care they sometimes wait for weeks while processing is completed. Once transferred, they lose their prison industries status, causing a drop in pay. They may also be subject to a loss of such privileges as furlough rights gained by good behavior at the previous institution. These problems and the lack of gynecological expertise are especially disturbing since it is generally agreed that the most common medical problems of incarcerated women are gynecological.<sup>20</sup>

#### THE PRISON CONTEXT

Incarceration itself may be a source and an exacerbation of problems. Immediately upon entering most facilities inmates are searched, while female inmates are checked in a particularly intrusive and humiliating mode. Many institutions require them to undergo an internal pelvic examination each time they enter or leave the secure areas of the facility—for trips to court, furloughs, work release, or to visit. Where internal pelvic examinations are not required, visual inspections of the genitals and anus may be. Such examinations are intrusive, laden with sexual symbolism, and conducted without the possibility of voluntary consent.<sup>21</sup> Internal pelvic examinations done without medical justification are also unwise because they increase the possibility of vaginal and cervical irritation and infection, without any health benefit.<sup>22</sup> Further, for pregnant women who are in the last trimester of pregnancy, such exams are medically inappropriate unless performed under carefully arranged sterile conditions because infection presents a special danger at this time due to changed conditions of the cervix. However, most institutions apply the same search procedures to pregnant women as to others.

In addition to being subjected to searches, inmates are placed in close contact and suffer a general loss of privacy. Events which are private for those outside jails and prisons are, for those inside, observed and supervised. Such supervision can affect health. For example, sexual activity is usually banned in correctional institutions, and when it is discovered, the individuals are punished. At F.C.I. Lexington, women who become pregnant while incarcerated know that reporting pregnancy will result in punishment. When a woman reports that she is pregnant, the staff must make some determination as to the inmate's further suitability for remaining in a co-correctional setting. If it is determined, for example, that the pregnancy was accomplished in the institution, appropriate disciplinary action should be taken, e.g., normally transfer to a more secure institution for the female as the male(s) involved is required.<sup>23</sup>

Women may therefore delay in obtaining medical attention for pregnancy. These delays can be harmful to a growing fetus<sup>24</sup> or make a safe abortion more difficult.

So far-reaching is the invasion of prison life into one's personal world that even routine feminine hygiene is controlled and reorganized. For example, at F.C.I. Alderson, although there is no medical or economic justification for such a policy, women receive sanitary napkins free of charge but must pay for tampons. Another example is douching, which some women do for personal hygiene. Correctional institutions have a wide range of rules about douching—varying from banning it, charging for the equipment, limiting the use of, requiring sign-ups for, or providing douches free of charge to all incoming inmates. At F.C.I. Lexington the practice is to provide free douche kits to all incoming female inmates, while at F.C.I.

<sup>20</sup> Glick and Neto found these to be the most frequent medical problems as perceived by the medical staff in their sample of 98 correctional programs. GLICK & NETO, at 66. Williams reports that 50 pct. of the health problems of women in the New Mexico State Penitentiary relate to gynecologic or obstetric pathology. Williams, "Health Care for Women Inmates in the New Mexico State Penitentiary," at 81 printed in *Proceedings, 2d National Conference on Medical Care and Health Service in Correctional Institutions* (October, 1978). The AMA found similarly high rates in its 1972 study of 51 women in six States. B. Anno, *Analysis of Inmate Patient Profile Data* (American Medical Association's Program to Improve Medical Care and Health Services in Jails, 1977), at 74.

<sup>21</sup> Should an inmate refuse, the alternative may be punitive segregation, administrative detention, or the denial of visiting or release opportunities. Under such circumstances, "choice" is a euphemism.

<sup>22</sup> See Parsons and Sommers, at 762, for descriptions of common vulvar, vaginal, and cervical infections. The high incidence of vaginal discharges found among women inmates noted above may be attributable in part to such frequent examinations. Further investigation is warranted.

<sup>23</sup> U.S. Bureau of Prisons, *Policy Statement* Lex 60.70.1 (August 19, 1977).

<sup>24</sup> "There is little question that the most critical time for fetal damage is during the period of organogenesis, up to about the tenth week of pregnancy." D. Danforth, *Obstetrics and Gynecology* (3d ed., 1977) at 214.

Alderson none are provided. There is no medical logic to account for these differences among the federal institutions. While the selection of feminine hygiene techniques may seem like a minor matter to administrators, most women are aware that such aspects of menstrual hygiene can be crucial to both self concept and self confidence.

#### BIRTH CONTROL FOR PRISONERS

Incarcerated women have the same reproductive ability as others. Coeducational facilities, contact with male guards and furlough opportunities expose female prisoners to the possibility of pregnancy. Additionally, when released, they, like other women, may need contraceptive assistance. Because a newly released prisoner is not yet integrated into a local health service network, it is appropriate and beneficial for each woman to have the opportunity to leave prison with a means of birth control suited to her needs. The explicit and laudable policy of the United States Bureau of Prisons is to permit various birth control methods to be prescribed. However, diaphragms, intrauterine devices and other mechanical means of contraception are not actually available. As far as we could ascertain from our informal survey of the federal prisons in which women are placed, only oral contraceptives are provided as birth control. Women for whom pills are medically inappropriate or who do not wish to assume the risks associated with oral contraceptives have no viable means by which to protect against pregnancy.

Prior to August, 1979, F.C.I. Alderson's policy permitted intra-muscular (I.M.) injection of progesterone, a hormone which is sometimes used by physicians to test the endocrinological basis of amenorrhea, the absence of menstruation. The Alderson policy reads as follows:

No. 2. *Progesterone injection.*—In a patient with a normal menstrual pattern who is leaving for furlough in the mid-late first stage of the cycle, an injection of 50 mg. of Progesterone in oil may be given in an effort to delay the onset of ovulation until after this period of leave. Although experience with this technique has been seemingly effective in a high proportion of cases, the offender is informed as to its equivocal effectiveness and the possibility of withdrawal bleeding.<sup>35</sup>

Despite the implications of this policy statement, I.M. progesterone is not approved by the Food and Drug Administration as a contraceptive nor is it the subject of any reported research program to determine whether it might become a standard contraceptive.<sup>36</sup> According to the Medical Director of the Bureau, while a review of the propriety of progesterone's use is underway it is not being given to inmates.<sup>37</sup> This incident illuminates a basic Bureau problem of inadequate supervision of health care policies and practices in the various institutions. In this case a highly questionable experimental procedure was used for three years and continued even after the Bureau had adopted a policy of "no experiments" on its prisoners. If it had not been for this author's investigation and complaints, these injections would still be in use at Alderson today.

#### PREGNANCY IN PRISON

For the woman who is either pregnant upon entry or becomes pregnant after incarceration, two options exist—to abort or to maintain the pregnancy. While abortion is a constitutional right, opportunity for an early safe procedure may quickly pass in institutions where pregnancy tests upon admission are not routine, or where there are long waits for medical evaluation. Although the counseling is done by prison employees and its atmosphere can therefore be more coercive than appropriate, in federal institutions abortions are available to those women who request them.

Pregnant prisoners are dependent upon the state to provide medical assistance and to permit special arrangements for diet, exercise, and work schedules. While federal institutions permit reduced work schedules for pregnant women, there are no uniform arrangements to safeguard their health. A lack of in-house or extensive community gynecological care leads to a reliance on medical students, paraprofessionals and non-specialists for obstetrical care. At one federal institution, a woman who complained of amenorrhea over the course of several months was seen by medical students but never given a pregnancy test. Finally, while at work, she gave birth to twins of eight months gestation. One twin was stillborn.

<sup>35</sup> "Birth Control, Pregnancy, Child Birth, Child Placement and Abortion," ALD. 7300.28, Ch. 2 (March 15, 1978).

<sup>36</sup> Yale University Medical School, Drug Information and Library Reference Service, July, 1979.

<sup>37</sup> Letter of Dr. Robert Brutsché to Nancy Shaw (August 15, 1979).

At the time of childbirth, federal women inmates deliver in community hospitals. However, they are not permitted to attend the hospitals prenatal classes or to obtain community training for natural childbirth prior to delivery. Where such education is unavailable, the inmates may be uninformed about different childbirth methods or uses of anesthesia and consequently unable to make intelligent choices at the facility to which they are sent. Second, while some institutions once permitted women to return to prisons with their newborn babies, current practice is to separate the mother and child, usually within several days of birth, and to exclude the child from the institution except if permitted to enter when visitors come under general visiting rules. This is the policy in all federal institutions. A few model projects have recently begun to change this pattern. At F.C.I. Pleasanton, opportunities exist for mothers to deliver babies outside of prison and stay with their babies. However, only women eligible for furloughs may participate. For those not within this highly select group, immediate separation from the infant is inevitable. Thus, almost all women who give birth while incarcerated must place their newborns with relatives or in foster care. Even the Pleasanton mothers are eventually returned to the institution without their children. The separation makes nursing, which can provide important health benefits for both mother and child,<sup>28</sup> impossible. In addition, it makes almost impossible the development of early social bonding, which is one basis for strong parent-child relationships and emotional stability of children.<sup>29</sup>

#### PHYSICAL DETERIORATION

Weight gain by women prisoners has been described since the early 1900's<sup>30</sup> and is reported by inmates, health workers and correctional staff as common among incarcerated females today. Weight gain would be a positive sign, indicating that inmates are being properly fed. However, there is reason to believe that the weight gained by women inmates in American prisons today makes most of these women overweight, in poorer health and at greater risk for various illnesses.<sup>31</sup>

Although data on body change has not been collected in Federal institutions, research at the Connecticut women's detention and prison facility (CCI Niantic) establishes that female inmates there are at average or near average weight upon entrance to Niantic and gain weight dramatically after incarceration.

It is likely that a similar pattern obtains in Federal institutions. Sixty women—39 percent of the population—were weighed over the course of a week, when they arrived at scheduled medical appointments or came to morning sick call. Their current weights were compared to their weights upon admission. Women incarcerated for three months or more had a mean weight gain of 13.88 pounds. This striking increase is illustrated in figure 1 (page 13) (Insert p. 13) Further, since upon entry the women's weights were predominantly average or above average when compared to those of the general population, the added pounds placed the majority of women in the "obese" category. These changes are presented graphically in figure 2 (page 14) (Insert p. 14).

Explanations for such weight gains stem from many factors of institutional life. Inmates are often required to attend meals whether or not they want to eat. The food is frequently high in calories but repetitive in content. Inmates may be

<sup>28</sup> See E. S. Taylor, *Beck's Obstetrical Practice and Fetal Medicine* (1976) at 252; *Our Bodies, Ourselves*, at 295.

<sup>29</sup> See J. Bowlby, *Attachment and Loss* (1969); Ainsworth, "The Development of Infant-Mother Attachment," in 3 *Review of Child Development* 1 (1973).

Women who are already mothers when they enter detention also have substantial difficulties in maintaining parent-child ties. More than half had children living with them at the time of incarceration. See GLICK & NETO, at 116. Although many women are able to arrange for family-based childcare, a substantial number of the children of women in prison are placed with strangers in foster care arrangements. Prolonged foster care and separation can also result in the severance of parental rights. See in "Prisoners and Parenting: Preserving the Tie That Binds," 87 *Yale L.J.* 4108, notes 74, 79 at 1423, 1424 (1978). Women's concern and responsibility for their dependents not only has an effect on their emotional state, but diverts their attention and affects their ability to handle various legal, medical and social problems inevitable upon incarceration. A study of Pennsylvania jail inmates found that, when making their first phone calls, men are more likely to contact a lawyer, while women are three times as likely to make calls about their children and other family members. Pennsylvania Program for Women and Girl Offenders, Proposed Pennsylvania Criminal Justice Goals and Standards for Women (1975) at 20.

<sup>30</sup> Fourth Annual Report, *The Managers of Clinton Farms*, at 17.

<sup>31</sup> K. Anderson, et al., at 95.

given limited amounts of proteins or fresh vegetables and fruits but permitted large quantities of starches. Prison commissaries often do not stock nutritious, low calorie items; the foods which may be purchased are often restricted to those not likely to spoil—such as baked goods. When these factors are combined with boredom, lack of exercise or organized sport activity—which is more often a problem for women—and distress experienced upon incarceration, the frequent reports of “fat” women in jails and prisons are not surprising.

#### MENTAL HEALTH

A recent study of federal inmates reveals greater rates of prescription of psychotropic drugs for female inmates than for males. On 2 days during the month of June, 1978, approximately 10.5 percent of the female inmates—in contrast to only 3.7 percent of the male inmates—were given psychotropic medication. Table 1 (page 15) insert page 15 provides a list of the institutions surveyed and the medication rates in each; there are striking differences in rates between the sexes at each institution. Regional differences are also apparent, with higher prescription rates at facilities in the Northeast and at institutions for pretrial detainees. Per capita expenditure for psychotropic medication also varies widely among the institutions.<sup>32</sup> These data about high prescription rates of psychotropic medication should be a source of concern. The drugs given include what physicians describe as minor tranquilizers and major antipsychotic and anti-depressant agents. While helpful where appropriate, these drugs may have powerful side effects, alter cognitive ability and impair physical functioning. Long-term administration of certain psychotropic medicines can cause permanent damage to the nervous system. Further, since their effects upon developing fetuses are generally unknown, their use for pregnant women is acknowledged to be questionable.

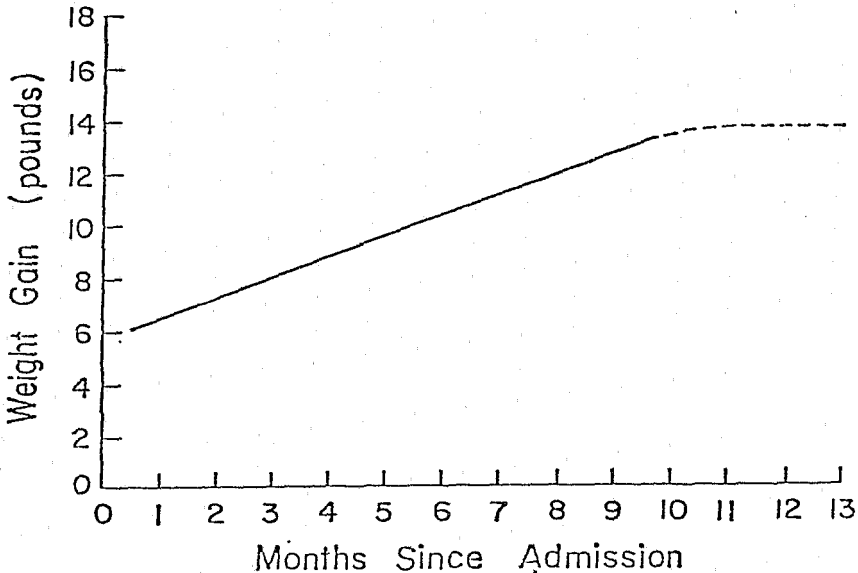


FIGURE 1: Weight Gain of CCI Niantic Prisoners

<sup>32</sup> U.S. Bureau of Prisons, Division of Medical and Services, "Medical Report" (March 26, 1979) at 78-211. The exact amounts spent for psychotropic drugs are difficult to ascertain because of acknowledged coding errors at the institutional level. Memorandum of Warden Neagle (August 31, 1979).

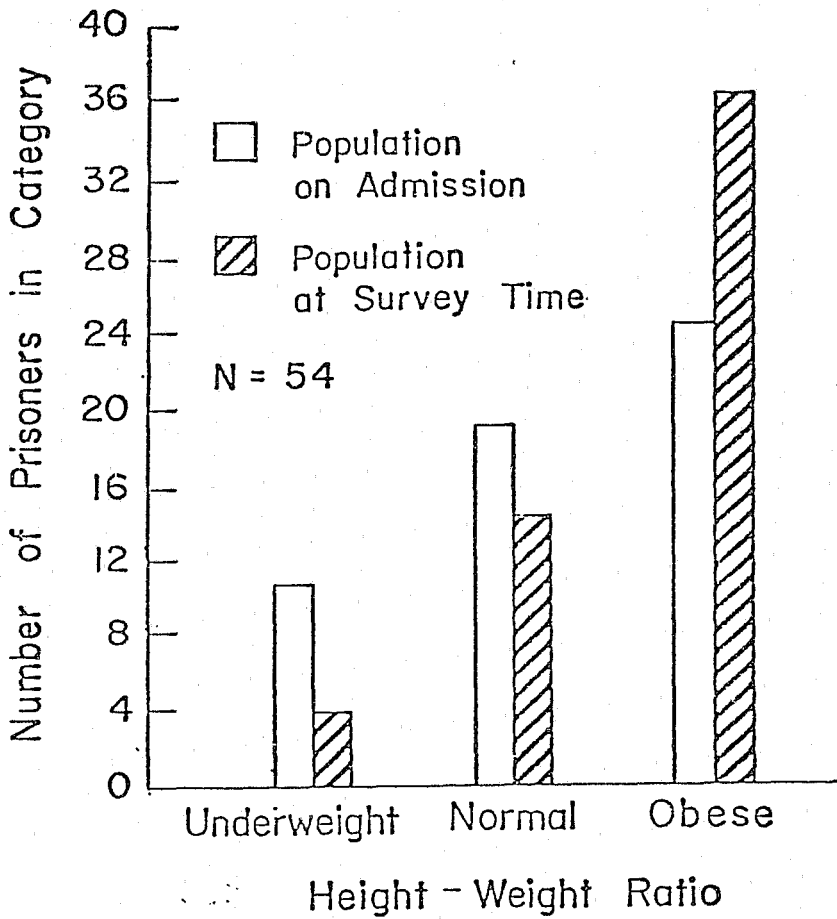


FIGURE 2: Height-Weight Ratios of Inmates, CCI Niantic, 1979.



TABLE 1.—PERCENTAGE OF FEDERAL INMATES IN SURVEYED INSTITUTIONS RECEIVING PSYCHOTROPIC MEDICATION ON 2 DAYS, 1978

Institution	June 11, 1978				June 14, 1978			
	Males		Females		Males		Females	
	Percent	Cases	Percent	Cases	Percent	Cases	Percent	Cases
MCC's:								
MCC, <sup>1</sup> Chicago	6.5	23	35.7	5	6.2	23	29.4	5
MCC, San Diego	2.7	17	11.8	10	1.7	10	18.0	16
MCC, New York	16.9	85	62.5	25	14.2	71	52.8	19
Other								
Co-ed:								
FCI, <sup>2</sup> Fort Worth (Tex.)	8.6		10.1		9.8		8.3	
FCI, Lexington (Ky.)	4.7		5.8		4.9		5.3	
Female:								
FCI, Pleasanton (Calif.)			13.7				14.9	
FCI, Alderson (W. Va.)			6.5				6.3	
Male:								
USP, <sup>3</sup> Leavenworth (Kans.)	2.3				2.1			
FCI, Oxford (Wis.)	.3				.3			
FCI, El Reno (Okla.)	2.2				1.9			
FCI, Texarkana (Tex.)	1.7				1.8			
FPC, <sup>4</sup> Safford (Ariz.)	0				0			
FPC, Allenwood (Pa.)	6.7				6.9			
FCI, Danbury (Conn.)	6.0				6.8			
FCI, Ashland (Ky.)	1.3				1.4			
FCI, Tallahassee (Fla.)	.7				.7			
Total (all institutions)	3.7		10.6		3.5		10.5	

<sup>1</sup> Metropolitan correctional center.<sup>2</sup> Federal correctional institution.<sup>3</sup> U.S. prison.<sup>4</sup> Federal prison camp.

Source: Adapted from Division of Medical and Services. Bureau of Prisons, "Federal inmates receiving psychopharmacologic medication," June 16, 1978 (mimeo).

How many of the women who receive such drugs are genuinely in need of them is not known. While further research is certainly needed, information currently available suggests that psychotropic medications may be overused. First, while a segment of the women in prison are certainly in need of psychiatric care, the proportion suffering from psychosis, severe depression, and other acute mental illnesses that require psychotropics is generally considered to be small.<sup>33</sup> Second, it is a common practice in correctional institutions to give medication without psychotherapy and to medicate inmates for complaints such as anxiety, nervousness, insomnia, mild depression, or as a "cure" for "behavior problems." Some staff prescribe psychotropic medication without undertaking comprehensive evaluations of the patients. The Bureau of Prisons' Medical Division does not do routine reviews. In contrast to such procedures, current psychiatric opinion recommends that psychotropic medication be administered in combination with other modalities of treatment, such as group or individual psychotherapy or

<sup>33</sup> See Glick & Neto, at 66. See generally B. Anno. See also U.S. Bureau of Prisons, Female Psychiatric Unit Task Force Report, April, 1979.

structured group interactions. Given the small numbers of women reportedly in need of intense psychiatric treatment, the descriptions of pharmaceutical over-reliance and the liberal prescription practices in correctional facilities, the treatment with psychotropics of women confined by the federal government should definitely be reviewed.

Recently the Bureau of Prisons decided to open a women's psychiatric referral unit for inpatients to be housed at F.C.I. Lexington. The decision was based on staff requests for a referral system and an in-house need survey. The Female Psychiatric Task Force reported in April, 1979 that twenty women (out of a total female population of 2021) in the federal prison system were in need of in-patient treatment for psychosis or severe behavioral problems.<sup>34\*</sup>

Bureau mental health staff acknowledged that community facilities could meet their needs, but estimated that if a prison facility were available for mentally disturbed women, they would send 50 inmates a year. In response, the central office established a 28-bed in-patient psychiatric facility for women.<sup>35</sup> If the average stay is three months and 50 women per year use the facility, a 12 to 14-bed unit should suffice. If only 11 women require the unit (subtracting the "management problems") at any one time, 14 or 15 beds should still be adequate. Since persons with severe emotional disorders are generally better served in a health-oriented non-correctional environment, and since there are so few female prisoners in need of such care, it seems appropriate for this committee to review the Bureau decision—which was made without outside consultation.

#### THE NEED FOR AN INVESTIGATION

Lack of review by either the Medical Division of the Bureau of Prisons or by any outside committees has allowed various abuses to survive in Federal institutions for months and years. This includes, but is not limited to, the progesterone injections, the employment of a punitive psychiatrist at Alderson for a number of months during 1978,<sup>36</sup> the continuing shortage of gynecologists and the delays in emergency care and in treatments requiring transfers.<sup>37</sup>

At a minimum the Judiciary Committee should authorize an investigation by an independent team of medical experts to ascertain the scope of health problems for women prisoners (and also perhaps for male prisoners) under its authority. The committee should consider appropriate reorganization of health care services to insure that the women receive treatment equal to that which is available in their home communities. The recommendations listed below, which focus primarily on standard health care procedures, are based on current knowledge of quality health care. Structural reorganization of the Public Health Service in relationship to the Bureau might be required to incorporate these procedures into policies and the Federal Prison System. With these bureaucratic changes, major advances could be made towards overcoming the pain and suffering of women imprisoned by the Federal Government.

#### COMMUNITY RESOURCES

If the Bureau of Prisons or the Public Health Service is unable to meet these suggestions, the transfer of health care responsibility to community services and the release of prisoners for health reasons should be contemplated, because without such minima the government will be providing inadequate and damaging services to its female prisoners. Where community facilities are inadequate for quality care of the prisoners dependent on them, the Bureau should consider closing or relocating the correctional institution or detention center involved.

Many of the problems described above, such as weight gain, mother-child separation, in-prison pregnancy, mental suffering and certain gynecological ailments, arise specifically on account of incarceration. Community diversion of potential prisoners would prevent these problems in the first place. Such diversion would also give an accused or convicted woman with a health problem the same or better access to established community medical care which could then serve her needs with greater economy, efficiency, quality and continuity than is generally

<sup>34</sup> U.S. Bureau of Prisons (unpublished).

<sup>35</sup> See U.S. Bureau of Prisons' "Monday Morning Highlights" (Aug. 13, 1979) at 2.

<sup>36</sup> The psychiatrist was eventually let go after numerous complaints and an investigation by a regional committee of the Civil Rights Commission.

<sup>37</sup> On-site ambulance availability has been lacking at Alderson for several years.

\*Ed. note—See app. I.A.(3).

possible in prison. If, however, a woman must be incarcerated, as great an involvement in local community health resources as is possible is recommended.

#### RECOMMENDATIONS FOR IN-PRISON CARE

The following recommendations are adapted from a new set of guidelines for health care for incarcerated women.<sup>38</sup> My thanks to Judith Resnik for her work in their development.

Several assumptions are made concerning the context of health care for female prisoners. First, the general health care system must be one of quality, which protects the health of incoming inmates and which prevents deterioration while incarcerated. Second, all inmates need access to medical care, and women must have access equal to that of men for all services, including emergency treatment and specialists. Third, in areas where either women or men—because of gender identification or socialization—have less information and tradition, remedial education should be provided. For example, women may not understand the value of exercise and sports while men are often less knowledgeable about nutrition. Fourth, there must be a mechanism by which services can be monitored to insure that improvements made are sustained and quality care provided. Records must be kept to permit evaluation, and monthly audits must be made. Further, in-person inspections of the services should be made often and should include interviews with both inmates and health personnel. Such means of implementation and enforcement are essential.

#### HEALTH CARE PROPOSALS

##### 1. INTAKE SCREENING AND INITIAL HEALTH APPRAISALS

###### *a. Intake screening, to be conducted immediately upon entry to a facility.*

(1) *General.*—In addition to the general health interview and observation, the intake screening should include specific inquiry about an inmate's use of oral contraceptives or intrauterine devices (I.U.D.'s), history of pregnancy and current likelihood of venereal disease, and use of drugs.

If blood is drawn at this time, a test for syphilis should be included; if urines are collected, a pregnancy test should be done at this time. Routine prenatal care should be immediately initiated for pregnant women (see Section 4, Reproductive Choice, below). Pregnant women who are chemically addicted to narcotics or barbiturates should be closely observed, perhaps in an infirmary, until a supervised detoxification routine can be arranged and begun.

*Comment:* The procedures recommended above are needed to insure that an inmate entering a facility does not have either a major health problem, which needs immediate attention, or a disease easily communicable to others.

As noted in this section and those listed below, we suggest delaying certain tests and procedures until a full health examination is done. By that delay, both inmates who are released soon after entry and the institution will be saved unnecessary examinations and the full health appraisal can be performed under appropriately private circumstances.

(2) *Pelvic and breast examinations.*—Unless the initial admission screening can be done in a dignified and private manner, pelvic and breast examinations should be delayed until the complete health appraisal is performed by a physician or by medical personnel trained in gynecology and obstetrical care.

(3) *Chemical dependency evaluation.*—A chemical dependency evaluation, including interview and observation, should be included in the initial screening. Inmates who, prior to incarceration, participated in methadone maintenance programs should be continued on their current dosage until they can be evaluated by a specialist and, if appropriate, detoxified under a medically sound and humane schedule.

Any pregnant inmate who is also chemically addicted should receive evaluation by an obstetrician trained in the treatment of pregnant women with addictions. Treatment of the chemical dependency should not be undertaken without consideration of its impact upon the maintenance of the pregnancy and upon the fetus.

###### *b. Health appraisal*

All women confined over 24 hours should receive a complete health appraisal within the next four days. This appraisal should be conducted under the super-

<sup>38</sup> From "Prisoners of Their Sex: Health Problems of Incarcerated Women," J. Resnik and N. Shaw in *Prisoners' Rights Source Book*,: Theory, Litigation, and Practice, Vol. II, ed. Ira Robbins (1980).

vision of a physician who is trained and experienced in the treatment of women. A gynecological examination, including a pelvic examination, a breast examination accompanied by patient education, a Pap smear, a gonorrhea culture and a serology for syphilis, if not already performed, should be done at this time.

#### *c. Examination and laboratory test results*

Positive and negative laboratory results and diagnostic conclusions should be communicated to patients promptly. If a woman is released prior to the completion of laboratory reports, test results should either be forwarded to her at her mailing address or the health service should contact the woman to arrange to discuss the results in person.

### 2. HEALTH MAINTENANCE

#### *a. Yearly checkups*

In accord with current gynecological opinion, a yearly Pap smear should be taken. At the same time, instruction on breast self-examination techniques should be repeated and an overall health examination given. Comment: The general poor health and frequent weight gains reported among female prisoners make such annual examinations appropriate. Details of daily health maintenance procedures for women are presented in Section 5, Daily Aspects of Health Affected by detention.

#### *b. Access to a gynecologist*

Every institution in which women are detained should provide them with access to a gynecologist for treatment of emergencies and for routine care and consultation. A gynecologist should also make periodic reviews of the health services available to women.

#### *c. Walk-in clinics*

A walk-in clinic should be available on a daily basis so that a member of the health staff with a training level at least equivalent to a Registered Nurse can make an in-person evaluation of any perceived health problems reported by inmates. Guaranteed access to a physician within 24 hours of the prisoner's request or upon staff referral should be one component of this service. Comment: Even where women are few in number, they, like male prisoners, require direct daily access to noncorrectional health care staff. Complaints and concerns should not need to be reported through the correctional staff, nor should correctional staff have to give permission to inmates to go to medical clinics. When, for any reason, inmates are not allowed to attend clinics, licensed medical personnel should visit them daily.

#### *d. Emergency services*

A health care staff member with training at least equivalent to a Registered Nurse should be available for emergencies on a 24-hour basis. Prompt access to hospital services and to a fully-equipped ambulance are also necessary.

### 3. MENTAL HEALTH SERVICES

#### *a. Psychotropic medication*

(1) *General.*—Psychotropic medication should be prescribed only by physicians and primarily by psychiatrists. Because standing orders for psychotropic medication are both inappropriate and subject to abuse, they should not be allowed.

(2) *Psychotropics and pregnancy.*—Many psychotropic medications, including phenothiazines, tri-cyclic anti-depressants, lithium, and most minor tranquilizers, have not been proven safe for use during pregnancy and should be prescribed only for use during pregnancy and should be prescribed only where they have been documented to be essential to the mental health and well-being of the patient, their dangers have been fully explained, and the patient has requested their administration.

(3) *Psychotropic audits.*—The rates of prescriptions of psychotropic medication should be audited at least twice yearly by a health review committee, comprised of health specialists unaffiliated with the institution. To protect against abusive medication patterns, this committee should receive data on the rates of psychotropic medication prescribed for men within the same correctional system and compare the data to that of prescription rates for women.

#### *b. Staffing*

The services of a psychiatrist, a psychotherapist and a social worker should be made available to each inmate.

### c. *Restraints and isolation*

No mentally disturbed inmate should be locked for extended periods into an isolation cell. Shackles or forced medication should not be administered by corrections personnel. If an inmate's mental problems are severe, she should be transferred to a mental health facility.

## 4. REPRODUCTIVE CHOICE

### a. *Contraception*

(1) *Upon admission.*—If a woman is using oral contraceptives, she should be permitted to complete the sequence of her pills; no other brand or type should be substituted.

If a woman has an I.U.D., it should not be disturbed.

Comment: Oral contraceptives prevent pregnancy by altering a woman's hormonal pattern. Interference with this alteration is both detrimental to the resumption of the natural menstrual cycle and may also reduce the efficacy of the current contraceptive technique. Further, there are several different brands of pills, each with their own levels of estrogen or progesterone. To avoid altering dosages, substitution of brands should not be permitted.

Intrauterine devices are objects placed inside a woman's uterus. Placement and removal of I.U.D.'s are uncomfortable and expose a woman to risk of infection. Such procedures should not be undertaken without medical justification.

(2) *While incarcerated.*—Women should be permitted to use contraceptives of their choice while incarcerated; such devices should be provided at any time upon request.

Comment: All fertile women are at risk of pregnancy. Incarceration may, by force of rule, diminish the likelihood of conception but it does not prevent pregnancy. Since legislatures have not imposed pregnancy as part of the criminal sanction, women who desire to should be permitted to use contraception while in jails or prisons.

There are several different methods of contraception available. Included for women are oral contraceptives, I.U.D.'s, diaphragms, jellies, and foams. Each method has associated advantages and risks. Any inmate requesting contraception should be informed and educated of all the alternatives and permitted to choose the form which she prefers. Institutions may require women to sign statements accepting responsibility for their choices.

### b. *Abortion*

Incarcerated women should be permitted to have abortions whenever such procedures are possible under applicable law. Since abortion is a medical procedure, its expense, like other expenses incurred in the care of the prisoner, should be financed by the appropriate governmental agency.

A woman should be told of the results of pregnancy tests as soon as the results are available. At that time, the facility should provide information on its procedures for prenatal care and for abortion.

If a woman expresses an interest in obtaining an abortion, she should be immediately referred for counseling to family planning services provided in the community rather than to those of the facility in which she is detained. Counseling by such outside services is needed because of the potential coercion to which all detained in total institutions are subject. Should a woman desire to consult with friends and family, access should be made available. Where an institution's rules limit visiting, such procedures should be altered so as to permit prompt, frequent, and repeated consultation.

If a woman elects to have an abortion, it should be performed at a community facility and be independent of the woman's access to funds.

If she is required to acknowledge in writing that she is responsible for choosing to abort, the statement should be co-signed by the community counselor who provided information about abortion to the woman.

A record of all abortions should be kept and be reviewed yearly by a committee of medical and non-medical health specialists. See Section d, "Hysterectomies," below.

### c. *Sterilization*

Sterilizations should be prohibited.

Comment: The fact of incarceration so diminishes the possibility for informed and voluntary consent for this elective and irreversible medical procedure that it is appropriate to ban it from the prison setting. We recognize that this proposal

restricts an individual's choice but have concluded that the potential for abuse mandates its prohibition.

#### *d. Hysterectomies*

Hysterectomies should not be performed unless the inmate gives voluntary and informed consent, and the procedure is approved by a committee, composed of medical and non-medical women's health specialists, unaffiliated with the institution. Comment: A hysterectomy is the removal of a woman's uterus. Like voluntary sterilization, it is an irreversible medical procedure. However, unlike elective surgery, there may be medical reasons, such as the existence of a malignant tumor, which dictate that a hysterectomy be performed within a certain time period.

To protect against the possibility, historically documented, that hysterectomies are performed without medical justification, a pre-operative review of the recommendation for surgery is appropriate. To insure the independence of such reviews, a committee of medical and non-medical experts should be formed. This committee should also undertake yearly reviews of abortions performed within that period. A pathology report of the results of any hysterectomies must be provided to the patient, placed in each patient's record, and made available for the yearly audit.

#### *e. Pregnancies*

(1) *Upon admission.*—As described in Section 1a, "Intake Screening and Initial Health Appraisal," all women who enter a facility should be given a pregnancy test and pregnant women should be immediately placed under special supervision.

(2) *While incarcerated.*—Prenatal care must be provided. The components of this care include examinations by an obstetrician, the provision of appropriate diet, vitamin and mineral supplements, flexible meal schedules, exercise, reduced work schedules whenever needed, and education about pregnancy and the various methods of delivery, childbirth, and nursing.

##### *(a) Obstetrical examinations*

A woman who is pregnant has distinct physical needs and potential medical problems. To safeguard her and the fetus' health, regular monitoring by trained specialists is required. During the first two trimesters, a pregnant woman should be examined monthly by an obstetrician. During the last trimester, when the risk of premature delivery and complications increase, a woman should be examined bimonthly and, in the last month, weekly.

##### *(b) Diet*

A nutritious diet is essential during pregnancy. Fresh milk, high protein foods, and prenatal vitamins should be provided daily. During the last trimester, when edema and toxemia are more likely, a low salt diet becomes important. Finally, since many women experience nausea while pregnant, meal times and diet should be flexible.

##### *(c) Exercises*

Women who are pregnant must keep fit to avoid circulatory problems, decrease the likelihood of edema, and maintain general good health. Access to exercise must not be compromised by disciplinary or other procedures.

##### *(d) Work schedules*

Pregnant women have a wide range of energy levels. Those who are able should be permitted to continue work; for others, the times, amount, and nature of work assignments may have to be altered. However, arrangements for income-producing work should be made, and women should not be financially penalized because of their pregnancy.

##### *(e) Education*

Pregnancy causes many physical and emotional changes in a woman. The process and the changes as they occur need to be explained. Counseling about pregnancy by knowledgeable individuals should be available for women who desire it.

There are several techniques for childbirth, and the various options expose the woman and fetus to different risks. A pregnant woman should be informed of the medically-approved alternatives and have the opportunity to select the community facility at which to give birth. Should certain techniques be chosen, such as natural childbirth, sessions for practice of exercises should be made available. Finally, in advance of delivery, a woman should be informed about the possibility of nursing, its benefits and risks.

Whenever possible, pregnant women should receive such education at community facilities.

##### *(f) Childbirth*

(i) Women should be permitted to deliver babies at community facilities and, if they desire, should be permitted to nurse their infants, either by taking maternity

leaves or by being permitted to return to correctional institutions with their children.

(ii) If a woman wants to have others care for her child, she should either, by furlough or with escort, be permitted a leave in which to arrange for placement in advance of birth and a second leave after birth to bring the baby to its home. If a woman is without funds to travel, grants or loans should be made available.

(iii) Post-partum medical care, including an examination by an obstetrician at 4 to 6 weeks after the birth, must be provided. If the woman leaves the institution before this date, she should be informed about how to obtain post-partum care.

(iv) If children are allowed to live at the institution, pediatric care must be provided. Comment: Nursing has long-lasting physical and emotional consequences for both mother and child. When incarcerated women give birth, the decision of whether to nurse an infant must remain that of the mother. Further, where women who are nursing are admitted to institutions, they too should have the opportunity to bring their children into the institution or incarceration should be delayed until nursing is concluded.

#### 5. DAILY ASPECTS OF HEALTH AFFECTED BY DETENTION

##### a. *Personal Hygiene*

(1) *Menstruation.*—Women should have private access to either sanitary napkins or tampons as desired. These supplies and medically approved pain medication to alleviate menstrual discomfort should be available, free of charge, in the units in which women are housed.

(2) *Douching.*—Commercial douches should be inexpensively available in the commissary for purchase. Educational materials and counseling concerning their use should also be available. Comment: While the wisdom of non-medical douching may be questioned, it is inappropriate to deny incarcerated women access to douche kits.

##### b. *Diet and exercise*

(1) *Food.*—The propensity of many women to gain weight while incarcerated requires that special diets be made available, and individualized plans developed after consultation with a qualified nutritionist.

Unless medically justified, attendance at meals should not be required.

(2) *Exercise.*—Exercise opportunities and equipment and sports education programs should be available in all institutions where women are confined. Participation in physical education programs should not compromise a woman's ability to work or engage in other activities.

##### c. *Privacy*

Nonmedical male personnel should not guard, touch, or observe women who are not fully dressed.

##### d. *The distinction between health and custodial services*

(1) *Discipline in health areas.*—Correctional officers, if present in health delivery areas of an institution, should not interfere with the delivery of health care and should only act to impose order at the request of health services personnel.

(2) *Medical test results.*—As part of the separation of medical care from security and discipline functions, results of tests for pregnancy and venereal disease should be communicated by medical personnel to inmates and the results kept confidential.

The inmate should have the responsibility for informing correctional authorities of the existence of any medical condition necessitating special arrangements.

The only circumstances under which doctors should violate their obligation to maintain patient confidentiality is when objective danger to the patient's life or the lives of other exists.

(3) *Vaginal and rectal searches.*—Because the risk of infection is increased by multiple inspections, vaginal examinations for non-medical reasons should only be performed if there is a documented probability that a woman might have hidden dangerous contraband. Whenever a vaginal search is performed, a written report of justification, which provides the facts leading to the conclusion of probable contraband, should be written and submitted to the gynecologist of the facility. Comment: Frequent vaginal and rectal searches are not part of health care. Policies and practices which involve medical staff in routine vaginal or rectal examinations should be carefully scrutinized for their medical necessity. However, to prevent physical harm, any procedure which involves intrusion into the body space should be performed only by a medically trained person.

(4) *The right to refuse treatment.*—Every prisoner has the right to refuse any medical procedure. She should be informed of that right upon encountering the health service. Unless there are documented grounds for believing that she poses a danger to others in the institution, she should not be denied access to programs and facilities if she refuses a procedure.

#### *e. Medical experimentation*

No medical experiments should be performed in women's jails or prisons. Experimental procedures include those in which medication is dispensed for purposes other than those for which the drugs are FDA-approved. Comment: As many concerned with this matter have noted, the possibility of voluntary consent for the incarcerated is so diminished that experimentation cannot be safely countenanced.

#### *f. Family separation*

Every attempt should be made to continue the relationship between parents and children.

Options which should be considered include extended visiting, flexible visiting schedules, day-care for pre-school children, special housing for visiting, extended stays, or live-in arrangements, and furloughs.

#### *g. Health education needs*

Special education programs in the area of women's health are needed for all within the institution, including correctional staff, medical personnel, and inmates.

(1) *Correctional personnel.*—Ongoing workshops should discuss women's general health needs, as well as the special health problems of incarcerated women.

(2) *Medical personnel.*—Medical personnel may require similar education about women's health needs; they may also need to discuss issues related to the delivery of health care in a correctional institution.

(3) *Inmate education.*—Topics such as the following should be considered as subjects of inmate education programs: (a) breast cancer, (b) menstrual problems and their solutions, (c) contraception, (d) hypertension, (e) selected diseases and illnesses of concern to the population, (f) psychotropic medication, (g) first aid, (h) cardio-pulmonary resuscitation (CPR), (i) vaginitis and its treatment, (j) menopause.

The specific programs should be chosen by a health committee composed of inmates, in consultation with women's health professionals from inside and outside of the institution.

#### *h. The Need for Review*

##### *(a) Responsibility*

(1) *Health agency authority.*—Health services for incarcerated women should be under the jurisdiction of a local, state or federal health agency responsible for health services in the area.

Comment: Health care delivery is a highly technical and specialized area and should be supervised by professionals in the field.

##### *(b) Review*

The prison health staff should be required to submit regular reports, at least on a biennial basis, to this authority. These reports should cover all jail or prison procedures appropriate to the maintenance of inmates' physical, mental and social well-being.

The responsible health authority should perform, on at least an annual basis, medical audits of all facets of the care provided to women. A specialist in women's health issues should be a member of the audit committee. The agency should be responsible for the strict enforcement of all local ordinances or state laws regarding public health within the institution. It should have the authority to close down an institution which does not meet local or state health laws and standards.

(2) *Citizens' committees.*—Citizens' health committees should also be empowered by federal authority to investigate and review care and conditions in the Bureau's various facilities. Regular audits of women's medical care, with particular attention paid to obstetrical and gynecological matters and psychotropic medication, should be made by the committees.

(3) *Inmate health committee.*—An inmate health committee should perform a variety of functions, including:

- (a) Receiving health grievances and suggesting ways to resolve them;
- (b) Polling inmates for their suggestions for education programs;
- (c) Developing contacts with medical and women's health professionals and organizations;



- (d) Providing in-prison education with the help of these professionals;
- (e) Educating the outside community concerning the health needs of incarcerated women and of the conditions affecting them and their children. All inmates in an institution should be able to communicate directly with the responsible health authority and the citizens' and inmates' health committees.

Dr. SHAW. Thank you.

Mr. DANIELSON. Mr. Chairman, just to facilitate our understanding, may we have the names of these ladies, left to right.

Mr. KASTENMEIER. Yes. The person who just addressed the committee is Dr. Nancy Stoller Shaw.

The second person is Dr. Esther Heffernan, next to Dr. Shaw.

The third person is Dr. SchWeber.

And the person at the other end is Ms. Jane Roberts Chapman.

Mr. DANIELSON. Thank you very much.

Mr. KASTENMEIER. Dr. Shaw, your statement is rather lengthy, totaling, together with notes, 45 pages.

You may proceed as you wish.

Dr. SHAW. Thank you.

I have brought with me some photographs from some of the institutions in which women are incarcerated in the Federal system, and there is a feeling of some of us that it might be helpful to members of the committee to see these photographs.

I'd like to pass them up to you, if that's possible.

Mr. KASTENMEIER. However you wish to present them.

Dr. SHAW. I'll just introduce them before I pass them up.\*

One of our concerns in dealing with the problems of women in correctional institutions and in the Federal system is that sometimes people have a sense that one report which they receive is the truth, or the nature of the situation, and we would like people to get a sense that the situation is complex, and that there are a number of different perspectives. For example, our perspectives and comments today may be somewhat different from the ones that you heard yesterday.

These first photographs compare two cells at F.C.I. Lexington. One is a cell in the comprehensive health unit to which a very limited number of people can be assigned. The other is a cell in a regular women's unit at F.C.I. Lexington.

The second picture is a photograph of Davis Hall at F.C.I. Alderson, indicating the concertina or razor wire around the hall. This third picture is two views of one of the cells in Davis Hall.

One reason that we want to compare the facilities at Lexington and at Alderson is that in some cases women who violate certain social rules at Lexington are sent to Alderson. Alderson functions as a backup institution to the rest of the Federal prison system in regard to women.

Mr. KASTENMEIER. Are they rated differently in terms of security?

Dr. SHAW. Yes. Lexington has a low rating. Persons who do not have a high security classification can be assigned there. Alderson, however, can take persons of all security designations.

One of the things I'm going to be talking about is nutrition and diet. I enclose this picture of a lunch which was served at Lexington when I was there to indicate that, although the food may be adequate in terms of protein and in terms of calories, in many cases it's unappetiz-

\* Ed. Note—None of the photographs have been reprinted.

ing. This leads indirectly to weight gain, a frequently reported phenomenon of prison life. Being overweight puts a considerable strain on a person's body structures and in particular on the heart and circulatory system.

The average weight gain of a woman incarcerated in the Federal system has not been studied, but in other institutions where I have done research, we find that the average woman gains about 15 pounds, if she has been incarcerated as long as 3 months. The same conditions for weight gain exist in the Federal system: unappetizing food, overreliance on carbohydrates, inadequate exercise, and the emotional and physical consequences of that confinement.

Mr. KASTENMEIER. You're saying, Dr. Shaw, that the unappetizing food in fact makes people gain weight?

Dr. Shaw. Yes. If you look at that picture, for example, you see the main protein there is that sausage, and it's sort of unappetizing to look at it.

Mr. DANIELSON. Made my mouth water.

Dr. SHAW. That's what someone else said to me. But to many prisoners, much of the institutional food, produced under tight budgetary restrictions, is food which is less appetizing than they might prepare for themselves. It might be a food which appeals to Mr. Danielson but it might not appeal at all to you.

The response of the inmate is often to eat a lot of neutral foods in the form of starches and breads and so on, and also to supplement the diet by buying a lot of things at the commissary. Commissary food generally is not low-calorie, healthy, nutritious food. It's more often baked goods, candies, et cetera.

At Alderson the prisoners met in an effort to get food from a health food store delivered to the commissary, but they weren't able to get the cooperation of the administration to put these foods into the store.

Mr. KASTENMEIER. Your recommendation would be that in terms of food delivery services, greater effort should be made to make food appetizing and serve less carbohydrates, foods which lead to weight gain?

Dr. SHAW. Yes. It is also important in each institution to have a nutritionist available on a regular basis who can review the diet and menus in conjunction with the medical staff.

Mr. KASTENMEIER. That is not done at Alderson?

Dr. SHAW. It's my understanding it is not done at Alderson.

Mr. KASTENMEIER. Is the same observation generally true of institutions with male inmates? Would they also tend toward weight gain for those same reasons?

Dr. SHAW. There is some weight gain in male institutions also, but at the same time there are more extensive sports and exercise programs in male institutions. It's rare, even where conditions of economy are tight, to find a male institution where there isn't at least an exercise room or weight-lifting equipment, but it's common to find an almost total lack of exercise equipment and sports encouragement in the women's institution.

I want to pass up these other pictures quickly, which are all from Alderson.

The first one here is a picture which may remind you of yesterday's discussion about the possible dangers of driving to Alderson. This is a

view of the road outside of Alderson, and as the note on the picture says, it's 100 miles to a major medical center.

At the present time, to my knowledge, there is no ambulance in operating service at Alderson, although an ambulance was ordered and was supposed to be fixed up. Consequently, there is no quick access for emergency care even to the local hospital for women who are confined at Alderson.

The next picture is of a medical student examining——

Mr. KASTENMEIER. May I interrupt? Dr. Shaw, I don't know if you heard the testimony yesterday.

Dr. SHAW. Yes; I did.

Mr. KASTENMEIER. Some of it was to the effect that the two staff physician services are supplemented by local medical consultation. I do not actually know whether this refers to the local community of Alderson which is in fact very small, around 1,000 people, and presumably does not have specialists, or whether these "local services" have to come from a place 100 miles away. That is not clear. It was not clear to us. I don't know, maybe you could address that.

Dr. SHAW. I'll be glad to address that. In regard to Alderson, there is a limited access to specialists, and for this reason some of the prisoners who have health problems are sent to F.C.I. Lexington, for specialty treatment. However, there are considerable delays and unless it is an extreme emergency, a minimum of a week is required for processing.

I have here two pictures of women who were injured while they were in prison. The first case is a woman who injured her hand while working in the bakery at F.C.I. Alderson. She's unable to use her left hand fully, and is in need of physical therapy. Physical therapy is unavailable at Alderson, either from a staff person or from a specialist in the local community. In order for this woman to have received the physical therapy recommended for her last spring by the physician at Alderson, it would have been necessary for her to be transferred to Lexington. If she had been transferred to Lexington, she would then have lost those privileges which she had gained by good behavior; for example, the privilege of furlough.

The last picture is a picture of a woman who received extensive burns on her arms and legs while she was in a correctional institution. She has been waiting for a year to receive some sort of plastic surgery; she would also have required transfer to another institution. As you may be aware, plastic surgery is considered an elective procedure by the Bureau of Prisons.

I would like to make a few general comments about health conditions for women in the Bureau, and a few specific ones about Alderson.

Health care for the Bureau of Prisons is provided by the Public Health Service, as you are probably aware. However, there is no general policy of review except when a particular incident or problem arises. The central office of the Bureau, where the medical director is located, is then called upon to resolve the problem. To my knowledge, there has never been a general review of the health status of prisoners who are confined by the Bureau of Prisons and this, I think, is a very serious problem which your committee should address, because it is difficult for us to know actually what the health status of women is in the system. It's equally difficult for people to know what the health status of men is.

We do have some indications, however. For example, there is no gynecologist or gynecologist-obstetrician employed on a full-time basis anywhere in the Federal prison system. The only gynecologists who are available work part time in specialty clinics. In the case of Alderson, last spring, the chief physician told another person and myself, that he did not consider the local gynecologist to be competent. This is a serious situation. The women are isolated and their basic obstetrical care is provided by medical students who are in turn supervised by physicians who themselves have no specialty training in the areas of gynecology or obstetrics. The physicians and students may want to provide good care for the women but they do not have modern, up-to-date training in gynecology and obstetrics. And the local referral system does not put the women in touch with people who are involved in the latest medical advances.

Mr. KASTENMEIER. What would you suggest to improve the situation, at least from a reasonable or minimal standpoint in terms of what can be achieved?

There are four institutions federally that house 200 to 400 women. Each of these institutions, from your point of view, should have a staff obstetrician-gynecologist, or a least qualified gynecologist and obstetrician?

Dr. SHAW. Well, I would recommend that they have a gynecologist on the staff for one reason in particular, and that is that approximately 50 percent of women's health problems when they are incarcerated, are gynecological. That's a significant proportion.

If there are two doctors on an institution's staff, one of them should be a gynecologist, definitely.

Mr. KASTENMEIER. OK.

Dr. SHAW. I'd like to make a few comments about mental health and psychiatric services for women. In the figures which are presented in the table in my paper, you can see that there is a significant difference in the rate of prescription of psychotropic medication for women and for men in the Federal system. This is a problem which women face, not only in prison, but outside as well. The fact that women face it outside does not justify its existence inside the prison. I feel that there should be some greater investigation of this policy and a system set up to review the prescription of psychotropic medication for prisoners.

Second, psychiatric services at Alderson are limited to one psychiatrist for one clinic per week, with back-up from four psychologists. These psychologists have a number of other responsibilities in the institution in addition to providing psychotherapy. Therefore, the services are quite limited at that particular institution. In some cases, for example, for Lexington, there are more extensive psychiatric services.

Third, I'd like to make one or two comments about the psychiatric unit which the bureau has just set up. This unit was put into effect apparently to relieve the problems of Alderson. To my knowledge, the necessity for the unit has not been evaluated by people outside the Bureau of Prisons. (see app. 1.A.(3))

As I indicated in my written statement, psychologists and others in the Bureau estimate that a maximum of 14 women are currently in need of special psychiatric housing.

However, the Bureau has established a unit which houses 28 women, double the capacity for which it has projected a need. I don't know if your committee has any intention to investigate the development of the unit. However, it's the general opinion of people who have done research on mental health that the best treatment of people who have severe emotional problems is not done in a correctional facility, but in a facility which is designed specifically to treat people who have severe emotional problems. Therefore, I would recommend that if there is going to be any additional psychiatric care provided for women who are in any of the Bureau's facilities, the emphasis should be on the use of community facilities, and not on the development of additional structures within the Bureau. Another reason for using community facilities is that the Bureau has demonstrated that it treats women with emotional problems, or behavioral problems with psychotropic medication, which by itself is not going to solve the problems that the women have.

I'd like to make a few comments specifically about Alderson. I have already mentioned the problems of adequate or inadequate health care in the community. It's generally agreed that community medical services in the town of Alderson are quite limited. There is a problem of gynecologists. There is the need to transfer people to Kentucky. There is no ambulance.

Generally medical services are inaccessible. The resulting dependency on medical students has produced several situations in which prisoners have received inadequate care; such as the case that was described of the woman who gave birth, who was not known to be pregnant.

Speaking in terms of health I would recommend that the prison at Alderson be closed, because it is not possible under the present organization of services to provide adequate health care to the women who are there.

One option might be to transfer women to other facilities where adequate health care is available. The general standard by which I would come to the conclusion that Alderson should be closed is this: Is a woman able to receive adequate health care where she is? Can she receive it from either the Public Health Service in the institution or from local community services?

This standard should be applied to other B.O.P. institutions as well. In terms of Alderson, I think the conclusion is that unless the Bureau changes dramatically, it's not going to be possible to serve women at Alderson; in order to actually serve them, it would be necessary to set up a complete medical facility at Alderson.

Mr. KASTENMEIER. One of the reasons for the psychiatric unit at Lexington is that the Bureau has had difficulties getting local communities to accept severely ill patients. In that regard, the Bureau has said, at least one such woman spent a year in lockup because the community would not accept her. That is in partial justification of the 28-bed psychiatric unit.

In suggesting closing of Alderson, do you suggest by implication, that Lexington has adequate medical facilities compared to Alderson? Is that correct?

Dr. SHAW. Well, I would say that between the facilities within F.C.I. Lexington and those available in the local community, adequate

medical care could be provided. But from what I know of F.C.I. Lexington and the services provided in the institution, it would be worthwhile to have further investigation of the adequacy of those facilities. For example, general surgeons do specialty surgery, et cetera.

Mr. KASTENMEIER. Have you concluded? Mr. Danielson or Mr. Moorhead, do you have questions? If not, we'll go on to the next witness.

Mr. DANIELSON. I have just a question. I see you are Dr. Shaw. Are you an M.D. or what type of degree do you hold?

Dr. SHAW. No, I am a Ph. D.

Mr. DANIELSON. I see.

In your studies, did medicine or nutrition, either of them, play a major role? Do you have a major in either of those subjects?

Dr. SHAW. My specialty is medical sociology, and the research and training that I have is primarily in the area of women's health.

Mr. DANIELSON. Well, at least that's a related subject matter. Is there no nutritionist at all, or dietician at Alderson?

Dr. SHAW. That is my understanding.

Mr. DANIELSON. Well, you were there. Did you inquire?

Dr. SHAW. I was informed of that by other people who had done research there.

Mr. DANIELSON. You got it sort of second-handed?

Dr. SHAW. That particular one. That's why I said it was my understanding.

Mr. DANIELSON. Is there no M.D. at Alderson?

Dr. SHAW. At the present time there are two full-time physicians at Alderson. One of them is trained in osteopathic medicine. The other, I believe, has a standard medical degree.

Mr. DANIELSON. What do you call standard medicine?

Dr. SHAW. Allopathic medicine, but training in an AMA-certified institution.

Dr. DANIELSON. Do you know any respect in which a person trained in osteopathic schools has training inferior to that of one at allopathic?

Dr. SHAW. No.

Mr. DANIELSON. I noticed you had a photograph, you showed us a photograph of an inmate who was pregnant, being treated by a student doctor. What was that supposed to tell us?

Dr. SHAW. That the majority direct health care delivery is by medical students.

Let me just say something about the fact that these students are from an osteopathic school of medicine, and that one of the physicians is trained in osteopathic medicine. The point of presenting that information is to emphasize the difficulties which the Bureau has and which the institution has in drawing the usual type of physician that people would be able to get.

There happens to be a school of osteopathic medicine nearby, and therefore an arrangement is made with that school to have students come and work at FCI Alderson. But I think it's generally agreed that if it is possible, one would attempt to get a physician trained in an AMA-certified program, because those programs have greater access to a number of different aspects of modern technology, to funds from large foundations, et cetera, than schools of osteopathic medicine.

Another thing about medical students examining the pregnant woman is that these students are not supervised by specialists, from

either an osteopathic background or any other background, they are supervised by physicians who have been recruited as general practice physicians. Ordinarily in a medical school setting or in a hospital which has a relationship with a medical school, students are supervised by specialists.

Mr. DANIELSON. Where are these students from, where do they come from? How near to Alderson?

Dr. SHAW. The school is in Lewisburg. That's about 20 miles away.

Mr. DANIELSON. That would be the nearest source for drawing on a number of people for care at Alderson, then, I assume? In the local community, how many physicians are there of whatever discipline?

Dr. SHAW. I don't know the total number.

Mr. DANIELSON. Would it be more than 50 or less than 50?

Dr. SHAW. Less.

Mr. DANIELSON. Well, let's go down to 15. Would it be more than 15 or less than 15?

Dr. SHAW. Part of the problem is how large an area is considered to be the local community.

Mr. DANIELSON. Within 10 or 15 miles. Go up to 20, but exclude the school.

Dr. SHAW. If we go up to 20, then the number might increase a little more.

Mr. DANIELSON. Beyond what? 50? 15?

Dr. SHAW. Less.

Dr. DANIELSON. Really the point I'm trying to get at is do not these people have the same doctors available to them as the people who live in the community?

Dr. SHAW. I don't think that the women who live in the community have good health care.

Mr. DANIELSON. Well, maybe we should close the city of Alderson. Is that the idea? It isn't entirely frivolous, my question. You pose a philosophical point. Should the people in the institution be provided with a higher degree of health care than is available within the community?

Dr. SHAW. I think the people who are confined to the institution should be provided with access to the same quality health care that they would be able to receive if they were near a metropolitan center, or were able to go on their own to such a center.

Mr. DANIELSON. All right, now, suppose you have an inmate who came from a rural area, not from a metropolitan center, and there was only one doctor there, and—osteopathically trained, but apparently that doesn't meet your total approval; now should he or she then be only able to be treated by osteopaths, or should he or she have some other kind of treatment available?

Dr. SHAW. If that inmate came from such an area, if she wished, she would be able to go to a place where there is another physician. A person who is confined cannot do that.

Mr. DANIELSON. I notice you're from California. You may recall that about 15 years ago, we conducted a very complete study of qualifications of the osteopathically trained physicians in California, and those of the allopathic discipline.

As a result, osteopathically graduated doctors may, if they choose—they are not compelled to—may call themselves M.D.'s. In fact, allopathically trained may call himself O.D. if he wants to. It's an

option. It's like parting your hair on the right or the left. We couldn't find any significant distinction.

Many osteopaths claimed that they are better trained than the allopath, and in addition to drugs and the normal routines and treatments, they also had a heavy emphasis on the skeletal structure and articulation. So I'm really not impressed too much with the argument that we've got osteopaths. At least they've got somebody.

We have a State of California correctional institution near San Luis Obispo. They couldn't get any doctor at all because doctors can make a lot more money in Santa Barbara, Santa Maria, Los Angeles, San Jose, wherever you want to go, than they can attending to someone up in a penal institution near San Luis Obispo.

I was happily able to get a doctor from Chicago to come out and become the resident physician, simply because his daughter and grandchild were living nearby as an incentive. But this is a real problem, how do you get adequate medical care to the prison population? Most doctors do not seek it out. You practically have to hogtie some of them and drag them in, and very few prisons are accepted in Beverly Hills, for example. People there somehow or other object to them.

You've raised good points, but I'm not sure they are points that we can reach.

Do you see an indication that the Bureau of Prisons is refusing, is dragging its feet, is failing in trying at least to provide medical care for these patients?

Dr. SHAW. Well, I think that the Bureau may be defensive about its medical care, and that instead of confronting the fact that there are real and serious problems, has been defending the situation inappropriately.

For example, in the case of the ambulance, I don't see any reason why it should take so many months to provide an ambulance to an institution in such a remote area.

Mr. DANIELSON. Frankly, I don't either. That is a very valid point. I don't know why, and I'd like to know why. Somebody could put a rider on the appropriation bill that you couldn't provide an ambulance that might be used for an abortion, who knows. That's entering into all forms of legislation these days. I don't know, but I'm going to try to find out because there should be an ambulance. I fully agree, it is just like there should be a fire engine. I agree with you on that. We'll try to find out.

One other thing: You showed us a photograph of Davis Hall surrounded by a chain link fence which is topped by concertina. What was the point you tried to prove by that?

Dr. SHAW. The point of that picture is to see it partly in connection with the other photographs showing other types of living accommodations in the system, in the prison system, where women are confined, and to indicate that when we think of the conditions that women are confined in that we must include everything, from what looks beautiful and nice to something like concertina wire—

Mr. DANIELSON. You don't choose that?

Dr. SHAW. No; I definitely would not. Also it's my understanding that the Geneva Convention prohibits the use of that type of razor wire in prison camps where prisoners of war would be confined. I don't see any indication why it should be used in a prison like Alderson.



Mr. DANIELSON. You visited the Alderson facility?

Dr. SHAW. Yes; I have.

Mr. DANIELSON. Approximately how many different resident halls are there there?

Dr. SHAW. Ten, maybe ten.

Mr. DANIELSON. Are they all surrounded by the chain link fence?

Dr. SHAW. No.

Mr. DANIELSON. There is one, Davis, isn't that it?

Dr. SHAW. There are some women confined at Davis Hall for administrative reasons and not because they are considered to be dangerous. Also it is possible to provide a secure facility without having razor wire around it, which is a kind of material which is vicious.

Mr. DANIELSON. I've seen many miles of it. It's not a novelty. We used to call it barbed wire.

Dr. SHAW. It's different than barbed wire.

Mr. DANIELSON. It's a little bit different, same general idea.

OK; thank you very much for your photographs, and for your testimony. The photographs were interesting. I thought the cells looked pretty good. I wish I could have had quite as nice a cell, at least when I was going to college.

Dr. SHAW. I think it's different when you're confined.

Mr. DANIELSON. I know, but the whole idea is that they're confined, right? If they were not confined, they wouldn't have that complaint.

Dr. SHAW. I think that from a health point of view, confinement is part of the problem.

Mr. DANIELSON. I agree with you. I agree with you.

Dr. SHAW. You know, that's why the possibility of alternatives to confinement is a very important approach to consider.

Mr. DANIELSON. I understand that. Thank you very much.

Mr. KASTENMEIER. The gentleman from California?

Mr. MOORHEAD. You were talking about this wire; is there anything about the wire that would be dangerous to the women unless they tried to escape?

Dr. SHAW. No.

Mr. MOORHEAD. So the only time they could get hurt on it is if they tried to climb over the wall or over the fence to get out?

Dr. SHAW. However, there are other ways to prevent escape and people who are bent on escaping go over a concertina as well as standard barbed wire.

Mr. MOORHEAD. You have some that go over?

Dr. SHAW. People do escape over concertina wire in other institutions.

Mr. MOORHEAD. There was one thing I was interested in in this report, and that was that about 10 percent of the women come from Washington, D.C., and were guilty of violations of the municipal code or something like that. Are they relatively minor offenses, basically, so that they don't belong in this Federal system?

Dr. SHAW. We have some specialists here who could answer that.

Mr. DANIELSON. Would the gentleman yield?

Mr. MOORHEAD. Yes.

Mr. DANIELSON. We had witnesses on that yesterday, and as I understand it, inasmuch as the District of Columbia is a Federal

District, you really have joint jurisdiction,\* and a prisoner could go either to the District of Columbia correctional institutions, or to a Federal correctional institution. The rule of thumb they use is a felony sentence, more than a year. That's a rule of thumb, but that apparently is basically if the confinement is more than a year, they put them in the Federal penal institution. If it's for less than a year, they put them here.

Mr. KASTENMEIER. That is correct.

Mr. MOORHEAD. From what I have been reading, the number of women that are involved in the commission of violent crimes has been increasing substantially in the United States. You say they are not?

Dr. SCHWEBER. No; the data has indicated that violent crimes—that is murder, robbery, and so forth—in fact have been slightly decreasing in the last 20-year period. That increase that you were hearing about is the increase in larceny, that is money-related crimes, which the FBI categorizes as a major kind of offense.

Mr. MOORHEAD. How are you going to keep these people from committing these crimes without giving some kind of a penalty for them that's relatively serious? You said you didn't think they belonged in jail. How are you going to keep them from committing these crimes?

Dr. SHAW. The purpose of confinement is not just to keep a person from committing a crime during a period of confinement.

Mr. MOORHEAD. I understand that.

Dr. SHAW. Other things which take place during that period of time may be intended to decrease the likelihood that the person would be involved in the same or other crimes afterward. I think that some of the other speakers address this problem.

I would like to state that a number of crimes that women are involved in are crimes associated with low economic status. Dealing with poverty is one way to cut crime, either through direct training, or by general policies such as opening up more jobs for women, especially jobs which women find satisfying. This is one way of dealing with the crime.

When I was referring to alternatives to incarceration, what I was trying to get at was access to various types of community services. Medical services are more available when people are not confined; also, in some cases, there may be less need for them. The same is true for education, for vocational training, and for the ability to get the job.

Mr. MOORHEAD. As you allude to rehabilitation, I had an acquaintance that I had known for many years that committed a crime and was sent to the state institution in California. She was very unrepentant when she went in. When she came out 2 years later, she feels that the time served really turned her life around and that it was a real benefit to her. So it can do a lot of good in people's lives as well as bad, if it's handled correctly.

Dr. SHAW. Sometimes the response of the person to the incarceration is involved in that change.

Mr. DANIELSON. Mr. Chairman, I didn't see Mr. Railsback.

Mr. RAILSBACK. I'll try to be brief.

\*Ed. note—Some crimes can be prosecuted in either the D.C. Superior Court or the U.S. District Court. However after sentencing, a female offender committed from the D.C. Superior Court to a term of over 1 year is generally designated to a Federal facility; her male counterpart generally is not.

What effect, if any, in your opinion, does a mother's absence from her child or children have, on either the mother or the child?

Dr. SHAW. Well, I'm sorry, I meant to mention something about that. Let's discuss the child first.

There are two different things involved. One is the emotional consequences, and the other are what I would call direct health consequences. In terms of the emotional consequences, there is considerable evidence to the effect that the bond which ordinarily develops between a parent and child is much more difficult to develop when the parent is separated from the child, either by birth or soon after birth, and especially if it is for a considerable period of time. Even a brief interruption, such as usually takes place in the American hospitals, when the mother and child are separated and the baby is kept in a separate nursery, even that separation has been demonstrated in a variety of studies to have a negative effect on the emotional relationship between the mother and the child. And people are currently doing research on the question of the relationship between such separations and child abuse patterns.

In terms of health benefits, if a woman is able to breastfeed her child, this can have important positive health benefits for the child in terms of immunization early in life.

I'd like to reverse it in the other direction and talk about the benefits or losses for the mother.

First the emotional consequences. Almost all women who are incarcerated are separated from their children at the time of birth. Others with children are also separated. In a study which was done in Philadelphia, it was found that when women are compared with men at the time of being jailed, the first activity that women engage in is finding out about their family and making arrangements for their children.

The first activity that men engage in is getting a lawyer or trying to get bond. Women have—they believe and, in fact, from a social sense they have responsibility for children which takes a great deal of attention and emotional energy, limiting their ability to do other things. In some cases women lose their parental rights while they are confined on the grounds that they have not paid enough attention to their children during the time of their confinement. These types of things have a devastating effect on female prisoners.

Mr. RAILSBACK. Are there any studies that have been done as to what happens to the children when the mother is incarcerated?

In other words, do we have any kind of a profile as to whether it's likely that family members care for the child or children, or whether they're farmed out, or what does happen that you are aware of?

Dr. SHAW. Maybe some other people could answer that.

Mr. KASTENMEIER. Well, actually, if we're going to have other witnesses, let's wait. The other witnesses have not had an opportunity to make their remarks.

Mr. RAILSBACK. I'm sorry. Well, why don't I wait?

Mr. KASTENMEIER. Why don't you defer your questions, because some of those questions really are to be responded to, or may be responded to in the comments of the other panelists.

Mr. DANIELSON. Mr. Chairman, I'd like to make a very brief statement, no questions.

Mr. RAILSBACK. I'd like to ask some more questions, too.

Mr. DANIELSON. Apropos of the ambulance which we were discussing, I've been informed by counsel that there is an ambulance. It's being painted in Petersburg, Va., but they've been taking an undue length of time in doing the painting. I'm going to suggest a can of spray paint—

[Laughter.]

[Continuing] which may help.

Lastly, in Davis Hall, it does have some interesting inmates. Sarah Jane Moore, who took a shot at President Ford on the steps of some place or other in Sacramento; Squeaky Frome, who took a shot at President Ford outside the capitol building in Sacramento; and women who are awaiting transfer.

That's all I have.

Mr. RAILSBACK. I'm almost through.

Mr. KASTENMEIER. All right.

Mr. RAILSBACK. Maybe you can't answer this, but maybe one of you can, and that is I wonder why in the Federal system there appears to be a disproportionate number of black women, even compared to the disproportionate number of black men.

In other words, you have 57 percent black women, I think, making up the woman's population in Federal prison, and only 37 percent black men, both which, of course, are disproportionate situations, but I'm just curious why there is such a large percentage of black women. Does anybody have an idea?

Dr. HEFFERNAN. Perhaps I could speak to that. Historically and at the present time, both at the State and Federal level, there has been a disproportionate imprisonment of minority status women. This has been true as far back as we have statistics available.

Mr. RAILSBACK. I'm aware of that, but now I'm asking you about the women in particular.

Dr. HEFFERNAN. No; I am speaking of the disproportionate representation of minorities among women specifically. The women of the majority group, if you want to speak of it that way, are generally more protected from the criminal justice system. As a result, there is a skewing of the system which brings proportionately more minority women than minority men into the system.

Then secondly, in relationship to the Federal system, what was not clear in the exchange just a few minutes ago is the absence of facilities in the District of Columbia for women, and the nature of the population, from which the District of Columbia population is drawn.

So what you have is almost a multiplication of factors. You already have a disproportionate number of minority women in the Federal system, then you add to that the fact that you are drawing from a heavily black population in the District of Columbia, and include what we know about disproportionate patterns of sentencing for minority groups in general, and you have a partial answer.

Mr. RAILSBACK. Let me ask one last question. I understand that, and that makes sense. What are the percentages of incarcerated black and white women and men when you include State facilities?

Dr. HEFFERNAN. I'm not absolutely up to date, but I would presume it might be appropriate to take Wisconsin as an example. The last figures that I have, and I know these are not recent, the ratio of white males to minority males (which in Wisconsin, would include black

and Indian) ranged about 55-60 percent white in proportion to 40-45 percent black and Indian.

Among the women imprisoned in Wisconsin, you could reverse the figures.

Mr. RAILSBACK. Really?

Dr. HEFFERNAN. Yes; the majority of women in prison in Wisconsin are from minorities, either black or Indian. Now I'm speaking from figures that are several years old, but that would be the dynamic that's involved.

Mr. RAILSBACK. I'm just curious about that. I wonder has anybody tried to analyze why that is? Are there studies that have been done?

OK, I'll wait till you testify.

Mr. KASTENMEIER. Actually, the GAO report of August 1979 suggests that the distribution of women incarcerated in society—not only the Federal system, but all prison systems—is that black women constitute 11 percent of the population and 50 percent of the prison population throughout the country.

Mr. RAILSBACK. How about men, or doesn't it say?

Mr. KASTENMEIER. This is just women, but I think that would probably be exaggerated in the case of men, even in the terms of black men. It would also be, as you point out, in disproportionate numbers.

Dr. SHAW. I'd just like to add that there is also evidence that when a person comes to trial, those people who have been detained prior to trial are much more likely to be convicted, and it's more likely that a black woman will be detained than a white woman, partly for economic reasons and partly for reasons of racial prejudice.

So these are additional factors which are likely to produce a higher proportion of black female prisoners.

Mr. KASTENMEIER. If my colleagues have exhausted their questions, I'd like to return to the panel, and which of you would like to proceed next?

This is Dr. Claudine SchWeber.

Dr. SCHWEBER. I have a statement that I would like to submit to the committee. I would also like to make some brief remarks about the very historic occasion of these hearings, before turning to my testimony about education. I have written that it was a special pleasure to participate in this event because of its historic nature as the very first congressional oversight hearings on women in the Federal prisons. But you should also know that 1979 is the 55th anniversary of the last major congressional activity that concerned Federal women prisoners. In 1924, your predecessors in the House and Senate, concerned because there was no Federal women's prison, responded by statutorily creating and generously financing the first Federal prison. The Enabling Act, which established a Federal correctional institution for women, is dated June 7, 1924. Alderson was selected as the site in the following year and the first inmates arrived in 1927.

It is in the spirit of this 1924 occasion that I hope the committee will take definitive action as your predecessors did, upon some of the recommendations offered by the panelists. I also hope that the 55-year interlude on hearings about women is not a policy that is adopted.

I am going to talk about the education of women in prison, a commitment which Congress made in the 1924 legislation, which stated that it would be the duty of the Attorney General to provide for the

instruction of the inmates in the common branches of an English education, and for their training in such trade, industry or occupational pursuit as will best enable said inmates upon release to obtain self-supporting employment. The Congress recognized even then that it was critical that there be both academic and occupational education if the women inmates were to be given an opportunity to make some changes in their lives in order that they might not return.

The Bureau of Prisons today says that its educational goal is to assist inmates to acquire maximum postrelease employability and to provide occupation-oriented programs. I want to look at the extent to which this is done, and what barriers prevent this from occurring. In the time that I have I am going to comment on three areas: financial pressures, occupational stereotyping, and the complications brought about by the fact that there is a relatively small female prisoner population.

Let me look first at the financial pressures. If you will turn to page 8 of my statement, there is a table on it that will be helpful to our discussion.

I understand Mr. Carlson and others confirmed yesterday that women prisoners are relatively poor. More specifically, about one-third of the women who worked in 1977 reported earning less than \$5,000; in 1976 the poverty level was pegged at \$5,800. A majority of the women, 56 percent, are the sole support of their families, and 85 percent of them expect to be responsible for themselves and others when they get out.

Look at the chart on page 8. Knowing that finances are a real problem for women, that in many cases they are sending money home, that there is rarely any money coming in, that they have been on welfare or worked sporadically, this chart points out that obtaining an education in prison is very costly because there is no money in education.

This chart shows the amount of monthly earnings that the inmates could make. In the left column is the amount of money you can get for school, and it is evident that there is no money for schooling. The occasional bonus for obtaining a GED, which is a high school diploma, cannot compete with the money for working.

Even at Pleasanton, where there are funds for going through the vocational training program—how can that compare with the money they could make in maintenance work, that is grounds cleaning and food service, which pays between \$10 and \$25 or \$35 a month? or with the big money, Federal prison industries, where an average income ranges from \$35 to \$78 a month?

Therefore, an inmate who needs to make money, which is the norm, will first try to get into prison industries, and that means she has to work all day. Industries require a 9 a.m. to 5 p.m., 40-hour a week commitment. Beyond that, there is only prison maintenance. There is absolutely no money for going to school, nothing that encourages people to go to school.

Mr. KASTENMEIER. I have to ask, is this disparity between selecting education or prison industry also present in the Federal prison system for males?

If it is, then what we have is an institutionwide problem, rather than a problem in the women's institutions only.

Dr. SCHWEBER. That is correct, and I say it's a shame that this situation is permitted. The problem is exacerbated for women who

tend to be heads of the households, and have the responsibility for taking care of those children and their families.

I think it was mentioned yesterday that women also tend to send the money home.

Mr. DANIELSON. Mr. Chairman, may I ask one question here?

I see there's a disparity in these earnings.

Dr. SCHWEBER. Sure.

Mr. DANIELSON. You have \$81 down here in Fort Worth for key-punch. You've got \$50 and \$52 up in Pleasanton, et cetera. Can you comment on that a little bit?

Dr. SCHWEBER. Yes; the Prison Industries pay people in accordance with a grading system. There are four levels which range from about 32 cents to 80 cents an hour, so a person could make anywhere from \$51 a month to \$128 a month, depending on what level they are.

Mr. DANIELSON. Are the same gradients available throughout the system?

Dr. SCHWEBER. Yes; they are.

Mr. DANIELSON. Then the disparity might be caused by people in one institution having a large number, and I guess it's a higher grade—

Dr. SCHWEBER. It could be that one institution has more people at higher grade levels, or more slots for higher grade work. At present, it is impossible to tell at the coed institutions, Fort Worth and Lexington, how many men and how many women are in these duplicating, graphics, key punch, cable, shops in order to see whether the women are proportionally represented.

Mr. DANIELSON. But there is no difference in compensation, I trust, between men and women?

Dr. SCHWEBER. That's correct today. There was a difference until recently, because women were unable to get into many of those programs. In addition, the shops at the women's institutions reflected the problems with "women's work" outside. For instance, Alderson's garment factory is a continuing problem, in part because it pays \$56 monthly average, whereas you can make much more in keypunch, and in part because the garment factory is not a transferable skill. If you talk with the inmates, the garment factory is one of the main areas of complaint because there really are no jobs in the garment industry these days besides New York City, and that's a pretty closed shop.

Mr. KASTENMEIER. Please proceed.

Dr. SCHWEBER. One of the points that I want to make very clear is that there is, in fact, a disincentive for women to get an education in the Federal prisons. They need the money they earn. They are inclined to try and get those things which will provide them an income, and they therefore would have to think very seriously about why they want to go to school and/or they would have to be extraordinarily disciplined, perhaps more than the rest of us are, in order to do that in the evenings after a full day of work at the garment factory.

In order to remedy this, I recommend that education should be a remunerated paid activity. I propose that work-study packages be developed. There could be an education-maintenance package, or an education-industries package. A person could work at the factory or work at a prison assignment, and have a certain proportion of that time allotted for school, all the while earning the rate for that job.

Thus, inmates would not be prevented from getting an education by having to make the kinds of economic choices that we have forced them into. We want them to go to school.

There is every indication that the women do want to go to school. The Bureau just did a recent survey, and asked women whether they wanted to continue their education; 80 percent said yes, they would. And, of course, the closer those people were to getting finished, the more likely they were to say, "Yes, I want an education."

For example, 42 percent said they would like to complete their high school degrees, which compares favorably with the fact that 40 percent are in that range needing a high school diploma, 47 percent said they wanted vocational training. There are people who are really interested in trying to do that, and I think that we need to provide the kind of incentive that enables them to do so.

The second point I want to mention, and Jane Chapman will say much more about, has to do with the occupational stereotyping.

Women in prison have been offered training in low-paying, low-skilled, high turnover jobs, commonly known as women's work, such as food service, office procedures, and the everpresent cosmetology. First, I particularly point out cosmetology which exist in every one of the women's institutions and none of the men's institutions because there are many States that have regulations preventing the licensing of anyone who has been convicted of a felony, and yet cosmetology dominates.

Mr. KASTENMEIER. I think the same criticism has been leveled at teaching barbering in the men's institutions.

Dr. SCHWEBER. That is correct; so why leave this same problem in the women's prisons? In Kentucky, I understand there was a lawsuit that successfully challenged the barbering limitation, although no one had done anything about the cosmetology.

The other point that I wanted to make about occupation is that the kinds of industries and work experiences that women are offered are those which in fact have not changed much since the late 1920's. At that time, it was recommended that women should be trained in industries which they carried on in the home before the Industrial Revolution, such as sewing, knitting, mending, and furniture upholstery. And you can see from the chart on page 8, the industries in the all-women prisons today are furniture and upholstery, cleaning and mending, and ADP/keypunch, the modern version of women's work.

In addition, in the co-ed institutions where women have clearly more vocational options, there are nonetheless both staff and inmate pressures to encourage women not to go into the more male-oriented, better-paying jobs.

We were just at Fort Worth in February. We talked to several women in the vocational programs. The woman in broadcasting, and the one in auto mechanics told us very proudly that they had succeeded, despite the fact that the supervisor had told each of them they would not succeed since the last girl there had not. They had to overcome the fact that having initiated this interest in the program, they were told they were not going to make it.

Women in the co-ed institutions suffer to some degree from this kind of pressure, both from staff and from peers, and it limits their participa-



tion in those areas which will provide women the kind of skilled training that would give them an opportunity for jobs on the outside.

In addition, Alderson, has just initiated a Department of Labor supported apprenticeship program. It is to be commended, especially since it is the first, I think, ever. But you ought to know that one of its limitations is that this apprenticeship program (in 6 areas) only has space for 10 inmates. At present, there are 400 women at the institution.

Finally, we need to look more closely at what is taught in some of these vocational programs. The merchandising course at Pleasanton, for example, is an 8-week course in how to learn to use a cash register. Does it take so long to learn this? It does not take more than a week if you learn in a store.

The third education problem comes about because of isolation. Alderson, in fact, does represent the kinds of problems that an isolated area provides for educational programming.

It prevents, for example, the kinds of community linkages that are necessary to enable an institution to continually provide education. There is no work study. There is no work release. There is no study release. The college program they have this year is the first in many years. Education is sporadic, based upon Alderson's ability to get one college or another to provide the education or to combat community opposition to a vocational project. Indeed, several years ago a study-release class had to be halted because some people objected to having inmates in class with them. In an isolated area, there are no other places to turn to.

In addition, with respect to the programs Mr. Railsback was interested in—women and their children—it is not easy to have visiting programs in an isolated prison. At Alderson, you cannot get the children to come down to visit the women, as they do at Pleasanton which is near Oakland.

As an alternative to the difficulty of bringing the programs inside to the women, I recommend that the Bureau begin to look at the possibility of bringing the women to the programs outside.

The Bureau is in a unique position to do that, because they recently found that 71 percent of the women were custody level 1. However, they do not have enough custody level 1 institutions, so that by their own admission, the Bureau is overinstitutionalizing women. With such a large proportion of the women—71 percent—being minimum custody it would seem that one could readily devise programs for women which use community resources, using what exists as opposed to having to recreate ad hoc.

And so I recommend that the level 1 custody women be moved to community areas that fit the specific kinds of custody that they have, and could provide for them programs which will make some sense.

Mr. KASTENMEIER. You would, therefore, Dr. SchWeber, not agree with the witness yesterday, Ms. Taylor, who was recommending a 200-person prison in the Lorton area for women exclusively? You would rather see those women—

Dr. SCHWEBER. She must have been talking about District of Columbia women; is that correct?

I think that D.C. women should be brought back to the District of Columbia and that their custody would define the specific kinds of

placement that would make the most sense. I do not have the specific statistics.

Mr. KASTENMEIER. You have no suggestion as to whether that facility is justified or not?

Dr. SCHWEBER. I think a facility in the District is justified. Whether it should be at Lorton or a combination of something out there and community-oriented programs, I think, will depend on the individual custody levels of the women. But it is very clear that it is important to have the D.C. women here in the District of Columbia.

And finally, because of these complications caused by isolation, I want to recommend that Alderson be changed to service another federal purpose and the Alderson inmates be moved out as best fits their classification.

However, until that moment occurs, I think that it is the Government's responsibility to assist, financially and otherwise, those people who are out there.

By that I mean, No. 1, transportation between Lewisburg and Alderson, W. Va., should be federally funded. There is absolutely no way to get from Lewisburg, which is 20 miles away, and is the nearest bus stop to Alderson. When I was there in 1976, the cab driver told me that he charged people on the basis of how savvy they were about how much it really costs; if they did not know, he charged them \$20, and if they had been there before, he charged them \$7 to \$15. Obviously, the people who are taking a bus do so because they have no other way of getting there. And Amtrak, which used to stop at Alderson at 3, a.m., was one of the lines scheduled to be cut.

Two, I think that there should be a funded, supported program for providing overnight visitation for the children of the women. It is absolutely impossible for people to come and visit in 1 day. It is a 6½-hour drive from the District of Columbia. I think the Government should provide that.

Three, I think there should be a research project that examines how you provide services to rural or difficult areas. There are plenty of gadgets and educational technologists out there who would love to think about how to provide services to isolated communities.

Fourth, I must point out that all educational actions are hampered by the fact that the Bureau's chief education administrator does not report directly to the top, but to a mid-level staff member who is three or four levels down. Why?

And finally, I want to reiterate that there should be a serious look at moving the women out of Alderson and an alternate use of the facility for the Federal Government, perhaps a staff training or conference center, for example.

If you have any other questions, I will be glad to deal with them.

Mr. KASTENMEIER. Thank you. Your statement will be included in the record.

I'd like to hear from the next witness.

[The complete statement follows:]

## THE EDUCATION OF WOMEN PRISONERS: THE ALDERSON LEGACY REVISITED\*

Members of the committee. it is a special pleasure to participate in this historic event—the first congressional oversight hearings on women in the Federal prisons. Perhaps you knew that 1979 is the 25th anniversary of the last major congressional activity concerned with Federal women offenders. In 1924, your predecessors in the House and Senate were concerned because there was no Federal women's prison. Instead, the Government paid state and local facilities to board these inmates. The national dispersion made it impossible for the Justice Department to deal with the many reports of physical abuse, financial shenanigans, deaths due to overwork, and at least one riot by Federal women housed in Rutland, Vt. (demanding the better treatment due them as Federal prisoners). Congress responded by statutorily creating and generously financing the first Federal women's prison. The Enabling Act establishing a Federal Industrial Institution for Women passed June 7, 1924;<sup>1</sup> the first inmates arrived at Alderson, W. Va., April 30, 1927, not quite 3 years later.<sup>2</sup> In the spirit of 1924, I hope that this committee will take definitive action on the recommendations offered by the panelists. On the other hand, I hope that the 25-year interlude between hearings is not adopted.

Given the title of these hearings, I assume it is unnecessary to say very much about the importance of focusing on women whenever considering prison issues, and not just today. Briefly then, two points: (1) it is incorrect to assume that findings about males equally apply to females. For example, studies of sexual relationships among inmates reveal a propensity for physical violence among men that is alien among women.<sup>3</sup> (2) It is also incorrect to assume that discussions about, or the funding of, "inmate" programs means that both men and women were involved. For example, although the Department of Labor funded many Federal apprenticeship training programs, none were in women's prisons until action by the Women's Bureau 6 years ago.<sup>4</sup> Any evaluation of these earlier programs should be recognized as referring only to male inmates. Both points speak to the idea that conclusions about the behavior of a population based only on research about a segment, even the dominant one, are not generalizable to the whole.<sup>5</sup> Thus, I would hope that at future hearings of this committee, you would not feel comfortable unless someone addressed how women might be affected by the proposals.

The following analysis of the education of women inmates will be in three parts: first, a brief discussion of the unique role of education in American corrections; second, an examination of the implications and complications of the Bureau's educational program when set against the reality of women prisoners' lives; third, presentation of recommendations for Congressional and Bureau action.

### I. THE LEGACY OF EDUCATING PRISONERS

The act establishing the Federal Industrial Institution for Women also includes a specific commitment to educating the inmates:

It shall be the duty of the Attorney General to provide for the instruction of the inmates . . . in the common branches of an English education, and for their training in such trade, industry or occupational pursuit as will best enable said inmates on release to obtain self-supporting employment.<sup>6</sup>

The importance of education to the correctional process, revealed by the above clause, stems from the traditional American faith in education as a change agent which is inseparable from the idea of democracy, an egalitarian notion which permits everyone the possibility to improve to their fullest potential. Similarly, "this great passion for education and the faith in its possibilities which the American people has,"<sup>7</sup> which so amazed a foreign criminologist studying the U.S. penal system, meant that the prisoner was also entitled to the experiences

\*Testimony of Dr. Claudine SchWeber, Assistant Professor of Criminal Justice, State University College at Buffalo, before the House Committee on the Judiciary, Subcommittee on Courts, Civil Liberties and the Administration of Justice, Oct. 11, 1979.

<sup>1</sup> An Act for the Establishment of a Federal Industrial Institution for Women and for Other Purposes. Public Law 68-209, Chapter 287, sec. 5 (June 7, 1924).

<sup>2</sup> C. SchWeber, "Women and Federal Crime in the Early Twentieth Century" in *The Law and American Society*, U.S. Archives, expected 1980.

<sup>3</sup> C. Rasche, "The Female Offender as an Object of Criminological Research," *Criminal Justice and Behavior* (Dec. 1974) p. 301-319.

<sup>4</sup> *Ibid.*; John Potter, "Women's Work?," *Corrections Magazine* (Sept. 1979), p. 43-60.

<sup>5</sup> Rasche.

<sup>6</sup> An act for the Establishment \* \* \*, see note 1.

<sup>7</sup> Eugenia Lekkerkerker, "Reformatories for Women in the United States" (*The Hague*, 1931), p. 142.

which provide a realistic opportunity for change.<sup>8</sup> Since its introduction during the religious reformation of the nineteenth century, the basic function of prison education as an agent of socialization and rehabilitation by which the convict may become a citizen has remained intact.<sup>9</sup>

The Bureau of Prisons continues today to subscribe to this legacy of education, even as their penal philosophy changes. Describing the Federal system's philosophy in 1976, the Director wrote:<sup>10</sup>

Incarceration should be under humane conditions and offenders should have access to a wide variety of programs including education, vocational training, and counseling, to help them change their patterns of criminal behavior.

More recently, the Bureau's Education Services Manual stated:<sup>11</sup>

The goal of the Education Services . . . is to assist inmates to acquire maximum post-release employability by providing occupationally oriented programs . . . (thus requiring) that Education Departments offer education and training comparable to those available in the free world. (May 1978)

The current status of that legacy is the subject of my testimony.

## II. THE EDUCATION OF WOMEN PRISONERS

The Congressional commitment of 1927 to educate women prisoners also reflected the conviction of contemporary penal activists, like Dr. Mary Belle Harris, Alderson's first warden (1925-41), that women's criminality was largely due to their economic and psychological dependencies, particularly upon men.\* In order to overcome these constraints women at Alderson were to be educated and physically active while incarcerated, trained to be good citizens and self-supporting individuals upon release.

Education was the core of Alderson's program. Harris believed that illiteracy and crime were related: "the ability to read offers tremendous 'escape' of which we who have never lacked this outlet have little conception."<sup>12</sup> According to Harris, prison schooling was the only opportunity for education many of the inmates would ever have.<sup>13</sup> Literacy, vocational training, and physical fitness were courses required for everyone.\*\* In addition, many other activities were provided in order to foster an educational environment amidst the realities of imprisonment: a prison newspaper, the Eagle, put out by the students; reading contests, "to stimulate the use of the library, especially in the summer . . ."; weekly evening current events discussions; films; spelling bees; dramatization of international events; bird and tree clubs; community sings and entertainment at holidays. The education staff consisted of prison employees and inmates. Sometimes employees performed multiple functions: the parole officer taught typing and stenography; the dietician taught home economics and physical fitness. Inmates were cottage teachers and specialty instructors. Each cottage had an

<sup>8</sup> Ibid., p. 143-4.

<sup>9</sup> A. Roberts, "Sourcebook on Prison Education" (1971), p. 3-27.

<sup>10</sup> "Federal Prison System," (1976), p. 3.

<sup>11</sup> Federal Prison System "Education Services Manual" (May 1978), p. 100.1.

\*A predominantly female staff was also strongly advocated, both as role models for the inmates and as a respite from the male domination of women's lives. Harris was determined to operate Alderson with few, subordinate, men. Mary Harris was a tough and powerful administrator, in contrast with many of her colleagues at State prisons. She fought back with considerable success when her control or the women's interests were threatened. For example, when the Bureau of Prisons (newly created in 1930 as the agency responsible for all Federal prisons) ordered an increase in the garment factory output which would have required that the inmates' assignments be more than half a day, Harris called upon supporters in women's groups and the Justice Department, members of the theoretically passive Alderson Advisory Board, representatives in Congress, to assist her in forcing the Bureau to compromise. (I also suspect that Harris was not pleased to be getting orders, especially about running a women's prison, from superiors who were all men.) U.S. Archives, Bureau of Prisons, Record Group 129, Box 658, file #4-9-0.

<sup>12</sup> Mary B. Harris, "I Knew Them in Prison" (1936), p. 355.

<sup>13</sup> The vocational program at Alderson trained inmates in what is currently described as "women's work." In the 1920s the concern was to train women prisoners in industries which would employ them upon release. A 1927 study reported that "the only industries which are possible are those which, before the industrial revolution, the women carried on in the home and on the home farm \* \* \* today these industries are under the drive of large quantity production \* \* \*". The study group, headed by Lillian Gilbreth, recommended six industries which could be set up in women's institutions: sewing, knitting, laundering, farming, canning, household work. National Committee on the Care and Training of Delinquent Women and Girls. "Industries for Correctional Institutions for Women, Report of a Survey" (New York, 1927), p. 9.

\*\*Academic education included Americanization, literacy classes, a letters school for those who read and write, and commercial courses such as stenography, typing, business math, for those beyond the eighth grade. Vocational education combined the institution's maintenance needs with employable skills. Dress making and millinery departments taught pattern making and made clothes for those being released; the laundry shop handled the prison's need and taught about fabrics, stain removal, dry cleaning, ironing; farm and poultry plants provided food for the prison and classes in canning, food economy, physical exercise. M. B. Harris, "I Knew Them in Prison" (1936), 352-67.

inmate teacher who taught English literacy at least two evenings each week. Specially skilled inmates, such as nurses and doctors, taught health care, sanitation and first aid. Many inmates came from areas with limited medical facilities, and the health courses were designed to enable them to act until the physician arrived.<sup>14</sup>

Alderson's education program indicates how the reformatory movement operationalized its commitment to education as a change agent, in a highly regarded, totally female environment. Alderson is no longer the model of penal excellence it once was, but many of its ideas and activities influenced the Bureau's\* early support for education as an integral part of the correctional process.<sup>15</sup> Alderson was also part of an unofficial consortium of women's prisons that instituted progressive measures currently used in federal prisons: a less restrictive environmental design consisting of unconnected buildings surrounded by a chainlink fence; family visiting privileges and contacts with the neighboring community; extensive work and education programs; day parole, the daily release for work; and social education, the group interaction companion to academic and occupational education.<sup>16</sup>

While the success of early Alderson is presently being examined (by me), the current Bureau philosophy for all inmates supports the Alderson educational objectives. The questions then are not of intent, but of policy and practice: how well do Bureau programs mesh with the reality of women prisoners' lives? What incentives and barriers to involvement are presented to women?\*

I will discuss three aspects of this question: financial pressures, occupational stereotyping, the small female population.

#### A. FINANCIAL PRESSURES

Like their counterparts in State facilities, Federal women prisoners are relatively poor. Most have had sporadic job history, supporting themselves and their families by a combination of work, welfare, and help from a friend.<sup>17</sup> In 1977, about one-third of the women who did work reported earning less than \$5,000; 43 percent reported earning between \$5 and \$8,000. In 1976, the poverty level was pegged at \$5,815. In addition, almost two-thirds (65 percent) had children under 18, and most (85 percent) expect to continue to have to support themselves and others after released.<sup>18</sup> Since a majority (56 percent) are the sole support of their families,<sup>19</sup> it is unlikely that they will have much help, other than from welfare, in meeting this responsibility.

TABLE 1: The cost of obtaining a prison education: A comparison of the earnings women inmates may obtain while at school, at maintenance work, and at prison industries (fiscal year 1979)

In prison, money may be legally earned in two ways: at a Prison Industries shop or at a job, such as food services, education clerk, etc., which assists the staff in

<sup>14</sup> Harris, p. 36.

<sup>15</sup> Roberts, "Education for Tomorrow," at note 14.

<sup>16</sup> Rasche.

<sup>17</sup> I. Bergsmann, "Preliminary Report on the Results of the Survey on Female Offenders" (Feb. 26, 1979); Bureau of Prisons, Population printout (July 1979).

<sup>18</sup> Bergsmann (February 1979), shows the average family size as 2.3 children, p. 3; U.S. General Accounting Office Staff, "Female Offenders: Who Are They and What Are The Problems Confronting Them?" (Aug. 23, 1970), p. 12-14, hereafter cited as GAO.

Sources: BOP Policy Statement No. 5251.1, "Performance Pay." Telephone interviews with Industries Business Managers Education Supervisor October 5, 1979. UNICOR: Federal Prison Industries Incorporated 1978 Annual Report.

\*Alderson opened in April 1927 preceding the establishment of the Bureau of Prisons in May 1930.

\*\*The ability of an educational program to match the needs of its clientele, especially in a non-educational community, depends at the first instance, on organizational support for the endeavor. Regardless of personal motivation or perseverance, organizations can encourage or thwart an individual's enrollment or completion by a wide range of blatant-to-subtle actions. Among my police students, for example, educational barriers ranged from funding hassles to unpredictable shift changes; others were assisted by receiving a lighter shift during the term or a pay increase for high grades. Similarly, corrections staff support or discourage prison education, by the organizational policy and institutional practices which transmit messages about approved/unacceptable behaviors. The nature of the custodial institution makes awareness of these messages, and an ability to cope with them, an important aspect of survival. Thus, education of women prisoners is being viewed in context of rewards and penalties. See (A. Etzioni, "Modern Organizations" (1964), p. 58-62; G. Sykes, "The Society of Captives" (1958).

maintaining the institution. Prison Industries employees must work full time (a 40 hour week) and are paid according to the hourly wage corresponding to their grade level (\$44-85¢ hr.). Table 1 shows the average monthly Industries income earned at the prisons housing women; salaries range from \$31 month at Fort Worth's sign shop to \$78 month at Lexington's print shop. Institutional (maintenance) workers may work full or part time, and are paid accordingly, at the customary performance pay, (MSA) rates of \$0 to \$25 a month, depending on their grade level. The inmate quickly learns what this chart portrays: there is no money in education. Despite the occasional bonus for completing a GED and the variety among institutions,\*\* the economic barriers to education are strong.

Institution and population # on 7/1/79	POTENTIAL	MONTHLY	EARNINGS	OF	INMATES
	School		Maintenance Work* \$0-25 MSA ordinarily, in four gradients	Federal Prison Industries (FPI-UNICOR*)	
ALDERSON (393)	No \$ for enrollment \$10 bonus for GED \$ 5 for required classwork of the women in the apprenticeship programs (10 women)		\$ 0 - 25 MSA \$10 - 35 for apprentices (10 women)	- Wage in 32¢-80¢ hour, in 4 gradients (\$51.20-\$128 mo) - in some shops, piecework rates also apply (garment)	- Garment factory - \$56 average wage (av. # employed = 116) - ADP/Keypunch - \$55 average wage (av. # employed = 38)
PLEASANTON (287)	No \$ for academic enrollment \$20 bonus for ABE \$25 bonus for GED \$ for Voc. training: \$15, for 12 weeks/less \$20, for 13-20 weeks \$25, for 21 weeks/more		\$ 0 - 25 MSA	Drapery/Clothing/Furniture ADP/Data Entry	- \$50 average wage (av. # employed = 54) - \$52 average wage (av. # employed = 22)
FORT WORTH (275 - females 350 - males 625)	No \$ for enrollment No bonuses		\$ 0 - 25 MSA	Duplicating (training unit) Graphics/Sign Shop Graphics/Production (opened 8/79) ADP/Keypunch	- \$67 average wage (av. # employed = 45) - \$31 average wage (av. # employed = 20) - \$43 average wage (av. # employed = 46) - \$81 average wage (av. # employed = 46)
LEXINGTON (417 - females 654 - males 1071)	No \$ for enrollment \$25 bonus for GED		\$ 0 - 25 MSA	ADP/Keypunch Electronic cable Print Shop Microfilm Canvas	- \$68 average wage (av. # employed = 42) - \$59 average wage (av. # employed = 61) - \$78 average wage (av. # employed = 35) - \$67 average wage (av. # employed = 16) - \$53 average wage (av. # employed = 100)

Notes and Sources on Following Page

In addition, the woman's special role as head of a family she may rarely see, yet entrusted to the care of her parents, not strangers, may offer further psychological pressures to earn enough to send some money home, and postpone or forget the GED she would have to get in the evenings anyway, after a full day at the sewing machine.<sup>20</sup> However, any mass movement on Industry shops will have to be postponed. Ironically, Industries are currently retrenching, operating below capacity. No; it is not related to the economy. Production commitments and funding remain unabated. According to Industries staff, the cutbacks result from the declining Federal prison population, which has affected the maintenance function to the critical point where Industry has had to yield its traditional top priority on inmates. Thus, although there may be room in Alderson's keypunch shop (\$55 month average), an inmate may be put on a waiting list for a few weeks and sent instead to food service (\$0-25 month).<sup>21</sup> There is something absurd when prisoners who want to work cannot do so because not enough of their contemporaries are turning to crime. Perhaps Joseph Heller scripted this scenario.

#### B. COMBATING OCCUPATIONAL STEREOTYPING

If the economics doesn't deter the woman from getting an education in prison, then the paucity of realistic work experience may do it. Prison women have been offered training in the low paying, no skill, high turnover jobs (a.k.a., women's work) such as food service (waitress, cook), office procedures (filing, reception

\*MSA (meritorious service award), or performance pay funds are the returned profits from Prison Industries. Ordinarily \$0-25 although \$75 permitted "under exceptional circumstances."

MSA figures represent minimum-maximum ranges, whereas FPI figures are estimated averages. FPI wages just increased to 34¢-85¢ hr.

(a) Note that number of inmates currently employed in FPI shops is less than capacity.

(b) Lexington figures are for August 1979 only.

\*\* Note that at Pleasanton the vocational training moneys make it competitive with maintenance.

20 Bergsmann, February 1979, p. 3; telephone conversations with commissary managers, October 5, 1979.

21 Telephone conversation with Industries managers, October 3-5, 1979.

typing), cosmetology. The latter course persists despite the fact that many states prohibit the licensing of convicted felons.<sup>22</sup>

The belief of some that prison women are intellectually incapable of completing more demanding, complicated tasks is unsupported: approximately 70 percent have average/better I.Q. scores; 52 percent are GED candidates (completed 9-11th grade), a 12 percent increase since 1977. These women dropped out of high school at 16, and overwhelmingly (80 percent) want more academic and occupational education.<sup>23</sup> What then might be the source of these undemanding programs? Until recently, vocational experiences in prison resembled all too closely the recommendations made by a national panel, for conditions in 1927:

"Industries \* \* \* which, before the industrial revolution, women carried on in the home and on the home farm.": sewing (power, hand), knitting (hosiery), (underwear), laundering, farming, canning, household work (cooking, cleaning, mending), furniture upholstery."<sup>24</sup>

Since 1976 some nontraditional vocational classes (a.k.a., men's work) have been gingerly introduced.<sup>25</sup> As Jane Chapman can speak to this situation with more detail and vehemence, I will limit my remarks to a few aspects of the Federal situation.

As in the state systems, the coed institutions are more likely to offer non-traditional training than the women's institutions, although considerable participation by women is prevented by factors such as the male/female ratio in the course, staff attitudes, and peer pressure.<sup>26</sup> As on the outside, successful pioneers have learned to cope with these challenges. For example, on a recent tour of Fort Worth, two women—the one in broadcasting and the one in automechanics—proudly told our group of their success in these programs, despite the fact that "when I first came the supervisor said I wouldn't last. The last girl didn't." These difficulties lessen considerably in the women's prisons where there is no doubt that the auto-mechanics course is for women.

Like the rest of us, women prisoners are initially drawn to those occupations with which they are most familiar. Given the history of occupational sex-role stereotyping, is it surprising that many women select food service or office practices? At the same time, the woman offender is most concerned about finding steady, well paid employment.<sup>27</sup> And she recognizes that the training which is available often does not meet this standard. A common complaint about Alderson is, "I feel there isn't enough apprentice programs here and the jobs offered, (besides keypunch) pays next to nothing in the free world."<sup>28</sup> It would seem that with an increase in employable training experiences and a serious recruitment program, the Bureau could easily meet its objective of assisting women "inmates to acquire maximum post-release employability \* \* \*"<sup>29</sup>

#### C. THE COMPLICATIONS OF A SMALL FEMALE POPULATION

Education is also hurt because women prisoners are relatively few in number—about 6 percent of the Federal and 4 percent of the State population,<sup>29</sup> housed together in a single state facility, or in one of the four federal prisons scattered throughout the country (Alderson, W. Va.; Pleasanton, Cal.—all women; Lexington, Ky., Ft. Worth, Tex.—co-ed.). In all cases women are usually very far from home and except at the co-ed places, they are too few in number and too heterogeneous for most programs to be cost-effective.<sup>30</sup> Furthermore, Alderson, like most state prisons, is located in a remote, pastoral setting without reasonable access to community linkages which support an institution's programing. Work and study release, college and community classes are at best difficult to sustain. Programs for inmates' children, such as the wonderful Sesame Street Project, are also impossible since visiting is so haphazard and infrequent; even where this project flourished, as at the co-ed prison in Fort Worth, women are less often the beneficiaries since their families are widely scattered (One recent noteworthy exception, is Project MATCH at Pleasanton). Thus, prison educators must continually search for

<sup>22</sup> Potter; C. SchWeber, "Sexual Integration and Prison Education." Unpublished dissertation (Sept. 1977).

<sup>23</sup> Bergsmann, February 1979, p. 6.

<sup>24</sup> 1927 Survey, cited at note, 13, pp. 9-10.

<sup>25</sup> Potter.

<sup>26</sup> Bureau of Prisons, "Education For Tomorrow" (1976); SchWeber, dissertation.

<sup>27</sup> Bergsmann, February 1979, p. 6, GAO p. 15-16.

<sup>28</sup> Bergsmann, February 1979, "Verbatim Responses to Question 29,"

<sup>29</sup> LEAA data sheet, Dec. 31, 1978.

<sup>30</sup> Potter.

periodic grants, etc. if the gaps in their programs are to be filled.<sup>31</sup> At Alderson, they began this year an accredited apprenticeship program enrolling 10 inmates in six fields. And as table 2 indicates, the (natural) obstacles encountered by Alderson are reflected in the educational budget, the smallest of the women's prisons.

TABLE 2.—BUREAU OF PRISONS EDUCATION BUDGET, FISCAL YEAR 1978

Institution	Education budget		Education expenditure per inmate, per day/ per year
	Amount	Percent of BOP total	
All BOP.....	\$8,217,885	3.0	77¢/\$281.05
Alderson.....	105,956	1.8	50¢/\$182.50
Pleasanton.....	225,479	6.6	\$2.53/\$923.45
Lexington.....	315,684	3.6	76¢/\$277.42
Fort Worth.....	294,258	4.8	\$1.28/\$467.20

Source: BOP Budget Development Office, Oct. 5, 1979.

Under these conditions, traditional solutions such as bringing programs in, are insufficient. We need to re-examine the heterogeneous population for minimum custody candidates and then increase their options in the community, i.e., at work and training programs. As Chapman notes, "If you can't get programs into prisons, you should get women out."<sup>32</sup>

Her suggestion is particularly relevant for Federal inmates. The Bureau's Task Force on Women offenders reported that most women (71 percent) were classified at the lowest custody level, I. However, a shortage of category I bed space led the task force to conclude that "We are housing lower custody women in facilities designed for higher custody inmates."<sup>33</sup> Given the difficulties of providing for the smaller, more dispersed female population, the over availability of minimum custody women makes Chapman's suggestion seem like a particularly opportune solution for the Bureau.

### III. RECOMMENDATIONS

1. The inmate should be financially supported whether she is sitting in a classroom, at the sewing machine, or at the cash register.

I propose that the natural link between education and work should be fused rather than exploited by the creation of maintenance-education and industries-education work-study packages, which balance job and class time, and pay the work rates. I believe that such an approach would not only offset the significant dis-incentive to prison schooling, but that it would result in a new understanding by the inmate of the connection between education and work which the outside world continually makes.

2. A program to counter the stereotypic occupational channeling of women should be established.

I suggest the combination of (a) an orientation seminar which describes each job's responsibilities in detail, the current salary and marketability in cities which inmates reside (a sort of Show-and-Tell of work for adults); (b) Staff training in these new directions so they can support rather than discourage, intentionally or not, the pioneers; (c) the hiring and promotion of women employees in responsible positions, especially as supervisors in the nontraditional areas.

3. Women should not be housed in facilities that are more secure than their custody warrants. (a) The community custody women among the level I population should be identified and sufficient work, study, other community release

<sup>31</sup> An example of this is the work of Alderson's education director, Ruth Creech, which has resulted in the apprenticeship program, a weekly college sociology class (with 15 inmates), even a community open house (perhaps the first such activity since Dr. Harris' annual festivals).

<sup>32</sup> Potter, p. 46.

<sup>33</sup> The Task Force reported the following custody distribution: I-71 percent; II-12 percent; III-8 percent; IV-9 percent; V and VI-0. Of the prisons for women, Lexington and Fort Worth are the only level I facilities. Bureau of Prisons, "Task Force Report: Female Offenders" (1978) p. A-2.

<sup>34</sup> Bureau of Prisons, "Task Force Report: Female Offenders" (1978), p. 13, A-2.



spaces for them should be open.<sup>34</sup> (b) the remaining level I women should be reassigned to facilities in their region.

4. Alderson, the former grande dame of the federal system, should be converted to other federal use. The inmates, mostly from the District of Columbia and the northeast, should be reassigned in keeping with their custody and residence.

Until then, I believe the government has a responsibility to support services/activities which will mitigate in some extent the special problems for women caused by the location. These include: transportation between Alderson and Lewisburg, W. Va., site of the nearest bus stop and 20 miles away (especially since the Amtrak service ended October 1); an overnight visiting program for the children; a rural educational delivery system; a Teacher Corps-Vista connection to supplement the continual staffing difficulties.

I offer these recommendations in keeping with the uniquely American commitment to prisoner education and in the spirit of the legacy Alderson left to women.

Mr. KASTENMEIER. Ms. Jane Roberts Chapman, director, Center for Women Policy Studies.

Ms. CHAPMAN. I also have submitted a statement, and will at this point touch very briefly on a few points that are covered in the statement.

Mr. KASTENMEIER. Without objection, your statement and those other statements presented by the panel as the personal statements will be accepted by the committee.

Ms. CHAPMAN. I am speaking primarily from the results of a 15-month study which I conducted on programs for women offenders. The study covered programs that were in institutions or community based, and it covered State as well as Federal and local situations.\*

The whole emphasis of the project was to find good and promising and effective programs that could be considered models for further implementation. And I'm happy to report that I did find some good programs, but I would say that the present situation is certainly one of scarcity of programs for female offenders.

Among the points made by earlier speakers have been those related to the economic status of the offenders, and I don't want to belabor that, but I think that it can in fact be hardly overemphasized. Because, in order to plan any kind of successful program for this group of women, it's essential to take into account their poor economic status, and their need to support themselves and their children, and the fact that they are very poorly prepared to do this.

Typically they have little work experience, and they have limited job skills. Frequently they are dependent persons. They have been dependent on men, they have been dependent upon public assistance, they have been dependent upon drugs or alcohol, and they have low self-confidence.

Based on this economic overview, there is a great need for programs that would provide vocational preparation and job placement, and by this I mean serious programs that would prepare people for actual jobs, particularly jobs which pay above the minimum wage. Most of these women are not able to earn above the minimum wage, and if you have children to support and work full time under the minimum wage, your earnings are only about \$5,500 a year. It is clearly a very challenging task to support a family at that level.

<sup>34</sup> In addition to the half-way houses, the Bureau has one work-release center in Norfolk with bed space for 30 and another 6 beds in a Richmond, Va., pre-release center. Since work release is available within 9 months of expected release (for half-way houses the technical limit is 120 days), a closer look should be taken at the viability of additional work release centers, particularly in the District of Columbia.

\*Ed Note—See Appendices 1B and 4D.

The other kind of programs that is particularly important are those related to family continuity and parenting skills. And a third related area is programs for independent living. I wanted to touch upon a few concrete examples of programs in all three of these areas that have been implemented for women offenders. These are primarily in State institutions, but they could be applicable to the Federal system.

One of them which I had an opportunity to visit is a program to prepare auto mechanics, that is conducted at the women's institution in Bedford Hills, N.Y., a medium security facility for women near New York City.

The program prepares women for employment as auto mechanics at starting wages of close to \$6 an hour. This could be considered nontraditional employment, and I think that the important thing to remember about nontraditional employment is that it can give these women adequately paying jobs. The term "nontraditional" sometimes can be controversial. But I think that the critical and important reason for pursuing the nontraditional employment programs are the level of earnings that they make possible.

Mr. KASTENMEIER. May I interrupt to ask you a question? And I pose the question as sort of the devil's advocate, because I think it's something that should be raised:

Is it unrealistic to urge that women offenders in prison be trained or offered nontraditional employment. If it is difficult for people on the outside as women to break into nontraditional fields, how much more difficult will it be for a woman with a prison record to break into those fields on top of everything else?

Ms. CHAPMAN. I'm not sure that the prison record would be what would make it difficult to break into those fields. I think that in many cases women offenders are good candidates for these jobs, better candidates for jobs in the trades, perhaps, then they would be in clerical situations. I think that what makes it difficult for women to break in, whether they are in prison or outside, is in part their unfamiliarity with these fields and these jobs.

It's not surprising to me that a person would not sign up for a welding program if they don't know what a welder is. I would emphasize that when training is going to be undertaken by an institution in a field that has not been provided in the past, it is important to have some prevocational exposure, some classes in work orientation, or introduction to jobs, or in just informing the potential group of trainees what's involved in a variety of jobs and what they can expect to get out of them. What the work setting is like, what the job pays; things of that nature. I think those are critical to the success of non-traditional training programs.

Another program that I found to be very promising was located at the Minnesota Institution for Women, and the important aspect of this program is that insofar as possible, they put the women in vocational training situations outside the institution. They had very effective prevocational programs inside the institution. They had job counseling inside, but insofar as possible, they placed the women outside the institution to train in community-based programs. One of the advantages of this to the institution obviously is that there's no need to make costly capital investments in training programs which may be obsolete within a couple of years.

In the area of parenting and family relations, which was alluded to earlier, obviously the incarcerated woman is going to be separated from her children. This again has been a very controversial feature of programs for women, the question of how much family contact to encourage.

I have some examples of situations where the institutions have made it possible for children to spend time with their mothers. Again at the Minnesota Prison for Women, they have a program of long weekends where children can come and spend several days and live in the cottage with their mother. She has sole responsibility for their care, and during the time that the children are there, counseling is available to the mother and the child. The weekends are available on a rotating basis. All the children don't come every weekend, but it works out to about once every fourth weekend. Nor is it compulsory. It's voluntary. If the mother does not want the children to come, then it is not forced upon her.

Another option is exercised at Bedford Hills Prison, which has fairly recently implemented a policy of allowing infants to remain at the institution, and they can live with the mother until the age of 1 year.

A third way of encouraging mother and child contact is found at the Purdy Treatment Center for Women in the State of Washington. Purdy has encouraged very flexible visitation privileges and by going to some trouble to arrange foster care for the children in the vicinity of the prison, they have made it possible for the children to visit during the week and to visit several times a week if that is desirable, as well as on weekends. This is of note, because the prison is in a somewhat remote area, as is Alderson.

They have encouraged very close cooperation between the counseling staff and the mother, and the foster parent, whoever that may be, so that everybody has some participation in the decisions about rearing a child.

Mr. KASTENMEIER. It was suggested yesterday, Ms. Chapman, by more than one of the witnesses or panels, that the rather liberal furlough policy—I don't know whether I can describe it as a liberal furlough policy—was to be preferred at Alderson. There are other institutions which have had liberal furlough policies for those within 2 years of release and otherwise qualified. The women tended to prefer to be with the children back home or out of the prison, if they could indeed afford to travel depending on how often these were afforded.

But generally the furlough tends to be, would you agree, a preferred method as employed by the Bureau presently for enabling mothers to visit their children?

Ms. CHAPMAN. Certainly I think that's desirable, the furlough is desirable. But on the other hand, I'm sure not everyone is eligible for a furlough.

Mr. KASTENMEIER. That's true.

Ms. CHAPMAN. It could not be the only solution. And as Dr. SchWeber has mentioned, the travel cost can be a factor as well.

The third kind of program that I very briefly wanted to allude to is independent living programs. These are programs that are supportive of any efforts to improve her employability and parenting ability. Some institutions and community groups provide survival training, for

example, to assist the woman in preparing for life outside the institution.

These programs are certainly desirable and complementary to the others that I mentioned, and are in part to be recommended and pointed to because they need not be expensive. These are things that can be done within an institution without tremendous outlay of funds.

In closing, I certainly do not wish to suggest that it is easy to provide a range of programs for women offenders. It in some ways is difficult, but clearly it is not impossible.

Mr. KASTENMEIER. Thank you, Ms. Chapman. Your statement will be made part of the record.

[The complete statement follows:]

TESTIMONY OF JANE R. CHAPMAN, DIRECTOR, CENTER FOR WOMEN POLICY STUDIES, WASHINGTON, D.C.

My remarks address the topic of correctional programs for women offenders. The information which I will be presenting derives primarily from a 15-month project conducted by the Center for Women Policy Studies, a nonprofit corporation which conducts policy studies on issues affecting the legal and economic status of women.

This project was sponsored by the LEAA, and it covered programs for female offenders in all parts of the criminal justice system, not just incarcerated women, but also women on probation or parole. The project covered Federal as well as state criminal justice institutions. We found that in order to study the actual programs it was necessary to look at the criminal patterns of women, the kinds and nature of the offenses they were committing. It was also very important to look at the characteristics of the offenders themselves, and thirdly, to look at how women are treated in the criminal justice system. All of these things have a great bearing on the kinds of programs that need to be presented for offenders.

I think one of the most striking things that I learned about female offenders was how much had remained the same in their treatment for at least a century or more in this country. There have always been very few of them compared with men, and they have always been perceived as a passive group of people, and not prone to riot or to present threats in any way. And, they have consistently received very little in the way of attention, or resources in the criminal justice system. Finally, one of the major themes throughout history has been the preoccupation with their immorality, which some people refer to as the "fallen woman syndrome." In all sorts of literature on women offenders, there are statements such as the following, which appeared first in the proceedings of the National Prison Association in 1898. It characterizes women who commit criminal offenses.

When we reflect upon the characters of such women, slaves of depraved and vicious habits often with nerves or self control and self respect broken or destroyed . . . none but a woman can understand the mental vagaries arising from certain physical conditions, the temper, the obstinacy, the waywardness, the lack of willpower, the sway of impulse, all referable to diseased bodies and unstrung nerves, the legitimate result of a life of sin.

This sounds like a very extreme view, but it has been a persistent one in the case of female offenders, and it was restated as late as the 1930's, in what was supposedly a scientific study, in which they said about female offenders:

This swarm of defective, diseased, antisocial misfits then compromises the human material which a reformatory and parole system are required by society to transform into wholesome and law abiding citizens.

Fortunately the growth or rebirth of interest in the female offenders in the 1970's has been somewhat less preoccupied with the concept of immorality, and has been slightly more concerned with the appropriate criminal justice interventions as they affect women. The work I have done at the Center has been in fact an appraisal of the correctional system's response to the women who pass through it as offenders. I think that three central points emerged from the study: (1) The overwhelmingly economic nature of women's crime; (2) the high level of their economic need. (In other words, most of them have to be self supporting, and most of them have children for whom they are responsible, and this high level of economic need is unfortunately coupled with very weak or almost nonexistent skills for achieving any kind of economic independence). (3) Program choices are just now

beginning to be developed in corrections which take these preceding economic facts into account.

In order to develop these programs, it is very important to know more about the nature of women's criminality so that the interventions are appropriate to their needs. Information available on women's criminality shows that, based on arrest data, female crime in the most recent period has been increasingly concentrated in economic categories. In absolute numbers and in proportion to male offenders, women are increasingly involved in property offenses. An example of this is the larceny and theft category which makes up almost 22 percent of all the arrests of women and only 9 percent of the male arrests. There has been much speculation as to why the great increase in property offenses among women. The suggested answers to the increase in women's crime have been diverse. Some maintain that the kind of offense that is represented under larceny and theft is usually, shoplifting, that many of the women involved are amateurs, and may cease their activities after one arrest.

Others have concluded that the increase in women's crime is somewhat bureaucratic and definitional in nature and that changes in the category of the Uniform Crime Report have tended to exaggerate the increase. The increased use of private security personnel and the adoption of the policy of automatic reporting in prosecution of shoplifters by many retail outlets makes this sort of offender more vulnerable to arrest. Whatever the reasons, the data show that by the far the greatest and a continually increasing number of arrests have been in the category of economically related crimes, and this increase comes at a time in our history when women are also increasingly involved in lawful economic activity, that is employment. They are also often; and this especially so in the case of offenders, heads of households. Although women offenders tend to be young, they are likely to be single parents, responsible for the children. The Center's conclusion, after careful attention to the data on crime, is that if proper interventions are going to be made, they should acknowledge the economic responsibilities of the women and the economic nature of the crimes.

There have been some who have suggested that there is a direct connection between "women's liberation" or, the women's movement, and the increase in incidence of women's crime. Our conclusion, however, was that the findings tend to cast doubt on this kind of connection, particularly where you define increasing employment of women as constituting increasing liberation. I think that the argument that women's liberation has been the cause of more crime is weakened by simple circumstances, because regardless of liberation and the high employment rates of women, the women who are committing crimes (or at least these who are being caught committing crimes) are still the poor, the uneducated, and the unemployed.

The incidence in arrest for fraud is up for women. But it is particularly fraud related to welfare programs. Women who are on welfare are not women who are in the labor force. What the rapid increase in property crime may suggest in fact is that increases in women's criminal activity result when demand for employment is greater than the jobs available. There is in fact no question that women's arrest rates have gone up significantly in times of economic recession. The largest increase in number of arrests have come during periods of substantial economic decline, for example, from 1930-40, and again from 1950-60, and these were periods of slow labor force growth. On the other hand, the smallest increases in the numbers of arrests have come during the more prosperous periods such as 1946-50 or 1960-70.

In addition to understanding the criminal pattern of women there are a number of considerations that underlie program choices for female offenders. It appears that in the past the decision about how, and why, or whether to undertake programs for women have frequently been tied to views of appropriate roles for women in society, rather than, to the women's financial or economic status or needs. And the policy and planning decisions have, of course, been influenced by the very small numbers of women in the criminal justice system. I am consistently struck by the gap between the traditional view of women and their role in the family and what is the reality of women offenders' lives.

When it comes to the need to be self-supporting and have the appropriate skills to make that possible, the correctional system's recognition of the economic needs of women have frequently been filtered through the view of what is "appropriate" women's work. I was very struck by a public relations release from the Colorado State Penitentiary in a document released in the last ten years (not dating back to the Victorian age by any means). It stressed that the work training it provided was in cooking, cleaning, sewing, laundry and beauty care. These are low paying positions which have always been identified with women's roles in

private life as well as in the labor market. Another graphic manifestation of the idea of "appropriate female work" is a statement from a book called "Prisons for Women." The book was published during the 1970's, and it recommended that women in prison should be trained to work in the dairy industry, which may be perfectly fine. I certainly have no objection to women working in the dairy industry but only to the reasons given for the appropriateness of this field. "Women are proving to be better milkers than men and understand the problems of swollen udders, mastitis, and other mammary infections."

Another important area for consideration in decision-making about programs for women offenders is understanding the characteristics of this group of women. All available data shows that they are unskilled. So far as their employment history is concerned it is quite limited. They tend to be heads of households; they are mothers. Up to 80 percent of them are mothers, and the majority of these are responsible for support of their children. Even though they are young women, they may have several children. They are disproportionately minority women, and are likely to be unemployed. In fact it appears that the group of women who are offenders have much in common with other groups of women such as welfare mothers, the unemployed, displaced homemakers. In terms of devising appropriate programs, they may in fact have more in common with other groups of women than they do with male offenders.

Another predominant characteristic which we documented is dependency. This could come in many forms and in fact, several forms of dependency may be interrelated in the same person. She may be dependent on public welfare, chemically dependent on drugs and/or alcohol; highly dependent on a man or men (not only economically but emotionally), even when abused. Among the clients of the programs studied, there was an extremely high incidence of being battered by men and a very high incidence of incest in their backgrounds. In other words, they had been sexually abused as children by males within their own families. Once a woman who may have any or all of these dependencies is incarcerated, there seems to be a final dependency and that is on the institution itself. A final characteristic which appears to be common to many female offenders is low-self esteem and a lack of confidence and, of course, that factor has to be clearly taken into account in any decision as to providing programs and services.

The status of women in programs in criminal justice system deserves some attention. Most convicted women are not in jail or prison; they are in fact on probation or parole. Because of this, activities in the community could potentially touch the greatest number of them, but there are really very few such programs relative to the number of women who could use them. Those that do exist tend to live under the eternal shadow of precarious funding. Vocational training has been pointed to as the ultimate means of reducing women's financial dependency and getting them permanently out of the criminal justice system. Yet there are extremely few community-based programs that can provide a decent range of vocational services in a realistic kind of setting. The community programs which we had a chance to examine, and there were close to 30 of them, were by and large overextended, undersupported financially, experimental, project-by-project operations not institutionalized into any larger agencies. They tend to lack continuity and any kind of permanent support. Whatever their value may be to the client, or to the courts, or to other parts of the criminal justice system, they are given very limited recognition by funding sources and in some cases by the agencies of which they are a part. In fact, their origins tend to be equally ad hoc.

Our sites visits and surveys reveal that often the programs were not the outcome of criminal justice planning of any sort, either at the Federal, State or local level, but really were developed and funded through the determination of one or a few people. There is a clear conclusion here that there is little evidence of planning or policy development or systematic attention for the female offender in the criminal justice system. Many of the programs began with a three year demonstration grant, but all too few of them, no matter how good they were, were institutionalized when the grant ended. The result has been the closing of a number of women's programs just at the time they matured. It may be that so far as female offenders are concerned that the field is even more uncertain than with men, because even established programs and experienced managers have had a lot of difficulty in surviving in the women's correctional field. I was struck by the fact that what seemed to be the best established and most comprehensive program, the Pennsylvania Program for Women and Girl Offenders, closed in 1978 after 10 years of operation. It finally just could not raise the funds to continue. A number of concerned correctional experts have in fact cited the lack of planning

for women. It presents an enormous barrier to the development and survival of the programs.

Even though that analysis is on the discouraging side, there are nevertheless some promising and very commendable programs around the country for women offenders. There are, unfortunately, all too few. The likelihood that a woman who is convicted for a criminal offense will have access to such programs is very small. They just do not exist on any adequate scale. Nevertheless, we analyzed these programs in terms of whether they were effective, promising, or innovative and we put them in a kind of framework which recognized the prevalence of economic crime as opposed to violent crimes, the offenders' economic needs, their disadvantaged status in terms of skills.

The three kinds of program offerings found to be most critical were: (1) vocational, (2) parenting, and (3) independent living; in other words activities which will aid in helping the woman to be able to exist as an independent person in the outside world. It is useless to train someone in a wonderful trade if they don't know how to cash their paycheck or don't know how to use public transportation or don't know how to get to the job. The programs elements for vocational services are probably the most developed in the female offender field and probably have more precedents to draw upon from male ex-offender employment programs. But even though these are the most developed, there is really no jurisdiction or city or program which is fully developed enough to point to as an absolute model.

I think that one of the critical aspects of employment programming for women, which does not seem as critical for male offenders, is "job readiness." These might be called pre-vocational, pretraining, or job readiness programs. The great unfamiliarity of the women with employment procedures, combined with their low skill level and poor self-esteem mean that in advance of training they need some substantial orientation to the work world—to acquaint them with work habits, to acquaint them with how to speak with someone during an interview. Some of the programs I visited operated at a very elementary level, for example, teaching women to maintain eye contact with the interviewer when they applied for a job. Another critical aspect of the employment program is the need for comprehensiveness. It is not effective to train a woman in a new trade and then send her out into a community where nobody is hiring in those jobs. In other words, job development, placement, and follow-up services are really part and parcel of the vocational process and should be considered as such. A number of the programs that we visited were originally developed to focus on one aspect of the vocational process, but the tendency has been to keep expanding the program scope and trying to address other problems, and ultimately fail in doing so because of spreading their resources far too thin. They readily acknowledge difficulties in stretching resources to provide this comprehensive kind of approach.

On the management side, program staff continually stress that there are extreme cash flow problems. These can be so extreme as to result in discontinuity—the program may have to close down temporarily. And of course, loss of funding can ultimately lead to permanent closing. Under circumstances like this, it is difficult to evaluate the real effectiveness of the efforts that you see around the country. It is hard to characterize them as anything more than experimental. The fact that these are so experimental and difficult to assess does not really contribute to rapid development of the field.

In talking about employment for female offenders in this day and age it is important to address the matter of nontraditional jobs. The important factor about nontraditional jobs is not that there are few women doing them, it's that they pay so much better. I think that point should always be kept in mind. There is a critical need to train people for jobs above the minimum wage, because all too many female offenders have never earned more than the minimum wage. If you work full-time all year round at the minimum wage, the earnings are no more than about \$5,500. Survival on this amount of money, with two or more children, makes it challenging, if not impossible, to survive. One should not consider it surprising that a person might opt for welfare or criminal activity as possibly a better source of income.

Nontraditional jobs in prisons and in community settings do exist in some instances. There aren't many; and it is difficult persuading correctional officials of their importance; such a program may be difficult to fund and difficult to implement. But, they are not impossible, and I think that the importance of raising people's earning power makes it equally necessary to attempt these kinds of programs. I have seen some effective nontraditional job programs both inside and outside prisons. The Bedford Hills prison near New York City has an auto mechanics program which has been very successful and graduates are placed with

Sears automotive departments. The Federal prison in Lexington, Kentucky, has a number of apprenticeable trades open to women.

Regarding parenting programs, the three areas of urgent needs are: (1) services such as parent education or one-on-one counseling for the mother and child; (2) expanded child visitation rights, not only more frequent visits but perhaps a longer duration and under more natural conditions; (3) a third area of need relates to supportive services such as legal education in custody cases or education in how to obtain social services for the child. Some children of these offenders are under supervision by child welfare departments.

A parenting program is the most difficult aspect of economic rehabilitation to develop for women, because a model parenting program would really include some level of "living in" or some extensive visitation arrangements for children, but that is apparently most unacceptable to prison administrators. There are some exceptions, and over time we may be able to see how these experiments have worked. In the Minnesota Prison for Women, for example, they allow the children to come spend a long weekend in the housing unit with the mother. The Washington State prison, Purdy Treatment Center for Women has a very liberal visitation program. Most of the children under foster care live in the community adjacent to the prison, so that there can be flexible scheduling of visits. The Women's Prison in Nebraska has overnight visits; Bedford Hills in New York, which is a medium security institution, has recently implemented a policy where infants born to women who are incarcerated can live with their mothers at the institution for a year.

The third major program area which should be noted is the independent living programs. I think that these activities may be downgraded or overlooked or ignored, which is a shame, because I think they are critical. It is also a shame because they are relatively inexpensive to implement. If an ex-offender is unprepared for the practical demands of life, it's entirely possible that the mechanics of heading a household in an urban area; in an inflationary economy; in a credit-based, very bureaucratic society—all these things may tend to defeat her attempts to establish herself in a job and become financially independent. In fact, being defeated by these things may have contributed to her original criminal behavior. The lack of any kind of rudimentary power to control her life is the condition of many women offenders. A young offender may have the survival skills needed for street life, but be totally ignorant of what we consider to be elementary matters such as how to rent an apartment, how to maintain basic kinds of health standards, or to administer any legal or contractual arrangements that come up in everyday life. An independent living program merely teaches the offender how to do things for herself, rather than providing services that will do these things for her.

Three sorts of basic kinds of education are typically presented in the independent living programs: (1) survival skills, which might include instruction in assertiveness, personal budgeting, how to establish credit, how to open a bank account, or rent an apartment, and utilization of community resources. (2) The second area was health education. This differs from health care. Health education is geared toward making a woman able to better continue and maintain her life and that of her children. (3) The third area is in legal rights and procedures, in other words, providing her with some basic education not only in domestic law, because the offenders have often times incredibly tangled personal histories, but also in the criminal process that brought her where she is.

Independent living programs are probably the least structured, least developed of the kinds of offender programs which I have discussed, but they are critical, because they play a supporting role to vocational training and placement and they play a very strong supporting role to the parenting activity. Their overall value is in terms of reducing the offender's great dependency. Traditional prisons and social welfare programs tend to increase rather than decrease dependency, because first they institutionalize people and then they provide them services rather than teaching them how to do things for themselves. The model program for independent living is obviously oriented toward community life, if it in fact is not conducted in the community. Prisons can and do operate programs that successfully present information dealing with the needs of daily life. But considering the number of female offenders who are on probation, independent living programs should be readily available at the community level as well, but often are not.

There is more being done regarding women offenders than shows up in literature, in statistics, or in agency annual reports. One desirable outcome of these hearings could be to bring existing expertise from the field into some sort of forum for exchange of information. The paradox that exists now is how promising many



of the programs are and yet how temporary and experimental. This larger question of the lack of planning and policy for female offenders and the resulting tenuous status of the programs underlies many of the specific problems of the group, and I hope it will be addressed in some fashion by the Subcommittee in its deliberations.

Mr. KASTENMEIER. The next witness will be Dr. Heffernan. Dr. Heffernan, you may proceed.

Dr. HEFFERNAN. I appreciate the opportunity to appear before this subcommittee, and I realize that we are talking about very difficult and continuing questions regarding the condition of women, and I request that my written testimony be included in the record, and I will speak more directly to the issues that have been raised in the hearing, as far as possible.

Mr. KASTENMEIER. Without objection, your statement also be made a part of the record.

[The complete statement follows:]

#### PREPARED STATEMENT OF DR. ESTHER HEFFERNAN

I appreciate the opportunity to appear before the House Judiciary Subcommittee on Courts, Civil Liberties and the Administration of Justice as they consider some of the difficult and continuing questions regarding the position of women in the correctional system. More specifically, we are concerned here today with the situation of the woman offender in the Federal system, including present and potential contracts with other jurisdictions, and with the District of Columbia. Within this context, I have been asked to address the question of cocrrections as a consequence, I presume, of my involvement with the assistance of Elizabeth Krippel Minor in a 2-year study requested by the U.S. Bureau of Prisons on inmate relationships and the program characteristics of the Federal Correctional Institution at Fort Worth, and my later participation in the LEAA sponsored study of State and Federal facilities in the NEP Assessment of Coeducational Corrections, completed in 1978.

However, I would like to stress at the beginning of my testimony, that using the terms cocrrections or coeducational corrections and calling, as the media usually does, the Federal Correctional Institutions at Fort Worth and Lexington coed prisons, whether intentionally or not, subtly shifts and distorts the questions we need to consider. The use of the term coeducational almost inevitably brings to mind the image of the college campus. Whether accurate or not, the image is of a milieu of relative ease and freedom and as a locus of the dating/mating relationships of young adulthood. Only in ironic jest can the experience and reality of imprisonment be likened to life on a college campus, regardless of any architectural or regulatory similarities. Nor do we usually describe hospitals, offices, or factories as coed, although both men and women are present, or, for that matter, will the press report that the House Judiciary hearings were coeducational. As long as we use these terms associated with college life, we will be caught in essentially false associations and images of these prisons and almost inevitably focus our discussion and questions accordingly.

Whether we are referring to prisons, jails or half-way houses, we are speaking of facilities and programs for persons who are wards of the State. What we are actually considering are the advantages and disadvantages of sexually segregated, shared, or integrated correctional programs and facilities. As soon as the question is viewed in this manner, it becomes clear also, that any one alternative is not clearly the best one, nor are the choices new ones.

Pugh (1968:358) in his examination of medieval prisons in England indicates that most did not differentiate by sex, but notes that "by 1368 the women in Newgate were housed in a room of their own." By 1406 "this room was said to be uncomfortably crowded and the women asked that, in view of their cramped quarters, they might have some land adjacent on which a separate prison for them might be built." When, instead, the whole prison was rebuilt, at great expense, "the women were assigned quarters of their own in it on the ground floor." The segregation of women in jails and prisons has through time neither been the norm nor the exception. But being tucked in a corner, whether crowded or not, and always as a minority being fitted into a prison system essentially run by and for men, has always been the rule.

One of the earliest recorded instances from our Anglo-American background of women being provided separate quarters was in the prison at Oxford. The bishop, as administrator of the university town, segregated the women (imprisoned in some cases as a result of the 14th century equivalent of vice raids) from the boisterous, thieving and debt-ridden students (also a continuing tradition) who were prisoners. It may be assumed that a major motivation for the separation was a concern for the protection of his erring young clerics from additional temptation, rather than a response to the unique needs of the women prisoners.

During this same period quarrels over jurisdictional responsibilities for the maintenance of prisoners, whether men or women, between the King's Courts and the local courts sometimes led to the death of prisoners from starvation. There was a constant reliance on voluntary alms and the efforts of concerned persons to insure the simple survival of the prisoners, despite the responsibility of the courts for those imprisoned. Persons on trial or convicted prisoners often made an effort to be committed to prisons under the jurisdiction of bishops because of the presence and stability of care for their basic needs.

Anyone familiar with the history of the treatment of women offenders in the District of Columbia will be reminded of the consequences of jurisdictional disputes and the degree to which decisions on facilities and programs are ever determined by the needs of the woman offender. Anyone familiar with the history of Alderson will be reminded of the pressure exerted by politically active women to insure that the Federal system take responsibility for the care of the women under its charge. The Federal system (Congress and the Bureau of Prisons) in response, removed the majority of the women prisoners from local and State facilities throughout the Nation, and in an act of almost complete centralization of program, placed them in a single institution in the mountains of West Virginia.

I think that decisions regarding the continuation of segregated institutions at Alderson and Pleasanton, as well as segregation in jails and community programs; or of integrated facilities, such as Fort Worth and Lexington or other projected facilities or contract programs; or the alternative of shared, but organizationally distinct facilities and programs, can only be made as part of a larger consideration of the functions of the prisons as they have developed within the United States and what decisions should be made regarding their future functions. But in turn, these functions can be understood only in the context of the very prosaic, practical and continuing problem of taxes and cold cash and the limited access to political power in decision-making which have played a critical role in the treatment and mistreatment of women within the prison system.

It is not so widely known that our present network of jails and prisons represent the partial fusion of two quite distinct institutions—the prison and the workhouse/jail—as a consequence of an early 19th century equivalent of a taxpayer's revolt! The situation should provide some consolation to you as present-day legislators and administrators that your position is not unique.

The local workhouse/jail complex, which was retained in the movement from colonial to statehood status, often performed three functions for the surrounding towns and counties. First, it provided employment and support for the poor and dependent in public projects or through contract labor, as well as providing direct relief supported by local taxes. In times of unemployment or distress, the workhouse was often the major locus of the mixture of poor relief efforts of the community, both private and public. The services of the workhouse center were explicitly recognized as a preventative alternative to the petty thievery or public disorders which might occur if the poor were not cared for. Secondly, it was also the facility where the poor, the servants and the apprentices, convicted of property, debt, or "public order" offenses might "work-off" by servitude, their fines and/or restitution payments. Propertied members of the community who committed the same offenses paid off their debt to the community or to their victims from their own resources. Thirdly, the same workhouses often housed the local jail, holding persons waiting for trial when courts were not in session.

While serving these functions the workhouse/jails were relatively open institutions, with few distinctions or forms of segregation among those served on the basis of age, sex, race or class background, and the buildings were easily accessible to family and friends. Ordinary daily activities and family contacts (in some cases entire families were in the workhouse) continued, while the amount and kinds of food, drink, companionship and recreation available were dictated by the level of poverty or plenty of the inhabitants of the workhouse/jail and their friends and families.

Immediately after the revolution most State legislatures moved to place in statutory form those portions of the civil and criminal law tradition which they

wished to retain or modify from the diverse and complex English common and statutory law. During this formative period, in determining the penalties in the criminal law, some key political, business and religious leaders pressed to experiment with reforms in criminal punishment. Some of these reforms can best be understood as efforts to provide forms of law and order which were not fully accepted by a significant number of persons from other political, economic and religious positions.

One suggested reform, critical for our deliberations, was to substitute for capital punishment or banishment, the imprisonment of the offender in almost totally isolated solitary confinement, stripped of all but the minimum requirements for physical and mental survival. As it was planned, when there was clear evidence of a breaking of the will and the presence of sincere repentance as a consequence of the intense deprivation of solitary imprisonment, counselors or overseers drawn usually from the philanthropic societies of the time were to recommend pardons from the governor to obtain the prisoner's release. This punishment, they argued, would be more terror-provoking for both the condemned and for what appeared to be a potentially law-rejecting public than a public execution, which often evoked sympathy for the condemned from the onlookers, and in some cases, public disorder within the local community. Consequently, the initial legislative intent, expressed at the time of the erection of the State penitentiaries, was that they were to house condemned prisoners convicted under statutes which earlier might have carried a death sentence.

However, building and maintaining these institutions of banishment involved what in those days were immense sums of money—often a major portion of the State budget. As a result of a rather complex set of factors in some States, particularly Pennsylvania and New York, workhouses and prisons were combined and set up as centers of contract labor with the promise that the expensive new prisons would turn a profit. In the State legislatures it was argued that the local communities could not afford to support a multiplication of local facilities to perform the three functions of the workhouse, when at the same time the taxpayers were requested to place their correctional resources into what seemed an enormous investment and constant expense—the States' penitentiaries. At the same time, in the application of the revised codes, the distressed and unemployed could also be viewed as committing the criminal offense of vagrancy. During this period also, the practices of gathering from or using the common lands were challenged by changing civil definitions of private property which modified definitions of what constituted theft and trespassing. These redefined offenses potentially and actually moved many of the poor and dependent men and women of the workhouse/jail into the category of condemned criminals eligible for the new workhouse/prisons, just as present day redefinitions of crime and changes in sentencing procedures bring new groups into the criminal classes.

This is the context of the continuing debate as to whether the new but now old correctional systems should run workhouses or penitentiaries, or both. In the wake of constant debates on the purposes of imprisonment and continual changes both in administration and in architectural designs of solitary cells and communal areas, the prisons (in all their diverse forms) were and are centers of constant unrest. In the early period, resentful prisoners, who before would have worked out their fines or restitution payments within the relatively free environment of the workhouse/jail or as indentured servants in the community, found themselves stripped of rights, including marital rights, they took for granted, and sentenced to the solitude and deprivation of the prisons for the condemned while others committing the same offenses walked free in the community.

In these new centralized prisons, property and public order offenders were combined and identified with the small minority of prisoners, mutually feared by both inmates and guards, for whom supposedly the prisons were originally intended. The prisoners' open and covert resistance, often supported by their guards, to these new prisons and their changing administrative policies, tended to reinforce the public view of all prisoners as dangerous and all prisons as corrupt. At the same time, working men and women (seamstresses, for example) complained that the profitable prison manufacturing contracts provided the unfair competition of slave labor, and fought the workhouse functions of the prison. In the midst of all these controversies and compromises, all fought out in the political arena of the legislature and the courts, influenced by access to political power and economic strength, the restitution either to the victim or the community tended to be lost, since the dangerous condemned men and women for whom supposedly the prisons were built and whose rehabilitation was to be achieved by total deprivation, were in no position to pay their debts. In these quite unintended forms, our prison

system became a fact of life—a system where, in a real sense, everyone has more of a sense of injustice than justice. Our mixed heritage of prisons as places of terror; as a time to pay off one's debts; as centers of social services; and as housing for detainees before trial, has continued to the present day.

Women, who initially shared the workhouses, the jails and the penitentiaries with the men, were, along with the children, in another reform effort, separated and segregated for their own protection. It was argued, in addition, that women were too difficult to handle except by members of their own sex and needed special care. It was sometimes explicitly stated that the segregation was not only to insure that women would not be sexually available for male prisoners and guards, but that it was necessary to center the program of women's institutions on the control and cure of sexual promiscuity which it was assumed was characteristic of the criminal woman. In the development of Alderson, it was stressed that women should learn to be independent, and separation in a micro-society of women should help achieve that end. The decisions by the Bureau of Prisons to integrate first Morgantown, and then the development of Fort Worth, Lexington, and for a period, Pleasanton and Terminal Island, has helped to force us to examine some of our assumptions. But the very movement in and out of facilities and programs indicates that we have not solved the more fundamental questions of how to achieve equity within the context of a minority position.

We are now in the midst of re-examining a large number of our assumptions about justice, but unfortunately we cannot begin with a *tabula rasa*. We appear to be moving toward an increasing federalization of criminal justice while at the same time retaining what appears to be a habitual aversion to facing the costs of justice. Within the context, the following represent an effort to reflect these realities while at the same time suggesting focusing on changes which would very clearly affect the position of women in the correctional system:

1. Increased communication between the Federal courts and the Bureau of Prisons to examine:

(a) The potential consequences for the Bureau of Prisons of the implementation of the projected revisions of the criminal code, which may well differentially affect women.

(b) The availability of or impact of facilities and services of a pattern of sentencing or a particular sentence in a given jurisdiction, as well as the implementation of any court order on the Bureau of Prisons. With the small numbers of women, any shift in sentencing makes planning for resources much more critical, while court orders which do not take into account the consequences of both segregation and integration of women have effects which are not intended usually by either the plaintiffs or the judge.

2. Continued legislative examination of the possibilities of decriminalizing behaviors which do harm others—including sexual and drug abuses—but which are more appropriately handled in ways which provide for care or restitution or arbitration, but not for criminal penalties. Since these are the areas in which women often come in contact with the criminal justice system, the provision of alternate ways of handling the behaviors for both men and women removes a double standard of treatment which has long persisted.

3. Modification of existing policies in all facilities regarding segregation based on the age or sex of detainees or offenders, in order to provide for sharing of facility programs, services and common areas. While ensuring the degree of privacy and personal protection which is the responsibility of any correctional system for all persons, modification of these policies makes possible the shared use of facilities without:

(a) The excessive cost of total duplication of staff, space and programs, or

(b) Placing women as a minority in a competitive situation with males for limited visiting, recreational or program space; or

(c) Total restriction, in some instances, of women to highly inappropriate, essentially maximum security solitary confinement because of small numbers. At the same time, there should always be some provision for organizational differentiation, so that planning and programming for women occurs at every level of decision-making. Realistically, this must occur, for otherwise integration may simply mean a continuation of a position in the corner of the correctional system, whether this refers to facilities or programs.

4. Systematic development of client service arrangements with health and social services, education and job training and occupational services and agencies to provide in their budgets and staff time for the specialized services which persons committed to the care of the State have a right to obtain, but which, for small numbers and specialized needs, particularly those of women, the Bureau of Prisons

finds difficult to provide effectively and efficiently. This is particularly the case when, with rising costs, these needs are in competition with the more critical obligation of the Bureau of Prisons to provide the basic necessities of adequate food, shelter, and physical protection.

These recommendations are obviously both very old and perhaps self-evident. But it seems that we have the most difficulty precisely with our self-evident truths. It is appropriate, perhaps, that they be made to a subcommittee on courts, civil liberties and the administration of justice because this testimony concerns justice and women—co-corrections.

Dr. HEFFERNAN. I have been asked to speak in the area of corrections. Perhaps this is because of the request of the U.S. Bureau of Prisons for a 2-year study of the Fort Worth Correctional Institution at the time in which it became an integrated facility, and also because I was involved in the LEAA-funded study which studied all of the cocorrectional institutions in the country, both State and Federal. The title of the report is "The Assessment of Coeducational Corrections," but I think what is very critical, if we are to really face the actual issues that we are talking about which come up over and over again, we probably should not use the term coeducational. The very nature of the term almost inevitably brings to mind a college campus.

The word evokes the image of a milieu of relative ease and freedom. It also creates an image of a campus which is the locus of the dating-mating relationship of the young adulthood. Its use invokes an almost inevitable image. I want to say very simply that only in ironic jest can the experience and reality of imprisonment be likened to life on a college campus.

Mr. KASTENMEIER. I think you prefer the term cocorrection?

Dr. HEFFERNAN. No; I am recommending that we use shared facilities for the simple reason that men and women are present in hospitals, stores and so forth, and we do not speak of coed, and I presume that the press in reporting the House Judiciary Committee is not going to mention that we had coeducational hearings. What we are talking about is the difficulty that if we use terms associated with college life, and that's already come up, we inevitably will be caught in what I consider are essentially false associations and images of prison. We almost inevitably also focus our questions as if we are talking about issues that involve college life.

What we are really doing when we are referring to prison, jails, or halfway houses (and I am concerned with the whole range of the correctional system) we are speaking of facilities and programs for persons who are wards of the State. I mean let's call it what it is. We are talking about prison.

And what I have been asked to testify about, are the advantages and disadvantages of sexually segregated, shared, or integrated correctional programs and facilities.

Now as soon as I use these three terms, segregated, integrated, and shared, I think you realize that we are talking about the same kind of a complex issue that we have in relation to other minorities. What we are talking about are questions of civil rights.

So the issue is, whether segregated, shared, or integrated facilities. And also—by using those terms, I think I make very clear that no one alternative is clearly the best one. Nor are the choices new ones, because actually historically the segregation of women, whether in jails or prisons, has been neither the norm nor the exception.

In other words, historically women have been segregated, and historically prisons and jails have also had everybody together. But historically, because women have always been a minority, if they have been segregated or separated, they have been tucked in a corner. Whether it is an uncrowded, nice corner or a very crowded, essentially maximum security kind of situation—even though it may not be intended that way—they have always been fitted into a prison system essentially run by and for men.

Now that has always been the rule, whether it's an integrated or segregated, facility. What we brought out today very clearly is that among these women who have been in prison, the minorities in the community are disproportionately represented and this has historically always been the case.

And I want to again mention that what we are talking about are persons who are wards of the State. I think it's come up over and over again that whether we're talking about the States or the Federal Government (and I don't want to speak merely of a specific situation), we have never really been willing to face up to the fact that when we imprison people, they are the responsibility of the State. They are the wards of the State and the responsibility of the State. We are talking about care as a full responsibility.

There has always been a continuing argument about who really has the responsibility. The Government has always been hoping that somebody is going to come forward with alms, and provide help with volunteers to take care of what is essentially its responsibility, and there have always been battles over jurisdiction, over who is really responsible for caring for the people who are the wards of the State.

In the case of women, it's particularly true, because women have always been expensive because of their small numbers. We listened yesterday to the realities of what can only be described as a Catch 22 situation in jurisdiction in the relationship of the U.S. Bureau of Prisons and the District of Columbia. Women have been the group that have been caught, and it may be related to the ability of women to be heard.

We were being a little bit ironic about the 55 years between hearings. But there is a little linkage between 1920 and women being able to vote and the 1924 demand that the U.S. Bureau of Prisons for the first time take the responsibility for the care of the women that were under their jurisdiction. And the 1924 response to that pressure was then to gather the women from local and State facilities all over the country (with some exceptions) and place them, in an act of almost complete centralization of the program, in a single institution in the mountains of West Virginia.

Now one of the things that we have to face is that while earlier women were not segregated in the jails and prisons and penitentiaries they began to be segregated. By the time Alderson was instituted, this was accepted procedure. At the same time, the Bureau of Prisons has tried to respond to the reality that when you imprison people you are expected to perform three functions. You are to punish people. The old term used was that prisons were to be "places of terror." You are also to provide social services, which has been the focus of most of the testimony here today and yesterday. Prisons are also places where supposedly people are "paying their debts." This is all that we've

left of the concept of restitution. We simply detain people for a set time.

To fulfill these functions, the U.S. Bureau of Prisons has prided itself on having a range of classification and differing levels of security. We have a whole range from maximum security facilities to minimum security camps, and a diversity of programs. But they are for men. In other words, there's been a very real effort to respond to the fact that the Bureau of Prisons has a very wide range of responsibilities. But one of the difficulties was that when the decision was made to segregate women, then these responsibilities were centralized essentially in a single institution.

What we have to face is: What are the alternatives? One of the delicate issues concerns the arguments for segregating women originally. It was asserted that it was for their own protection. This was the same reason we removed the children. Women, like children, were to be removed for their own protection. It was argued, in addition, that women were too difficult to handle, except by members of their own sex.

Then it was sometimes explicitly stated that segregation was not only to insure that women not be sexually available to male prisoners and guards, but that it was necessary to center the programs for women's institutions on the control and cure of sexual promiscuity, which was assumed to be the characteristic of criminal women. I might remark parenthetically that no comparable program was developed for sexually promiscuous men.

And then, finally, the key to understanding the development of the Alderson program was the argument that women should learn to be independent. The way that was to occur was by the separation of women into literally a microsystem or society all for and by women. Here, at least, there would be one little world where women could learn to fill all of the roles. This was one of the basic reasons for the development of Alderson.

Now I think the U.S. Bureau of Prisons is to be commended for beginning to break out of the set of assumptions that you must segregate women, and has begun to move into a consideration of the possibility of integration—of returning and working with and making it possible to share what are actually very scarce resources. We've talked about the difficulties of providing at Alderson what are available elsewhere for men and the need to use shared facilities.

Now the Bureau began, first, to integrate facilities at Morgantown, and then returned it to male use alone. The planning for the development of Fort Worth and Lexington began with integrated facilities, and then for a period both Pleasanton and Terminal Island included forms of shared and integrated programs.

But one of the realities is the movement in and out—in other words, the Bureau moves in and the Bureau moves out of integrated facilities and programs. We have not really faced up to the fundamental question of how to achieve equity for women.

You see, obviously we cannot provide "separate but equal" and simply assume the cost of providing a whole parallel system. To achieve equity within the context of a minority position, we do have to face the fact that we have relatively few women, and one of the key problems has been precisely the question of numbers.

One quick answer to the question is to use integrated facilities. You will notice that when I began my testimony, I gave three alternatives. I said segregated, and I said integrated, and I said shared. Because one of the real difficulties is if you move back into a purely integrated situation, what you often are doing are simply putting women back into an essentially almost totally male-dominated environment by dropping women in the comparable facilities available for the security level. For example, women in most cases are in low security classification. Now the comparable facilities for men of low security is the whole camp complex, which does not exist for women.

Now what I think we have to face are what are the ways to provide for shared facilities. In other words, to respond to the different needs and security requirements in such a way that we can insure the sharing of facilities and resources and programs, without at the same time placing women in such a minority position that they are totally dominated, or, in a sense, get lost again.

We can't totally duplicate programs because the cost is excessive. You caught that response in some of the testimony. If women are placed, as a minority in a competitive situation with men for scarce facilities and programs, it is almost inevitable that they get cut out.

What we have to work out, I think, are ways in which men and women can share the resources of the correctional system in such a way that there is access to and consideration of the women at every level of the decisionmaking process in the Bureau of Prisons, and in relation to every facility and program available in that system.

I'm talking in political terms here, based on the experience of research into both State and Federal treatment of women in their correctional system. Unless (whether women and men are placed together in institutions or segregated), there is an assurance that women have the opportunity to be differentiated and thought of in terms of their special needs and there are persons who are organizationally responsible at each administrative level for the women in the programs, they will continue to be lost in the system.

Concretely this means that where men and women are sharing a facility and programing, organizationally responsibility should be distinct at least to the level of an associate warden. Within the Bureau of Prisons structurally there should be an assurance that persons are responsible for planning and programing for women at the highest executive level, rather than, as in yesterday's testimony, the suggestion of a development of an office for women (actually a form of organizational segregation).

In other words, we are dealing with ways of insuring equity for women who are in a sense a double minority—women predominantly from minority groups as a small minority in a male-dominated prison system.

And now I'm open to the kinds of very practical nuts-and-bolts questions which arise when men and women share an institution, or what is involved when you develop what I call an integrated institution.

Thank you.

Mr. KASTENMEIER. Thank you, Dr. Heffernan.

I'll yield to my colleague here.

Mr. DANIELSON. I will ask no questions. I just wanted to make a little tiny summation of the impressions I've received.



First of all, I want to thank each and every one of you for very valuable information. As these hearings will soon come to a close, I am particularly impressed with the need probably to provide better, more suitable educational opportunity for the women prisoners we now have. And I am intrigued with your idea in having them compensated so that the education can compete with the jobwork.

In the long run, we'd save a lot of money that way, and I think it justifies itself as well as being humane.

I'm very much impressed with the need to improve the relationship between the women prisoners and their children to enhance the opportunities for being together.

I'm not saying I know any solutions, but it's a problem that needs to be solved.

Medical care, I think, the deficiencies, I believe, are due to the fact that we still are using a lot of correctional institutions which were built some years ago when the thinking of those who built them was that a wholesome environment for a prisoner was a semirural or rural environment.

I don't fault them for their motivation—I think they meant well—but as is often the case, something that seemed like a good idea at the time doesn't seem so good after you've tried it for a while.

You start with those experiences when you make the next step. So I think that the medical care and similar care, professional care, is a result of remoteness, rather than bad management on the part of the Bureau of Prisons. I think that's inherent in the physical setup, not in the management attitudes; that's my impression.

And the last point I will touch upon, I don't know why women should be treated any differently than men in our institutions, be it in the job opportunities, educational opportunities, or any other opportunity.

I think the opportunity should be available equally. I don't think that I would go so far as to try to tell them what to do, but they should have an opportunity to do something.

The preliminary education on what kind of jobs exist in the world wouldn't be a bad idea. I can see why a person wouldn't seek to become a welder if he didn't know what a welder was; that I can understand.

So, in sum, you've given me at least some useful ideas here, and I thank you very much for it.

Mr. KASTENMEIER. I have just a couple of questions. I know the hour is late, and we must get on with our last panel.

Dr. HEFFERNAN, in terms of your recommendation, am I correct in concluding, that you would get away from the all-women prisons entirely and go to shared facilities, presumably not in the ratio of 20 to 1; that is, not every facility in the country would be shared, but more or less on an equal footing in terms of numbers—such as Fort Worth, or Lexington?

Dr. HEFFERNAN. I know this is not an easy question to answer, and the reason I use the analogy in relationship to civil rights is precisely the fact that there are advantages in a certain amount of separation. Numbers can provide mutual support and so on.

That's why I'm not talking about across-the-board integration. But I think what I really am trying to stress is that we have almost always assumed a segregated condition, and again I'm using that

term deliberately. I think we should move toward thinking always in terms of the use of integrated or shared facilities. Notice when I use the term "shared," that can mean the opportunity for facilities side by side in which resources are shared in which you can have some of the advantages of being able to have a cohesive women's group and certain programs which would respond to what are very real and very different needs of women. At the same time this would make it possible to have a relatively small number of women in a facility sharing resources with a larger number of men.

In some situations you might very well simply have a completely integrated facility, certainly in community centers where there is a great deal of openness into the community. You're not having to develop internal programs and so certainly in terms of sheer cost to duplicate facilities just to maintain segregation is counterproductive.

What I am recommending is that the stance to be taken in planning is always to be thinking in terms of sharing, which may mean placement within or next to existing facilities, or if there is to be construction, that you are considering shared facilities distributed regionally.

This means that when you are talking about a very small number of women, planning so they will be able to use facilities without being almost totally immersed in a male institution and organizationally subordinated. I think women have a right to be as close as possible to their communities, and realistically at the present time we have a very serious inequity in the treatment of women and men in the Bureau of Prisons.

Mr. KASTENMEIER. I not only address you, but insofar as we have all concluded one of the problems is that the total population is relatively small—wouldn't one of the answers be to find acceptable State or other facilities in the offenders' home area, and have the Federal Bureau of Prisons commit women offenders to those acceptable State facilities, rather than send them far off to a Federal facility?

Dr. SCHWEBER. I think that one of the problems with what I think is a good direction is that many States in fact also have only one facility, so that New York State, which I am most familiar with, has one at Bedford Hills, which is a couple hours from New York City, and then a real small one for about 30 women in Albion, which is up from where I am. That when the Albion one was created, because of incredible pressure from the western New York community so that it wouldn't—it might get them somewhat closer.

Mr. KASTENMEIER. But even sharing facilities in the Federal system wouldn't cure that problem. You're not going to get people placed in their neighborhoods.

Dr. SCHWEBER. No; but you can get them a lot closer, say, than Albion is from New York City, which is about 500 miles.

Dr. HEFFERNAN. And I think something to be addressed is that in a very real sense there is nothing normal in prison, but the sharing of facilities makes it a little less abnormal for both men and women.

Mr. KASTENMEIER. We have sort of a technical or statistical question to ask Dr. Shaw. I note that in your presentation the use of psychotropic medication is very heavy in the metropolitan correctional centers, especially in New York. It's high both in the case of males and females, but extraordinarily high in the case of female offenders incarcerated there.

I wonder whether you have any explanation for that, whether you know why that is the case?

Dr. SHAW. It would only be speculation, but would you like to hear my speculation?

Mr. KASTENMEIER. Yes; if you care to.

Dr. SHAW. First of all, this is a short-term facility. Generally the use of psychotropic medication is higher in short-term facilities. A lot of the women in this facility are detained, they are not sentenced. One factor that can be involved is that the person who is sentenced has a possibility of developing a longer term relationship with various staff and that there can be more follow-up in terms of the various problems that they have. Where a large number of people pass by mental health staff in a short period of time, there is just more of a tendency to deal with them via pills than with the kinds of conversation or rerouting or placing them in different cells or different type situations that might take place in a long-term facility.

Dr. HEFFERNAN. I think I can speak to that, too. When we researched in the LEAA study, the State and Federal shared facilities, one of the things that we were always checking was the different perception by the medical staff of men and women, because sometimes it was a male institution into which females were introduced, or previously all male or female institutions were fused.

In every case there was the perception on the part of the medical staff of the need of women for more drugs. Partly that is a continuation within the institutions of the patterns (as some other hearings are indicating) of the doctors' use of drugs in treating what are often called the psychosomatic illnesses of women. So part of what we have is the continuation within the prison system of a pattern of drug use in the larger society.

Mr. KASTENMEIER. I guess you know the suspicion is that in the short term, particularly in New York, certain drugs might be used for control purposes to manage people in the short term more readily. These drugs which will enable them at least in the short term to control the prisoner who is probably awaiting trial, who is maybe in some sort of acute situation with respect to arrest, and that which follows. It's difficult to diagnose or to anticipate in terms of a personality during the short term and so they tend to give them some form of drug for control purposes.

Dr. SHAW. The use of drugs to control prisoners is a practice which does occur in a number of institutions, both jails and long-term facilities. One of the issues that I was trying to address was the different perceptions of women and men and the notion that women need medication more than men do. That's one part. The other issue is that there are regional differences in the notion of whether or not a chemical approach to management or to health problems is the best approach. Doctors in the New York area and the Northeast are more likely to prescribe, they are perhaps more oriented toward the use of psychopharmaceuticals than doctors in other parts of the country.

Prescription practices vary considerably throughout the United States. The use of psychotropics on women, though, as you know, is a national scandal, not just in prisons.

Mr. KASTENMEIER. Just to recite the figures for the purpose of the record, and those present.

In the Metropolitan Corrections Center of New York on two separate dates of surveying female offenders, more than 50 percent of the female offenders were receiving psychotropic medication, which is very high, apparently, in that system.

Dr. SHAW. Sometimes people think that a person has an emotional problem because it's easier to focus on it as an emotional problem than as some sort of a social or legal or other type of problem.

I'd also like to remind the committee that there are various types of long-term damage which can be done to people who receive these psychotropic medications either over a long period of time or if the proper physical examinations are not done ahead of time.

Mr. KASTENMEIER. One other question I have for you, Dr. Shaw, and that relates also, to Ms. Chapman, and maybe Dr. SchWeber. I'm not sure who first referred to the dependence of women. Dependence prior to incarceration, dependence on men, dependence on welfare, dependence in some cases on drugs, and then they are put in this new environment where you have total dependence of the individual on the institution. That's the way the institution is set up.

You very often have ingenuity or self-reliance somewhat destroyed, perhaps not by design, but that's the effect of it.

My question is psychologically what happens to women in prison. Don't they transfer this dependence to something else? Isn't it more difficult to instill independence and self-reliance and initiative in such persons?

Dr. SHAW. You mean due to the fact that they're being incarcerated?

Mr. KASTENMEIER. Yes; they have a history of dependence on some other situation or person, and then they're put into an institution where by definition the person becomes totally dependent on the institution for decisionmaking and for everything else.

In fact, I think the conclusion was that the dependence in some of these things was the cause of the woman's difficulty.

Dr. SHAW. There is considerable literature on institutionalization and becoming institutionalized. A prisoner is required to follow the rules. The behavior which brings the prisoner closer to release is not only adaptation to rules, but also a general acceptance of authority and denial of personal independence.

Regardless of a woman's attitude or experience prior to coming into a prison setting, the pattern of behavior that would be developed would be a pattern of dependent behavior.

One problem of women who have been incarcerated for longer periods of time, let's say over 6 months or a year, is that when they are released, they need to relearn very basic skills; and they may have a variety of fears to overcome, ranging from things like how to make change in a drugstore to how to deal with various types of social and economic pressures.

Mr. KASTENMEIER. If we had time, I think that's a very interesting area. It was on my notes. We are interested in the state of women in prisons, what can be done, to what extent they are neglected and how, and what can be done to improve that situation.

There is also the companion question that you've just alluded to, what about postrelease, what about the supervision, how effective is it in terms of integrating individuals back into society?

I think today is probably not the right time to go into that, but that is definitely one of the questions we raised this morning which

you very nobly attempted to answer, and give us some direction and offer some recommendations. We thank all four of you, the panel, for being here this morning.

We've intruded upon your lunch hour, but nonetheless, we hope that we might continue this dialogue and whether legislative initiatives of other types of recommendations evolve from these hearings, we would nonetheless be in your debt.

Thank you.

Mr. DANIELSON. Mr. Chairman, I want to leave a thought with Dr. Heffernan in particular. On sharing and integrating facilities, I see some problems; and they are not the traditional problems. We've got 1,325 (more or less) female prisoners. We have 25,000 (more or less) total prisoners. That's about 1 to 19, or 19 to 1.

One of the caveats you brought out was immersion, having so few females within an institution that they are immersed within it, and really you've got them reseggregated in effect, or have all the evils resulting therefrom.

If 19 to 1 is the ratio, you're almost going to have to have a few selected institutions in which the facilities be shared, or otherwise the ratio is so disproportionate that your other problem comes up, the immersion. Now that's a problem. But it carries along with it another problem.

If we're going to have only several institutions throughout the length and breadth of the land, automatically these women prisoners are going to be more remote from their home community and the families and the like, and that brings about other complications.

I wish you'd think a little bit along that line. I'm not so sure, Mr. Chairman, but what in this special field of female prisoners we shouldn't think more of the community facility, because I don't know where we're going to get the answers to these problems, your medical problems of remoteness, the family separation, immersion, and job training.

But that's a thought bothering me, and I wanted it in the record. Thank you.

Dr. HEFFERNAN. Absolutely. That's what we're pleading for.

Mr. KASTENMEIER. I didn't ask you, but I was going to, so now I'll follow up on that. What sort of percentage would you recommend; 60-40, 50-50, 40-60? I didn't get a very clear answer, but I assumed you were not for 5 women for every 100 men in an institution, but selectively some institutions would be participating in the shared experience, and that the number of men to women would be somewhat comparable. Is that correct?

Dr. HEFFERNAN. What I keep reemphasizing are the consequences of getting trapped into segregation as the mode and then restricting facilities for women, which of necessity becomes inequitable. What I think I'm emphasizing is the necessity for the U.S. Bureau of Prisons to make it a policy at all levels for thorough planning, careful planning, and constant planning for women, and working for the provision for various programs and facilities which are comparable and/or shared with men of the same security level. I think that is what we're just saying over and over again. We do not wish to remain trapped with earlier decisions which were based on the assumptions of segregation.

Mr. KASTENMEIER. Thank you, panel, for your testimony.

Next I'd like to call our last panel of witnesses, two attorneys. First is Mr. Donald L. Pitts, who is Chairman of the U.S. Civil Rights Commission of West Virginia, and chairman of the Alderson Task Force, West Virginia Advisory Committee, U.S. Civil Rights Commission. This is the task force that investigates the complaints about Alderson.

Also a member of the panel is Ms. Judith Resnik, graduate of New York University Law School. She is presently acting director of the Guggenheim program in criminal justice at Yale, where she teaches the rights of Federal prisoners and postconviction remedies.\*

She also supervises the provision of legal remedies to men who are incarcerated at Danbury. She and Dr. Nancy Shaw recently coauthored an article on the health needs of imprisoned women.

We welcome you both.

Who would like to proceed first? Mr. Pitts?

Mr. Pitts. Yes, sir.

**TESTIMONY OF DONALD L. PITTS, CHAIRMAN, ALDERSON TASK FORCE, WEST VIRGINIA ADVISORY COMMITTEE, U.S. COMMISSION ON CIVIL RIGHTS; AND JUDITH RESNIK, ACTING DIRECTOR, GUGGENHEIM PROGRAM IN CRIMINAL JUSTICE, LECTURER IN LAW, YALE LAW SCHOOL**

Mr. Pitts. Mr. Chairman, members of the House subcommittee, we West Virginians call our State "Wild and Wonderful" and "Almost Heaven," as some have even sung about it. Certainly those of us on the West Virginia Advisory Committee take pride in the virtues of our State and hope that its rural character may refreshen and soothe all who pass through or stay.

But reliance upon the natural solitude of West Virginia to cut off the women residents of Alderson from their children, their families, their friends, and the services they need to restore them to society—such reliance turns what West Virginia has to offer into a mockery that must be ended.

I have come here not to compromise Alderson, but in a sense to bury it. Five years ago I was a member of the Advisory Committee that visited Alderson. Assisted by the Commission staff, we made five visits.

I would ask that my typed testimony be admitted, respectfully, into the record.

Mr. KASTENMEIER. Without objection, it will be received, together with the appendices, and made part of the record.

Mr. Pitts. Thank you, sir.

[The complete statement follows:]

\*Ed. note—Subsequent to the hearings, she has become Assistant Professor of Law, the Law Center, Univ. of Southern California, Los Angeles.

11/13/79 Corrected copy.

UNITED STATES COMMISSION ON CIVIL RIGHTS

Testimony Offered by  
 DONALD L. PITTS, Chairperson  
 Alderson Task Force  
 West Virginia Advisory Committee  
 U.S. Commission on Civil Rights

Before the House Subcommittee on  
 Courts, Civil Liberties and the  
 Administration of Justice  
 ROBERT W. KASTENMEIER, Chairman

MID-ATLANTIC REGIONAL OFFICE  
 2120 L STREET, NW - ROOM 510  
 WASHINGTON, D.C. 20037  
 TELEPHONE: (202) 254-6717

October 11, 1979  
 Room 2226  
 Rayburn House Office Building  
 Washington, D.C. 20515

*Mr. Chairman, Members of the House Subcommittee, and Friends. We West Virginians call our State "Wild and Wonderful." "Almost Heaven," as even outsiders sing of it. Certainly those of us on the West Virginia Advisory Committee take pride in the virtues of our state and hope that its rural character may refreshen and soothe all who pass through or stay.*

*But reliance on the natural solitude of West Virginia to cut off the women inmates of Alderson from their children, their families, their friends, and the services they need to restore them to society--such reliance turns what West Virginia has to offer into a mockery that must be ended. Help close the Federal Correctional Institution at Alderson. Let me tell you why.*

My name is Donald L. Pitts. I am a resident and practicing attorney in Beckley, West Virginia and the Chairperson of the Alderson Task Force of the West Virginia Advisory Committee to the U.S. Commission on Civil Rights. The 51 Advisory Committees throughout the country are bipartisan, composed of men and women of diverse backgrounds, representing all parts of their state, and they advise the Commission on state-level and community issues in civil rights.

Five years ago, I was one of the Advisory Committee members who visited FCI/Alderson. Assisted by Commission staff, we made five visits, and in August 1975 issued a brief document which is referred to in the attached Statement submitted for the record. Afterwards, though our Advisory Committee turned its full attention to other issues of civil rights around our State, we remained concerned about conditions at Alderson.

Then, in August 1978, we became alarmed by allegations concerning treatment of inmates in Davis Hall--which contained the only maximum security unit for women in the Federal system at that time--and about the health care offered at the institution. A year ago this month, three other Committee members and I were assigned to revisit Alderson: Betty A. Hamilton of Charleston, who was also then the Honorary Chairperson of the National Association of Mental Health; Howard D. Kenney of St. Albans, the Executive Director of the West Virginia Human Rights Commission; and Charlene C. Pryor, a resident of Beckley like myself, where she is an officer of the local chapter of the National Organization for Women.

Among ourselves, we have short-titled our Statement, "Alderson Revisited." It capsules the record of our visits and contains information we collected or that was sent to us by concerned specialists who have been interested in the subject. But the shortened title carries additional meaning for us, because this time, after the issuance of our Statement, we feel it important not to wait another three years before returning. Though less frequently than during the past year, the Task Force expects to continue visiting Alderson until the Federal Correctional Institution is closed.

And we hope that, like the Task Force and our parent Advisory Committee, your House Subcommittee will see the necessity for closing that Institution as soon as closure can be managed.

During the course of your hearings yesterday and today, you have heard reference to problems at Alderson or similarly affecting Alderson. The problems we singled out in our attached Statement relate to health care; educational and vocational training programs, especially for long termers; legal assistance; equal employment opportunities to help improve the composition of staff and better reflect the racial and urban composition of the women entrusted to their custody; and the separation of the women from their children, other family members, and their communities.

Our feeling is that the routine separation of prisoners from society, which is one result of incarceration, is pushed to a needless and harmful extreme in the case of FCI/Alderson. During your Subcommittee's hearings on March 23, 1979, former Attorney General Ramsey Clark testified that FCI/Alderson is the most remote of all the Federal Correctional Institutions. Without



bus or plane service and with virtually no public overnight accommodations, the location of the town of Alderson places an intolerable burden on those who wish to visit, especially on the families of female offenders, since, like female offenders elsewhere, the women themselves are in large measure from low-income and minority backgrounds.

As if that burden were not enough, it appears even less justifiable with regards to those women from the District of Columbia who are not Federal code offenders. These female D.C. code offenders are sent over 250 miles away from Washington, while most male D.C. code offenders may be assigned no farther away than to nearby Lorton, Virginia. Moreover, while the men may remain under the D.C. parole system, the female D.C. code offenders at Alderson then come under what some consider a less congenial Federal parole system.

Though the literature on the problems of female offenders is small, compared to what has been written primarily about male offenders, sufficient evidence exists through testimony you have been taking and through already available studies which corroborate our judgment that the Federal Correctional Institution at Alderson must be closed.

For those women who should remain incarcerated, allow them to be held in facilities closer to their home communities where family and friends are closeby, and where services in the area of health, law, education, and job training are far more abundant than in the tiny town of Alderson, whose 1970 population was 1,278 inhabitants, and the surrounding rural counties.

During the course of our recent series of visits, we have met the Warden, his Associate Wardens, and many of their staff. Although we have differed with them on occasion, we have also benefited from their cooperation, their experience, and their own concerns for the welfare of the inmates. If FCI/Alderson is not as troubled as may be other prisons throughout the country, it is much to the credit of some good and dedicated staff. But in view of the sheer isolation factor, which has manifold negative consequences for several important issues we looked into, even the best staff would never be enough.

Thus, we urge you to join with us in calling for the closing of FCI/Alderson. Place all the minimum security inmates in as many non-incarcerative settings as possible. Distribute the rest among facilities closer to their communities, particularly the D.C. code offenders.

Rehabilitation does not happen in a vacuum, even though the vacuum in this case may be splendidly shaped by the mountains of West Virginia. If the women are to be restored to society, it will best happen in and through their home communities. Thank you.

UNITED STATES COMMISSION ON CIVIL RIGHTS

MID-ATLANTIC REGIONAL OFFICE  
2120 L STREET, NW - ROOM 510  
WASHINGTON, D.C. 20037  
TELEPHONE: (202) 254-6717

STATEMENT ON THE FEDERAL CORRECTIONAL INSTITUTION  
FOR WOMEN AT ALDERSON, WEST VIRGINIA

Adopted by the  
West Virginia Advisory Committee to  
The U.S. Commission on Civil Rights  
October 4, 1979

James B. McIntyre, Chairperson  
West Virginia Advisory Committee

Ancella R. Bickley, Ph.D.  
Institute

Elizabeth H. Gilmore  
Charleston

Paul J. Kaufman  
Charleston

Charles V. Brock  
Parkersburg

Betty A. Hamilton  
Charleston

Howard D. Kenny  
St. Albans

Emma M. Burks  
Huntington

Delbert J. Horstemeyer  
Weirton

Margaret C. Mills  
Charleston

E. Carlyle Chamberlain  
Fairmont

Pauline F. Huffman  
Charleston

Donald L. Pitts  
Beckley

Harold A. Gibbard  
Morgantown

Anne P. Jones  
Wheeling

Charlene C. Fryor  
Beckley

Salley K. Richardson  
Charleston

*The Federal Reformatory for Women at Alderson is a penitentiary, despite its college campus setting in the beautiful hills of West Virginia.*

-West Virginia Advisory Committee  
 "Conditions and Treatment of Inmates  
 . . . at Alderson, West Virginia"  
 August 29, 1975

*At first glance, Alderson Federal Correctional Institution for women at Alderson, West Virginia, looks like a college campus. There is more than meets the eye here. A lot more.*

-FCI/Alderson Resident  
 Letter to Fortune Society, New York  
 October 26, 1978

#### Initial Involvement of W. Va. Advisory Committee

In December, 1973, executive staff of the U.S. Commission on Civil Rights requested a meeting with Director Norman A. Carlson of the Federal Bureau of Prisons to discuss a Commission proposal to examine conditions in the Bureau's system including the Federal Correctional Institution (FCI) at Alderson, West Virginia. Eventually six members of the West Virginia Advisory Committee and the Regional Director, Deputy Director, and three other staff of the Mid-Atlantic Regional Office became involved in five visits totaling approximately 12 days, including an open meeting on May 10, 1974.

In the spring of 1975, further contact continued with the Warden's Office at FCI/Alderson, and on August 29, 1975, the Committee issued a nine-page statement. The Committee declared at that time that "We are deeply concerned about the human and civil rights of Alderson's inmates and their unique problems as women prisoners, and we are not convinced that their experiences at Alderson will help them return to the outside world prepared to function as responsible citizens in a democracy." 1/

The Committee then returned its attention to civil rights issues more local to the State of West Virginia and its various communities. But, despite certain improvements reported at FCI/Alderson, 2/ last summer the Committee received a letter from a Beckley, West Virginia attorney who was distressed by allegations of guard brutality told to him by clients incarcerated in the maximum security unit (MSU) there, the only such unit for women in the entire Federal system. 3/ As a Federal advisory body with prior contact with FCI/Alderson, the Committee decided to appoint a Task Force to revisit the institution to assess present conditions.

#### Alderson Revisited

On October 25, 1978, the Committee, through its Task Force, made the first of four one-day visits to FCI/Alderson as part of renewed monitoring activities. Over the course of this and visits on November 2nd, March 27, 1979, and June 27th, approximately 25 residents were interviewed including the former and

current president of the Warden's Inmate Council, a Council vice-president, and the Hispanic representative to the Council, plus the editor of the inmate newsletter, who had also been appointed the new law library assistant. Many of these interviewees were selected by FCI/Alderson staff, and, while onsite, the Task Force found itself frequently beseeched by others who had wished they were included.

Also interviewed were the Warden, Associate Wardens, correctional officer, correctional counselor, social worker, equal employment opportunity counselor, nutritionist, the former and present chief medical officers, psychiatrist, hospital administrator, drug unit manager, and four medical externs (that is, third-year osteopathic students.) Certain staff were interviewed on more than one occasion, and additional employees, encountered during the Task Force's tours of the campus, also responded to questions.

The allegedly intentional burning of a maximum security unit resident involving two correctional officers led in part to the Task Force's first visit, October 25th. 4/ But before the Task Force's arrival, the reported burn victim was transferred to FCI/Pleasanton, California, making a personal interview virtually impossible. Two correctional officers were indefinitely suspended, although the details of any infractions would not be divulged by FCI/Alderson officials.

But it seems noteworthy that one FCI/Alderson official stated that in all his years in corrections he had never heard of an allegation of guard abuse until this one. Though the Task Force has not had an opportunity to review the complaint files at FCI/Alderson, it has been shown at least two charges filed by different FCI/Alderson inmates regarding alleged incidents on June 12th and June 26th, prior to the incident in question. Thus, either the prison official had not been briefed on the earlier charges files, or possibly the official meant that he had not heard of proven charges of guard brutality during his length of service.

#### Davis Hall and Abrupt Closing of MSU

In any event, the Task Force did visit Davis Hall, which contained the maximum security unit on one floor, disciplinary segregation or "strip" cells, and "administrative detention" cells elsewhere. Surrounded by 10 foot high chain link fences topped by barbed wire encircled with razor-sharp concertina coils, Davis Hall--particularly the MSU--had become a focus of criticism for over a year, principally from the National Prison Project of the American Civil Liberties Union (ACLU) Foundation.

ACLU Foundation National Prison Project staff felt that "creation of this special unit for those arbitrarily designated 'special' pri-



Partial view of Davis Hall--the building which contained the maximum security unit.

soners is unconstitutional *per se*, and that in practice the unit has been used in a capricious manner to serve the needs of the prison authorities." 5/ The National Prison Project viewed the Federal District Court decision in *Bono v. Saxbe* Civ. No. 74-81-E. (E.D. Ill. April 19, 1978) as one of the ways of supporting arguments against the regulations only then being proposed by the Bureau of Prisons as criteria for assigning inmates to the MSU.

Sympathetic to that view, the Task Force also felt that treatment shown to inmates in "strip-side," a segregation unit elsewhere in Davis Hall, bordered on dehumanization, if not cruel and unusual punishment. Restricting inmates to wearing only an institutional gown, without undergarments, in that segregation unit was just one example. This may also be an instance of adverse differential treatment, if men in Federal correctional facilities are spared such clothing restrictions. (It should be added that the gown may actually represent an improvement over earlier conditions at Davis Hall. When the Committee visited a segregation unit there in 1974, members recall that some inmates were permitted *no clothing*, even though male correctional officers were stationed in the building.)

In any case, with respect to the maximum security unit, the Task Force was pleased to learn by early 1979 that the MSU had been quietly closed. This occurred despite the fact that the regulations, meant to govern the assignment of inmates to the MSU, had been proposed on July 17, 1978, only six months earlier.

#### Physical Health Care and Follow-up

Conditions at Davis Hall were not the only problems recounted to the Task Force. Inmates charged that medical attention is not prompt, and delays in providing emergency diagnosis and treatment could have severe consequences or be fatal, as allegedly illustrated by the death of a diabetic heart patient last year. One of the physicians then in attendance at the FCI hospital acknowledged to the Task Force that the circumstances surrounding the victim's death were unjustifiable. Those circumstances included delay in diagnosis and emergency treatment and transporting her to the Greenbrier Valley Hospital, about 15 miles away in a vehicle without respiratory equipment or a trained ambulance technician.

In other instances, there was also reported a lack of timely or adequate follow-up. One physician stated that the results of a test given in June were not known until October. The Committee also has in its files a letter from an inmate thanking the Committee's Task Force for having intervened to help her secure a mammogram, already delayed but given earlier than the medical staff had anticipated providing it. The woman had been suffering from an unexplained dark discharge from a breast.

#### Utilization of Externs

Some women felt their treatment also bordered on reducing them to serving as guinea pigs inasmuch as many of the medical externs, third-year osteopathic students, were inexperienced. Although under the supervision of an FCI/Alderson physician, those externs who are assigned there at the start of a school term may never have held patient responsibilities in a clinical setting before coming. Moreover, since each group of externs is generally assigned to FCI/Alderson for a single month, there is often a sharp break in continuity of care for many patients.

Last winter, a striking illustration of the weaknesses possible in the quality of treatment occurred. An inmate gave birth to a stillborn girl, and three hours later in the Greenbrier Valley Hospital to a boy which remained alive. Although the woman claimed she did not know she was pregnant--and according to prison officials had earlier denied she was pregnant--the woman had been seen by various externs and was given at least one pelvic examination. Despite the woman's confusion or her reported denials, the supervising physician admitted that any pelvic exam should have revealed her pregnancy. Though carrying twins throughout the pregnancy, she received no care or treatment dealing appropriately with her condition; on the contrary, she has claimed that she was at one time even prescribed birth control pills.

#### Forced Drugging and Required Reading Complaints

As in the Committee's first round of visits five years ago, the Committee's Task Force found that instances of forced drugging continued to be alleged. Some women claimed that despite their religious beliefs and practices, they were coerced into taking prescribed medicines or drugs. And, although many inmates have extensive drug-related convictions, over-medication has also again been charged, especially in regards to psychotropic drugs.

Associated with these charges last year were claims that psychiatric counseling or the dispensing of tranquilizers often involved the required reading of a text authored and published by one of the physicians, a text which stressed what an inmate characterized as "the joys of punishment." In an interview with the Task Force, the author agreed that an extremely depressed patient might not be able to read or benefit from the book. The author also guessed for the record that "99.5 percent" of the inmate population had "psychopathic personalities."

At any rate, shortly after the Task Force began following up on questions raised about mental health treatment at FCI/Alderson, it learned that new guidelines were reportedly drawn up by the administration, redefining conditions under which drugs could be prescribed. Required reading of the physician's book was also halted. The physician subsequently resigned.

#### Facilities and Medical Equipment

According to Corrections in America, "Any correctional institution with a daily population of 500 or more inmates will normally have a hospital and all the necessary diagnostic equipment, as well as an operating room and appropriate wards and hospital rooms." 6/ Built to house more than 500 inmates, FCI/Alderson does staff an infirmary, often referred to as the "hospital." However, according to a record of the October 19, 1978 meeting between the Warden's Inmate Council and the medical staff, the chief medical officer acknowledged that the facility is not an accredited hospital and that the building does not meet standards. The chief medical officer also admitted that there was at that time "no permanent and fully equipped ambulance" to make the 25-minute trip (in good weather over clear roads) to the Greenbrier Valley Hospital. 7/

In connection with the heart attack fatality and similar incidents possibly affected by the lack of a properly equipped ambulance to transport patients to the Greenbrier Valley Hospital or elsewhere, the Task Force re-

commended that the administration seek an ambulance. The Task Force even volunteered to help the administration press for an ambulance or funds to acquire one. It also urged that appropriate emergency first aid training be instituted.

The administration's initial reaction was that acquisition of such equipment would have to be weighed against already identified priorities. Despite this first response, during its spring visit, the Task Force learned that the administration had not only located an ambulance in the General Services Administration system but that, once a search was fully launched, a number of ambulances in the GSA system appeared as possible prospects. The chief medical officer also reported that cardiac pulmonary resuscitation training was also initiated.

#### Medical Personnel Changes, Independent Assessment

By early last spring, personnel turnover almost reduced the "hospital" to one fulltime physician who himself was to be leaving in the summer. Consequently, with inmates and some staff in agreement, the Task Force continued to encourage the administration to search for a fulltime obstetrician as well as at least one female physician. Although prospects for recruiting a psychiatrist appeared dim, the Task Force--through a member associated with the National Association of Mental Health, who was then its honorary chairperson--made various inquiries about the availability of a psychiatrist, but to no avail.

Meanwhile, the administration itself recruited an osteopath, who had 25 years of family practice and experience in gynecology, to become chief medical officer. Over the summer, a female physician also began working fulltime at FCI/Alderson.

At another level, the Task Force has been unsuccessful in its attempt to have an outside panel of medical experts, familiar with corrections, assess the FCI/Alderson health facilities and the quality of care offered. For several months, the Task Force was in touch with the American Medical Association's Program to Improve Health Care in Correctional Institutions. But, mainly because that Program's LEAA funding was limited to working in jails, contacts with the AMA led only to references to three board members of the LEAA-funded Program as potential panelists willing to visit FCI/Alderson, if resources were furnished to support the undertaking.

#### HEW-BOP and Federally Supported State Planning

To locate such resources, the Task Force turned to HEW's Bureau of Medical Services in the Health Services Administration. The Bureau of Medical Services' May 25th reply to a Task Force letter stated that the West Virginia Health Systems Agency (HSA)--the Federally required state planning unit for West Virginia--was "currently conducting a community health needs assessment survey to include the health needs of the Alderson inmate population." The results were to be used "by the Alderson community in their formal application to HEW Region III for the assignment of National Health Service Corps personnel to the overall Alderson community."

The letter closes, assuring the Task Force that "The current combined efforts of the Bureau of Prisons Medical Program, National Health Service



Corps Prison Project, and the Health Grants Office of the Law Enforcement Assistance Administration will be working toward improving the health needs in prisons and will focus on the particular needs at Alderson." 8/

#### Efforts Foundered or Were Not Launched

But, as of October 1, 1979--almost five months afterwards--the letter's author knew of no progress. 9/ As of October 2nd, neither did the Medical Director at the Bureau of Prisons, who was mentioned in the May 25th letter. However, the latter had heard that the planning for a health maintenance organization (HMO) to serve the Alderson community "has run a-ground," and he could not at this time foresee an HMO on the horizon. 10/

Regarding the community health needs assessment survey, described as already being conducted by the West Virginia HSA, an HEW Region III health planning liaison to the West Virginia HSA had not been informed or become aware of the State HSA's involvement in any such survey prior to a phone inquiry from Commission staff on October 2nd. After checking further, he called to say that the Charleston headquarters of the West Virginia HSA had neither been asked nor had it agreed to conduct the survey, and the HSA area office closer to Alderson was equally uninvolved. The Region III liaison even wondered whether collection of primary data, as described, would be a function of an HSA and whether the Alderson area and environs could support an HEW-backed HMO. 11/

Thus, the combination of efforts reported upon in the HEW May 25th letter appears to have been inadequate to the problems which various branches within HEW, the Bureau of Prisons, and the West Virginia HSA were reportedly marshalled together to address. Or, with more probability, they seemed to have foundered at the HEW berth.

#### Educational/Vocational Programs for Long Termers

Occasional problems were raised by inmates regarding educational and vocational opportunities in general, and specific aspects of these at FCI/Alderson are scheduled to be highlighted by a panel of research specialists at hearings on "The Female Offender," held by the House Subcommittee on Courts, Civil Liberties, and the Administration of Justice, in mid-October.

But a particular area of related concerns came to the attention of the Task Force late last winter through a group of seven inmates, identifying themselves as the Long Termers (LT) Committee, who forwarded a 17-page proposal endorsed by 26 other inmates. 12/ Long termers are those serving sentences from 10 years to life imprisonment. Major interests of the LT Committee included hospital training and upgrading of educational and vocational opportunities for all inmates. But the LT Committee also sought to institute volunteer programs to provide child day care in the town of Alderson, tutoring and youth counseling, even freshening up of the Amtrak station. (Train service was finally scheduled to begin stopping for passengers in Alderson, a town not then served by plane, rail, or even bus.)

On the one hand, by mid-March, 1979, the LT Committee informed the West Virginia Advisory Committee and its Task Force that the FCI/Alderson ad-

ministration had given clearance for two proposed programs, Sesame Street, "a sharing experience between inmates and children of inmates," and a nursing home visitation program. But when the Task Force requested a second meeting with the LT Committee, the administration objected, stating that only authorized organizations are allowed to function at FCI/Alderson, and the so-called Long Termers Committee had never received authorization. The administration also implied that no Long Termers Committee proposal could exist, since the Committee itself officially did not.

#### Ineligibility of Long Termers

Having reviewed the proposal and having briefly spoken to the Committee's Chairperson, the Task Force was puzzled by the Administration's subsequent non-acknowledgment of both the LT Committee and its proposal. While any oral exchanges between the LT Committee and the administration remain unknown to the Task Force, the practical goals of most of the components of the proposal and the overall cooperative spirit and tone of the document make it hard to imagine justifying dismissal of the Committee by denying it authorization and thereby nullifying its existence. The fact that at least two of the components in the proposal were allowed to materialize does present a kind of contradiction in the administration's attitude toward the LT Committee or at least some promise that positive recommendations from inmates are not universally discarded by the administration.

In any event, a possible system-wide problem raised by the LT Committee may be seen in the policy allowing only inmates, with nine months or less time to serve--the opportunity of engaging in work-study release programs. Though not wishing to deny anyone the few opportunities available, the LT Committee feels that so-called shorttermers, upon arriving at the nine-month point, are more interested in release programs, half-way houses, and immediate job opportunities rather than programs of any duration as many vocational and educational programs tend to be. 13/

But, even were that conjecture *not* true of short termers, the arguments for allowing long termers to avail themselves of such programs seem persuasive to the Task Force and its parent Advisory Committee. Almost by definition, long termers are in a better position to take full advantage of the lengthier programs that may result in post-secondary education certificates, community college and university degrees, vocational apprenticeships, and the like--assuming, of course, they were available to an FCI.

To let years pass until an inmate is nine months away from release--before allowing such opportunities--seems in the most vivid sense truly a waste of time and human potential. In situations in which long termers could be in programs that help deliver a service, they would also offer continuity of assistance to both deliverers and beneficiaries of services.

Thus, any frustration felt by LT Committee members would appear understandable, given the policy and the administration's posture toward them. All the more does it impress the Task Force that the Long Termers Committee itself has written: "It is not our intent to create negative feelings between the administration and the residents. Our purpose is that of working together for change that will benefit us all." 14/ Recognition by the administration might mark a parallel step in the same direction.

### Legal Resources and Assistance

Time constraints prevented the Task Force from assessing in systematic fashion the quality of the law library which was scrutinized by the Advisory Committee five years ago and found inadequate. However, usage of the law library appears to be remarkably low. Informed visitors--a City University of New York instructor and a University of Chicago Law School attorney, who assisted the Task Force during its June 27th visit as part of their own survey of conditions at two female state prisons and the coed FCI at Lexington, Kentucky--shortly afterwards stopped at the Tennessee Prison for Women. There, the inmate librarian said the law library is probably used more than the general library of the Prison.

Law library deficiencies were separately brought home to the Task Force upon interviewing the newsletter editor/law library assistant at FCI/Alderson. When designated the law library assistant, she had no reason why: "I don't know anything about law libraries." Moreover, she had only been at Alderson several months and, when interviewed, was about to be transferred.

Prior to designation, she regularly used facilities for the newsletter which adjoin the law library, and was able to observe the frequency of usage. In her five months at FCI/Alderson, she had only seen two or three women attempt to make use of the law materials. Her opinion was that a person trained to facilitate complex legal research ought to work there fulltime. She also thought the position would make a worthwhile job training assignment for a long term. In the meanwhile, there was for all practical purposes no one to help would-be users.

The administration's view differed sharply. One key official held that, if the law library was not frequently used, that probably indicated there was little need. His conjecture related to the once-a-week availability of law students from Washington and Lee University, 90 miles away in Virginia. This key official also expressed the belief that FCI/Alderson inmates seemed not to be the kind of population likely to make much use of a law library.

### Nutrition Complaints and Bilingual Needs

Because it carries a medical specialty with a 100-bed referral hospital serving much of the Federal prison system, FCI/Lexington is staffed with a fulltime dietician and can routinely prepare almost 200 different diets on any given day. The requirements at FCI/Alderson are not nearly so complex, and FCI/Alderson does offer several different diets daily.

But some inmates felt that a dietician or at least a nutritionist is needed fulltime, while a few observed that breakfasts, for example, are often just starches and sugar. Others complained that dietary practices, based on religious beliefs, are sometimes difficult to adhere to in the cafeteria lines at FCI/Alderson. Moreover, while comestibles often characterized as "junk foods" come in through the commissary, the mixed dried fruits and nuts sought by natural foods advocates among the inmates have been denied. Permission was also refused for an inmates' vegetable garden.

The former Hispanic representative to the Warden's Inmate Council and other inmates also complained of the lack of non-English materials includ-

ing periodicals. (At the time of the interview, there were no newspapers or periodicals available even in English; but the Task Force was assured that this more general problem was to be corrected shortly.) It was further mentioned that, while some of the Spanish-speaking inmates can resort to bilingual assistance through sister inmates, a few occasionally encounter difficulty as do speakers of other non-English languages. In the case of an older Chinese inmate, a member of the Task force even attempted to identify a Chinese person in Charleston, the State Capital, who might assist the inmate by long-distance phone regarding at least one specific problem.

#### Deficiencies in EEO

Finally, the composition of the work force at FCI/Alderson falls far short of resembling the proportion of blacks, Hispanics, and other minorities represented in the inmate population. (See Appendix.) For example, on February 3, 1975, when the Advisory Committee first monitored FCI/Alderson, blacks made up 56 percent of the inmate population but only 17 percent of the fulltime workforce. On the other hand, whites made up just 27 percent, or less, of the inmate population, but 82 percent of the same fulltime workforce. (Since the inmate data for that year, furnished to the Task Force, do not break out Hispanics, this 27 percent is likely to include some Hispanic inmates.)

On September 30, 1978, just before resumption of the Committee's current monitoring through the Task Force, the black percentage of the inmate population had climbed to 73 percent--a jump of 17 percentage points over the 1973 data. But the black percentage of the fulltime workforce increased by only two percentage points--from 17 percent in 1973 to 19 percent in 1978.

(In 1975, the percentage of the inmate population which was Hispanic was 15 percent. Yet the percentage of Hispanics in the fulltime workforce was only 0.3 percent, actually *just one person*. As noted above, the September-30, 1978 data do not break out the Hispanic inmate population, but the percentage of Hispanics in the fulltime workforce was then 1 percent, or *three persons*.)

With regards to female employment, the September 1978 EEO data show that there were then 207 fulltime employees in grade levels GS-3 to GS-15. Of course, 100 percent of the inmates are female, and, in fact, 64 percent or the major portion of the fulltime employees were women then. But, though women constituted 56 percent of the 18 employees in the *bottom three* grade levels, they made up only 33 percent of the nine employees in the *top three* grade levels. Still, it is only fair to point out further that the history of FCI/Alderson began with a female warden in 1927, and during the Committee's previous monitoring period, a woman was also warden then.

#### Administration Minimizes Reworkness as Problem

Nevertheless, especially in terms of minority representation in the workforce, the administration as well as an equal opportunity counselor agreed that a large share of the difficulty in recruiting staff--especially minority professionals trained or working in urban settings--stems from the geographic location of FCI/Alderson. Apart from the field of corrections, Advisory Committee members have witnessed this phenomena in the recruitment of minorities for their schools, public safety departments, and other

governmental institutions in even the larger West Virginia cities and the more populated counties which are home to Committee members.

At the close of its televised June 27th visit and interviews, the Task Force emphasized its impression that the physical isolation of FCI/Alderson is the single major factor bearing directly on many of the problems there, including staff recruitment. Yet one key official responded that isolation is not a problem. Indeed, he indicated that his own employment at FCI/Alderson supported his contention.

The equal employment opportunity issue has been cited last, not because it is the least of the problems at FCI/Alderson, but because it is one of the problems most vividly mirroring the effects that isolation has on the institution. If it is difficult to attract and hold qualified specialists, such as a psychiatrist, to move to Alderson and serve the women inmates at the institution, it remains even more difficult to attract a psychiatrist who might be from the black community or some other minority group--not to speak of the difficulty in attracting a female psychiatrist from a minority group. Or many minority female correctional officers. Or many minority females for any of the other positions staffing the institution.

#### Other Effects of Remoteness

Set off in rural West Virginia, the tiny town of Alderson contains 1,146 whites and 132 blacks, as reported in the 1970 census. Unserved by planes or buses, it scarcely figures as the multicultural community to which skilled blacks or Hispanics, male or female, can be expected to immigrate.

Its setting, splendid though the rolling mountains of West Virginia render it, sustains little in the way of private businesses or industries, large or small, which can provide sufficient and varied training opportunities for short termers who may be eligible for them, or for the long termers who struggle to become eligible. In fact, the dominant industry in Alderson is corrections at the Federal Correctional Institution there. As a consequence it comes as little surprise that a retired FCI/Alderson employee was elected last spring to be Mayor of the town of Alderson.

Thus, unlike in the megalopolises or big cities from which so many of the inmates are derived, Alderson does not lie within easy distance of the universities that nurture service institutions like hospitals, law clinics, or social work schools with faculties and interns eager to serve and to learn. Ironically, though remarkably campus-like in appearance, FCI/Alderson suffers from actually being the most distant in terms of access to true campuses with their attendant learning, cultural, and service resources.

During the March 23, 1979 session of hearings held by the House Subcommittee on Courts, Civil Liberties, and the Administration of Justice--focusing on plans to transform the Lake Placid 1980 Olympic Village into a Federal correctional institution--a former eminent Federal official testified. Former Attorney General Ramsey Clark, who once directed the Department of Justice and thereby the Bureau of Prisons under it, pointed out that FCI/Alderson is the most remote correctional institution of the 22 in the entire Federal system. <sup>15/</sup> No wonder if, after female offenders are assigned there, they find themselves at the end of the correctional road.

### Travel Ordeal for Visitors

The Task Force has come into contact with scores of persons having business at FCI/Alderson. All agree about the ordeal one goes through to visit it. Only last spring did the night trains, passing through Alderson enroute between Chicago and Washington, begin to make passenger stops there. Were all passenger service to be halted in West Virginia, as earlier proposed by the U.S. Department of Transportation, even this mode of access will again vanish.

But in whatever way one arrives, no motels or other public overnight accommodations are available. If the trip is burdensome for those with a professional interest in corrections, consider the burden on those whose interest is personal, because mother, daughter, wife, or friend is there. And, since women offenders are predominantly minority and/or poor, the hardship on families and circle of friends who seek to visit them is intensified.

However, when the Task Force posed this observation to the administration, one key official replied that some statistics show that the rate of visits for FCI/Alderson is no worse than it is for similar FCIs in the system. To which the Task Force responds: how much better might the rate of visits be, were it not for the travel barriers to Alderson.

### Burden on Mothers and Children

And what of the children? "It is cruel and inhuman punishment not to make it more possible for prisoners to see their children . . .," wrote Dorothy Day in her July-August 1976 column, "On Pilgrimage: Alderson, West Virginia." 16/ In response to that message from the veteran activist, who decades ago gave birth to a continuing workers movement, the Alderson Hospitality House was founded in November 1976.

Run by a volunteer collective through donations, it was set up in large measure to offer food and shelter to those visiting FCI/Alderson inmates. And the May 1979 issue of Judgment, the Alderson Hospitality House newsletter, features a lengthy review of Why Punish the Children? A Study of Children of Women Prisoners which definitively depicts the harm inflicted on both the mothers and their children. 17/

Even the FCI/Alderson administration has estimated that 50 percent of the inmates there are mothers, 18/ while a social worker, who authored a profile of FCI/Alderson inmates, put the figure at 60 percent during the Task Force's interview with her. Why Punish the Children? substantiates the plight of mothers and children separated through incarceration. And that separation reaches the greatest degree of geographic finality at FCI/Alderson, unfortunately worthy of acknowledgement as the most remote.

### Priority Recommendations of Task Force and Committee

For such reasons--while every effort must be exerted to correct the deficiencies associated with the complaints sketched on page 3 to page 8 above--the Task Force urges first: That the U.S. Commission on Civil Rights and other responsible Federal authorities take all steps to *achieve the timely phasing out of FCI/Alderson*. And, second: That the Commission and other responsible Federal authorities ensure that *FCI/Alderson inmates, who must*

*remain incarcerated, be housed in settings closer to their home communities.*

The Task Force and its parent Advisory Committee makes the first recommendation mindful that past efforts to close down some antiquated Federal prisons have only resulted in the maintenance of the old and the opening of new prisons. 19/ In the face of the multiple systemic problems derived from FCI/Alderson's isolated location, stand-still 'progress,' or a repetition of such past occurrences simply leading to a proliferation of prisons, must be safeguarded against.

(As to the logical question of whether additional cells are needed by the Bureau of Prisons due to any increase in the general number of crimes committed by women in recent years, it is well to stress that information supplied to the Task Force during its visits indicate that the number of inmates is significantly *declining* at FCI/Alderson. Of course, the decline may not reasonably be assumed to continue indefinitely. But, whereas there were 620 inmates at FCI/Alderson in March 1978 and just over 500 in November 1978, the number dropped to 450 in March 1979, and fell to exactly 391 on June 12, 1979. If new prisons are needed, it cannot be argued from any growth in the population assigned and confined to FCI/Alderson.)

Because the humanitarian and restorative effects of strengthening community ties for inmates are already becoming better appreciated, the Task Force concludes by turning to a special problem at FCI/Alderson. It, too, may become more easily remedied, if the two priority recommendations by the Task Force and its parent Advisory Committee are implemented.

#### District of Columbia Code Offenders

FCI/Alderson was constructed in 1927 to contain female Federal code offenders, many of whom were then Appalachian moonshiners. But it has since become the repository for many big city women, and some who are not Federal, but District of Columbia code, offenders. Unlike male D.C. code offenders, most of whom may be sent no farther than nearby Lorton, Virginia and who can remain under the D.C. Parole Board, these female D.C. code offenders, handed down sentences of a year or more, are shipped over the mountains, more than 250 miles from their home communities. The move additionally transfers these women to what some consider the less congenial Federal parole system. This difference in treatment accorded females appears discriminatory at least on its face.

The situation is a continual concern of the District of Columbia Commission for Women, as reflected in its July 5, 1979 letter to the Head of the District of Columbia Department of Corrections: "For many years, the Criminal Justice Committee of the D.C. Commission for Women has explored problems and suggested solutions to the inequities and injustices of the criminal justice system as they affect women and girls." One of the long standing recommendations of primary concern is "the discontinuation of the use of Alderson Reformatory to house long-term D.C. offenders." 20/

#### Minimum Security Risks

In addition, many of these D.C. code offenders--like other women at FCI/Alderson--are minimum security risks. The Bureau of Prisons classifies 70 percent of Federal women as minimum security; because of the District

of Columbia's unique dependence on the Federal system and the assignment of D.C. code offenders to it, an even higher percentage of D.C. women in the Federal system are probably minimum security. 21/ Returning them to their rightful community should also be accomplished in such a way that they might take advantage of non-incarcerative alternatives to imprisonment.

On this score, the Task Force cites the authoritative voices of the National Council on Crime and Delinquency, the National Moratorium on Prison Construction, the Prison Law Monitor of Institution Educational Services, and the Middle Atlantic Regional Office of the American Friends Service Committee, each of which has individually written to the Committee warmly endorsing the position the Task Force has recommended. 22/ For example, the August 14, 1979 American Friends Service Committee letter states it favors "a solution under consideration by the Bureau of Prisons right now to allow all D.C. sentenced women offenders to be placed in much smaller facilities right here in the community, with the emphasis on work release and family visitation opportunities." 23/

#### FCI/Alderson; Paradigm of Female Prisons

In October 1979, a "Statement by the D.C. Committee on Alternatives to Alderson" was developed by a coalition involving several individuals affiliated with the aforementioned agencies, which wrote to the Task Force, and with others. In the Statement, FCI/Alderson is named "A Case in Point," implying it stands as a paradigm of female prisons, almost a microcosm of the universe of American female offenders. The paper argues that "When non-institutional alternatives such as probation, community service, and restitution to the victim are not utilized to the maximum extent feasible, reliance remains on secure prisons in remote rural areas." And yet, observes the paper, "A high percentage of the D.C. women at Alderson are minimum security and could be supervised in the community." 24/

To the extent that this is true of D.C. female offenders at Alderson, it may similarly be true of many women in correctional institutions throughout America. The Task Force and the West Virginia Advisory Committee to the U.S. Commission on Civil Rights urge that such truth be further appraised and acted upon without undue delay.

#### FOOTNOTES

1. "Summary Statement of Mr. James B. McIntyre, Chairperson, West Virginia Advisory Committee to the U.S. Commission on Civil Rights," James B. McIntyre, Charleston, West Virginia, August 29, 1975, p. 2.
2. "Summary Statement of Progress Concerning the Recommendations Made by the West Virginia Advisory Committee to the United States Commission on Civil Rights," an attachment to a letter to Advisory Committee's Alderson Task Force Chairperson, Donald L. Pitts, from FCI/Alderson Warden Kenneth H. Neagle, January 3, 1979.
3. Letter to Advisory Committee Chairperson McIntyre from Attorney Lee H.



Adler, July 21, 1978.

4. "Alderson Inmates Tell of Beating; Air Medical, Dietary Care Grips," Charleston Daily Mail, Associated Press Writer Bob Robinson, October 26, 1978, p. 2A. (Mr. Robinson and an A.P. press photographer accompanied the Task Force on its October 25, 1979 site visit to FCI/Alderson.)
5. Letter to Tino Calabia, U.S. Commission on Civil Rights Field Representative, from National Prison Project Staff Assistant Jill Raymond, October 18, 1978, p. 1.
6. Corrections in America, Robert Melvin Carter, J.B. Lippincott Company, publishers, 1975, p. 140.
7. Women's Reflections, FCI/Alderson's weekly inmate newspaper, Vol. I, No. 10, October 25, 1978, p. 2.
8. Letter to Task Force Chairperson Pitts from Assistant Surgeon General James H. Erickson, Director of the Bureau of Medical Services, HEW Health Services Administration, May 25, 1979, pp. 1-2.
9. Telephone interview between Assistant Surgeon General Erickson and Commission Field Representative Calabia, October 1, 1979.
10. Telephone interview between Dr. Robert L. Brutsche, Medical Director of the U.S. Bureau of Prisons Medical Program and Commission Field Representative Calabia, October 2, 1979.
11. Telephone interview between Mr. Thomas Smith Region III Health Planning Liaison, Health Planning Branch, Public Health Services, and Commission Field Representative Calabia, October 2, 1979. (A second telephone interview between the same 2 parties occurred the same day.)
12. "Long Termers-Lifers Proposal," Long Termers Committee, Unit I, Cottage 16, Box A.F.C.I., Alderson, February, 1979, 17 pp.
13. "Long Termers Proposal -- Format to Follow for Meeting with U.S. Civil Rights Commission," a memorandum to the Task Force from the Long Termers Committee, March 27, 1979, p. 1.
14. Ibid., p. 2.
15. Proceedings of the "Hearings Before the Subcommittee on Courts, Civil Liberties, and the Administration of Justice . . . First Session on Bureau of Prisons Fiscal Year 1980 Authorization, March 21 and 23, 1979, Serial No. 7," U.S. Government Printing Office, 1979, p. 82.
16. "On Pilgrimage: Alderson, West Virginia," Dorothy Day, The Catholic Worker, July-August 1976 issue.
17. Judgment, Alderson Hospitality House's monthly newsletter, May 1979 issue, Alderson Hospitality House, Box 509, Alderson, West Virginia, pp. 2-6. Also, Why Punish the Children? A Study of Children of Women Prisoners, Brenda G. McGowan and Karen L. Elumenthal, National Council on Crime and

Delinquency, Washington D.C. and Hackensack, New Jersey, 1978.

18. Letter to Task Force Chairperson Pitts from Warden Neagle, January 3, 1979, (see Footnote 3 above), p. 1.
19. Letter to Advisory Committee Chairperson McIntyre from Mr. Michael A. Kroll, Coordinator for the Unitarian Universalist Service Committee which co-sponsors the National Moratorium on Prison Construction with the National Council on Crime and Delinquency.
20. Letter to Director Delbert Jackson of the District of Columbia Department of Corrections from Chairperson Carolyn Boone Lewis of the District of Columbia's Commission for Women, July 5, 1979, p. 1.
21. Letter to Advisory Committee Chairperson McIntyre from Associate Editor Bill Smith of the Prison Law Monitor, Institution Educational Services, Inc., August 20, 1979, p. 1.
22. Letters from the National Moratorium on Prison Construction, (see Footnote 19 above), the Prison Law Monitor (see Footnote 21 above), to Advisory Committee Chairperson McIntyre from Ms. T. Kay Harris, Director of the National Capital Office of the National Council on Crime and Delinquency, August 8, 1979, and to Advisory Committee Chairperson McIntyre from Mr. Stephen W. Angell of the Middle Atlantic Regional Office of the American Friends Service Committee, Inc., August 13, 1979.
23. Letter to Advisory Committee Chairperson McIntyre from Mr. Angell of the American Friends Service Committee, Inc., August 13, 1979, p. 1.
24. "Statement by the D.C. Committee on Alternatives to Alderson," authored by Ms. Elizabeth Rudek, Committee Member, October, 1979, pp. 2-3.

## APPENDIX

Inmate Race Data

9/30/78	507 (Given as "Grand Total" in September 30, 1978 printout)				
	White	Black	Hispanic	Native Amer., Asian, Other	
	26%*	73%*	Not avail.	0.9%*	
2/3/75	474 (Given as "Residents" in February 3, 1975 "Population Profile")				
	White	Black	Hispanic	Native Amer., Asian, Other	
	27%	56%	15%	2%	

EEO Data and Minority Representation

3/30/78	207 ("Full-time GS Employment" in Fiscal Year 1979 Equal Employment Opportunity Plan)				
	White	Black	Hispanic	Native Amer., Asian, Other	
	80%	19%	1%	-	
2/3/75	254 (Given as "Staff" in Table 9 of February 3, 1975 "Population Profile")				
	White	Black	Hispanic	Native Amer., Asian, Other	
	82%	17%	0.3%	-	

EEO Data and Female Representation

3/30/78 207 ("Full-time GS Employment" from GS-3 to GS-15, the only grade levels shown in Fiscal Year 1979 Equal Employment Opportunity Plan)

Of the total fulltime employees, 64 percent, or 132, are women.

But women are 56 percent of the 18 employees in the bottom three grade levels and only 33 percent of the 9 employees in the top three grade levels.

\* Indicates percent of 412 inmates reported by race.

APPENDIX  
(Continued)

Bar Chart of Inmate Race Data as compared with Bar Chart of EEO Race Data:

9/30/78 Inmate Race Data

//////////	- 26% White
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	- 73% Black
I	- 0.9% Nat. Amer., Asian, Other

3/30/78 EEO Race Data

////////////////////////////////////	80% White
XXXXXXXXXX	19% Black
I	1% Nat. Amer., Asian, Other

2/3/75 Inmate Race Data

//////////	- 27% White
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	- 56% Black
HHHHHHH	- 15% Hispanic
I	- 2% Nat. Amer., Asian, Other

2/3/75 EEO Race Data

////////////////////////////////////	82% White
XXXXXXXXXX	17% Black
I	0.3% Nat. Amer., Asian, Other

Inmate Population by State of Legal Residence (Selected states only)

In terms of inmate population by state of legal residence, in 1975, approximately 32 percent of the total inmate population came from California, Illinois, Michigan, New York State, and the District of Columbia (which close to doubled the number of inmates assigned from any of the states.) In 1978, approximately 40 percent of the total inmate population came from those jurisdictions (with the District of Columbia more than doubling the number of inmates assigned from any of the states.)

On the other hand, in 1975, only 1.2 percent came from West Virginia, and in 1978, only 1.4 percent.

Mr. PITTS. Thank you, sir. And I will refer to many sections and the appendix in my remarks this morning.

I deeply appreciate having been invited to come and share with you some of the things that I have seen and observed.

After our initial visit to Alderson 5 years ago, we turned our full attention from the civil rights for women incarcerated at that institution to other issues around our State.

But again in August of 1978, we became alarmed by allegations concerning treatment of inmates at Davis Hall, which is the building that contained the only maximum security unit for women in the Federal system at that time, and again we were concerned about health care offered at that institution.

A year ago this month, three other committee members and myself revisited Alderson, based on the allegations of certain treatment to the women. We have come to call our statement that has just been issued "Alderson Revisited." It capsules the record of our visits and contains information we collected or that was sent to us by specialists who have been interested in the subject.

But the shortened title carries additional meaning for us, because this time, after the issuance of our statement, we feel it important not to wait another 3 years before returning.

Through less frequently than during the past year, the task force expects to continue visiting Alderson until that Federal institution is closed, and we hope, like the task force and our parent advisory committee, your House subcommittee will see the necessity for closing that institution as soon as closure can be managed.

During the course of your hearings yesterday and today, you have heard reference to problems at Alderson or similarly affecting Alderson. The problems we singled out in our attached statement relate to health care; educational and vocational training programs, especially for long termers; legal assistance; equal employment opportunities to help improve the composition of staff and better reflect the racial and urban composition of the women entrusted to their custody; and the separation of the women from their children, other family members, and their communities.

Our feeling is that the routine separation of prisoners from society, which is one result of incarceration, is pushed to a needless and harmful extreme in the case of FCI/Alderson. During your subcommittee's hearings on March 23, 1979, former Attorney General Ramsey Clark testified that FCI/Alderson is the most remote of all the Federal correctional institutions. It is without bus or plane service and with virtually no public overnight accommodations. The location of the town of Alderson places an intolerable burden on those who wish to visit, especially on the families of female offenders since, like female offenders elsewhere, the women themselves are in large measure from low-income and minority backgrounds.

As if that burden were not enough, it appears even less justifiable with regards to those women from the District of Columbia who are not Federal Code offenders. These female D.C. Code offenders are sent over 250 miles away from Washington, while most male D.C. Code offenders may be assigned no farther away than to nearby Lorton, Va.

Moreover, while the men may remain under the D.C. parole system, the female D.C. Code offenders at Alderson then come under what some consider a less congenial Federal parole system.

Though the literature on the problems of female offenders is small, compared to what has been written primarily about male offenders, sufficient evidence exists through testimony you have been taking and through already available studies which corroborate our judgment that the Federal Correctional Institution at Alderson must and should be closed.

For those women who should remain incarcerated, allow them to be held in facilities closer to their home communities where family and friends are close by, and where services in the area of health, law, education, and job training are far more abundant than in the tiny town of Alderson. Rehabilitation does not happen in a vacuum, even though the vacuum in this case may be splendidly shaped by the mountains of West Virginia.

If women are to be restored to society, it will best happen in and through their home communities.

I would like to point out several items I think of utmost importance to us at this time.

There were allegations that came to our advisory committee of the alleged intentional burning of a maximum security resident involving two correctional officers, which led in part to our task force's first visit on October 25 of last year. But before the task force's arrival, the reported burn victim was transferred to Pleasanton, Calif., where a personal interview was then made virtually impossible. While two correctional officers were indefinitely suspended, the details of any infractions would not be divulged by the officers and officials.

It appeared to us at that time to be a coverup.

Then we were joined with the ACLU foundation National Prison Project, who felt that the creation of this special unit for those arbitrarily designated as special prisoners is unconstitutional, per se, and that in practice the unit has been used in a capricious manner to serve the needs of the prison authorities.

Sympathetic to that view, our task force also felt that treatment shown to inmates in "stripside," a segregation unit elsewhere in Davis Hall, bordered on dehumanization, if not cruel and unusual punishment. Restricting inmates to wearing only an institutional gown without undergarments in that segregation unit was just one example, and I would like to describe the strip-down cell.

It's a very small cubicle, having only a mattress on the floor, opening into a very small hallway, into which the women are released for about an hour or so each day.

Conditions at Davis Hall were not the only problems recounted to the task force. Inmates charged that medical attention is not prompt, and delays in providing emergency diagnosis and treatment could have severe consequences or be fatal.

There was some talk about Lewisburg and its location to the prison. Lewisburg is at least 30 minutes away on a good day with little traffic. In heavy traffic and bad weather, it could take quite a while.

Of course, if there was a dire need for emergency services for one of the inmates, it could be fatal.

One of the physicians then in attendance at Alderson acknowledged to our task force that the circumstances surrounding a victim's death were unjustifiable, and due primarily to inaccessibility of such ambulance services.

Earlier today there was some question raised concerning the choice and selection of people living in Alderson to acquire medical services. Townspeople living in Alderson are there by their own choice. Their mobility in that community or other communities is not hampered, neither is it controlled.

And then while theoretically an O.D. may call himself an M.D., or an M.D. may call himself an O.D., the question seems to me to be whether or not we should provide adequate kinds of services that women need. Therefore, we need to make sure that they have a gynecologist, somebody that has specialized in the treatment of female diseases. I would think that this would not be a light matter, but extremely important.

In other instances, a lack of timely or adequate followup was also reported. Some women felt that their treatment also bordered on reducing them to serving as guinea pigs, inasmuch as many of the medical externs were third-year osteopathic students, were inexperienced, although they were supervised by an in-house Alderson physician. These externs who were assigned there come with little experience in patient responsibility, and in the clinical setting.

Moreover, each group of externs is generally assigned to Alderson for a single month. There is often a short break in continuity of care for many of the patients.

Last winter, a striking illustration of the weaknesses possible in the quality of treatment occurred. An inmate gave birth to a stillborn girl and 3 hours later, at the Greenbriar Valley Hospital, to a boy who remained alive. Although the woman claimed she did not know she was pregnant, and according to prison officials had earlier denied she was pregnant, the woman had been seen by various externs and was given at least one pelvic examination. Despite the woman's confusion or her reported denials, the supervising physician admitted that any pelvic exam should have revealed her pregnancy. Though carrying twins throughout the pregnancy, she received no care or treatment dealing appropriately with her condition.

In our first visit, 5 years ago, we found instances of forced drugging to be heavy, at least heavily alleged by the women, and some women claimed that despite their religious beliefs and practices, they were coerced into taking prescribed medicines or drugs. And, although many inmates have extensive drug-related convictions, overmedication has also again been charged, especially in regards to psychotropic drugs.

At any rate, shortly after our task force began following up on questions raised about mental health treatment at Alderson, it learned that new guidelines were reportedly drawn up by the administration, redefining conditions under which drugs could be prescribed. Required reading of the physician's book was also halted. The physician subsequently resigned.

Now the one thing that I think we're really talking about in many of the questions that were forged earlier, somewhere on the backroads of my memory, the question keeps jogging me, are we talking of whether or not we're going to strip these women of all their constitutional rights, and human dignity, the right the first amendment guarantees against cruel and inhuman treatment, or are we dealing merely with a depository for offenders.

We found the medical facilities located at the prison, and I thought it was very ironic this morning that the question came up concerning

the ambulance, and there was some thought that perhaps the ambulance may be used for taking someone to have an abortion.

It seems to me that the purpose of such a vehicle would be better served if even that were the case, than to have it setting somewhere on a parked lot and held by GSA. And it seems to me that it would serve a much better purpose to have such a vehicle in service at Alderson, W. Va.

The turnover of medical personnel at Alderson during the years of our study revealed that there was a tremendous break in the continuity of medical treatment for the women.

The next issue that I would like to speak to is that of the long termers which is an organization that was not, at least at our last visit in June of this year, recognized by the prison authorities.

I have reviewed the proposal of the long termers and our task force was puzzled by the administration's nonacknowledgement of both the committee and its proposal. While any oral exchanges between the committee and the administration remain unknown to us at this time, the practical goals of most of the components and the overall spirit and the tone of the document itself make it hard to imagine justifying dismissal of the committee by denying it authorization and thereby nullifying its existence.

The fact that at least two of the components in the proposal were allowed to materialize does present a kind of contradiction in the administration's attitude toward the long-termers committee, or at least some promise that positive recommendations from inmates are not universally discarded by the administration.

But then to let years pass until an inmate is 9 months away from release before allowing such an opportunity seems in the most vivid sense truly a waste of time and human potential.

In situations in which long termers could be in programs that help in the delivery of service, it would also offer continuity of systems to both the deliverer and the beneficiary of such services.

The next issue is legal resources in the system. Time constraints prevented us from assessing in systematic fashion the quality of the law library which was scrutinized by the advisory committee 5 years ago and found to be inadequate.

However, usage of the law library appears to be remarkably low. Library deficiencies were brought home to our task force upon interviewing the newsletter editor-library assistant at FCI/Alderson. When designated the law library assistant, she was surprised. She didn't know why such a designation had been made. Her words to our task force were, and I quote, "I don't know anything about law libraries."

Moreover, she had only been at Alderson for several months and when interviewed, was about to be transferred.

Prior to designation, she regularly used facilities for the newsletter which adjoin the law library, and was able to observe the frequency of usage. In her 5 months at Alderson, she had only seen two or three women attempt to use the law materials.

We were told that the law materials were sitting down in some lost valley of yesterday, and it seems to me that that would be an awful way to try to use law books. Many lawyers have problems in trying to do legal research, and without having someone there to help those women, those books would be of no use.



Of course, the administration's view differed sharply with that of the position of the inmates. One key official held that if the library was not frequently used, that probably indicated there was little need. How ridiculous.

There was some talk this morning about the composition of the residents vis-a-vis the staff. The composition of the work force of Alderson falls far short of resembling the proportion of blacks, Hispanics, and other minorities represented in the population.

In 1975, when our advisory committee first monitored Alderson, blacks made up 56 percent of the inmate population, but only 17 percent of the full-time work force.

On the other hand, whites made up just 27 percent or less of the inmate population, but 82 percent of full-time work force employees.

Since the inmate data for that year furnished to the task force did not break down Hispanics, this 27 percent is likely to include some Hispanic inmates.

On September 30, 1978, just before resumption of the advisory committee's current monitoring through the task force, the black percentage of the inmate population had climbed to 73 percent, a jump of 17 percentage points over the 1973 data. But the black percentage of full-time work force increased by only 2 percentage points, from 17 percent in 1973 to 19 percent in 1978.

With regards to female employment, the September 1978 EEO data show that there were about 207 full-time employees in grade levels GS-3 to GS-15. Of course, 100 percent of the inmate population is female and, in fact, 64 percent, or the major portion of the full-time employees were women. But the women constituted 56 percent of the 18 employees in the bottom three grade levels. They made up only 33 percent of the nine employees in the top three grade levels.

Still it is only fair to point out further that the history of Alderson began with a female warden in 1927, and during the advisory committee's previous monitoring period, a woman was also the warden.

Nevertheless, especially in terms of minority representation and the work force, the administration, as well as an equal employment opportunity counselor agreed that a large share of the difficulty in recruiting staff, especially minority professionals trained or working in urban settings, stems from the geographic location of Alderson. Apart from the field of corrections, advisory committee members have witnessed this phenomenon in the recruitment of minorities for their schools, public safety departments and other governmental institutions in even the larger West Virginia cities and the more populated counties which are home to many of our members.

This is a setting of splendor. It appears right out of America's academic settings, palatial palace of knowledge set in the rolling hills, nestled by the mountains of West Virginia.

But this community sustains little in the way of private business or industries, large or small, which can provide sufficient and varied training opportunities for short termers who may be eligible for them, or for long termers who struggle to become eligible.

In fact, the dominant industry at Alderson is corrections, and the Federal correction institution there.

During the March 23, 1979, session of hearings held by the House Subcommittee on Courts, Civil Liberties and the Administra-

tion of Justice, a former eminent official testified, former Attorney General Ramsey Clark, who once directed the Department of Justice.

He pointed out that Alderson is the most remote correctional institution of the 22 in the entire Federal system. It is no wonder if after female offenders are assigned there, they find themselves at the end of the correctional road.

There was some talk on diverting mothers and children, and I suppose our question is and what of the children? It is cruel and inhuman punishment not to make it possible for prisoners to see their children. This was written by Dorothy Day in her July-August 1976 column, "On Pilgrimage: Alderson, W. Va."

In response to that message from the veteran activist, who decades ago gave birth to a continuing workers movement, the Alderson Hospitality House was founded in November 1976.

Even the Alderson administration has estimated that 50 percent to 60 percent of the women are mothers. Why then must we punish the children?

There was a book *Why Punish the Children?* That book seems to substantiate the plight of mothers and children separated through incarceration. And that separation reaches the greatest degree of geographic finality at Alderson.\*

I would again like to extend my deep appreciation for having been invited here. I would like to leave this childhood jingle with you. It talks about two ships. It says that, "Two ships set sail, in the self-same wind that blows;

"It was not the gale, but the set of the sail,

"That determines the direction the ships will go."

Quo vadis?

Which way will we go?

Will we go toward the direction in which these women will continue to decay, to be broken people, without a chance in this society? Or will we set ourselves in the direction in which human progress must go to raise the level of understanding, to build a better tomorrow for these women that have been and are incarcerated?

Quo vadis?

Thank you.

Mr. KASTENMEIER. Thank you, Mr. Pitts, for that long, but very cogent statement.

Ms. Resnik, would you proceed?

Ms. RESNIK. I, too, have a prepared statement which I will request to be submitted as part of the record.

Mr. KASTENMEIER. All right. Your statement will be received and made part of the record. You may proceed as you wish.

[The complete statement follows:]

\*Ed. note—Brenda G. McGowan and Karen L. Blumenthal, *Why Punish the Children?* (National Council on Crime and Delinquency, 1978).

Statement of Judith Resnik  
before the  
Subcommittee on Courts, Civil Liberties,  
and the Administration of Justice  
of the  
Committee on the Judiciary  
United States House of Representatives

Hearings on Women Incarcerated  
in the Federal System

October 11, 1979

Representative Robert W. Kastenmeier,  
Chair

### Introduction

My name is Judith Resnik. I am Acting Director of The Daniel and Florence Guggenheim Program in Criminal Justice at Yale Law School. I teach courses about the rights of federal prisoners and the postconviction remedies available to them. I also supervise students who provide legal services to men incarcerated at the Federal Correctional Institution at Danbury, Connecticut (F.C.I. Danbury). Recently, I completed an article about the health problems of incarcerated women.\* As part of my research, I visited three of the four federal facilities for sentenced women as well as several state institutions for women.

The purpose of these hearings is to bring to your attention the difficulties faced by women incarcerated in the federal prison system. There are three principle sources for their problems. First, at the institutional level, there are procedures and practices which, while not intended to, are particularly burdensome for women prisoners. For example, all institutions restrict the time and place of visits. Where hours are limited, visiting rooms small, and institutions distant from the homes of inmates, visits by young children become difficult. Statistics from the United States Bureau of Prisons inform us that some 70 percent of its women inmates had dependent children living with them prior to incarceration. The lack of provision in institutional policies for adequate visiting arrangements by children is especially burdensome to women.

\* Resnik and Shaw, Prisoners of their Sex: Health Problems of Incarcerated Women, to be published in PRISONERS' RIGHTS SOURCEBOOK, THEORY, LITIGATION, AND PRACTICE VOL. II (I. Robbins, ed. Clark Boardman, 1980).

Second, some national policies of the Bureau of Prisons are a source of difficulty for women incarcerated in the federal system. The regulations of the Bureau are formulated with the majority of inmates in mind. Since, in 1978, only 1,600 of the approximately 27,000 inmates under the Bureau's aegis were women, it is not surprising that the focus of the Bureau is upon the needs of the male inmates. However, that orientation works substantial hardships for women. Two examples, of different magnitude, illustrate. The first is the choice made by the Bureau about which of its facilities will admit women. To house those committed to its custody, the United States Bureau of Prisons operates more than 40 institutions. However, it has designated only four of these institutions to receive sentenced women. In contrast, more than 35 facilities admit convicted men. Restricting sentenced women to only four locations inevitably limits the resources available to them and makes maintenance of community ties extraordinarily difficult for them. The next example follows from the first. Since women are distant from family and friends, they are dependent upon mail as a major source of communication. Last summer, the Bureau imposed a restriction on the amount of stamps it will provide inmates. Only five postage stamps for first class mail will be supplied each month. This limitation upon the federal support for correspondence causes special problems for women, isolated by the Bureau in four locations.

A final source of difficulties for incarcerated women is external to the prison system. As you know, women have suffered from discrimination in all aspects of this society. Prison life is no exception. Jane Chapman, Nancy Shaw, Claudine Schweber, and the others who have testified before you have described the problems faced by women prisoners. They have vividly detailed

the paucity of vocational, educational, and recreational programs, the inadequacy of medical, psychiatric, and personal services, and the women's lack of economic and social skills.

The dimensions and the sources of the difficulties of imprisoned women have been documented. The critical question before you is: what is to be done?

Given the numerous issues which compete for your attention, I assume that you will look to existing programs, agencies, and institutions to help relieve these women's burdens. Specifically, I assume you will consider what mechanisms exist within the United States Bureau of Prisons and the United States Parole Commission to respond to some of the problems raised.

You may also look to the several professional organizations, such as the American Correctional Association (ACA) and the American Medical Association (AMA), which are increasingly concerned with correctional reform. With federal funding, these groups have developed standards by which to evaluate jails and prisons. They have also begun to accredit institutions as being in compliance with their guidelines. The Department of Justice has also issued a draft set of standards for correctional facilities. It is likely that you will investigate whether the movement towards standards and accreditation can bring help to imprisoned women. Further, because you are likely to be wary of relying upon courts, which are perceived to be overburdened by the problems of all of us, and particularly the problems of prisoners, you may hope to find that solutions lie with administrative reforms, with professional organizations, and with accreditation procedures.

We must examine closely each of these mechanisms to assess what they can provide for incarcerated women. I believe that, upon review of the kinds

of problems presented and the features of each system, you will share my conclusions that, in addition to the forums now available, new methods must be devised to respond to the needs of women prisoners.

#### A. The Administrative Grievance Procedures

Analysis must begin with consideration of procedures currently available. One mechanism which is gaining popularity as a tool for problem solving is the administrative grievance process. Its desirability rests upon the belief that those who are responsible for and closest to the operations of institutions should be the first to consider the problems which arise and should have primary responsibility for resolution of these problems. Further, administrative grievance procedures appear attractive because they have the potential for informal, efficient consideration, in contrast to the regimented and expensive adjudicatory processes of courts. With these advantages in mind, administrative grievance procedures have been adopted by many agencies, including the corrections establishment.

Both the United States Bureau of Prisons and the United States Parole Commission, the two agencies which most significantly affect the lives of women incarcerated in federal institutions, have internal grievance mechanisms. Each provides that persons dissatisfied with decisions may request reconsideration of the decisions. In the Bureau's grievance system, there are three tiers of review. First, the warden of an institution considers a complaint, filed in writing by an inmate on a form provided by a caseworker in the institution. If the warden rejects the complaint by concurring with the institution's prior decision, an inmate may appeal to the regional level.

If an appeal to the regional level is denied, the inmate may petition the national office. The Parole Commission's system is a two-stage process, in which inmates request first regional and then national reconsideration of hearing examiners' unfavorable decisions.

Can these procedures help solve some of the problems of women in federal institutions? Where the problem of an inmate is an individual one, such as a dispute with a Bureau staff member about a request for a furlough, or a request to add a name to a visitors' list, or a disagreement about the Parole Commission's decision to deny parole, the administrative remedy may be responsive. However, since most of the problems which women face stem from institutional policies, national regulations, and a history of societal discrimination, the grievance procedures, as currently designed, do not have the capacity to respond adequately.

One example illustrates this point. The Bureau has recently instituted a classification system by which each inmate is designated as in need of a particular level of control. All the institutions are also rated in terms of the level of control which they provide. Thus, every inmate and every facility has a security designation, ranging from the lowest security, "level one," to the highest classification, "level six." While official figures are not yet available, it has been reported that, of the approximately 1,600 women which the Bureau incarcerated in 1978, some 70 percent were rated as qualified to live in "level one" institutions, most of which are "prison camps" and "community treatment centers" (C.T.C.). An additional 12 percent could be housed at the next level of security, "level two". However, there are no prison camps for women in the federal system. Approximately half of the women are housed in Alderson, West Virginia, and in Pleasanton, California.



Both are denominated "Federal Correctional Institutions" (F.C.I.) and are rated as capable of housing women in need of the most secure arrangements. The only two other places for sentenced women in the federal system are at Fort Worth, Texas, and Lexington, Kentucky. Although rated as "level one" institutions and while less secure than Alderson and Pleasanton, both Fort Worth and Lexington are still "F.C.I.'s" and not prison camps. The Bureau has declined to assign women who have been rated as "level one security" to the 12 prison camps which are, currently, only used for men. Simply because these prisoners are women, many are, perforce, put in more restrictive institutions than the Bureau itself considers necessary.

Does the Bureau's grievance system provide a forum for this problem to be aired? The answer is no, and the reasons are several. First, the system is designed to respond only to individual inmates' problems. It has no mechanism for collecting and presenting systemic issues for consideration. The problem posed by a classification system which rates women as able to live in less secure environments but which places them in more restrictive settings is simply beyond the scope of current administrative remedies.

Second, were the grievance procedure to be modified to take cognizance of such complaints, it is unlikely that any change would result. The people who review the grievances are all employees of the Bureau of Prisons. Even if these Bureau personnel were interested in altering conditions for women, they do not have the power to make decisions at variance with national policy. Further, should they be endowed with such authority, it is again unlikely that they would exercise it to restructure the housing arrangements. Since the same people--or their counterparts--formulated the policies in question, reconsideration of their own prior decisions will not often result in new conclusions.

The total insularity of the current administrative remedy process makes it a poor vehicle for revisions of policy.

A similar conclusion emerges from evaluation of the Parole Commission's administrative remedy structure. As you know, a number of the women incarcerated at F.C.I. Alderson are from the District of Columbia. There have been disputes about whether these women are eligible to be considered for parole by the District of Columbia's Board of Parole or by the United States Parole Commission. Such a problem, like any which challenges basic organizational arrangements or rules of an agency, has not been resolved by referring to internal administrative procedures.

A final limitation upon an internal grievance system as a tool for assisting incarcerated women comes not from the structure of the system but from characteristics of the population in need of assistance. It is my impression--both from visits to Alderson, Fort Worth, and Lexington and from conversations with prison staff and inmates--that women file fewer administrative grievances and parole appeals than do men. While definitive comments must await systematic research of this issue, the traditional dependent role assumed by women and their low levels of education make them less likely to employ the channels provided by a grievance system.

I believe that, because of the nature of the problems presented, the insular structure of the administrative remedy systems, and the inability of the women themselves to employ the procedures, neither the Bureau's nor the Parole Commission's grievance systems will alleviate the plight of incarcerated women. Because the agencies with chief responsibility for these women are themselves the authors of practices and policies which have proven unfair to women, reliance upon these entities to bring about reform would be inappropriate.

Assistance from sources outside the internal administrative framework is imperative.

#### B. Standards and the Accreditation Process

As you know, several federal agencies, including the Law Enforcement Administration Agency (LEAA) and the National Institute for Corrections (NIC), have provided funds to private professional organizations, such as the American Correctional Association (ACA) and the American Medical Association (AMA), to develop standards for correctional institutions, to evaluate facilities, and in appropriate instances, award accreditation to jails or prisons which meet their criteria. In 1975, LEAA gave the AMA approximately a half million dollars to design model health care delivery systems for jails and to create a set of standards for jail medical care. Subsequently, the AMA "Jail Project" has been funded to evaluate facilities and accredit those which comply with its standards. An offshoot of the ACA, the Commission on Accreditation for Corrections (Commission on Accreditation), has a similar process for review of correctional programs and facilities. Finally, as noted earlier, in August of 1978 the Department of Justice entered the arena by publishing a draft of its Federal Standards for Correctional Facilities. A final version has not, as of this writing, been issued.

What does the emergence of standards and the accreditation of facilities as in compliance with those standards mean for women incarcerated in the federal system? Do these procedures offer more assistance than the internal administrative grievance mechanisms? Will these processes solve the relative lack of educational and vocational opportunities for women described by

Jane Chapman, Claudine Schweber, and the General Accounting Office's (GAO) Report, Female Offenders: Who are They and What are the Problems Confronting Them? Will accreditation alleviate the pattern of poor health and inadequate medical services which Nancy Shaw delineated? Do standards address issues of special immediacy for women, such as who will care for their dependent children or how they will gain skills so as to reenter the community successfully?

The warm welcome which the Bureau and others have given the accreditation movement might suggest a positive answer to this question. Director Carlson has endorsed accreditation as an important tool and announced his intention to have all federal facilities accredited in the coming years. He has created an office within the Bureau of Prisons to help accomplish this goal. A second voice in support of accreditation is that of the GAO which, after investigating health conditions in prisons and jails, recommended that federal funds be spent to help these institutions come into "compliance with standards promulgated by the American Correctional Association and the American Medical Association."

I dissent from the general view that reliance upon professional associations' or the Justice Department's standards and accreditation procedures will bring relief. I have examined in depth standards developed for the delivery of medical services. No set of standards currently in existence--including those of the American Medical Association, the American Bar Association, the American Correctional Association, and the Department of Justice--address with sufficient specificity the problems of women prisoners. Were all federal institutions to be accredited and in compliance with these standards--at least as related to health--you would still have virtually no information about whether adequate health services were delivered to women.

A few examples illustrate my point. One issue of great importance for women is childbirth. How are pregnant inmates to be treated? Should the staff be allowed to place pregnant women in disciplinary or administrative segregation? What kinds of opportunities for exercise must they be given? Must they have special diets? Should pregnancy affect the timing of transfers? Once the child is born, should incarcerated women be permitted to nurse their infants? None of these questions are answered by the standards of the AMA, the ABA, the ACA, or the Department of Justice.

A second need which imprisoned women have is access to specialized health services. Several groups have standards which mention women. For example, the Justice Department's Draft Standards state that facilities in which women are housed are to have "appropriate equipment . . . i.e., specula, pap and special testing equipment." Further, "medical services to meet the special health needs of women, including the availability of an obstetrician, gynecologist, and family planning services" must be offered. Finally, "accommodations for all necessary prenatal and postnatal care and treatment" are to be available.

What do these words mean? What kinds of treatment for women should be provided? Is F.C.I. Alderson, which has no gynecologist on its medical staff, in compliance? How often must women be tested for cervical cancer? What kinds of contraception must be offered? Are women to be permitted to nurse their babies or not? The statements of the Justice Department and the other groups are couched in general terms which impose no substantive requirements. Compliance with such generalities provides little information about the kind of care actually delivered.

A third area of particular concern for women is the use of medical procedures, such as sterilization and hysterectomies, which permanently affect reproductive capacity. None of the standards promulgated thus far require institutions to protect specifically against abuses of these procedures, despite the historical pattern of their misuse. The standards of all the groups reveal common failings; minimal attention is paid to issues related to women's health. When specific mention is made of women, the statements are so general as to provide little or no guidance.

My criticism of standards stems not only from their failure to impose sufficiently specific criteria. I am also concerned that, once compliance with standards has been demonstrated and accreditation received, institutions will use these validations to shield themselves from further investigation. Accreditation may simultaneously reassure you and inhibit you from examining closely conditions within institutions. In fact, the potential use of accreditation as a defense to lawsuits is one of the incentives offered by the AMA in its literature urging correctional administrators to apply for its accreditation. Moreover, once accreditation is achieved, it is not clear what capacity the accrediting agencies will have to monitor ongoing institutional compliance or to discipline noncompliance. Experience with accreditation in other areas suggests that accrediting agencies often lack resources to inspect institutions and are reluctant to take away accreditation. In any event, decreditation is a slow, cumbersome, and drastic sanction.

An additional failing of current accreditation procedures is that they have no ability to respond to changing conditions or to individual complaints of institutional shortcomings. There are no suggestions that individuals have rights by virtue of the standards created or that private persons can enforce

compliance with standards. In fact, in the introduction to the Department of Justice's Draft Standards, we are told that they "confer no rights, and state no legal course of action."

This failure to evolve mechanisms for inmate input brings me to a final criticism of standards and accreditation. Thus far, the standards have been formulated by a particularly narrow process. Only those within organized professional communities have had a voice in the creation, and even there the group is small, select, and interlocking. While many parties are absent, those most glaringly excluded are the recipients of the care and custody--the inmates.

In addition to the lack of input by inmates, the standards have a further drawback. They have been designed by groups which, understandably, attempt to address the problems of the inmates with whom they are most familiar--the men. As has already been described, prison systems, the federal included, are "male-oriented." Unsurprisingly, the standards to evaluate prisons are written for institutions populated by men. The standards are simply not tailored to make substantive inquiries into or to impose meaningful regulation upon areas of special concern for women.

I wish to make two points clear. First, unlike the administrative grievance procedures, the professional organizations do not lack the capacity to address, on a system-wide basis, the problems which afflict women. Rather, these groups have not yet paid sufficient attention to the issues of great moment for women. Consequently, the rules which these organizations have formulated will not affect the many practices which bring disabilities to imprisoned women. If these professional groups were to become more concerned about and more sensitive to women's difficulties, if they would permit meaningful participation

by inmates and by people outside their organizations, and if they created some mechanisms for consideration of individual problems and for monitoring compliance, the use of standards and accreditation would have more appeal. Second, I should not be heard as urging the disengagement of any of the professional associations from involvement with prisoners' problems. I welcome the participation of the American Medical Association, the American Bar Association, the American Correctional Association, and others. Their expertise is needed, and their concern has been a positive force. However, as commendable as their work has been and will be, I urge that you not rely upon them as the agencies which will "solve" the problems of the prisons--and especially not the problems of incarcerated women.

#### C. The Role of the Courts and the Need for Legal Services

Where does this leave us? If current administrative systems do not provide adequate forums for women's problems and if professional organizations have not paid sufficient attention to imprisoned women, what other forums are available? One obvious answer is the courts. However, that suggestion must be advanced with some trepidation because, as noted earlier, there is a deepening perception that the courts have been inundated by issues best resolved by other entities, and that alternative mechanisms for deciding conflicts must be evolved. Further, prisoners form a group which has achieved particular notoriety as a source of excessive litigation.

There are several reasons why lawsuits filed by prisoners evoke concern. First, except for pre-trial detainees, the plaintiffs or petitioners in prison cases are persons convicted of crimes. These individuals have already compelled expenditure of societal resources, and further, have been adjudicated guilty



of criminal action. Second, prisoners frequently bring to the attention of the courts difficult problems which require that judges decide whether particular institutional practices are necessary and justified. Third, the mechanics of cases in which prisoners are involved are themselves cumbersome and inefficient. Since many inmates have no attorneys to assist them, their pro se pleadings are often complex, garbled, and obscure. Not only do the cases present substantive claims of right which are novel, the forms of presentation may also be unusual and difficult to comprehend. Finally, the logistics of the litigation--of conducting pre-trial discovery and of obtaining witnesses--are themselves made complex by the fact that one party is a prisoner.

Given these problems, you may be tempted to discourage inmates from reliance upon courts. However, the structure of court adjudication offers prisoners--as well as other litigants--something which none of the other mechanisms provide. In a courtroom, the issue is heard by an impartial third party; the judge is not connected to the prison administration and is not invested in the continuation of a particular policy. Further, a judge has the authority to make decisions and to enforce obedience to orders. Unless the other methods for redress are altered to include such features, they remain weaker, and less effective, alternatives.

I believe that, rather than circumscribe the role of courts, it is time to acknowledge the unique contribution which the judiciary has made and should continue to make in this field. We must put the claims of burdening the courts into perspective and then see what can be done to assist courts when addressing issues raised by prisoners. While the problems associated with prisoner litigation have not yet been solved, the difficulties presented are beginning

to diminish as courts gain sophistication in approaching the issues. As you know, prior to the middle of the 1960's, judges were reluctant to make any decisions about prisoners. As awareness of the constitutional dimensions of the issues raised by prisoners grew, the "hands-off" posture was replaced by a willingness to entertain inmates' petitions. The products of changing legal doctrine were the entry of a new class of litigants and the consideration by the courts of a new range of topics.

As it is true when any new endeavor is undertaken, time is needed for adjustment. However, in what is a relatively brief period, judges and court personnel have made great strides in fashioning procedures to accommodate prisoner litigants. In the mid-1970's, the Federal Judicial Center formed a committee to study the problem of prisoner civil rights litigation. This committee, which now bears the name of its chairperson, the Honorable Ruggerio J. Aldisert of the Court of Appeals for the Third Circuit, has published a set of recommendations to guide courts when handling prisoner cases. A second publication from the Federal Judicial Center is a Compendium of the Law on Prisoners' Rights, authored by Magistrate Ila Jeanne Sensenich. This comprehensive manual provides court personnel with detailed explanations of the substantive claims and procedural issues presented by inmates' complaints. Its issuance will surely ease the burden of processing prisoner cases. A third source of assistance has come from law schools. Scholarly commentary and analysis of both the legal doctrine and the administrative issues embodied in prison litigation have been frequent and are increasing. Finally, in 1977, new rules governing the procedures for filing of habeas corpus claims--presented by state prisoners to the federal courts pursuant to 28 U.S.C. §2254 and by federal prisoners under 28 U.S.C. §2255--became effective. These rules

create special procedures for prisoners' cases and include forms which inmates are to use when filing claims.

There is much less cause for alarm about inundating the courts with prisoner petitions. The problems have been described and analyzed; adjustments of procedures and methods of response devised. A painful initiation period is drawing to a close as courts become more adept at handling prisoners' claims. As the confusion diminishes, the sources of particular problems become clear and solutions are advanced. For example, one common source for difficulty in prison cases is not that the litigants are prisoners but that they appear in court pro se--unrepresented by counsel. A recurrent suggestion from those who have studied the management of prisoners' cases is that funding attorneys to represent inmates would be of great value to the courts. A recommendation from the draft report of the Aldisert Committee is that compensation be made available for lawyers to represent state prisoners who file civil rights claims in federal courts. Two grounds are advanced for this proposal. First, counsel makes more likely the possibility that meritorious claims will be perceived by and presented effectively to the courts. Second, attorneys play a pivotal role in discouraging frivolous cases and thereby in easing the burden on courts.

I agree with this proposal, and I urge that you enact legislation providing adequate legal services for federal prisoners. Making attorneys available would not be of help only to the judges. It would also have enormous value for prisoners and is needed especially for women inmates. As you know, lawyers not only bring lawsuits, they also negotiate and settle issues away from courtrooms. Upon several occasions, I have consulted with attorneys in the Bureau of Prisons and Parole Commission, and we have been

able to resolve problems which might otherwise have been brought to courts.

Furthermore, as an attorney who represents federal prisoners, I do not serve only as a negotiator or a litigator. One of my principle functions is to educate my clients about the rules under which they live. In my visits to the federal prisons for women, the women inmates with whom I have spoken displayed almost uniform ignorance about the agencies which regulate their lives-- the Bureau of Prisons and the Parole Commission. Most did not understand the kind of sentence which had been imposed, how to apply the Parole Commission guidelines, or how to go about filing a grievance with the Bureau of Prisons. They did not know about national regulations, program statements, or local policy statements. Although these women live in a highly structured world of rules, they knew little about them. Attorneys, as independent and interested outsiders, can provide a great deal of information and assistance in these areas.

Further, legal problems arise for women not only from their new lives as prisoners, but also from the lives which they have left behind. As noted, some 70 percent of the women in federal prisons had dependent children living with them prior to incarceration. Who assumes custody of those children when the women are incarcerated? What is the status of prisoners' parental rights? What about those women who are in the process of divorcing or are receiving alimony payments? What happens to other forms of assistance to which the women or their children may be entitled? For those who have been earning incomes, who manages their financial affairs? What if business needs to be transacted? insurance paid for? Imprisoned women have a variety of pressing problems for which legal assistance is needed.

What does the Bureau of Prisons provide for these women? I regret to report that there is no comprehensive program which responds to these women's needs or to the needs of men inmates. For example, I am associated with Yale Law School's clinical program, which provides assistance to the men incarcerated at F.C.I. Danbury. The Bureau contributes \$3,000 a year towards the expenses of this service. Last year, the program costs were in excess of \$80,000. Some other programs receive more from the Bureau than the sum paid to Yale. However, to my knowledge, none received more than \$12,000 a year from the Bureau, and, in fiscal year 1979, the Bureau spent less than \$75,000 on legal services throughout its system. That amount is simply inadequate to provide legal assistance to a group of people with the complex legal problems which inevitably accompany incarceration.

The isolation of women in four institutions makes the lack of legal programs for them particularly poignant. For example, women at Alderson receive some help from a program sponsored by Washington and Lee Law School, which is located in Roanoke, Virginia. The students and faculty who participate are to be congratulated for their energy and devotion. Each time they visit the prison, they must travel almost two hours. However, that distance and the snowy winters make some services, such as representation at parole hearings, impossible. Moreover, since most of the women at Alderson come from places other than the Virginias, many of their legal problems arise elsewhere. Representing these women long-distance is inconvenient, inefficient, and expensive. If the inmates were closer to their homes, their legal problems would be easier to resolve.

Since the Bureau has decided to isolate these women, the only solution lies in providing additional funding for adequate legal services. If these women are ever to function as responsible members of society, they must

learn about the laws under which they live. Attorneys can both teach and represent women prisoners. Current programs should be expanded so as to give the help which is desperately needed.

D. The Creation of a New Agency Within the Department of Justice

The provision of additional attorneys and of legal education will greatly assist women prisoners in responding to many of the problems which have been described to you. Individual complaints can be resolved and external societal wrongs addressed. However, as mentioned, there is a true source of difficulty for women imprisoned in federal institutions. Decisions are made at the national level which inadequately consider women's needs. What can be done about this problem?

As noted earlier, systems internal to either the Bureau of Prisons or the Parole Commission will not provide redress. For example, when the Bureau took cognizance of the problem of women prisoners, it formed a task force composed only of insiders to study women's problems. By excluding those who could forcefully challenge decisions of the executive staff, the Bureau once again demonstrated its own limitations as a source of reform.

In May of last year, you passed a bill, H.R. 10, which empowers the Attorney General of the United States to assist state prisoners. In enacting that legislation, you recognized that, upon occasions, intervention by people independent from those who run institutions is necessary to insure that institutions operate in just and fair ways. The same principle applies to federal prisons. Some group, external to the Bureau of Prisons and the Parole Commission, is needed to monitor the decisions of the Bureau and the Parole Commission and to inform you and the Attorney General directly of the decisions reached by both agencies.

A new entity must be created. It can either be placed within a division of the Justice Department--such as the Civil Rights Division or the Office for Improvements in the Administration of Justice--or it can be a totally independent body. That agency should be empowered to review all regulations, program statements, and local institutional rulings of the Bureau and the Parole Commission and to report about the impact of such decisions on women, other minorities, and inmates in general.

By authorizing a new voice in prison and parole policies, you will provide an administrative mechanism which is independent from that which runs the institutions and which can evaluate decisions without the pressures which inevitably beset internal auditors. By visiting institutions, by learning firsthand the problems of staff and inmates, and by gaining expertise about the wide range of organizational structures, all called "prison", this agency can provide data and analysis of policies. With appropriate enforcement powers, its comments, reports, and actions can ease some of the hardships experienced by women and by other inmates in the federal prison system.

#### Conclusion

There is no one quick solution to the problems of women imprisoned in the federal system. However, there are a few elements essential to providing some relief. First, you cannot rely upon internal grievance procedures or professional organizations' evaluations to ameliorate conditions substantially. These entities have not been responsive to women's needs in the past, and there is little upon which to base optimism for the future. Second, the judiciary is an important source of assistance and it, in turn, needs help

from you. Attorneys must be provided for prisoners. The legal assistance programs currently available to inmates, and especially women inmates, are meager and inadequate to the task; additional funding and expanded services are needed. Finally, some agency within the government, but external to the Bureau of Prisons and the Parole Commission, is needed to monitor the decisions of these agencies and to provide an impetus for changes to improve conditions for women prisoners.



Ms. RESNIK. Over the last day and a half, we've been hearing about problems related to women in the Federal system. I think there are three principal sources of these problems.

The first is that there are local policy statements at each of the Federal institutions, which may not affirmatively mean to do harm to women, but which work hardships for women. One example is the visiting policies of specific facilities. A second example that hasn't been mentioned to you yet, is a policy which Dr. Shaw and I came across when we went to Alderson in the spring of last year. Alderson had a policy of giving women a drug that has not been approved by the FDA. We were distressed about this, and I am happy to report to you that I am informed by people in the Bureau that, as of September of this year, that drug is no longer being dispensed. However, that local policy was in effect for 3 years. It is only happenstance that we, who read local policy statements—which is not something that many people do—came upon it. The policy represents a decision, made at an institutional level, which is simply disastrous in terms of women's health.

There is a second source of policy problems for women, and that's the national level. The Bureau of Prisons, like most Federal agencies, is run by regulation. There are national policy regulations, printed in the Federal Register and national program statements issued by the Bureau to implement policies. The most glaring example of a national policy which has a negative effect on women is the national decision to have only four locations for women. The Bureau runs over 40 institutions, 35 or so are for men, and 4 are for women.

Since you have heard about the classification system a number of times, I thought it might be helpful to just briefly set it forth. My description comes from the Bureau's policy statement on classification. Inmates are ranked on a scale of 1 to 4. "Community custody" is the lowest classification, followed by "out," "in," and "maximum" custody designations. Institutions are rated on a scale of 1 to 6; security level 1 is the lowest, 6 the highest. In addition, there is a classification called "administrative," which designates special facilities. F.C.I. Butner is a special facility for the mentally ill and for a few other special categories, and is labeled as "administrative."

Two other facilities which are called administrative are Alderson and Pleasanton, the two institutions for women. These prisons get that title because they house all levels of women who are incarcerated in this system. While there are women at all levels of classification, Alderson and Pleasanton are designed to be secure enough to handle those women in need of the most as well the least security; therefore, the institutions are more secure. Under the old nomenclature, the Bureau itself described them as "medium" security institutions.

Mr. KASTENMEIER. Ms. Resnik, on that point—and I appreciate your reciting that for us, that's very important—does the Bureau have for women as it does for other offenders, male offenders, SO designation, that is special offender status?

Ms. RESNIK. Yes, special offender, as I understand it, cuts across the entire system. These who were special offenders are now called "central monitoring cases" (CMC). There is a new policy statement, issued within the last 4 months on classification of central monitoring cases, which would include women as well as men. I might add that,

as it happens, when I was at Alderson, there seemed to be some other classification of which I had never heard, which was an example of the local policy derivative from the national.

A woman was placed under something called "close supervision." Someone handed her a piece of paper and said, "We've just learned that a former codefendant has escaped. From now on, before you move anywhere on the grounds, you must get our permission." Despite my familiarity with a fair number of the Bureau's regulations, I never heard of that before. Thus, in addition to central monitoring for women, there are variants on the theme as well.

Mr. DANIELSON. Did you call that —

Ms. RESNIK. Monitoring. "Central Monitoring cases." What that means is that an inmate's file jacket is stamped CMC, and decisions about that inmate are run through either the regional office or the central Washington office. The Bureau divides itself into five regions; certain administrative decisions are made at local level, but sometimes decisions are made at higher levels, either regional or national; if you're a central monitoring case, for example, your transfer cannot be accomplished without bringing the decision to either the regional or central office.

Mr. KASTENMEIER. These involve—at least they used to—involve organized crime figures and other notorious offenders. I mean "well known," when I say "notorious."

Ms. RESNIK. High publicity people. I'm sure that the two inmates referred to earlier would come within that group.

The national policy decision to have only four institutions for women is one which has an enormous negative impact on women. There are 18 institutions in the Federal system which are called minimum security institutions, level 1; 12 of which are prison camps. Camps are the least secure within the group of prisons. All 12 are for men. There are no prison camps for women. That's a national policy decision which makes life harder for women.

Another national policy decision of lesser proportions came when the Bureau decided to decrease Federal support for letters. It used to be that inmates who wrote letters, could receive postage from the Federal Bureau. Last summer, there was a restriction imposed; the program statement sets forth that, with some exceptions, stamps for only five first-class letters a month will be given free of charge, other stamps must be bought.

You've sat through a day in which we've heard how poor many of the women are, how many other financial obligations they have, and how far away they are. They are very dependent on mail. Here is a national policy decision. It may make sense for the people who are making policy decisions across the board. I need not debate that now. The point, however, is that it works a special difficulty for women who are placed in only four places.

Another agency not discussed very much so far is the U.S. Parole Commission. It is the other major agency which affects people incarcerated in the Federal system directly, and it, too, has some national policy decisions which also make difficulties for women prisoners. For example, reference has been made to the fact that any woman who is in a Federal institution automatically comes within the jurisdiction of the U.S. Parole Commission. The Commission makes decisions

under guidelines, of which I'm sure you are aware, since you are currently reviewing various sentencing bills.

It has been adjudicated in one case in Superior Court in the District of Columbia that, if an inmate appears before the District of Columbia Board, he or she is more likely to be paroled sooner than if the case is decided by the national Parole Commission. In that individual's case, the judge declared the automatic designation of women convicted in the District of Columbia to Alderson and that the subsequent assumption of jurisdiction by the U.S. Parole Commission was unconstitutional. However, that case was brought only on behalf of an individual, and I do not know of any classwide implementation of the ruling. Whatever the status of the litigation, the national decision to place most women sentenced in the District of Columbia to Alderson and to apply the U.S. Parole Commission system to them is one which makes life harder for women who come from the District of Columbia.

The third level of difficulty for women in the Federal system is the world at large and the fact that society has traditionally made distinctions on the basis of sex. Those distinctions have discriminated frequently against women; consequently, women prisoners have problems stemming from local, national, and worldwide attitudes.

The question that seems to come up is: What are you going to do? How can you deal with these problems on a systematic basis?

The impulse might be to respond in an ad hoc manner—to implement this program, buy an ambulance, figure out a guide fix for this problem. However, we have a system of problems, and I'd like to suggest structural responses.

My guess is that, in part, you will want to look at ways in which mechanisms for relief can be forged; if you share popular instincts, you will look to internal mechanisms such as grievance systems. Not much has been said here about grievance systems in prison. Both the Bureau of Prisons and the Parole Commission have grievance procedures by which an individual can write to people at higher levels in the regional and national hierarchies to request review of lower level decisions.

I will assume that you would like to have administrative grievance procedures be one major way of solving women's problems—in part because of the general hope that agencies and not courts can resolve many conflicts. However, I believe you should not rely upon administrative procedures in this instance, because they are utterly insular and there is no opportunity for outside input. My written statement details the operation of these procedures.

Now, I would like to offer a second example of the insularity of the Bureau, which is the very task force it appropriately formed to consider women's problems. It's terrific that the Bureau is thinking about women; however, when it considered this issue, it looked only within itself to evaluate its policies. While a couple of outside consultants were invited to attend some of the task force on women's meetings, it's my understanding that the task force's staff was made up exclusively from the Bureau's staff.

Further, it is my understanding that the task force made recommendations to the Bureau which have not been implemented by the executive staff. The task force found—as director Carlson reported to you yesterday—that one-third of incarcerated women come from

the Northeast, the Great Lakes, and southern California, and that space is needed for women in those areas so as to incarcerate those women somewhat closer to their home.

There has been no action taken on that recommendation. There is, to my knowledge, no serious planning for opening any camp facility for women in the Federal system. The Bureau's task force reported to the Bureau that 70 percent of the women are eligible for security I institutions, and 50 percent are housed in institutions that are more secure than need be. Despite the statement in the task force's draft report that the majority of women require no more security than that of a camp, no camps receive or will soon be accepting women inmates.

In addition, the task force did not even address many of the problems. It did not make any recommendations about the fact that there is no gynecologist at Alderson; it did not notice that Alderson policy statements permitted administering non-FDA-approved drugs; it did not discuss how to deal with the problem of the 30 percent of the women who are not eligible for furloughs, and who therefore cannot see their children unless arrangements are made to bring their children to prisons, or that even a larger percent of women probably cannot afford to go on those furloughs; it did not discuss the absence of work release programs for those not eligible for community release.

The task force has now disbanded, and its report has never been published. While I think it was excellent that the Bureau thought about focusing on the problems of women, my understanding is that, at the end of all this attention, little of substance has been achieved. There is only a junior member in the central office in Washington who is now in charge of thinking about women for the Bureau.

Thus, as you can see, even when a group of its own comes together and says, "We have some problems here," no major decisions to alter nationwide policies emerge. Again, I want to emphasize that it is understandable that the Bureau deals with the majority of its population, the men. Nonetheless, its policies need to be corrected because too many of them harm women.

A second avenue for reform which I think might draw your attention is that of accreditation and standards. I do not know how familiar you are with this growing phenomenon in the area of corrections—the promulgation of standards and the accreditation movement. The Justice Department has a draft set of standards, which were issued last summer in 1978, and which will soon be revised, according to Monday Morning Highlights, which is the Bureau's weekly newsletter. Further, last week, the Bureau announced that one of its institutions had just been accredited by the American Correctional Association. The Bureau is also seeking accreditation for all of its facilities.

I have looked at the standards of every major association which has issued standards about health in jails and prisons—the American Medical Association, the American Bar Association, the American Correction Association, and the Justice Department. As regarding women, all of these standards are simply not specific enough or focused enough—again understandably because of the small percentage of women in the population—to solve or even to address women's problems. Were you to be told that every facility in the Federal system was accredited and had a stamp of approval from one organization or another, I would have to say to you that you don't know very much about how these institutions treat women. For example, no

standard states whether imprisoned women should be permitted to nurse. In other areas described as problems for women, the standards either do not address, or their terminology is so vague that they do not provide a vehicle for learning about care of women.

In sum, these are the two avenues I hope you don't take in trying to help women in prison. However, I have suggestions about some methods I think you might want use. First of all, you need some kind of mechanism, either within the Department of Justice or elsewhere, that will look at women's problems specifically and provide direct information. There is a statute, 18 U.S.C. § 4321, which authorizes something called the Board of Advisors. It is an old statute which, as far as I understand, is not now being used, but which would create an advisory council on women prisoners.

I would urge that the council come into existence, and that the specific responsibility of its members—most of whom should not be employed by the Bureau of U.S. Prisons—should be to read every local policy statement in every institution that houses women, to read every national policy statement, to visit all facilities for women, and to report on what is the impact of Federal policies on this segment of the prison population.

In addition, some entity with enforcement power is needed. You should locate someone either in the Justice Department, in the Civil Rights Division, or in the Office of the Improvements in the Administration of Justice, or you should create a new entity that would have some enforcement powers so that changes could be made speedily.

The House recently passed H.R. 10, which provides for the Attorney General of the United States to intervene on appropriate occasions in State institutional cases; in that legislation, you recognized the need for an independent outside voice because it cannot reasonably be expected that the people who run institutions will bring about all of the reforms that are needed. The same principle applies in the Federal system as well. Similarly, you should position someone outside the Bureau to monitor it and to press it at appropriate points.

The suggestions of the creation of quasi-external or quasi-internal agencies and boards would help resolve many issues that relate to management and would correct some of the problems that others have brought to your attention—especially those at the institutional and national policy level. However, these mechanisms do not respond to all the problems, and especially to those from the outside world. At this point, I want to raise the problem of legal services for women.

As you know, I'm a lawyer. I am about to say that what is needed is more lawyers, and I freely acknowledge that potential conflict of interest. However, as you heard from all of the people who have testified earlier, women who become incarcerated leave a world of problems behind them: custody, family, welfare, alimony.

I was at F. C. I., Fort Worth last week. As I was walking down a hall of one of the living units, a female inmate came in. She had just received a \$3,000 judgment against her, finding her in default because she had not appeared in an action brought by the bank for repossession of her car. She was a woman with a legal problem.

A second slant on the issue of legal assistance also became clear while I was at Fort Worth last week. The staff person who escorted me was a unit manager, a marvelous woman, who described her frustration with her own lack of information about the law and the

problems of her caseworkers; who also need to know information about how the law works.

Not only do women prisoners leave behind a world of complications; they enter a complex system. Both the Bureau and Parole Commission have complicated regulations. I teach first-year law students at Yale Law School; they are frequently confused about the overlapping jurisdictions of the two agencies and how both systems work, and about what to do with the furlough problems, classification and custody issues, and central monitoring cases. All of these are issues that relate to the law, and these are issues for which lawyers are needed to provide advice and information, education, negotiation. Lawyers also offer interest from outside and independent sources.

What does the Bureau do for legal services? Fiscal year 1979 had approximately \$75,000 allocated to 13 programs across the country. Yale received \$3,000 from the Bureau. It cost us \$80,000 for our program that year.

Alderson, a case in point, gets about \$5,500. I spent some time with those who run that program from Washington and Lee Law School in Roanoke, Va. Roanoke is about a 2-hour drive—on a winding road—from Alderson. In snowy weather, lawyers and students simply can't come. They do not provide representation to women at parole hearings. Further, they cannot deal with the majority of legal problems of which they learn because the majority of the problems do not arise in West Virginia. Those at Washington and Lee occasionally have to bring lawsuits in Chicago or the District of Columbia—long distances by paper and on a very tight budget. Moreover, they have experienced problems with admission to the various bars across the country. The situation is simply impossible. As much as I believe law schools can make important contributions in these areas, I also believe that you cannot rely on law schools to provide complete services for prisoners. Law schools provide legal education for students. To the extent that we give services—and we have a large program at F.C.I. Danbury—it must be viewed as a bonus. Legal services are not our primary mission.

Inmates need full time attorneys. One way to provide them would be to amend the statute which authorizes the Federal Public Defenders. The Defender Service is a network that exists right now and could service Federal institutions. Moreover, it is a network of people who are already sophisticated in about a third of the legal problems which arise.

Another alternative is to use the Legal Services Corporation. A third is to permit appointment of attorneys under the Criminal Justice Act (18 U.S.C. 3006(A)(g)). CJA provides compensation for attorneys appointed after an inmate files a petition seeking habeas corpus relief or in a few other cases. Minimal compensation is provided.

However, CJA appointment is not an adequate avenue for inmate legal services because you want lawyers who work not just when lawsuits are filed, but who can avoid lawsuits by negotiation, settlement, advice, and education.

I would like to add that the suggestion that these women need lawyers is not one that comes to you only from me. Everyone who has written on the subject, including the Aldisert Committee of the Federal Judicial Center and the Department of Justice's own studies,

says that inmates need legal services. Therefore, I heartily urge that you either enact, amend or simply allocate substantial amounts of money to this area.

In conclusion, I have to say that, while I am delighted you have held these hearings, I am very concerned about what the next step will be. How are there going to be mechanisms to not only face the problems that are occurring but to implement some of the changes which have been urged? I hope that this committee will suggest legislation to deal with these matters on a systematic basis.

I have one additional comment. A very small number of women are in prison; a lot of women who are sentenced are on probation and are under various kinds of supervision. I urge—as you mentioned earlier, Mr. Kastenmeier—that that area has to be addressed as well, both legislatively and in the hearing format. You have heard about the 1,300 women in prison. There are a lot of other women out there on probation who need attention as well.

Are there any questions?

Mr. KASTENMEIER. Thank you very much, Ms. Resnik. It was very helpful. I think you are a very good witness to end up on.

I have a couple of special questions to ask, and I think that's all.

In talking about need of legal services in an institution such as Alderson, you mentioned the Legal Services Corporation, but you didn't elaborate on whether it might or might not be an appropriate answer assuming that the legal services program is sufficiently funded to seek to give access not only to people in very remote areas, but in institutions as well.

Ms. RESNIK. I think there is a problem with relying on the Legal Services Corporation. It works on a very tight budget, and therefore you will have inmates competing with other poor people who are all desperately in need of services.

In addition, the fact that an individual has become incarcerated means that he or she has a distinct set of problems; therefore you have a subset of issues which requires a specific kind of sophistication. Legal Service lawyers, from what I can tell, have to become experts in about 14 areas of law. Asking them also to master two other agencies makes their life more complicated. Further, working with incarcerated people also involves a series of access problems, and of learning the bureaucracy of a particular institution. While I included legal services as an option to consider, I would urge that prisoners be provided with lawyers either through the Federal Public Defenders Service, by setting aside specific funds in the Bureau's budget that must go toward legal services, or in some other manner to appropriate sufficient funds to hire a special set of lawyers.

Mr. KASTENMEIER. Is it your position that incarcerated women have more civil legal problems than incarcerated men do?

Ms. RESNIK. There has been so little quantitative research done which could give me a ready answer to that question. Women have some different problems, related to parenting, custody, alimony, their status as head-of-household and financial transaction, most of which are much more theirs than they are problems of the male population.

Further, from my experience, of representing mostly men, I have not come across that range of problems with any of the frequency that I hear when I visit the institutions for women. Of course, women

and men share some of the problems including the fact of becoming incarcerated. However, women also have a specific set of problems because they are women.

I might add that it is unfortunate that we need to make distinctions on the basis of sex. However, the world is not a sex-neutral world, and therefore I think women need remedial help which lawyers can bring to them.

Women have not traditionally been trained to assert themselves, to learn how to be independent, and to break out of that dependency cycle described earlier. One of the things that lawyers can do is say, "look, you have certain rights you have to go exercise yourself." Most lawyers I know spend a lot of time doing client education—such as how to file a form, and how to help oneself. In this, some women have an aggregated set of needs which require special attention, the lack of legal services for them makes is particularly poignant.

Mr. KASTENMEIER. By requiring special attention, you are suggesting that we try to respond to women's needs quite separately and exclusively of how we might respond to men's, if you're talking about incarcerated people's needs?

Ms. RESNIK. I think you have to accept the fact that there are distinct needs, that there are still differences, that we come from a society in which the lines have been drawn along lines of sex, and that therefore you have to help women specifically. The problems related to parenting affect women differently than men. The fact that men are not generally the primary child caretakers does not mean they should never be permitted to have their children with them in institutions. They should too, but at the moment, more women are taking care of children prior to incarceration and thus, more female inmates are in need of programs to help them remain close to their children.

Mr. KASTENMEIER. Mr. Pitts, I'm wondering, is it just Alderson that the Commission and the group that you so eloquently represent here today, West Virginia Advisory Committee, are concerned about? How about Morgantown, W. Va.? Is that OK?

Mr. PITTS. We have not visited the Morgantown facility. Back in 1973, the Commission organized a national prison project and approximately 9 or 10 States were involved in the study of female institutions. And, of course, we were able, based on that study, to go into Alderson, and the only institution that we have been involved in is Alderson.

I have visited Lexington.

Mr. KASTENMEIER. You have visited at Lexington, not as a group, but you personally have?

Mr. PITTS. Yes.

Mr. KASTENMEIER. I'd appreciate very briefly your comments about Lexington. Do you have reservations about Lexington?

Mr. PITTS. I was somewhat impressed with Lexington, and the way that the institution appeared to me to be operating. I was appalled at the crowded conditions at Lexington, and some of the living conditions, while reminiscent of my college days at an all-black institution in southern West Virginia, I think that we need to come out of the Dark Ages and as the Congress moves forward, so should our attitudes be shaped, and we should now be pursuing more modern methods of dealing with people that are offenders.



Mr. KASTENMEIER. I appreciate that statement.

I yield to the gentleman from California.

Mr. DANIELSON. I have only a couple.

Ms. Resnik, does the Federal Public Defender handle civil matters presently?

Ms. RESNIK. As far as I know, no. I have never been a Federal Public Defender, but it is my understanding they do only criminal work, and that they are limited in the postconviction area to those issues which are called postcriminal remedies, which would include some of the problems that arise for inmates related to conviction and incarceration, but no purely civil problems.

Mr. DANIELSON. I agree with you. I don't know, but my impression is that they only handle criminal matters, that is that's their primary responsibility.

Ms. RESNIK. I would like to add that, when discussions of legal services for inmates are had, some express concern about burdening of the courts. Since this subcommittee deals with courts a lot, I should just like to add that the problems of prison litigation are decreasing. Initially, when courts first received prisoners' petitions, there was enormous shock. It was a novel issue, and most of the complaints were filed pro se, by those unrepresented by counsel. Not only was the issue novel, but the pieces of paper did not fit conventional forms at all. We have created some of that shock period. The initial difficulties with both the legal doctrine and the procedures are being dealt with in a systematic way. More and more district courts are developing procedures for prisoner complaints. As the judiciary becomes sophisticated in these matters, as staff law clerks develop formats for dealing with these cases, the burden which was initially perceived decreases. We are learning how to handle a new class of litigants, essentially. I do not believe we need be shy anymore about both recognizing and assisting prisoners, a group of people who have many legal problems. Inmates should be able to process their complaints, when appropriate, through the courts as well as any other group of people.

Mr. DANIELSON. I appreciate your suggestion of the public defender system for a number of reasons:

As you say, there already exists a network from a political aspect. It may not cross your mind too often, but it would be a lot easier to get an appropriation for the Federal Public Defenders Office than it would be to expand the appropriation for Legal Services Corporation, if we were to bring in this added area of representation.

Legal Services Corporation receives its nourishment through this committee as well, and we always have a battle with those who try to put added restrictions on the areas of representation which Legal Services can carry out.

I can also see a nexus with the public defender. After all, each of these women is serving some kind of a Federal sentence, so you do have a criminal law connection which would provide the bridge you need in order to authorize funding.

Ms. RESNIK. I think that for practical reasons, relying upon Federal public defenders makes enormous sense. For many of my previous clients, I have had to deal with problems related to sentencing, time computation, and detainers from other jurisdictions. Attorneys who know a bit about the criminal law would be able to help

inmates more easily. So I agree with you, for many reasons, that the Federal public defenders would be an appropriate group to help Federal prisoners.

Mr. DANIELSON. But the added thing is these people are in the custody of the Attorney General already. It is a criminal causation. They may have custody, alimony, what have you, civil problems, but because of the fact that they are now in the custody of the Attorney General in a Federal penal institution, they are going to need some help. I think that politically it would be easier to provide the funds through that system than anything else that we've talked about here today.

A separate system would get shot down.

Ms. RESNIK. I think that the current network of public defenders is the appropriate one to use.

Mr. DANIELSON. Thank you very much.

Mr. KASTENMEIER. On behalf of the committee, I wish to thank you both for your appearance today, in addition to the other four panelists who appeared.

This completes 2 days of hearing on the subject. I wish I could predict where this would all lead, but we'll take some time to digest the testimony and the colloquies and to see what course of action we should follow in Congress. But in that endeavor, we thank you for appearing here.

And that concludes the hearings on women in prison and female offenders.

[Whereupon, at 2:20 p.m., the hearings were adjourned.]

## APPENDIXES

## Appendix 1--Supplemental Materials of Witnesses

- A. Bureau of Prisons, U.S. Dept. of Justice (BOP)
- (1) BOP, Task Force Report: Female Offenders, Feb. 1979 (Excerpt)
  - (2) Selected Correspondence and Materials Relevant to F.C.I. Alderson (W. Va.) Medical Facilities (1978-81)
    - (a) Hania W. Ris, M.D., letter and report to Robert L. Brutsche', M.D., Medical Dir., BOP, dated June 30, 1978.
    - (b) Brian D. Williams, Area Service Dir., W. Va. H.S.A., letter to Norman Dittman, Project Officer, Public Health Service, dated June 8, 1979.
    - (c) Norman C. Dittman, letter to Mr. John Kutch, Medical Dir., BOP, dated June 12, 1979.
    - (d) Robert L. Brutsche', M.D., Asst. Surg. Gen., USPHS, and Med. Dir., BOP, summary of Medical Care Program, F.C.I. Alderson, dated Oct. 5, 1979.
    - (e) Norman A. Carlson, Dir., BOP, letter to Hon. Robert W. Kastenmeier, Chairman, House Judiciary Subcommittee on Court, Civil Liberties, and the Administration of Justice, dated Dec. 19, 1979, and enclosing Follow-up Report, Evaluation of F.C.I. Alderson Medical Services, by Dr. Brutsche', dated Dec. 18, 1979.
    - (f) BOP, Follow-up Report to Evaluation of F.C.I. Alderson Medical Services (by Hania W. Ris, M.D., June 30, 1978), dated Feb. 9, 1981.
  - (3) BOP, Female Psychiatric Unit Task Force: Report, dated April 11 and 12, 1979.
  - (4) James L. Beck, Ph.D., "Finding a Job: The Post-release Employment of Federal Parolees," Vocational Training Evaluation--Interim Report, BOP: Office of Research, Sept. 18, 1979.
  - (5) BOP, Security Designation and Custody Classification Manual (P.S. 5100.1), July 14, 1980.
  - (6) BOP, Federal Prison Service Task Force: Report on Family Visitation, Dec. 1980.
- 
- (7) BOP, Alderson Feasibility Study
- (a) H.R. Rept. 96-873, Part 1, 96th Cong., 2d Sess., House Comm. on the Judiciary, dated April 14, 1980. (Excerpt, 17, 18)
  - (b) Kevin D. Rooney, Asst. Atty. Gen. for Admin., U.S. Dept. of Justice, letter to Chairman Peter W. Rodino, Jr., dated Dec. 31, 1980, and enclosing Report to Congress, "Feasibility Study of Alternative Uses for the F.C.I. Alderson, W.Va.."
- B. Jane Roberts Chapman, Summary Report: Criminal Justice Programs for Women Offenders (The Center for Women Policy Studies), 1979
- C. Judith Resnik and Nancy Shaw, "Prisoners of Their Sex: Health Problems of Incarcerated Women," Vol. II, Prisoners' Rights Sourcebook (Edited and Compiled by Ira P. Robbins, Clark Boardman Co., Ltd.), 1980, 319-413.

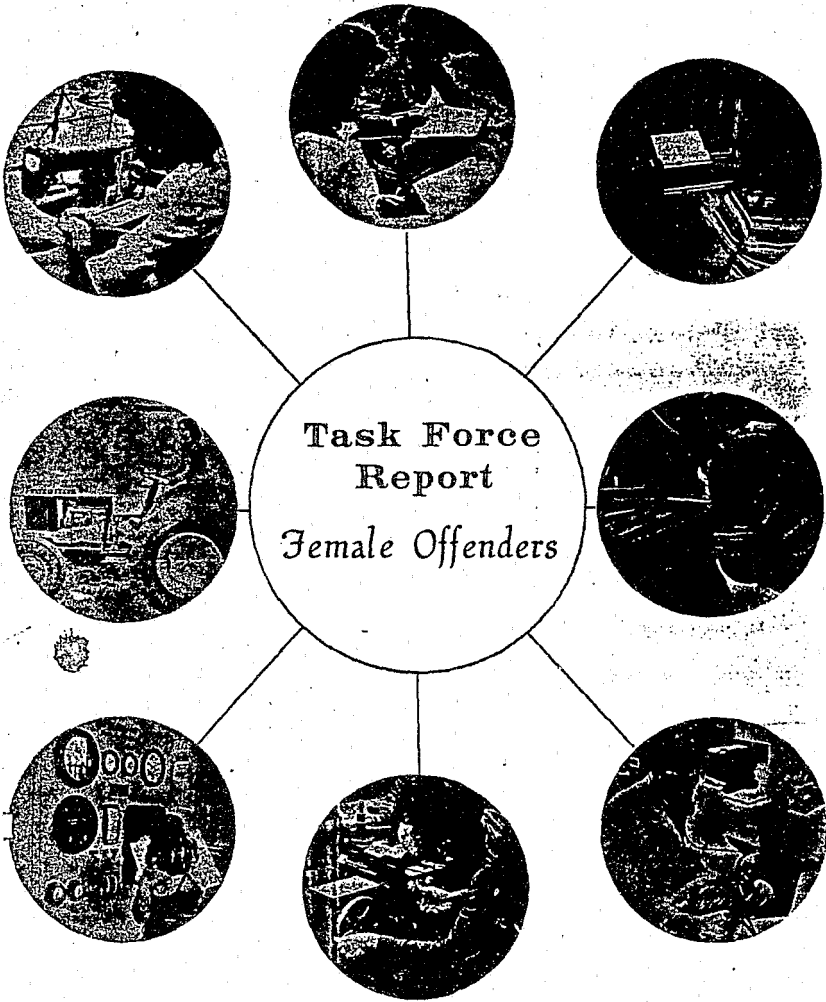


TABLE OF CONTENTSPAGE

Issues Addressed . . . . .	3
Task Force Membership . . . . .	5
Foreward . . . . .	7
Issues. (I-XVII) . . . . .	10
Index of Sections (A-M) . . . . .	28
Index of Appendices (1-5) . . . . .	30

	<u>ISSUES ADDRESSED</u>	<u>PAGE</u>
I.	Are federal prisons for females geographically located to provide the best possible service for female prisoners? . . . . .	10
II.	Should co-correctional programs continue to be a part of the Bureau of Prisons' response to its mission? . . . . .	11
III.	What is the population trend for female incarceration in the federal system? . . . . .	12
IV.	Do available facilities for women in the federal system accurately correspond to custody level requirements? . . . . .	13
V.	Is current policy and procedure adequately meeting the medical treatment needs of female prisoners? . . . . .	14
VI.	Are visiting procedures adequate for female prisoners? . . . . .	15
VII.	Based on current estimates of the prevalence of serious psychiatric problems among female offenders, should present psychiatric facilities be expanded? . . . . .	16
VIII.	Should separate policies be issued for female prisoners in certain areas? . . . . .	17
IX.	Are current skill-training programs for women adequate? . . . . .	18
X.	Are females being placed in Community Treatment Centers on an equal basis with males? . . . . .	19

ISSUES ADDRESSED continuedPAGE

XI.	Do female employees assigned to female institutions believe they are discriminated against in promotion action? . . . . .	20
XII.	Are female prisoners being transported efficiently between prisons in the federal system? . . . . .	21
XIII.	Are existing drug and alcohol programs for women adequately providing service for females with these problems? . . . . .	22
XIV.	Are co-correctional institutions less cost effective than single sex institutions? . . . . .	23
XV.	Is the current Bureau of Prisons policy statement on birth control, pregnancy, childbirth, child placement, and abortion (7300.110A) in need of revision from a medical or legal standpoint? . . . . .	24
XVI.	Are health education programs for females adequate? . . . . .	25
XVII.	Should regional and national audit inspections be revised to include specific inquiries relative to female offenders? . . . . .	26

TASK FORCE ON CONFINEMENT  
OF FEMALE OFFENDERS

TASK FORCE MEMBERS

W. H. Rauch, Chairman  
Warden, FCI, Lexington, Ky.

Barron, Charlotte  
Case Management Coord.  
FCI, Fort Worth, Texas

Montanez, Barbara  
Director  
CTC, Dallas, Texas

Friedman, Meredith  
Chief Psychologist  
MCC, San Diego, Calif.

Neagle, Kenneth H.  
Warden  
FCI, Alderson, W. Va.

Harvey, Dennis  
Executive Assistant  
FCI, Pleasanton, Calif.

Sizer, Gwynne  
Associate Warden  
FCI, Pleasanton, Calif.

Wilburn, Mary  
Staff Attorney  
Washington, D. C.

STAFF SUPPORT PERSONNEL

Amy, Karen  
Administrative Officer  
Washington, D. C.

Lanier, David  
Staff Psychologist  
FCI, Lexington, Ky.

Bergsmann, Ilene  
Editor-Writer  
Washington, D. C.

Minor, John  
Exec. Asst., Correctional  
Prog., Washington, D. C.

Frandsen, Peggy  
Special Asst. to the Director  
Washington, D. C.

Pontesso, Steve  
Case Management Coord.  
Washington, D. C.

EXECUTIVE STAFF ADVISORS

Gerard, Roy  
Assistant Director  
Correctional Prog. Division  
Washington, D. C.

Williams, J. D.  
Assistant Director  
Correctional and Comm. Prog.  
Div., Washington, D. C.



DISCUSSION PARTICIPANTS

Curtis, Adrian  
Budget Examiner/Office of  
Management and Budget  
Washington, D. C.

Fogarty, Gail  
Counsel, Office of Congressman  
Robert Kastenmeier  
Washington, D. C.

Heffernan, Esther, Ph.D.  
The Catholic University  
of America  
Washington, D. C.

Roberts, Shannon  
Asst. Dir., Corrections  
State & Local Assistance  
Div., Washington, D. C.

Schweber, Claudine, Ph.D.  
Department of Criminal Justice  
State University College of Buffalo  
Buffalo, New York

TASK FORCE REPORT ON  
CONFINEMENT OF FEMALE OFFENDERS

This report is a summarization of the ideas, concerns, and recommendations of the Task Force relative to issues discussed at the Female Offender Conference which was conducted in Lexington, Kentucky, March 28-30, 1978.

During that meeting, members of the Executive Staff expressed concern and raised questions relative to various phases of the female offender programs in the federal system. It is toward those issues and concerns that the Task Force has directed its efforts during the past 12 months. The group met on three separate occasions: May 22-24, 1978 in Washington, D.C.; August 18-20, 1978 in San Diego, California; and February 27-28, 1979 in Dallas, Texas.

During these meetings, individual members were assigned specific issues and areas of responsibility, and presented verbal and written material relative to their findings. Fortunately, the composition of the Task Force represented a wide range of professional backgrounds and was selected to include persons with practical experience from all female and co-correctional institutions, as well as representatives from the MCC jail-type facilities.

During the course of their deliberations, Task Force members were encouraged to distribute questionnaires and written inquiries to various federal, state, and local administrators in an effort to accumulate a wide range of knowledge relative to the assignments. Members also visited 31 facilities to discuss firsthand the observations and responses relative to the issues being considered. The vast majority of these visits were made in conjunction with other business, and often were conducted during Task Force members' off-duty hours, a fact which indicates the dedication and interest in the collection of material for the project.

In compilation of this report, I have made a sincere effort to present the unanimous opinion of the Task Force members in some cases, but in all cases, the observations and recommendations contained in this summary represent at least the majority opinion of the group.

Copies of the report were distributed to each Task Force member on April 30, 1979, along with a request that any member who chose to do so was encouraged to submit a separate opinion of any ideas which were substantially different from those represented in the summarization. This step was taken in recognition of the fact that the report is a condensation of rather voluminous materials including charts and other supportive data which were presented by Task Force members throughout their deliberations. These working papers and supportive documents have been forwarded to the office of Mr. Williams, Assistant Director, Correctional and Community Programs Division, for future reference.

In closing these introductory remarks, I express my sincere appreciation to all members and consultants who served on the Task Force. My appreciation is especially sincere since I recognize that services and work performed relative to this assignment were an adjunct to Task Force members' regular duties.

I am hopeful the ideas and conclusions expressed in this document will be helpful to the organization in allaying some of the concerns previously voiced regarding the female offender, and more importantly, will provide us with directions for future planning in the operation of programming for the female offender.

W. H. Rauch

W. H. Rauch, Chairman  
Task Force on Confinement of  
Female Offenders

## I. ISSUE:

Are federal prisons for females geographically located to provide the best possible service for female prisoners?

## DISCUSSION:

The Task Force concludes that current female offender locations at Alderson, Lexington, Fort Worth, and Pleasanton are not situated geographically to provide the best possible service. There is a need for additional female offender prisons in the Northeast, North Central, and lower California regions of the United States.

## RECOMMENDATION:

Since expansion in one geographic area implies reduction in another, facilities planning must take into consideration a wide range of variables. The Task Force recommends a small working group be established to locate facilities to meet the existing need for geographical expansion as outlined previously. We anticipate this project will require 3-5 years to accomplish.

## REFERENCES:

1. Section A
2. Section F, p. F-21
3. Section M, pp. M-5 - M-7

## II. ISSUE:

Should co-correctional programs continue to be a part of the Bureau of Prisons' response to its mission?

## DISCUSSION:

The Task Force strongly supports the Executive Staff's decision to continue co-corrections, reached in May, 1978. At several points in our deliberations, e.g., skill training, facilities plans, educational opportunities, etc., the advantages of co-correctional programs became apparent. Co-corrections provides one way to equalize program offerings for men and women in the face of relatively small numbers of females in the system.

## RECOMMENDATION:

We believe the positive benefits of normalization, atmosphere, and improved job training opportunities far outweigh the problems associated with co-corrections. We urge the Bureau to continue monitoring these programs closely in an effort to identify program opportunities which should be expanded or reduced based upon evidence gathered.

## REFERENCES:

1. Section E
2. Section I
3. Section J
4. Appendix 1
5. Briggs, N., "Women in Apprenticeship-- Why Not?" U.S. Department of Labor, U.S. Government Printing Office, Washington, D.C., 1974.
6. Foster, Euphesenia, "Female Offenders in the Federal Prison System," Washington, D.C. (1977) pp. 19-20.
7. Ross, J.G., E. Heffernan, J.R. Sevvick, and F.T. Johnson, "Assessment of Coeducational Corrections," U.S. Government Printing Office, Washington, D.C., 1978.

## III. ISSUE:

What is the population trend for female incarceration in the federal system?

## DISCUSSION:

The long-term female prison population is rising. There were 662 females in the federal system in 1967, and 1,660 ten years later (1977). In the last several months, however, the female population has leveled off and even dropped. Although we suspect this recent development to be only a short-term fluctuation, this area requires constant monitoring.

## RECOMMENDATION:

The Bureau must take into account the latest female population projections when considering its options for facilities planning.

## REFERENCES:

1. Section M

## IV. ISSUE:

Do available facilities for women in the federal system accurately correspond to custody level requirements?

## DISCUSSION:

Upon analysis by this Task Force, it was found that we have approximately 56% excess housing for higher custody women. An estimate of the custody level of female inmates shows that approximately 70% fall into the lowest custody level, and we have a shortage of approximately 375 such beds. As it is, we are housing lower custody women in facilities designed for higher custody inmates.

## RECOMMENDATION:

That the working group recommended in Issue I consider security level trends in the planning and development of future female facilities.

## REFERENCES:

1. Section A

## V. ISSUE:

Is current policy and procedure adequately meeting the medical treatment needs of female prisoners?

## DISCUSSION:

The Task Force concludes there is need for additional concern in this area. Our limited research indicates we are currently utilizing relatively more community medical resources for women than men, and this presents both budgetary and managerial problems.

## RECOMMENDATION:

1. We recommend the Lexington facility be expanded to provide additional medical treatment for female offenders throughout the system.
2. We also recommend that a working group be impaneled to monitor and co-ordinate medical treatment for female offenders.

## REFERENCES:

1. Section B
2. Section K
3. Appendix 2
4. "A Federal Strategy is Needed to Help Improve Medical and Dental Care in Prisons and Jails," U.S. General Accounting Office, Washington, D.C., December 22, 1978.
5. Glick, R.M. and V.V. Neto, "National Study of Women's Correctional Programs," National Institute of Law Enforcement and Criminal Justice, U.S. Government Printing Office, Washington, D.C., (1977) pp. 61-69.
6. Novick, L.F. and M.S. Al-Ibrahim, Health Problems in the Prison Setting. Springfield, Illinois: Charles C. Thomas, (1977) pp. 78-84.



## VI. ISSUE:

Are visiting procedures adequate for female prisoners?

## DISCUSSION:

The Task Force concludes that, while the visiting policies could be considered adequate, there are indeed several areas which could be expanded. Since female offenders are usually imprisoned in facilities more remote from their home communities than males, the problem of visiting assumes a greater importance. We recognize this problem may be relieved considerably if the recommendation made in Issue I relating to relocation of female prisons is accepted. However, in the meantime, the Task Force recommends the following:

- RECOMMENDATIONS:
1. Establish a pilot program at FCI, Alderson that will explore the feasibility of allowing young children to stay in the institution with their mothers for specified periods of time during holidays and vacations.
  2. All institutions that house women incorporate a "day care" type of program like "Match" or "Sesame Street" into their visiting program.
  3. A Bureau-wide handbook of child visitation programs be compiled.
  4. Expand work in the legal area as related to family relations, divorce, child custody, termination of parental rights, etc.

## REFERENCES:

1. Section C
2. Glick, R.M., and V.V. Neto, "National Study of Women's Correctional Programs," National Institute of Law Enforcement and Criminal Justice, U.S. Government Printing Office, Washington, D.C., (1977) pp. 116-120.
3. Proudfoot, P.M., "Report of the British Columbia Royal Commission on the Incarceration of Female Offenders," Vancouver, British Columbia, (1978) p. 126-136.

## VII. ISSUE:

Based on current estimates of the prevalence of serious psychiatric problems among female offenders, should present psychiatric facilities be expanded?

## DISCUSSION:

The Task Force concludes that approximately 150 female inmates currently incarcerated in the federal system have been identified as suffering from a serious psychiatric disability. Of this number, it is estimated that from 20-30 women would be hospitalized at any given time if more expanded psychiatric facilities for women were available. While the psychiatric facilities currently available for females have been minimally adequate for management purposes, there is evidence which points toward the need for a more psychiatrically consistent response to this issue.

## RECOMMENDATION:

The Task Force recommends a small working group be appointed to consider the feasibility of relocating the psychiatric service from Alderson to Lexington, Kentucky.

## REFERENCES:

1. Section D
2. Novick, L.F. and M.S. Al-Ibrahim, Health Problems in the Prison Setting. Springfield, Illinois: Charles C. Thomas, (1977) pp.54-73.
3. Proudfoot, P.M., "Report of the British Columbia Royal Commission on the Incarceration of Female Offenders," Vancouver, British Columbia, (1978) pp. 135-139.

- VIII. ISSUE: Should separate policies be issued for female prisoners in certain areas?
- DISCUSSION: No. The Task Force concludes, after considerable review and discussion, that existing policy as issued at the national and local levels provides local administrators with sufficient latitude to provide for the needs of female prisoners.
- RECOMMENDATION: We suggest the National Policy Committee continue to consult with appropriate Central Office personnel to insure that concerns relative to the female prisoners are included in future policies.
- REFERENCES: Section L

IX. ISSUE: Are current skill-training programs for women adequate?

DISCUSSION: The Task Force recognizes some improvements have been accomplished in skill-training for women during recent years. In particular, co-correctional institutions are able to provide a wide breadth of skill-training opportunities for women as well as men. However, we conclude that much remains to be done to raise opportunities for women to a level equal to that provided for male prisoners.

RECOMMENDATION: The Task Force strongly supports the Executive Staff's decision to examine skill-training throughout the Service in an effort to identify areas for expansion, both male and female. In addition, an extensive questionnaire relevant to this issue was administered, the results of which will be made available as soon as possible.

REFERENCES:

1. Section E
2. Briggs, N., "Women in Apprenticeships-- Why Not?" U.S. Department of Labor, U.S. Government Printing Office, Washington, D.C., 1974.
3. "Correctional Institutions Can Do More to Improve the Employability of Offenders," U.S. General Accounting Office, Washington, D.C., February 6, 1979.
4. Glick, R.M. and V.V. Neto, "National Study of Women's Correctional Programs," National Institute of Law Enforcement and Criminal Justice, U.S. Government Printing Office, Washington, D.C., (1977) pp. 70-77.
5. Proudfoot, P.M., "Report of the British Columbia Royal Commission on the Incarceration of Female Offenders," Vancouver, British Columbia, (1978) pp. 85-95.

## X. ISSUE:

Are females being placed in Community Treatment Centers on an equal basis with males?

## DISCUSSION:

Yes. The Task Force was pleasantly surprised to learn that females are being released through Community Treatment Centers on a basis roughly equal to male releases. This availability clearly indicates a strong and standard effort during the past few years on the part of national and regional Community Programs Officers.

RECOMMENDATION: Continue with current policies.

## REFERENCES:

1. Section F
2. Appendix 3

## XI. ISSUE:

Do female employees assigned to female institutions believe they are discriminated against in promotion action?

## DISCUSSION:

The Task Force finds no evidence to indicate female employees have been unfairly treated simply because they were assigned to female institutions. The Task Force did see indications, however, that some male employees do not accept or understand national goals related to employment of female correctional personnel.

## RECOMMENDATION:

That a series of training programs explaining the rationale for the Bureau's efforts to provide employment for female workers be developed. Training programs of this nature should be included in basic indoctrination and advanced training, along with supportive training packages to be included in local staff training programs.

## REFERENCES:

1. Section G
2. Appendix 4

- XII. ISSUE: Are female prisoners being transported efficiently between prisons in the federal system?
- DISCUSSION: The Task Force was pleasantly surprised to learn there is little difference in transportation time between males and females. We observe that some institutions housing females find it necessary to transport prisoners directly since utilizing the U.S. Marshal's Service is too time consuming. However, at the present time, this issue is not considered to be a serious problem.
- RECOMMENDATION: That institutions continue to operate on existing policy regarding transportation of female prisoners, and that the condition be further monitored following a few months' operation of the National Airlift Program.
- REFERENCES: 1. Section H

## XIII. ISSUE:

Are existing drug and alcohol programs for women adequately providing service for females with these problems?

## DISCUSSION:

At the time of our survey into this matter, the Bureau of Prisons Task Force on Drug Abuse had just previously issued its report and recommendations regarding this area. We found the institutions surveyed to be in the process of implementing these recommendations for both men and women. As a result of a relatively small number of females with alcohol problems, these women are normally treated under the larger "substance abuse" rubrick.

## RECOMMENDATION:

Continue present policy and periodically monitor institutions' compliance with Drug Abuse Task Force standards, especially with respect to the recommended staffing patterns of these units.

## REFERENCES:

1. Section I
2. Appendix 5
3. Curlee, J., "Women Alcoholics," Federal Probation, Vol. 32, No. 1, March 1968, pp. 16-20.
4. Velimesis, M.L., "The Female Offender," Crime and Delinquency Literature, Vol. 7, No. 1, March 1975, pp. 91-112.



- XIV. ISSUE: Are co-correctional institutions less cost effective than single sex institutions?
- DISCUSSION: Our figures indicate that the per capita cost of the various institutions reflects more the level of programming and institution size than whether or not it is co-correctional.
- RECOMMENDATION: More facts than whether or not an institution is co-correctional must be considered when determining cost effectiveness of co-corrections.
- REFERENCES: 1. Section J

XV: ISSUE: Is the current Bureau of Prisons policy statement on birth control, pregnancy, childbirth, child placement, and abortion (7300.110A) in need of revision from a medical or legal standpoint?

DISCUSSION: The Task Force concludes, after considerable discussion, that current policy is in compliance with current judicial opinions and good medical practice, and that no revision is indicated at this time.

RECOMMENDATION: Continue present policies.

REFERENCES: 1. Section B, pp. B-9 - B-10

## XVI. ISSUE:

Are health education programs for females adequate?

## DISCUSSION:

The Task Force finds a rather wide variation in the quality and availability of health education programs for women, such as prenatal nutritional care, breast self-examination, methods of contraception, etc. We recognize, however, that programs regarding health education for females should be expanded.

## RECOMMENDATION:

The Medical Department should establish educational programs for females which should be included in the programming of each institution that houses women. We have been informed that the U.S. Public Health Service may already have suitable programs.

## REFERENCES:

1. Section K

XVII. ISSUE: Should regional and national audit inspections be revised to include specific inquiries relative to female offenders?

DISCUSSION: No. The Task Force concludes that current auditors at all levels are aware and cognizant of the needs of female offenders, and further, that these needs are considered when examinations are conducted in facilities housing female prisoners.

RECOMMENDATION: Continue currently policy.

REFERENCES: 1. Section L

LONG RANGE FACILITIES PLAN  
FOR FEMALE OFFENDERS

John Minor  
Ilene Bergsmann  
July 28, 1973

I. Introduction

- A. Objectives -- This paper addresses three objectives:
1. The re-examination of the facilities plan for women developed at the Lexington Conference on the Confinement of Female Offenders;
  2. the endorsement of the Lexington Conference plan, or the recommendation of an alternative plan, complete with implementation target dates and integrated into the Bureau's long range facilities plan;
  3. the development of a plan for converting Alderson to an all-male institution.

II. Background

- A. Planning Considerations
1. The facilities plan is based on physical, not operating capacities.
  2. Institutions should be located as geographically close as possible to the home communities of the projected inmate population.
  3. The institution size must be both cost effective and management effective. It must be large enough to absorb operational and administrative costs into the per capita cost at a reasonable rate, and provide a variety of high quality educational, recreational, and self-improvement programs for the inmate population. Moreover, the facility must be small enough to facilitate effective staff management, to provide a humane environment, and to effectively control the inmate population.
  4. The whole range of services, i.e., security, self-improvement programs, medical care, must be available in each region.
  5. The Executive Staff has imposed several planning criteria, based on discussions at the Lexington Conference:
    - a. the long range plan should include both single sex and co-correctional institutions;
    - b. there should be a secure, all female institution on both the East and West Coasts;

Task Force Report  
Long Range Facilities  
Plan  
 John Minor  
 Ilene Bergsmann  
 2/79

- c. the co-correctional institutions must provide a humane confinement environment and an effort must be made to place Level 1 security (minimum) inmates, and especially first commitment inmates, in co-correctional facilities.

III. Female Offender: Population Projection, Security Needs, Geographic Distribution

- A. Assuming a 1% increase during the next 5 to 10 years, there will be approximately 1,600 female offenders.  
 B. Security requirements have been determined by using the inmate classification project form. The information below is based on a 10% random sample of the current female population. (Appendix 1 presents this information in greater detail.)

Security Level and Projected Population

<u>Security Level</u>	<u>Percent of Sample</u>	<u>Projected Number of Persons</u>
I	71%	1136
II	12	192
III	8	128
IV	9	144
V	0	0
VI	0	0
Total	100%	1600

- a. 71% of the women are eligible for minimum security, Level 1.  
 b. 0% of the women require high security, Levels V and VI.  
 c. As is the case with the men, the majority of women require no more security than that of a camp. Based on the classification project, the security classification of existing facilities is in flux. No decisions have been made at this time on security changes. Therefore, it is not possible to provide target dates for these facilities plans.

Task Force Report  
Long Range Facilities  
Plan  
 John Minor  
 Ilene Bergsmann  
 2/79

- C. Female offenders come primarily from urban areas. Slightly more than 50% of all female offenders come from 15 major population areas. Twenty-eight percent are from two large, collective metro areas: the Northeast corridor from New York City to Washington, D.C. (17.4%) and the lower Great Lakes, Milwaukee to Cleveland area (12.3%). Appendix 2 displays the number and percentage of women with legal residences in 28 urban areas. Appendix 3 graphically depicts this information on a map of the United States.

- IV. At the Lexington Conference, a five-year facilities plan was developed. Consideration was given to confining women as close to their homes as possible, to maintaining the options of single sex and co-correctional facilities, and to providing a complete range of services in each region. No target dates were established for this plan.

The Lexington Conference Facilities Plan is as follows:

<u>Facility Name:</u>	<u>Physical Capacity</u>
<u>Northeast Region</u>	
Alderson--secure, single sex	582
Allenwood--non-secure, co-correctional	100
<u>Southeast Region</u>	
Lexington--non-secure, co-correctional	366
<u>North Central Region</u>	
Proposed FCI, secure, co-correctional	200
<u>South Central Region</u>	
Ft. Worth--non-secure, co-correctional	249
Seagoville--non-secure, co-correctional	100
<u>Western Region</u>	
Pleasanton--secure, single sex	335
Phoenix FCI/FDC--secure, co-correctional	50
Total	1982

Task Force Report  
Long Range Facilities  
Plan  
 John Minor  
 Ilene Bergsmann  
 2/79

Highlights:

1. The plan provides the east, central, and western areas of the country with both single sex, secure facilities, and co-correctional facilities.
2. The plan provides the New York to Washington, D.C. Northeast Corridor with an additional facility (Allenwood) mid-way between these cities.
3. There would be an estimated 23% surplus of beds.
4. Fifty-five percent of the bedspace would be in secure facilities. However, the classification survey indicates that only 29% of the population will require such housing. (See page 3.)
5. With only 300 women in the South Central Region, two non-secure, co-correctional facilities in the Dallas area are not needed.
6. With the Phoenix FCI/FDC co-correctional, there would be a surplus of beds, and the administration of such a facility might be impractical.
7. Construction of the North Central FCI has been indefinitely postponed.

- V. Alternate Plans: Because the Lexington plan provides an excess of bedspace, and because more recent information regarding facilities development has surfaced, the following two plans are proposed. Both plans lean heavily on the Lexington plan ideas, are based on a projected population of 1,600, and assume that the North Central FCI will not be constructed in the near future.

A. Plan I

Facility Name:

<u>Facility Name:</u>	<u>Physical Capacity</u>	<u>Activation Date</u>
<u>Northeast Region</u>		
Alderson--secure, single sex	410	Open
Allenwood--non-secure, co-correctional	100	--
<u>Southeast Region</u>		
Lexington--non-secure, co-correctional	366	Open
<u>South Central Region</u>		
Ft. Worth--non-secure, co-correctional	249	Open
<u>North Central Region</u>		
500-bed camp located in the lower Great Lakes area--non-secure, co-correctional	250	--
<u>Western Region</u>		
Pleasanton--secure, single sex	335	Open
Total	1710	



Task Force Report  
Long Range Facilities  
Plan  
 John Minor  
 Ilene Bergsmann  
 2/79

This plan provides for the conversion of Allenwood to a co-correctional camp, housing 100 women. In the North Central Region, there would also be a co-correctional facility with capacity for 250 women and 250 men. The North Central camp would meet the reduced security needs of both the women and the men. Moreover, a camp can be activated more quickly and inexpensively than an institution.

Highlights:

1. Both the East and West Coasts would have secure, single sex facilities.
2. The North Central Region would have a facility to confine women.
3. The Northeast, Southeast, North Central, and South Central Regions would have minimum security, co-correctional facilities.
4. The Western Region would have no minimum security co-correctional facility. This presents a serious problem in providing programs for the criminally unsophisticated offender who is often serving her first confinement.
5. In this plan, the number of secure bed spaces is reduced to 43%, which is still 14% above the estimated security requirements.
6. This plan provides for 1,710 beds, only 6% above the projected population.

B. Plan II

<u>Facility Name:</u>	<u>Physical Capacity</u>	<u>Activation Date</u>
<u>Northeast Region</u>		
Allenwood--non-secure, co-correctional	150	--
<u>Southeast Region</u>		
Lexington FCI--ARC Building, secure, single sex	200	--
Lexington FCI--non-secure, co-correctional	366	Open
<u>North Central Region</u>		
500-bed camp located in the lower Great Lakes area--non-secure, co-correctional	250	--
<u>South Central Region</u>		
Ft. Worth--non-secure, co-correctional	249	Open
<u>Western Region</u>		
Pleasanton--secure, single sex	335	Open
Total	1550	

Task Force Report  
Long Range Facilities  
Plan  
John Minor  
Ilene Bergsmann  
2/79

This plan calls for Alderson to be converted to an all male institution. The ARC Building, currently used by the Public Health Service at Lexington, is to be transferred to the Bureau of Prisons. This facility, which is separate from the main institution, would be used as the secure, single sex facility for the East Coast. With a capacity of 200, this facility has the advantage of being small, and because of its location, would be able to utilize most of the administrative services of FCI Lexington. In the event that the ARC Building transfer could not be achieved, Atwood Hall (currently Lexington's Comprehensive Health Unit) would be a second option.

Highlights:

1. This plan would provide a total capacity of 1,550, 3.7% less than the projected population.
2. This plan would reduce the number of secure bed spaces to 33% of the total, only 4% more than the estimated requirements.
3. The Northeast, Southeast, North Central, and South Central Regions would have minimum security, co-correctional facilities.
4. Both the East and West Coasts would have secure, single sex facilities.
5. The West Coast would have no non-secure, co-correctional facility. This presents a serious problem in programming for criminally unsophisticated offenders.

LONG RANGE FACILITIES PLAN  
FOR FEMALE OFFENDERS

John Minor  
Ilene Bergsmann  
February, 1979

At the August meeting of the Task Force for Female Offenders, a recommended long-range facility plan was approved for submission to the Executive Staff. (See Plan II, pp. 5,6.) What follows is a brief summary of the Executive Staff's actions and the current status of the long-range facility plan for women.

Northeast Region: Conversion of Allenwood to a Level 1, co-correctional facility was disapproved. An alternate plan was proposed to use the planned camp at Danbury for Northeast women; however, this idea does not appear to have much support. On Alderson's conversion to an all male facility, Mary Wilburn, Staff Attorney, was assigned to start legislative change process reports, but was unable to proceed at this time. It appears there will be no change in Alderson's mission in the immediate future.

Southeast Region: Lexington FCI--secure single sex housing for 200 women; ARC building proposed. Acquisition of this building appears to be at least two years away. Lexington FCI, Level 1, co-correctional--no change.

North Central Region: Co-correctional, Level 1 facility located in the "lower Great Lakes" area--unable to locate any facility suitable.

South Central Region: Fort Worth, Level 1, co-correctional--no change.

Western Region: Pleasanton, secure, single sex--no change.

PENDING ISSUES

1. There are no facilities for women in the North Central Region. The area extending from Chicago, South Bend, through Detroit and Toledo to Cleveland, Ohio, is responsible for 12.3% of the federal female population.
2. There are no facilities for women in the North East Coast--from New York City down the coast through Philadelphia and Baltimore to Washington, D.C. This area produces 17.4% of the federal female population.
3. There are no facilities for women in southern California, Los Angeles, and south to San Diego. Almost 7% of the federal female prisoners come from this area.

Task Force Report  
Long Range Facilities  
Plan  
John Minor  
Ilene Bergsmann  
2/79

4. The present operating capacity for women's facilities is 1,653 beds. Of these beds, 850 or 51%, are in secure facilities. Classification data show that 70% of the federal women offenders require only Level 1 security.
5. Both the East and West Coasts have no programs for Level 1 female offenders, which is at least 60% of the female population.

APPENDIX 1

SECURITY LEVELS OF FEMALE OFFENDERS

	1		2		3		4		5		6		All Cases	
Institution	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Alderson Proj. Count (596)	49	68	6	8	6	8	11	15	0	0	0	0	72	99
	387		46		46		85		0		0		564	
Fort Worth Proj. Count (289)	31	97	0	0	1	3	0	0	0	0	0	0	32	100
	280		0		8		0		0		0		288	
Lexington Proj. Count (435)	35	66	11	21	4	8	3	6	0	0	0	0	53	101
	287		91		35		26		0		0		439	
Pleasanton Proj. Count (276)	17	57	6	20	4	13	3	10	0	0	0	0	30	100
	157		55		36		28		0		0		276	
All Institutions Proj. Count (1569)	132	71	23	12	15	8	17	9	0	0	0	0	187	100
	1111		192		125		139		0		0		1567	
D.C. CASES (Not a Random Sample)														
Alderson	7	32	6	27	5	23	3	18	1	0	0	0	22	100
Lexington	9	53	0	0	4	22	5	28	0	0	0	0	18	103
Fort Worth	1	50	1	50	0	0	0	0	0	0	0	0	2	1
All Institutions	17	41	7	17	9	21	8	19	1	2	0	0	42	100

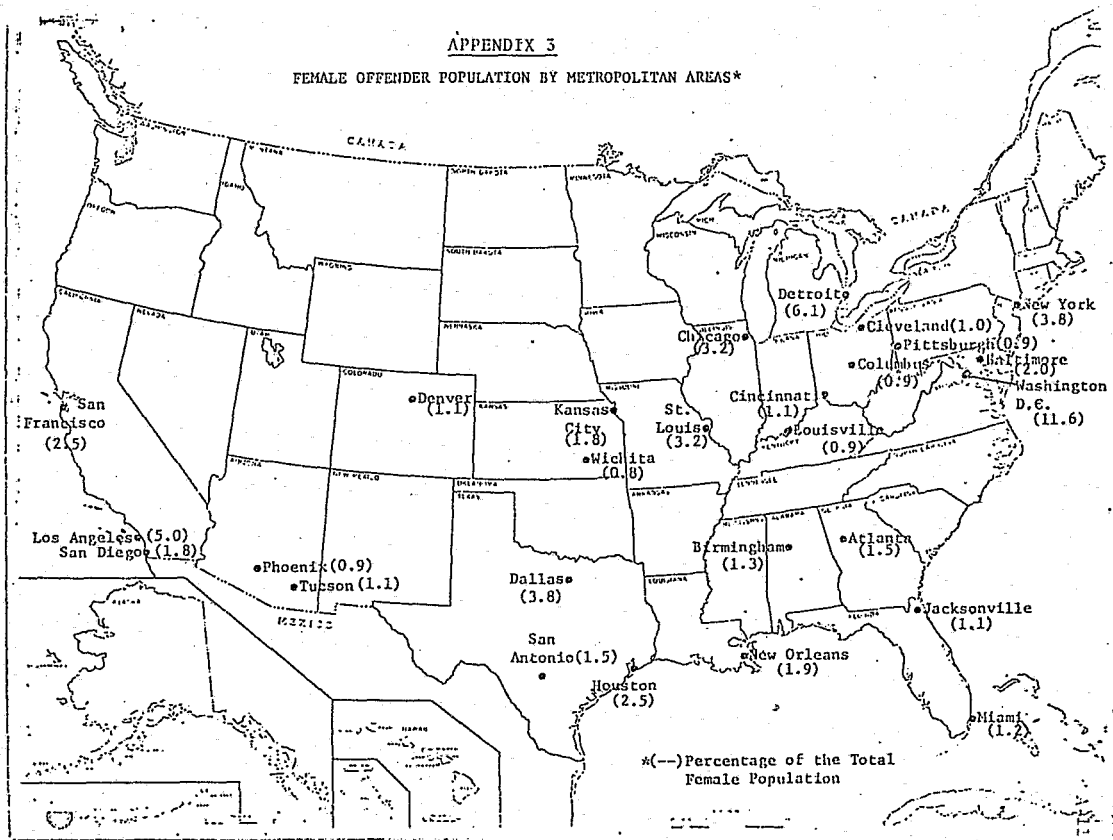
APPENDIX 2URBAN AREAS WITH LARGE NUMBERS OF FEMALE OFFENDERS

<u>Urban Area of Legal Residence</u>	<u>Percent of Total Female Population</u>	<u>Estimated Number of Female Offenders*</u>
Washington, D.C.	11.6%	186
Detroit	6.1	98
Los Angeles	5.0	80
New York City Area	3.8	61
Dallas	3.8	61
St. Louis	3.2	51
Chicago Area	3.2	51
San Francisco Bay	2.7	43
Houston	2.5	40
Baltimore	2.0	32
New Orleans	1.9	30
San Diego	1.8	29
Kansas City	1.8	29
San Antonio	1.5	24
Atlanta	1.5	24
Sub-Total	<u>52.4%</u>	<u>839</u>
Birmingham	1.3	20
Miami	1.2	19
Jacksonville	1.1	18
Tucson	1.1	18
Cincinnati	1.1	18
Denver	1.1	18
Cleveland	1.0	15
Phoenix	.9	14
Pittsburg	.9	14
Columbus	.9	14
Louisville	.9	14
Wichita	.8	13
Lower Great Lakes, Chicago, South Bend, Detroit, Lower Michigan, Toledo, Cleveland	12.3%	197
Northeast, New York Area Baltimore, Washington, D.C.	17.4%	279
Southern California, Los Angeles, San Diego	<u>6.8%</u>	<u>109</u>
Total	<u>64.7%</u>	<u>1034</u>

\*Data is derived from the Inmate Information System. Approximately 25% of the data is missing; therefore, these figures include an estimated compensation for this unknown error.

# APPENDIX 3

## FEMALE OFFENDER POPULATION BY METROPOLITAN AREAS\*



## MEDICAL NEEDS OF FEMALE OFFENDERS

Peggy Frandsen

INTRODUCTION

The purpose of this paper is to articulate to the Task Force on Female Offenders what the medical needs of female offenders are, according to information gathered from staff and inmates from Pleasanton, Fort Worth, Lexington, Alderson, the Medical Directors in the Central Office, and a visit to a state facility for women in Virginia. (See Appendix 1.) A thorough search for information, conducted at the Library of Congress, resulted primarily in the conclusion that there is virtually no pertinent material written on the medical needs and problems of incarcerated women.

When looking into the health care delivery systems in correctional institutions, it is significant to keep in mind the General Accounting Office's recent draft report ("Federal Strategy is Needed to Help Improve Medical and Dental Health Care in Prisons and Jails", July 1978) which found that, to varying degrees, federal and state prisons and local jails do not meet minimum standards for providing adequate levels of care, physical examinations, medical records, staffing, facilities and equipment. Although the Bureau of Prisons scored higher in most areas than the state governments, GAO recommended that to upgrade the level of health care in federal institutions, the Bureau of Prisons should:

1. Re-examine its policy on physical examinations to include biennial examinations of all inmates and mandatory examinations of inmates about to be released.
2. Replace inmates working in sensitive positions, such as maintaining medical records, with qualified civilian personnel.
3. Take appropriate actions to assure 24-hour coverage by qualified medical personnel at all institutions.

While the GAO did not specifically focus on the female offender, their study on female offenders now underway will provide a more extensive analysis in the medical health area.



Task Force Report  
Medical Needs  
Peggy Frandsen  
2/79

#### MEDICAL PROFILE OF THE FEMALE OFFENDER

Women incarcerated request, with substantial frequency, medical attention. The number of women reporting on a daily basis for sick call substantiates this fact. According to staff and inmates, a heavy emotional aspect enters into any physical ailment. Women have a hard time coping with incarceration and are likely to report for sick call with fairly minor discomforts, such as headaches or stomach-aches.

Many of the women are uninformed about their bodies and primary biologic functions. Obstetrical problems dominate. Some inmates who have children do not understand the childbirth process from a medical point of view, but classify themselves as "experts" on the subject. Operations such as hysterectomies are frequent, and the number of child deliveries is on a rapid increase, with more pregnant women entering the system. According to physicians, the most common medical complaints reported are headaches, hypertension, menstrual cramps, ulcers, orthopedic complaints, insomnia, dermatological complaints, diabetes, and weight control.

According to all interviewed, there seems to be a serious need for health education programs for inmates and staff. A "mystique" about medicine exists among inmates, and they want a cure for any illness. Many of the women seldom had much contact with physicians on the "outside," but now feel that the Bureau of Prisons owes it to them to provide medical treatment upon request. Correctional staff don't hesitate to refer women to the hospital for sick call for fear of law suits against them. They too, frequently are no more knowledgeable of basic medical and first aid treatment than the inmates.

Because of the concern and willingness of the staff to refer inmates to the hospital, much of the malingering thought to occur is being perpetuated. Because of the large number of women reporting for sick call each day, frequently understaffed medical personnel are overly burdened, and are unable to spend adequate time with the women with acute physical and psychiatric problems. They generally feel that patient and staff education would alleviate some of these demands for treatment and allow them to do a better job, i.e., the inmate would better understand her body, recognizing certain basic tenets of her biological and psychological functions.

Task Force Report  
Medical Needs  
Peggy Frandsen  
2/79

Educating inmates could also alleviate inmate mistrust of prison staff. Medicine would not be a panacea or cure-all for getting out of work or to break the monotony. In the past, attendance of education classes has been a major problem, and added incentives are needed to encourage participation.

The use of psychopharmacologic drugs among women is considerably higher than among males. Approximately 10% of the females in federal custody are receiving psychopharmacologic medication at any given time. The constant quest for medication could also be decreased by a proper educational program. A number of women (at Alderson, for example; approximately 60% were treated prior to admission) enter the institutions with syphilis or gonorrhea. I have requested further information from other institutions to determine the incidence of gonorrhea.

#### HOSPITALIZATION

Most inmates requiring hospitalization are sent to the community, since the capabilities of Alderson, Pleasanton, Fort Worth, and Lexington are not extensive. A total of 18% of the female population in the Bureau of Prisons in FY'77 were hospitalized for a total cost of \$381,287.00 or \$1,807.05 per patient. Although these statistics were provided by the Medical and Services Division for FY'77, information from Fort Worth indicates that approximately 70% of the entire Fort Worth outside hospitalization costs were for females. Fort Worth is averaging two deliveries per month, and from January to April, 1978, they spent \$39,769.78 on women and \$14,387.21 on men for outside hospitalization.

Most institutions are experiencing the same critical problems in paying for outside hospitalization costs for women, costs which keep increasing. For Alderson, it is particularly difficult, not only from a cost standpoint, but because they are so isolated and must drive 150-220 miles for hospital care. All female institutions cite a need for a gynecologist to assist with OB/GYN care. Because there are no gynecologists at Alderson, there is little continuity of care provided. Also, some women are admitted or transferred to Alderson very close to their expected dates of delivery. There is not adequate time for the patient and obstetrician to develop rapport.

Task Force Report  
Medical Needs  
 Peggy Frandsen  
 2/79

### INMATES' PERSPECTIVE ON THE PROBLEMS OF HEALTH CARE IN INSTITUTIONS

According to inmate interviews, they perceive the major problems to be:

1. An inadequate choice of commissary products.
2. No initial explanation of medical services available.
3. Inadequate emergency care.
4. Unprofessional and insensitive physician assistants.
5. An inability to treat pregnant women.
6. Diet too starchy, high in calories.
7. Not adequate exercise equipment.
8. Spanish-speaking inmates have communication difficulties with medical staff.
9. A backlog of patients for dental care.
10. Medical staff reaction that complaints are primarily psychological.

Generally, in most interviews, three major complaints surfaced:

1. Unprofessionalism of physician assistants.
2. Inadequate, unnourishing diet.
3. A lack of a preventive health care program.

### STAFF PERSPECTIVE ON MEDICAL PROBLEMS OF FEMALE OFFENDERS

It is universally felt by medical staffs that with outside hospitalization costs soaring and the female population increasing, there is a serious need for a referral center for women (such as Springfield Medical Center provides for men for medical and psychiatric needs). Only Alderson provides a psychiatric referral center staffed by one psychiatrist. Aside from this issue, the following comments from staff interviews surfaced:

1. The need for a quicker method of referring women to a hospital or other institution for medical treatment.
2. A serious medical staff shortage.
3. A distinct need for a gynecological center in the Bureau of Prisons with appropriate surgery, lab, pathology materials, etc.
4. The need for a West Coast medical/psychiatric referral center for women.
5. A need for more female personnel on the medical staff.
6. A need for education on health care programs and preventive medicine.

Task Force Report  
Medical Needs  
Peggy Frandsen  
2/79

The Bureau's policy on contraceptives (attached) and abortions is questioned by nurses and physicians. They indicate the refusal to offer contraceptives to women is more likely to result in pregnancy than in abstinence. They recommend contraceptive services could be handled by the physician or nurse in a discreet and confidential manner.

#### THE NEED FOR A MEDICAL REFERRAL CENTER FOR WOMEN

A medical referral center for women is recommended by staff and inmates alike.

A number of options are considered when discussing the development of a referral center. Some medical personnel in the Bureau recommend the creation of a unit for women at Springfield; others want to expand Lexington's services; others to establish Terminal Island as a West Coast referral center. The Medical Division is exploring the possibility of establishing a medical referral center at Big Springs, Texas, the site of a new, proposed BOP camp facility.

Dr. Robert Brutsche, Chief Medical Director, and I feel that it is inappropriate for the Female Offenders' Task Force to recommend a specific location for a referral center. Rather, we feel it is more appropriate for the planning and development staff and the medical staff to address this need, in terms of a specific location.

#### CONCLUSION--WHAT THE TASK FORCE CAN ADDRESS

I believe there are two areas we can point up to the BOP Executive Staff:

1. Generally speaking, the needs of the female offender are comparatively the same as the male offender, with the exception of the OB/GYN needs and the demands for relatively more medical attention. However, there has never been an analysis or study undertaken by medical professionals to analyze in detail, the special needs of the female offender. Most medical staff believe this should be done.
2. The health care of women in the BOP is fragmented and frequently lacks continuity, a situation that could be improved by establishing a referral center, which I feel we should recommend consistent with BOP policy to provide adequate health care which is effective and economical.

Task Force Report  
Medical Needs  
Peggy Frandsen  
2/79

OTHER CONSIDERATIONS:

A FACT--The problem of providing health care continues to increase because of a lack of resources and medical personnel, and because of an increase in female offenders.

The need for health education such as health maintenance, prevention of disease, inmates' understanding of the nature of their illnesses, is of vital importance to inmates and staff.

The need to provide continued training to keep medical staff current on up-to-date methods/practices--an area to look at for the future.

FEDERAL PRISON SYSTEM

WASHINGTON, D.C. 20534



## Policy Statement

SUBJECT: BIRTH CONTROL, PREGNANCY, CHILDBIRTH,  
CHILD PLACEMENT AND ABORTION

NUMBER
7300.110A
DATE
5-10-77

1. POLICY. The Bureau of Prisons provides inmates with medical and social services related to birth control, pregnancy, childbirth, child placement, and abortion. Each Warden shall assure compliance with the law regarding these matters.
2. DIRECTIVES AFFECTED. Policy Statement 7300.110 dated 3-25-76, is cancelled.
3. EXPLANATION. The increasing number of female commitments to the Federal Prison System, the increasing number of those who are pregnant when committed, and the increasing use of community programs, particularly furloughs, dictate that these issues be addressed consistently throughout the system.
4. BIRTH CONTROL. Medical staff shall provide inmates with advice and consultation about birth control and where medically appropriate, prescribe and provide methods for birth control.
5. PREGNANCY.
  - A. The Warden shall assure that each pregnant inmate is provided medical, case management, and counseling services.
  - B. In order to insure proper medical and social services, the inmate shall inform the institution medical staff as soon as she suspects she is pregnant.
  - C. The medical staff shall promptly notify the inmate's case manager when the pregnancy is verified.
6. ABORTIONS.
  - A. The inmate is responsible for deciding to have an abortion or bear the child, in keeping with Supreme Court decisions Roe v. Wade, 410 U.S. 113 (1973) and Doe v. Bolton, 410 U.S. 179 (1973).
  - B. The Warden shall make available medical, religious and social counseling to aid the inmate in making the decision to have an abortion or bear the child. When medical, religious, and social counseling sessions are completed, each staff member involved shall document their contact in a memorandum to the inmate's central file.

APPENDIX 2 continued

- B-10  
Page 2  
73CO.110A  
5-10-77

- C. The inmate shall sign a statement of responsibility for the decision to have an abortion or bear the child. The statement need not be formal, but must clearly indicate the inmate's decision and be placed in the inmate's central file.
- D. At the inmate's request, medical staff shall arrange for the abortion to take place at a hospital or clinic outside the institution. Knowledge of and adherence to state laws is essential.

7. CHILD PLACEMENT.

- A. The Warden may not permit the inmate's newborn child to return to the institution except under Policy Statement 7300.4A, Inmate Visiting.
- B. The inmate is responsible for child placement.
- C. The Warden shall provide opportunities for counseling by institution staff and community social agencies to aid the inmate with placement.
- D. The institution staff shall work closely with community agencies to ensure the child is cared for. It may be helpful to establish a liaison in the local welfare department (or its equivalent). The welfare department should be notified enough in advance so as to have time to investigate the home in which the child will be placed, whether with family or not. Child welfare workers may come to the institution to interview and counsel an inmate.



NORMAN A. CARLSON  
Director

INMATE VISITING: FARAWAY PRISONS

Kenneth H. Neagle

I have attached a brief description of the questions and concerns presented at a recent meeting of the Executive Staff. Their concerns focus on inmate visiting and grew out of articles appearing the Washington Post and Corrections Magazine.

- I. What is the obligation of a prison system in regard to ensuring that prisoners receive visits?
- A.. There is little available information in the literature concerning inmate visiting as a right. Generally, the literature contains procedural rules and regulations concerning inmate visiting.
  - B. Proceedings of the National Conference on Corrections address the substantive rights of inmates to decent, humane treatment and respect. Also addressed was the civil right of all inmates to punishment that is neither cruel nor unusual.
  - C. Further, these proceedings indicated that a code of inmate rights be formulated. These right include visiting.
  - D. It is the policy of the Federal Prison System that all inmates be accorded the privilege of visiting. (Prisoners are sent to prison as punishment.) That this privilege be respected. Visiting is recognized as a significant aspect of safe, humane requirements of imprisonment. (Inasmuch as 95% of our prison population will return to society, coupled with the fact that we posit visiting as a part of our classification and release programs, the maintenance of family and significant community ties should be a major program thrust.)
  - E. The American Correctional Association in its Manual of Standards for Adult Correctional Institutions, Section 4355, states:

"4355 Written policy and procedure provide for assisting visitors with transportation between the facility and the public transit terminal. (Desirable)

DISCUSSION: If there is considerable distance between the public transit terminal and the institution, the institution should seek to provide transportation for visitors. This is particularly important where transportation costs are significant.



Task Force Report  
Inmate Visiting  
Kenneth H. Neagle  
2/79

- F. Public and private sector efforts are being made consistent with this standard. Locally, an agency is providing transportation from Washington, D.C., to Alderson, West Virginia. In Washington, D.C., a D.C. Corrections Institution operated bus provides free transportation from Washington, D.C., to Lorton, Virginia.
- II. Is a lack of visits a phenomenon particular to remote facilities, or is it a more general occurrence which is exacerbated in isolated institutions?
- A. Lack of visits is not a phenomenon particular to remote facilities.
1. FCI, Fort Worth, Texas, averaged 4 male inmates visited per day. (Table I.)
  2. FCI, Sandstone, Minnesota (located 100 miles from Minneapolis/St. Paul) averaged 4 male inmates visited per day. (Table II.)
  3. FCI, Lexington, Kentucky, averaged 4 male inmates visited per day. (Table I.)
- III. Is there a sex-related aspect to the problem, i.e., do women prisoners receive less visits from their spouses than do male prisoners?
- A. Data cannot distinguish between relationship of visitors, e.g., husband, father, etc.
- B. Females do receive significantly fewer visits and visitors than males. (Table I, columns 1,6.)
- C. Women are much more likely to be visitors than men, regardless of the sex of the inmate visited. (Table I, columns 2,3.)
- IV. Assuming that there is a direct relationship between an inmate's distance from home and the number of visits received, what steps (if any) should be taken to rectify this situation?
- A. Establish a Task Force to review more efficient location of inmates to appropriate region. (Table III.)
- B. Task Force review of possible location of females to minimum security camp facility.
1. Approximately 88% of the FCI, Alderson population is within two years of probable release.

Task Force Report  
Inmate Visiting  
Kenneth H. Neagle  
2/79

- C. Review the possibility of children residing in "vacation hostels" with mothers during summer and holiday periods.
- D. Provide review of transportation assistance program.
- V. Finally, what is the relationship (if any) between receiving visits while incarcerated and eventual success post-release?
  - A. Only available study conducted at Hawaii State Prison. Tested hypothesis that men with strong community ties are less likely to return to prison.
    - 1. Sample consisted of 124 paroled in 1969 and 1970.
    - 2. Contacts were measured by number of visits inmate received.
    - 3. Recidivism measured for two years--through 1972.
    - 4. A weak trend in data supported the hypothesis. (But not statistically significant.)

FAMILY PROBLEMS RELATED  
TO THE FEMALE OFFENDER

Mary N. Wilburn

Question: With regard to family matters, is treatment of the female offender confined in the federal system different from treatment of the male offender so confined?

By "family matters", subject to further limitation, we refer simply to maintenance during incarceration of familial relationships viable before incarceration, ties within the nuclear and extended families, i.e., between wife and husband; between incarcerated parent and child; with the prisoner's own parents and siblings; with in-laws, etc.

By "treatment" we mean development and application of policy in the Bureau of Prisons.

At our meeting in San Diego, Gwynne Sizer, after a review of policy, concluded that except where policy related to matters unique to women, childbirth, for example, the Bureau of Prisons implements policy even-handedly, i.e., without discriminating on the basis of sex. This conclusion, with which the Task Force generally agreed in August, does not, however, take into account differences imposed before policy comes into play: restrictions, e.g., on designation, given the geographic facts of the incarceration of women in the federal system. Bureau policy regarding visitation is effective at the door of the institution. Getting there is the visitor's business or problem, as the case may be. The reports on facilities have explored that abundantly.

Bureau policy regarding access to courts does not discriminate on the basis of sex. Legal problems associated with possible termination of parental rights are far more likely to confront an incarcerated mother than an incarcerated father. Access to federal courts will not assist her in preparing for a state proceeding.

A male inmate who lived with his children before entering prison less likely will lose touch with them during incarceration unless the incarceration signals a break with their mother. The female prisoner more frequently was the sole parent at home with the children. Her incarceration may mean a breach, if only a temporary one, in contact with the child. Even where distance need not pose an obstacle, logistics may nevertheless transform a minor distance into an hiatus.

Task Force Report  
 Family Problems  
 Mary N. Wilburn  
 2/79

Thus, our initial question concerning application of Bureau policy is inadequate.

Several factors influenced us to limit our focus to relationships between incarcerated women and their children, some practical, some philosophical:

1. The greater capacity of adults to structure their own mutual relationships.
2. The nature of the mother/child bond and the value placed on it in our society.
3. The sense of a genuine quid pro quo: women who consent to be "studied" in exchange for an opportunity to be with their children are getting the better of the deal.
4. A desire to capture what appears to be a movement in the direction of encouraging mothers in prison to cultivate their relationships with their children.

This is not a subject that has been over-worked by researchers. In a review of literature on the subject for his 1976 publication The Prisoner's Family, Donald Schneller found six studies spanning the fifty years preceding his own work. Of the seven, including Schneller's, one was concerned with women, Serapio Zalba's Women Offenders and Their Families (Los Angeles, 1964). In the past year the McGowan and Blumenthal study to which Gwynne Sizer refers in her report was published, Why Punish the Children? Other recent studies also have been undertaken.

Gwynne Sizer and I each visited a facility where mothers and children have some interaction within a structure established by the institution, i.e., not merely free-form visits. I looked at the Mabon Odyssey House on Ward's Island in New York. It is not a correctional facility, although many of the women there come on referral from the New York courts. I went there: 1) because it was nearby, and 2) because it did provide a chance to observe mothers and children together in an institutional setting.

Our recommendation that programs providing opportunities for parents and children to spend time together within the institution be developed has been pretty well upstaged by the

Task Force Report  
Family Problems  
 Mary N. Wilburn  
 2/79

research project underway at Pleasanton: Project Match (Prison Mothers and their Children). This is a project undertaken with Carolyn McCall of the National Council on Crime and Delinquency as the principal researcher. It is described as a "model program to strengthen the family ties of female offenders and their children." The goals of the model are:

1. To protect and strengthen the family ties of female offenders and their children.
2. To enhance the educational development of female offenders and their children.
3. To lessen the chances of recidivism on the part of female offenders and for future delinquency on the part of their children.
4. To develop models for prison and community based rehabilitative family interaction and education.
5. To provide avenues of research about the effects of incarceration upon the families of female offenders and about the feasibility of community treatment for female offenders and their children.

The program has several components and this seems to be characteristic of the projects in the states as well which foster interaction between inmate mothers and their children. In addition to time spent with the children, there are classes on parenting, typically, and support group meetings in which the mothers help each other to reach and comprehend their own feelings and behaviors.

RECOMMENDATIONS:

1. That the Task Force ask for a preliminary statement on the progress of Project Match.
2. That the Task Force recommend to other institutions in our system which house women, that they explore the feasibility of incorporating a program into those institutions.
3. That the Task Force undertake to compile a handbook of such programs now underway under the auspices of any correctional authority.

Next Focus: Experience of female federal offenders in litigation of family-related matters (divorce, custody, termination of rights, etc.).

# FAMILY PROBLEMS RELATED TO THE FEMALE OFFENDER

Gwynne H. Sizer

There is no single explanation or solution for the plight of children of women prisoners. These children are the victims of some of the most destructive forces in our society. It has begun to sound trite to cite poverty, racism and sexism as causal factors. Yet the data presented demonstrate that each of these forces contributes to the problems of children of women prisoners: These children generally come from poor, minority, female headed households in which there is a high degree of social disorganization.<sup>1</sup>

The data for the McGowan and Blumenthal study was obtained from a National Mail Survey to administrators and residents in correctional facilities reported to hold 25 or more female inmates. Responses were obtained from every state, four federal facilities, the District of Columbia, and Puerto Rico. They received data on 74 facilities in which approximately 9,379 women were confined at the time of the survey.

A summary of their findings indicates that approximately two-thirds (67.1%) of the women in our survey were mothers; the average inmate-mother had an average of 2.4 dependent children. Almost two-thirds of the children for whom age was reported were under ten (62.4%) and nearly one-fourth were under four. Although this is not surprising in view of the relative youth of the inmate population, it suggests that a significant number of children of prisoners are separated from their mothers during their early formative years when a positive, nurturing relationship is considered essential to child development.<sup>2</sup>

Most children of women prisoners lived with their mothers prior to arrest, but approximately one-fourth did not. Those children not living with their mothers prior to arrest, generally lived with relatives (68.4%); a large percentage of those cared for by their mothers also lived in extended family situations. Consequently, many children did not experience any change in residence after the arrest of their

<sup>1</sup>McGowan and Blumenthal, Why Punish the Children?, (National Council on Crime and Delinquency, 1978), p. 72.

<sup>2</sup>Laura Crites, The Female Offender (D.C.: Heath and Company, 1976), pp. 124-125

Task Force Report  
Family Problems  
Gwynne H. Sizer  
2/79

mothers, but this does not mean they were not traumatized by the arrest of their mothers or hurt by the loss of an ongoing relationship with their mothers. Children who had to be moved after their mothers were arrested most frequently went to live with relatives; about 12% or one out of eight were placed in foster care.<sup>3</sup>

Approximately 85% of the inmate mothers maintained some contact with their children during the time they were incarcerated, and almost as many (82.6%) were in regular contact with their children's caretaker. However, many women indicated that because of geographic distance and restrictive visiting and telephone policies, their contacts were not as frequent or as satisfactory as they would have liked. Almost four out of five of the mothers (78.9%) said they planned to re-establish a home for their children after their release; only two (1%) said they planned to place their children for adoption. Certainly these findings suggest that inmate mothers feel responsible for their children and regard their current separation as only temporary.<sup>4</sup>

Also from the McGowan and Blumenthal study, note Appendix 1 that gives recommendations for program changes given by inmate mothers.

Having reviewed this survey, and in looking at the isolation and distance families must travel to visit the majority of women confined in federal facilities, I recommend that we seriously review a way to assist federal offenders and their children to reunite.

On November 28, 1978, I visited the Nebraska Center for Women, York, Nebraska. I cannot tell you just how impressed and excited I was about their NOLD (Mother Offspring Life Development) Program. The purpose of this program "is to enable the parent and child to interact constructively in a setting which will enable both to become better acquainted". I spent the day talking with staff, inmates, and children who were visiting during that time. The only negative comment I received was from parents and children who felt that they could not come often enough.

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<sup>3</sup>Ibid.

<sup>4</sup>Ibid.

Task Force Report  
Family Problems  
Gwynne H. Sizer  
2/79

Appendix 2 reflects the guidelines for this program. I hope my recommending a family visiting program will not be construed as a conjugal visiting program; it is not that. No males will be involved except for boys under the age of 12 years. Before involving the co-correctional facilities, I would like to see us try pilot projects at Alderson and Pleasanton.

Appendix 3 was sent to me by a staff member from Nebraska. It concerns a similar program at Purdy Treatment Center, Gig Harbour, Washington, and is also attached for your informational purposes.



APPENDIX 1Recommendations for Program Changes made by Inmate-Mothers

## 1. Visiting:

- a. Longer and more frequent visiting hours
- b. Overnight visits
- c. Weekend visits
- d. Family visiting programs (child, caretaker, and resident)
- e. Visits in which physical contact is permitted
- f. Better physical settings for visits on facility's grounds
- g. Occasional visits with children off prison grounds, e.g., park
- h. Fewer correctional staff present during visits
- i. Varied visiting days and times, e.g., weekdays, after school hours, so it is easier for caretakers to bring children
- j. Provision of financial assistance and escort service to facilitate visiting by children
- k. Transportation pools
- l. Establishment of mandatory visiting policy so that visitation rights may not be denied by the prison or by the agency or person(s) with custody of the children
- m. Positive efforts by correctional officials to encourage caretakers (especially husbands and foster parents) to bring children to visit

## 2. Parent education:

- a. Child psychology classes
- b. Family-planning classes
- c. Family-living classes
- d. Small groups dealing with questions such as how to explain incarceration to children of various ages and how to maintain an effective parent role with children when they are being cared for by other people
- e. Opportunities to work in day-care centers for experience with children
- f. "Help" to be a better mother

## 3. Counseling-therapy:

- a. Mothers' discussion groups
- b. Family counseling
- c. Parents without partners chapter

APPENDIX 1 continued

4. Provision of information to mothers on matters related to the conditions of their children:
  - a. "Someone" (occasionally respondent specified a social worker, a case worker, or welfare) to check to see if the children are being cared for properly and to inform the mother about their conditions at regular intervals
  - b. Full-time representative of the public child welfare agency at the correctional facility
  - c. Better communication between the public department of social services and the prison
  - d. "Someone" to help mothers locate their children
5. Programming for children's visits:
  - a. More planned activities for mothers and children during visits
  - b. Playroom, playground for children during visits
  - c. Children's day
  - d. Picnics for mothers and children
  - e. Family "get-togethers"
  - f. Group overnight outings for mothers and children
  - g. Holiday dinners at prison for families
  - h. Tours of facilities for children
  - i. Photographs of children when they visit
6. Housing children with mothers serving time:
  - a. Nurseries on prison grounds for infants up to one year of age
  - b. Separate cottage on prison grounds for mothers and their children
  - c. Special apartments on prison grounds for families
  - d. Cottages or apartments for families located near, but not on, prison grounds for pre-parole or work-release women
7. Substitute caretakers:
  - a. Information concerning availability of foster homes
  - b. Foster homes and group homes for children of inmate mothers located closer to prison
  - c. Foster homes for sibling groups
  - d. Sufficient numbers of foster homes (so children need not be institutionalized)
  - e. Improved relationships between foster parents and mothers.
  - f. Rap sessions for inmate-mothers whose children are in foster care and for foster parents caring for children of inmate-mothers

APPENDIX 1 continued

- g. Tours and rap sessions for prospective foster parents and for residents considering using foster-care services
  - h. Community speaking engagements for residents concerning foster-home program
  - i. Meetings between mothers and foster parents prior to child's placement for purposes of sharing information and planning
  - j. Visits to mother by child's case worker
  - k. "Someone" to keep child aware of whom his real mother is
  - l. Concrete help to regain custody of child and re-establish the home
8. Services for children in the community:
- a. Special educational programs
  - b. Day-care services
  - c. Preschool programs
  - d. Prison workers to serve as liaison between teachers and inmate mothers
  - e. Provision of gifts to children on birthdays and holidays

APPENDIX 2GUIDELINES FOR CHILD VISITATION PRIVILEGES .

1. Children must be free of fever. Children exposed to chicken pos, measles, mumps, etc., require 21 day waiting period. If the child requires medication for a chronic illness, it will be given by the mother and stored with hall supervisors.
2. Mothers are able to have children for up to five (5) days a month. Exceptions may be made during holidays.
3. The mother may work and attend school during her child's visit. Any changes in work/school must be arranged prior to visit, and the mother must arrange for supervision of the child while she is at work or school. Children are not allowed in work areas.
4. Girls up to 12th birthday and boys up to the 8th birthday may visit overnight. Children must be six (6) months of age before they will be allowed to stay overnight.
5. The children must stay in the mother's room. A cot is provided for that purpose. The mother's room will not be locked at night while their children are on grounds.
6. The visit is discussed in a social service team meeting prior to the child's visit. Transportation is the responsibility of the mother.
7. Mothers are responsible for supervision of the children while they are on grounds.
8. Damages to the State property will be the responsibility of the parents.
9. According to the season, access to grounds and play equipment will be arranged.
10. Once the child comes to visit, he must remain on grounds. Travel orders are required for all off-campus activities in order that the mother may accompany her child.
11. No home made foodstuffs are to be brought in with the children.
12. All packages that are brought in for the resident must go through the usual security check at the desk.
13. Visiting children will have sacks, suitcases, and person checked before entering the institution.

APPENDIX 2 continued

14. Children will not be permitted in the designated off-limit areas at any given time, such as the sewing factory, kitchen, nor may they interfere in any way with the security and operation of this institution.
15. Meals will be eaten in the dining room. The charge to the children will be 65¢ per day. This must be paid in advance of the child's visit. Payment will be made at business office.
16. Because of the limited space, only two (2) children per woman will be allowed to visit overnight. These visits may be set up during the week or on weekends. No more than four (4) children per hall will be allowed at any given time.
17. No alcohol, drugs, or contraband may be brought on to the campus.
18. Mothers on hall or room restriction will not be allowed overnight visitations until the restriction has been lifted.
19. Women may begin to keep their children overnight 30 days beginning after her classification date. This includes evaluators.
20. Overnight requests must be in to the MOLD Director at least ten (10) days in advance. If the visitation arrangements are not made through the MOLD Director, the children will not be permitted to stay on grounds.
21. In case of illness of the mother, arrangements will be made by the mother to send the child home. In case of illness of the child, arrangements will be made to have the child/children taken home immediately.
22. Safekeepers awaiting sentencing are not allowed to keep their children, unless they are sentenced to the institution. They must then observe the same rules as the other women.
23. Mothers need to make a written contract with the MOLD Director at the time of request. This contract will outline plans for while the child is visiting and arrangements for transportation. Copies will go to counselors and hall supervisors. This must be done seven (7) days prior to planned visit.

APPENDIX 2 continued

24. Children using the MOLD building must be accompanied by their mother.
25. Children's visits will be determined on a first come, first serve basis.

The above guidelines have been read to me. I understand all these rules and agree to comply with them. I also understand that failure to do so may result in suspension of these privileges.

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Date

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Mother's Signature

APPENDIX 3

February 17, 1976

State of  
Washington  
Department  
of Social & Health  
Services



San Francisco Neighborhood  
Legal Assistance Foundation  
Women's Litigation Unit  
1095 Market Street, Suite 306  
San Francisco, California 94103

Attention: Barbara Weiner, Legal Assistant

I declare and state that I, Dorene Buckles, am the Diagnostic Services Administrator at the Purdy Treatment Center for Women, an institution which houses all women convicted of felonies in the state of Washington and sentenced to a state institution. I have been in the position of providing and coordinating child welfare services since August, 1971. Previously, I worked for the Division of Public Assistance for approximately 7 years as a caseworker in Family and Children's Services.

Our program at Purdy as it affects children has many facets. In fact, it is an integral part of our total program. Our program offers resources to residents in the areas of placement of their children in foster care if the mother wishes to have them housed nearer to her so that visitation is possible and/or to provide adequate care for the child during her absence; formal training in child care and development through the school program, which can result in receiving a vocational certificate in early childhood education after completing sufficient hours of training in the nursery school which is operated on the campus for children from the community; self-help discussion and service group called the Children's Committee who bring in trainers in parenting and provide parties, toys, and play areas for children of residents; legal representation through Prison Legal Services if persons or agencies in the community are contesting the mother's custody of the children; family counseling; a social worker who is the liaison between Purdy Treatment Center and our residents and caseworkers in both public and private child welfare agencies, including facilitating visitation and working with the caseworker, natural mother, foster mother, and sometimes the child in problems that may arise during visitation or within the foster home. The social worker is also our liaison with Juvenile court workers. The social worker also is available to train institution staff in the needs of mothers and children, review institutional policies as they affect children, and inform caseworkers, court workers, foster parents and other interested individuals in the needs of the incarcerated mother and her children. Additionally, the social worker works with the mother, caseworker and/or foster parents to coordinate planning for the mother and child/children to be with the mother during furloughs and planning toward being reunited upon parole. The social worker and institutional counselors try to work with caseworkers to develop a case plan which is consistent between both the mother and her child/children. They also report back to the caseworker, parent/child problems which are observed during visitation. Our staff work with our residents toward the resolution of such problems, and the caseworker works with the foster parents and/or the child.

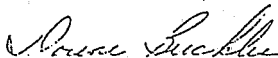
APPENDIX 3 continued

Children are allowed in all areas of the campus as long as they are being supervised by their mother. This allows the child to see where their mother lives, works, goes to school, plays, eats, etc. For young children who are visiting all day, the mother's bed in her room is the best place for a npa. Older children may need a private talk with their mother, again in the privacy of her room. The length and frequency of the visits is determined on an individual basis, considering the convenience of the care-taking family, the age of the child, the mother's parenting ability, the child's school schedule, etc. Children of women in work/training release, who are housed in an area away from the campus, may stay overnight, or for a period of several days with their mother as long as she is providing constant, personal supervision. We also encourage personal visits, telephone calls and letters between the natural mother and the foster mother, so that they can maintain their communication and work together as a team.

We have been very pleased with the effect that the children's program has had on the campus. We have found that mothers concentrate more fully on their own programming and treatment when they know that their children are being well cared for by persons who are supportive of that mother regaining custody as soon as she is able to do so. Caseworkers have reported that children do better in foster care when they, through visitation, are assured that their mother is alright, still cares for the child, and is not providing care primarily because she is not free to do so. In our experience, mothers are eager to have their children visit. Jealousy on the part of women who do not have children, or whose children live too far away for frequent visits is almost non-existent. Instead, the problem some mothers face is getting their friends to leave them alone long enough to have a meaningful visit with their child. Some of the members of the children's committee are either not mothers, or are grandmothers, who still enjoy providing services for mothers and children. In our experience, residents monitor other resident's behavior when children are around. This applies to language as well as to behavior. On occasion, a mother has received lectures and warnings from her peers if she was not providing adequate care for her child during the visit. Security and discipline have thus far not been a problem in the presence of children. I doubt that it will ever be because the resident seem to have a very strong code about protecting children.

I declare under penalty of perjury that the foregoing is true and correct.

2-17-76  
Date

  
Dorene Buckles, MSH, Diagnostic Center Administrator

I, Sue F. Clark, am very supportive of the Nursery School Program and the Foster Care Program at the Purdy Treatment Center for Women and personally feel that programs of this nature at the California Institution for Women should be a priority consideration.



TABLE I  
INSTITUTION VISITING

Institution	Number of Inmates Visited	Male Adult	Female Adult	Child	Population	Totals
Lexington	Female 49 (Average 1.6 per day)	134	82	28	375	244 (Average 8 per day)
	Male 124 (Average 4.0 per day)	253	613	127	652	933 (Average 53 per day)
	Totals	387 (Average 13 per day)	695 (Average 23 per day)	155 (Average 5 per day)	1027	1177 (Average 41 per day)
Fort Worth	Female 68 (Average 2.3 per day)	156	148	81	257	385 (Average 13 per day)
	Male 118 (Average 4.0 per day)	216	716	309	363	1241 (Average 41 per day)
	Totals	372 (Average 12 per day)	864 (Average 28 per day)	390 (Average 13 per day)	620	1626 (Average 54 per day)
Alderson	Female 38 (Average 1.3 per day)	65 (Average 2.1 per day)	41 (Average 1.3 per day)	27 (Average .9 per day)	436	133 (Average 4.4 per day)

TABLE II

INSTITUTION VISITING

<u>Institution</u>	<u>No. Visited</u>	<u>No. of Visitors</u>	<u>Average Population</u>
<u>Lewisburg</u>			
Inside Population	1018	1913	1348
October	34 @ day	64 @ day	
Camp Population	274	585	234
November	9 @ day	20 @ day	
<u>Oxford</u>			
June	440	924	560
	19 @ day	41 @ day	
December	290	617	556
	14 @ day	27 @ day	
<u>Sandstone</u>	112	453	453
	4 @ day	15 @ day	
<u>Pleasanton</u>			
1977 Co-correctional	403	1147	256
	13 @ day	38 @ day	
1979 Female	354	639	312
	12 @ day	21 @ day	

TABLE III

CONFINING INSTITUTIONS BY REGION

## REGION ASSIGNED

LEGAL RESIDENCE BY REGION	NORTH EAST	SOUTH EAST	NORTH CENTRAL	SOUTH CENTRAL	WESTERN	TOTAL
NORTH EAST	225 (67%)	104 (31%)	—	3 ( 1%)	2 ( 1%)	334
SOUTH EAST	121 (46%)	127 (48%)	—	12 ( 5%)	5 ( 2%)	265
NORTH CENTRAL	152 (39%)	186 (48%)	—	37 ( 9%)	15 ( 4%)	390
SOUTH CENTRAL	82 (26%)	12 ( 4%)	—	206 (65%)	19 ( 6%)	319
WESTERN	24 ( 7%)	9 ( 3%)	—	18 ( 6%)	276 (84%)	327
TOTAL	604	438	—	276	317	1638

\*Does not equal 100% due to rounding

EXTENT OF SERIOUS PSYCHIATRIC PROBLEMS  
AMONG FEMALE OFFENDERS

David Lanier  
Meredith Friedman

A calculated 10.5% of the female population (based on reports of 1,416 women) have psychiatric problems that have brought them to the attention of mental health professionals in the institutions studied. This figure excludes antisocial personalities or people with a diagnosis exclusively of drug addiction or alcoholism. This figure also does not include data from the Federal Correctional Institution, Fort Worth, where only estimates were available. If we had included drug addicts, alcoholics; and those females with a diagnosis of antisocial personality, the figure would have been in excess of 35% of the female population. (See Appendix 1, Tables I and III.)

Adequate data for a comparison with the male population was not available. From the data collected, it appears that there are at least as many psychiatric problems among the female population as the male population. Further investigation of male demographics may be required.

The collected data is felt to be conservative, in view of the operational definition employed for mental health problems. (See Appendix 1.) Also, it is believed that a significant number of mental health problems do not come to the attention of the professional staff.

Subjective reports indicate that women tend to present a wider variety of mental health problems than do males. Additionally, there is a widespread perception among line staff and middle management levels at all institutions included in our sample, that women inmates, for a variety of different reasons, are more difficult to manage.

The data indicate that women require more formal and informal evaluations than do male inmates. (See Tables II and IV, Appendix 1.)

Task Force Report  
Psychiatric Problems  
David Lanier  
Meredith Friedman  
2/79

UTILIZATION OF PSYCHIATRIC FACILITIES  
FOR FEMALE OFFENDERS

Hospital Administrators at the seven institutions housing female inmates were sent questionnaires requesting the following information:

1. If there were a centrally located and fully operational psychiatric facility for female inmates, how many women currently (October, 1978) in the population would be transferred?
2. How many of these women require a special housing situation other than the general population, i.e., Administrative Detention, Institution Hospital, etc.?
3. If it were not possible to transfer such women to a Bureau of Prisons facility, but was possible to arrange for contract, inpatient services with state, county, or private facilities in the local community, how many inmates would be sent?
4. Which would be administratively simpler, to transfer women to a centralized Bureau of Prisons hospital or to a non-Bureau of Prisons, but local, facility?

**CONCLUSIONS:** Nationwide, Hospital Administrators during the month of October, 1978, would have transferred 20 women to a centralized Bureau of Prisons facility. Fourteen of these women were evaluated as requiring a special housing situation separate from the general population. Nationwide, only 13 women would be transferred to a community facility if this were the only available alternative. Five of the 7 Hospital Administrators believed that a Bureau of Prisons facility would be administratively simpler, one felt it would be simpler to place inmates locally, and one could not decide at this time. Informal query of Hospital Administrators confirmed their preference for dealing with a psychiatric resource within the Bureau of Prisons, rather than having to establish community liaisons.

Task Force Report  
Psychiatric Problems  
David Lanier  
Meredith Friedman  
2/79

acute, private psychiatric facilities with locked units. The usual stay is 2-3 weeks, but longer stays can occur when clinically indicated. The locked units provide some security in that the doors heading into it are kept locked at all times. Inmates could not be kept indefinitely for detention purposes, but only for that length of time during which acute treatment is indicated. (Thereafter, transfer to a state facility would be required.) Daily rates at the two facilities range from \$121 for semi-private, to \$133 per day for private rooms in the intensive care unit which is also secured. Physician charges are extra.

3. Federal Correctional Institution, Fort Worth

- a. John Peter Smith Hospital, Fort Worth, Texas -- This is the county hospital for the Tarrant County Hospital District. There is a 28-bed, professionally staffed, locked psychiatric ward. The average length of stay is three weeks, after which people are transferred to the state hospital system. The average cost is \$95 per day, plus extra fees for physician's services.
- b. Psychiatric Institute of Fort Worth -- This facility has only an open unit program. They are motivated to contracting with the Bureau of Prisons and would negotiate on their \$128 per day rate. Security considerations would be the responsibility of the Bureau of Prisons (in terms of who was transferred and what precautions would be instituted to prevent escape).
- c. Texas Department of Mental Health and Mental Retardation -- Rusk, Terrell, and Wichita Falls State Hospitals were suggested as resources. Rates vary from \$56 per day at Wichita Falls to \$64 per day at Rusk and Terrell. Of the three facilities, Rusk is designed to provide extra security measures for patients who require such due to their legal status, or by reason of their being considered dangerous to others in the non-security mental health facilities within the department. The hospital has a maximum

Task Force Report  
Psychiatric Problems  
David Lanier  
Meredith Friedman  
2/79

security unit which is double fenced with adequate surveillance from strategically placed watchtowers. Watchmen also patrol the outer perimeter on a 24 hour basis. The state hospital system is already contracting with the Texas Department of Corrections and would have no difficulty in extending its service to the federal government.

4. Federal Correctional Institution, Lexington

- a. Lexington State Hospital -- Part of the Kentucky State Hospital System, the facility will consider handling unmanageable female psychiatric inmates. The hospital is composed of open wards with individual rooms that lock. The daily rate varies from \$80 to \$100, depending upon the intensity of care required.

5. Federal Correctional Institution, Alderson

- a. Appalachian Regional Hospital, Beckley, West Virginia -- This is the closest facility to the Alderson facility, but requires a two hour drive. The hospital has a 40-bed psychiatric unit which consists of locked rooms on open wards. The daily rate is \$250 plus physician costs.

6. Metropolitan Correctional Center, Chicago

- a. St. Luke's Hospital -- Psychiatric residents from the hospital currently rotate through the MCC. The hospital has an outstanding psychiatric service and is amenable to contracting for short-term care of female MCC psychiatric inmates at \$300 per day, plus physician costs.

CONCLUSIONS: Adequate community treatment resources are available for treatment of both acute and long-term psychiatric patients who are unmanageable within the confines of an institution. With physicians' fees, the daily rate of community hospitals is estimated to be on the average of \$200. State facilities, whose mission is the care of longer term disorders, have significantly lower rates, averaging about \$70 per day.

Task Force Report  
Psychiatric Problems  
David Lanier  
Meredith Friedman  
2/79

Cost Effectiveness of a Bureau of Prisons Facility Versus Contract with Community and State Hospitals: Based on feedback from Hospital Administrators, it can be estimated that in the course of a year, there would be approximately 50 female inmates nationwide in need of specialized psychiatric care. For the purpose of a cost effective comparison, it can be predicted that 25 of these individuals would be chronically ill and would require long-term care, possibly to the completion of their sentences. Another 25 can be predicted to be manifesting acute disorders which would require short-term intensive care in the community. Chronic individuals can be estimated to require an average of 180 days of care, while those with acute disorders would be hospitalized for approximately 14 days.

CONCLUSION: From this rudimentary cost analysis and survey of community alternatives, it would appear that an expanded in-house facility for psychiatrically disturbed females should be developed. Since the Federal Correctional Institution, Lexington, possesses central urban location, a medical referral center for women, and the possibility of facility expansion, it would seem to be the logical choice.



Task Force Report  
Psychiatric Problems  
 David Lanier  
 Meredith Friedman  
 2/79

I. Centralized Bureau of Prisons Facility to House 50 Inmates in the Course of One Year

A. Staff

1. One-fifth time Psychiatrist	\$10,000	
2. One Psychologist	25,000	
3. One Case Manager	18,000	
4. Four Officer Aides	56,000	(\$14,000 x 4)
5. Three Nurses	45,000	(\$15,000 x 3)
6. One half-time Occupational Therapist	7,000	

TOTAL \$161,000

B. Transportation

1. 100 Air Vac trips at a cost of approximately \$1,000 per trip:	\$100,000
-------------------------------------------------------------------	-----------

C. Total -- \$261,000 per year, plus incidentals (medication, food, clothing, etc.) and start-up costs.

II. Care in a Community or State Hospital

A. Acute intensive care for 25 inmates, each for 14 days, at \$200 per day (hospitalization and psychiatric care):	\$ 70,000
--------------------------------------------------------------------------------------------------------------------	-----------

B. Chronic long-term care for 25 inmates for 180 days, at \$70 per day (hospitalization and psychiatric care):	\$315,000
----------------------------------------------------------------------------------------------------------------	-----------

C. Total -- \$385,000 per year

APPENDIX 1

Directions for the collection of psychiatric statistics for male and female offenders:

In an attempt to derive a comparison between the psychiatric needs of male and female inmates, it is necessary to collect data from a number of institutions. It would be extremely helpful if you could provide the following information:

- A. Institution count for one day. Please select one day in the second week of June, 1978, and count the number of inmates in the following categories:
  1. Inmates who we, as professional psychologists and psychiatrists, would diagnose as schizophrenic, manic-depressive psychosis, or suffering from an organic psychosis. Include those inmates for whom we would theoretically be willing to testify in court as to their diagnosis. After such a count is completed, divide this group of inmates into the following two categories:
    - a. Dangerous or disruptive in the institution so that they cannot be housed in the general population.
    - b. Not dangerous or disruptive, despite the presence of psychotic functioning.
  2. Other inmates with significant mental health problems.
    - a. Organic Brain Syndrome
    - b. Mental Retardation.
    - c. Severe Conversion and Dissociative Hysterical Neuroses.
    - d. Other Neurotic and Characterological Disorders (but not antisocial personality).

Again, we should be willing to defend the diagnosis of these individuals in court. Please indicate if any of these people are management problems requiring housing other than in the general population.
- B. Written evaluations completed on inmates from January, 1978, through the end of May, 1978. These evaluations would include competency and study case reports, screening evaluations (other than routine) crisis intervention reports, etc. Psychiatrists who chart an initial summary note on clients which is not formally typed should attempt to estimate the number of such evaluations done during this time period.

We would greatly appreciate it if this information can be returned no later than June 15, 1978.

APPENDIX 2

D-9

UNITED STATES GOVERNMENT

## memorandum

MCC, San Diego, CA 92101

DATE: September 18, 1978

BY: Meredith Friedman, Ph.D.  
THG: David Lanier, Ph.D.SUBJECT: Task Force on Female Offenders  
Psychiatric Care for Female Offenders

TO: Hospital Administrator

The following is a questionnaire that will aid us in recommending an appropriate psychiatric treatment facility(ies) for female Bureau of Prison inmates.

Please respond by the week of October 2, 1978:

Neredith Friedman, Ph.D.  
Chief Psychologist  
Metropolitan Correctional Center  
808 Union Street  
San Diego, California 92101

1. If there was a centrally located, operational and fully staffed psychiatric facility(ies) for female inmates, how many women currently in your population would you transfer. \_\_\_\_\_
2. Of this number, how many have been diagnosed as having a major mental illness by a psychiatrist or psychologist. \_\_\_\_\_ How many are primarily a management problem. \_\_\_\_\_
3. How many of the total group are presently housed in the general population. \_\_\_\_\_
4. How many women require a special housing situation, i.e., administrative detention, institution hospital. \_\_\_\_\_
5. If it was not possible to transfer such women to a BOP facility, but was possible to arrange for contract inpatient services with a State Mental Hospital, Community Mental Health Center, or private psychiatric facility, how many of these women would you transfer. \_\_\_\_\_
6. Which do you think would be administratively simpler, to transfer women to a centralized BOP facility, or to a contract hospital in the state or county. \_\_\_\_\_

cc: Chicago, MCC  
San Diego, MCC  
New York, MCC  
Lexington, FCI  
Alderson, FCI  
Pleasanton, FCI



TABLE I

The following is a breakdown of the number of female inmates having significant mental health problems as of June 5, 1978. Three institutions with male populations were included as a basis for comparison. The count was conducted by psychologists and/or psychiatrists at the different institutions.

Institution	Population	Psychotic		Mental Retard/ OBS	Other Neurosis	Other Per- sonality Disorders**	Totals
		Dangerous/ Disruptive	Non-Dangerous/ Non-Disruptive				
San Diego (male)	610	4	2	1	1	10	18
Ft. Worth* (male)	340	0	6	0	63	60	129
Terminal* Island	930	15	135	100	32	130	412
Alderson	582	2	1	23	23	10	59
Lexington (female)	435	3	11	7	5	8	34
Chicago (female)	13	0	0	1	0	0	1
Ft. Worth* (female)	292	0	7	0	51	70	128
New York (female)	33	0	0	0	0	4	4
San Diego (female)	78	1	1	2	5	3	12
Pleasanton	275	0	4	1	12	22	39

\*Data was estimated rather than counted due to a lack of accurate records

\*\*Excluding Antisocial Personality

TABLE II

The following is a breakdown by institution of the number of formal and informal psychological reports completed from January 1, 1978 to May 31, 1978. The figures encompass all reports completed on female inmates as well as a sample of male populations.

Institution	Formal	Informal	Institution	Formal	Informal
Chicago (male)	13	0	Chicago (female)	6	0
New York (male)	10	31	New York (female)	0	2
Lexington (male)	59	119	Lexington (female)	45	76
Petersburg	37	50	Alderson	38	72
San Diego (male)	19	115	San Diego (female)	7	84
Terminal Island	35	470	Pleasanton	20	31

TABLE III

The following is a table of the percentage of psychiatric problems evidenced among male and female inmates for selected populations. The data on male inmates is from the San Diego MCC; that for female inmates was gathered from San Diego, Alderson, Lexington, Chicago, New York, and Pleasanton.

MALE (610)		FEMALE (1,416)
<u>Psychotic:</u>		
Disruptive	4 ( .6%)	6 ( .4%)
Non-Disruptive	2 ( .3%)	17 ( 1.2%)
Other Mental Health Problems	12 (1.9%)	126 ( 8.9%)
Total	18 (2.9%)	149 (10.5%)

TABLE IV

The following is a table of the percentage of formal and informal psychiatric and psychological evaluations completed from January 1, 1978 to May 31, 1978. The data on female inmates was gathered from Alderson, Lexington, Pleasanton, Chicago MCC, New York MCC, and the San Diego MCC. The total female population was 2,021 during this period. The comparison data on male inmates was gathered from Lexington, Petersburg, New York MCC, San Diego MCC, and the Chicago MCC. The total male population sampled during this period was 3,631 inmates.\*+

	<u>Male</u>	<u>Female</u>
Formal Evaluations	135 (3.7%)	116 ( 5.7%)
Informal Evaluations	315 (8.7%)	265 (13.1%)

\*Routine admission screenings are not included in this data.

+The total figures include all inmates having served any period of time in the sampled institutions during the period of time from January 1, 1978, through May 31, 1978.

A chi-square test was performed on the differences between the incidence of formal and informal evaluations for males and females. In both cases, formal and informal, the differences between sexes were significant at beyond the .01 level.

TABLE V

	Fort Worth	Lexington	Pleasanton	Alderson	MCC New York	MCC Chicago	MCC San Diego	Total
1. If there was a female BOP psychiatric facility, how many inmates would you transfer?	2	4	10	3	0	0	1	20
2. Of this number, how many have diagnosed mental illness?	1	4	5	3	0	1	1	15
3. How many are primarily a management problem?	1	2	5	0	0	0	1	9
4. How many of the total group are housed in the general population?	2	3	10	1	0	1	0	17
5. How many require a special housing unit?	0	1	0 (10 hypothetically)	2	0	0	1	4 (14)
6. How many would you transfer to a community facility if necessary?	1	1 or 2	5	3	0	1	1	13
7. Which would be administratively simpler, transfer to a BOP or community facility?	BOP	BOP	BOP	?	BOP	Comm.	BOP	



SKILL TRAINING  
SUMMARY OF FEMALE INVOLVEMENT IN INDUSTRIES, OJT,  
APPRENTICESHIP AND VOCATIONAL TRAINING PROGRAMS

Ilene Bergsmann

Questionnaires were mailed to the Superintendents of Industries and Supervisors of Education at Pleasanton, Alderson, Lexington, and Fort Worth to elicit information on female offender program participation (see Appendices I, II). These responses constitute the most current information regarding involvement of women in industrial, on-the-job training (OJT), apprenticeship and vocational training programs. This data is current as of July, 1978.

INDUSTRIES

Pleasanton--Until Pleasanton became all female, there was no industrial operation. Since November, 1977, Federal Prison Industries has moved quickly to establish industrial shops:

1. An upholstery shop employs 21 women who are sewers, cutters, frame assemblers, and finished product assemblers.
2. Begun July 5, 1978, a drapery operation can employ 20 women as cutters, sewers, framers, tablers, hemmers, pleaters, hand sewers, tackers and pinners.
3. A herculite operation, scheduled to begin in early August, will employ 20-25 women as cutters and sewers in a canvas-making operation.
4. Four women, including one clerk, work in the warehouse; three are in quality control, and three are clerical support staff.
5. An Automatic Data Processing (ADP) operation is planned for Pleasanton, with an anticipated start-up date of December, 1978. The ADP program will employ 30-40 women.

The three industrial programs at Pleasanton are all related to garment work. While there is a large garment industry in Los Angeles, there is a surplus of garment workers. Moreover, the hiring of "undocumented" workers depresses the wages, making it difficult to earn a living, except in union shops.

Task Force Report  
Skill Training  
Ilene Bergsmann  
2/79

In discussions with Paul Plein of Federal Prison Industries about why all three programs revolved around cutting and sewing, I was told that garment operations are quick to install, have a small capital investment, and there is a ready market with the Air Force for draperies. He also said this industry would have been established regardless of whether Pleasanton had become all male or all female. There are also garment operations at Lumpoc and at Englewood. The drapery operation may only be temporary, based on the needs of the Air Force. FPI is also negotiating for a furniture refinishing industry.

Alderson--Alderson has two industrial operations: a garment factory and an ADP operation. The former employs approximately 150 women, the latter, 50.

Replacing the garment factory with another industry is unlikely. The garment factory pays well, often better than the ADP unit, as the inmates are paid on a piece work basis. Moreover, the factory is tremendously successful and helps support other industries throughout FPI. Paul Plein and I discussed the possibility of a solar energy operation, and it was not ruled out. Two such shops are starting at Miami and El Reno, and although contractors will probably be from the Sun Belt, transportation of finished goods would not be a problem. However, it would be a large capital investment, and again, the garment factory is highly profitable. Therefore, there would be little reason to change the industry.

The ADP unit will be expanding its operations in the future as they begin to use more advanced methods. In the past, there have been problems with the unit with insufficient work and poor supervision. It is possible that the expansion will enable 100 women to work in the unit.

Fort Worth--Fort Worth has three industrial operations, employing a total of 31 women and 25 men. The three industries are the Publications Distribution Service, Graphics, and ADP. The Publication Distribution Service primarily employs inmates from the Comprehensive Health Unit. Presently, four women work here as distribution clerks, (2) telephone order clerk and stock clerk.

The Graphics industry is "primarily intended to meet the needs of the male offenders although females may participate in the program," according to Steve Dilley, ADP

Task Force Report  
Skill Training  
 Ilene Bergsmann  
 2/79

Manager, who prepared Fort Worth's summary. A 75% to 25% ratio of women to men is used as an employment selection guide. Currently 23 women and 5 men work here.

In September, 1978, new equipment will be installed which will require computer programming skills. Steve Dilley stated that "more men will probably work in ADP once this equipment is installed as knowledge of computer programming, not data entry, will be required." Openings for 4-8 employees will be available with, it is anticipated, formal education programs and OJT used to train inmates.

In talking with Mr. Dilley, he conveyed the impression that the staff fostered the traditional stereotyped role models. He said that the reason for the ratios in ADP and Graphics is because ADP is traditionally a female occupation and Graphics a male one. When asked why more men would be coming into the ADP operation with the start of programming, he hesitated and finally said all inmates would have an equal opportunity to be hired.

Lexington--Lexington employs 187 inmates in industries, 43% women and 57% men. These percentages correspond to the institution's female/male ratio.

Women work in all phases of the industrial operation except warehouse and maintenance, which are restricted to men. The location of these facilities and the lack of adequate staff supervision prohibit women from these areas.

In the cable factory, where wiring harnesses, telephone repairs and printed circuit boards are made, 54% (21) of the inmates are women. The print plant, which has a press, bindery and camera ready to press plate operation, employs 15% (4) women. Apparently, the women are not all that interested in working here because it is a messy operation, with ink stains, etc., the rule rather than the exception.

In the canvas factory, 67% (30) of the inmates are women. In this operation, inmates sew and cut materials for mail bags and satchels. Women in the ADP unit comprise 72% (13) of the employees. In the Business Office, 46% (6) of the inmates are women.

Equipment for a micro-film unit has been in place for one year. Lexington is waiting for FPI to develop a contract to begin operations. When this occurs, 60 inmates will be employed, and from the waiting list, it appears that 70% (42) will be women.

Task Force Report  
Skill Training  
 Ilene Bergsmann  
 2/79

While many of the women do work in the traditional industrial jobs, there are a number who do not, particularly in the cable factory.

#### OJT, APPRENTICESHIP AND VOCATIONAL TRAINING (VT) PROGRAMS

Vocational training and OJT programs are available at all four institutions. An apprenticeship program began at Alderson in mid-July, and the groundwork for such a program is being developed at Pleasanton.

In the four institutions, some women are working in mechanical services' shops, but for the most part, they tend to enroll in traditional vocational programs. The following report presents the status of female participation in vocational training, OJT and apprenticeship programs.

Pleasanton--Prior to Pleasanton's conversion to an all female facility, vocational training programs included business skills, welding, auto mechanics, and small engine repair. Since the conversion, only business skills remains from the above programs, and grocery checking/retail sales merchandising and industrial sewing have been added.

Welding, small engine repair and auto mechanics were discontinued because the number of enrollments and completions by women was small (2 in FY'76 and 9 in FY'77) for completions. However, as long as the equipment was already there, it would have been interesting if they had run these programs with an all female population. Perhaps without peer pressure from the men, the women would have taken a stronger interest.

The industrial sewing program was begun in July and is intended to prepare women for work in the drapery shop. The grocery checking/retail sales merchandising program was begun because the equipment was readily available from Terminal Island, because the program was thought to be "congenial" to women, and because an instructor was available immediately. This program began in January, 1978. After contacting national grocery chains, I learned that grocery checking is a one to two day training program in a supervised environment. After that, the checker is placed in a store and within the week, is working the registers. Thus far this year, 38 women enrolled, and 15 completed the program.

Task Force Report  
Skill Training  
 Ilene Bergsmann  
 2/79

The business skills program is a best seller. This year, there have been 48 enrollments, 19 completions. Last year (FY'77) there were 46 enrollments, 25 completions.

Pleasanton is starting work on establishing an apprenticeship training program and women are involved in all phases of mechanical services, including plumbing, air conditioning, carpentry, painting, landscaping, and construction.

Alderson--Alderson has undertaken an ambitious apprenticeship program, which began August 1, 1978. They anticipate having 12 women working as apprentices in auto mechanics, painting, plumbing, electricity, steamfitting, or the power house.

Starting October 1, 1978, Alderson will begin an OJT program, which they never before had. OJT will be offered in carpentry, electricity, garage, landscape, drafting, painting, plumbing, printing, powerhouse, steamfitting, general mechanics and communications. Approximately 80 women are currently working in these areas and will continue after October.

Vocational training programs are limited. A drafting course was unsuccessful. According to Margaret Hambrick, Supervisor of Education at Alderson when the course was offered in 1976, "drafting doesn't have much status, especially compared to medical technician, and the women were simply not interested. They delude themselves about not having to work on the outside."

Other programs have been more successful. These programs are business education, ADP training, medical technician, and medical clerical. Almost 50% of the women are involved in some type of vocational training activity.

It would seem that Alderson is moving into a more non-traditional training approach than they previously had had, particularly with the emphasis on apprenticeship and OJT.

Fort Worth--Fort Worth offers OJT, apprenticeship and vocational training programs. Of the 27 women working in mechanical services, 23 are working in the same types of jobs as the men have. They are in the electrical, plumbing, painting, air conditioning, and landscape shops and in the powerhouse. Two women work in the machine shop as clerks, one in the mechanical services office as a clerk, and one in the garage as a clerk. The two women in the powerhouse read meters and clean up.

Task Force Report  
Skill Training  
Ilene Bergsmann  
2/79

Apprenticeship programs are offered in refrigeration and air conditioning, painting, plumbing, electricity, carpentry, and automotive. No women from 1976 to the present have been enrolled as apprentices, and only a handful of men have completed these programs. This year, enrollments for men show one in refrigeration/air conditioning, five in painting, none in plumbing, automotive or carpentry, and five in electricity.

Enrollment in vocational programs seems to fall into traditional patterns. Women comprise the bulk of the child development, typing, shorthand, bookkeeping, general office skills, and human resources aide programs. Men are primarily enrolled in welding and electronics. A cosmetology program is being developed at the present time. This state-licensed course will be open to 25 operator-trainees and 3 instructor-trainees.

Lexington--Lexington has an extensive apprenticeship program, with 12 trades open to apprentices. However, at the present time, 5 women are working as apprentices, and in 1976 and 1977 there were 11.

In the mechanical services' shops, 7 women are performing traditionally female jobs such as secretary and clerk and clean-up. However, 26 women are working at such jobs as electrician, mechanic, gardener, welder, painter, plumber, and brick and block layer. Other OJT programs include dental assistant and hospital aide. Since FY'76, 18 women and no men have completed the dental assistant program, and 18 women and 2 men have completed the hospital aide program.

Drapery making, business education and technical illustrator are offered as vocational training programs. Since FY'76, 31 women and no men have completed drapery making. The technical illustrator program is new this year. To date, 6 women and 8 men have completed the program. In business education, 384 women and 425 men have completed courses. Not only are typing, shorthand and filing classes offered; but also courses in advertising, insurance, how to start a business, consumer economics, business law, accounting, and retail merchandising. The business courses are fairly evenly divided between men and women.

A landscape vocational training and small engine repair program are in the planning stages.

Lexington operates a Career Resource Center which is manned by staff and inmates. They take vocational interest tests and are exposed to occupations they may never have thought about

Task Force Report  
Skill Training  
Ilene Bergsmann  
2/79

previously. The staff at Lexington are also supportive of women assuming non-traditional roles, and therefore, they encourage women to enroll in such programs.

The results described above offer a picture of the programs that are available to women and the degree to which women participate. The next step is to determine if these programs are what the women think they need, and if not, what other programs would be beneficial.

In order to do this, I plan to administer a Survey of Vocational Interests to a 20% random sample of the women at Alderson, Fort Worth, Lexington, and Pleasanton. (See Appendix 3.)

## SURVEY ON FEMALE OFFENDERS

Karen E. Amy  
Ilene Bergsmann

Preliminary Report

Background: Having been assigned topical areas on female offenders, this questionnaire was created to find out what the female offender thought, i.e., is the Bureau providing programs and services that meet the needs of the females? The first draft of the survey pertained only to education, skill training, and employment. Many of these questions were derived from the Women's Bureau, Department of Labor, 1969, survey conducted at Alderson and Terminal Island. Others were written with assistance from Anne Schmidt of the Bureau's Research Branch.

At the August Task Force meeting, the Task Force requested that the survey on female offenders be revised to include questions in the following areas:

- Rules and setting for children's visiting: Gwynne Sizer  
Mary Wilburn
- Medical and Pregnancy: Peggy Frandsen
- Child Custody: Mary Wilburn
- Children's Living Arrangement: as background  
information
- Drugs and Alcohol: Dennis Harvey
- Recreation: Karen Amy

Sample: The sample for this survey was designed to be representative of all female inmates incarcerated in the four Federal Correctional Institutions in October, 1978. The four FCI's are Pleasanton, Fort Worth, Lexington, and Alderson. In order for each of the four institutions to be equally represented, a thirty percent random sample from each institution was called for. The size of the sample was determined to allow for a 10% attrition rate, for a final sample size of 20%. The surveys were administered between November 16 and December 12, 1978.



Task Force Report  
Survey  
 Karen E. Amy  
 Ilene Bergsmann  
 2/79

The samplings from each institution were as follows:

- Fort Worth -- Fifty-nine women responded, representing 19% of the total population on that day. Four women who were part of the sample and who were still present in this institution did not respond; two refused and two were on work/study release.
- Alderson -- Seventy-two women responded, representing 14% of the total population on that day. Ten women who were part of the sample and who were still present in this institution did not respond; eight refused and two were in Davis Hall.
- Lexington -- Because the attrition rate was fairly high, the original sample was amended. That is, the Research Office at Lexington randomly selected fifteen names from their current file to be included in the sample. Of these fifteen women, 13 agreed to participate. In all, 77 women answered the survey, representing 21% of the total population of the institution.
- Pleasanton -- As with Lexington, a high attrition rate led to the Research Office randomly selecting a small number of names to be included in the sample. In all, 62 women, which was 21% of the total population at the time the survey was answered, participated in the survey. All women who were part of the original sample and who were still in the institution participated in the survey.
- |              |    |            |           |
|--------------|----|------------|-----------|
| <u>Total</u> | -- | Fort Worth | 59        |
|              |    | Lexington  | 77        |
|              |    | Alderson   | 72        |
|              |    | Pleasanton | <u>62</u> |
|              |    | Total      | 270       |

Although in actuality, the sample does not fully represent the original population because of the additions that were made, the sample is theoretically representative of women incarcerated in FCI's during a given period of time.

Pretest: The questionnaire was pretested in October, 1978, in two D.C. area halfway houses. The respondents consisted of releasees from the federal women's prisons, the D.C. jail, and direct court commitments. Revisions were made, based on the pretest responses of 12 women.

Task Force Report  
 Survey  
 Karen E. Amy  
 Ilene Bergsmann  
 2/79

Introduction: The following information describes the data recorded on the majority of the closed-ended questions. The material includes demographic data, family and children, education and employment interests, recidivism and prior employment experiences, and social education. Averages and percentages are provided where appropriate.

Selected Findings: The women in the sample ranged in age from 19 to 66. The mean age of the sample was 31. Of the total sample, as it pertains to marital status:

Single, never married	31%
Legally married and Common Law	37%
Separated	11%
Divorced	18%
Widowed	3%

The number of months in prison ranged from 1 month to 130 months. The average time served on current offense is 18 months.

Family: Seventy-five percent (202) of the women in this sample say they have children and they have, on average, 2.1 children each. 177 have children 18 years old and under. A plurality of the women (41%) have not seen their children since being incarcerated. Only 13% (27) claim they have had "regular" visits with their children, while 38% (77) claim such visits have been "irregular". Half of the mothers who have seen their children have seen them 3 times or less. Another 25% have had from 4 to 8 visits with their children.

Family by Institution: Of the 53 women with children at Lexington, 51% (27) have never seen their children, nor have 40% (19) of the 48 women at Fort Worth; 38% (20) of the 52 at Alderson; and 39% (19) of the 49 at Pleasanton.

We were initially surprised to see that the two longer-term institutions have fewer women who have not seen their children than the two shorter-term institutions, especially because of the isolation of Alderson. It is, however, possible that fewer women at Alderson and Pleasanton have not seen their children because they have been incarcerated longer than those women at Fort Worth and Lexington, who may not have been confined long enough to have received visits or be eligible for furloughs.

Task Force Report  
Survey  
Karen E. Amy  
Ilene Bergsmann  
2/79

Rules for Visiting: 58% (118) of the mothers were satisfied with the visiting rules at their respective institutions, while 34% (68) were not satisfied. A mother of 8 at Pleasanton, who has been confined for 9 years, believes, "Foster parents should be told to bring children to visit mother or father as part of their job so as not to lose relationship with mother (or father)... Not all children accept mothers like they think they will. Some wish to remain where they are instead of going back to mother".

TABLE

Satisfaction with Rules for Visiting by Institution

270	Alderson	Pleasanton	Ft. Worth	Lexington
	%	%	%	%
Satisfactory	40	49	67	77
Unsatisfactory	44	45	25	21
No Response	16	6	8	2
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
	(52)	(49)	(48)	(53)

The satisfaction level of rules for visiting Alderson and Pleasanton is noticeably lower than at Fort Worth and Lexington. Despite the fact that Alderson has the most liberal visiting hour schedule, it will be necessary to look closely at the visiting policies and procedures at these institutions to understand the reasons.

TABLE

Satisfaction with Setting for Visiting by Institution

	Alderson	Pleasanton	Ft. Worth	Lexington
	%	%	%	%
Satisfactory	33	55	75	72
Unsatisfactory	42	31	12	17
No Response	25	14	13	11
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
	(52)	(49)	(48)	(53)

Setting for Visiting: Respondents were just as satisfied with the setting for visiting as the rules.

Mothers at Fort Worth and Lexington were significantly more satisfied with the setting for visiting than those at Alderson and Pleasanton. Alderson was considerably less satisfied with the setting. Many of the respondents indicated that visiting

Task Force Report  
Survey  
Karen E. Amy  
Ilene Bergsmann

rooms were too small, resulting in overcrowding, and there was a lack of privacy needed to discuss personal issues with family. Also frequently criticized was the lack of a playroom setting in which to visit with children.

It will be important to identify the differences between institutions to understand these results.

Whom Children Are Living With: 67% (135) of the mothers said they have children living with maternal relatives; more specifically, 49% (99) had children living with maternal grandparents. Only 10% (20) of the mothers had children living with paternal relatives; 8% (16) of these mothers had children living with paternal grandparents. Nineteen percent (38) of the mothers have children who live with the father. It is interesting to note that very few, only 6% (12) of the mothers have children in foster homes.

Whom Children Lived with Prior to Incarceration: 44% (89) of the mothers lived with their children prior to their incarceration, while the same percentage did not live with their children. However, it should be noted that because of the way the response categories were ordered, some of the women who responded "yes" to this question may actually have been living with their children. That is, some of the women may only have read the first response category, when in fact, a later response category may have been a more accurate description of the living situation.

Satisfaction with Care Being Given Children: A majority (78% or 157) of the women are satisfied with the care being given their children, with only 15% (30) expressing dissatisfaction.

#### Education

Last Grade Completed: Highest grade completed ranged from the fourth grade, represented by two women, to completion of two years of graduate work, represented by a woman working towards a master's degree.

Task Force Report  
Survey  
 Karen E. Amy  
 Ilene Bergsmann

The following table compares the survey data with end of calendar year 1977 IIS data for level of education completed.

TABLE

HIGHEST GRADE COMPLETED

	SURVEY (1978)	IIS (1977)
12th grade and above	35.0	35.3
9th to 11th grade	52.0	40.0
8th grade and under	13.0	24.7
	<u>100.0</u> (254)	<u>100.0</u>

The table indicates that more women are completing high school grade levels than a year ago.

Age Left School: While the women left school at the average age of 17, nearly one half of the sample, 49% (117) were 16 or younger when they left school.

Importance of a GED: There are a total of 182 women who do not have a high school diploma. Seventy percent (127) believe it is important for them to achieve a GED before they leave the institution.

Preliminary results indicate that as grade level increases, so does the importance placed on securing a GED.

Financial Support Prior to Arrest: A majority of the women were supporting at least themselves prior to their arrest. Eighteen percent (48) said they were receiving public welfare immediately prior to their arrest, while 15% (40) indicated they were receiving support from someone else.

Desire for More Education: 80% (216) of the women indicated they would like to receive more education; 10% (44) indicated they do not want further education. Of those who would like to continue, 62% (133) expressed a desire to take college courses; 42% (91) to complete high school; 47% (102) to receive vocational training; and 28% (60) to receive apprenticeship training.

Job Training in Institution Pertinent to Employment on Release: Almost half of the women, 45% or 122, indicated they had held a job in the institution they had felt would provide training for post-release employment. However, it is interesting that only 31% (83) said they would want that kind of job on release. In order to understand the implications of these results, it will be necessary to look closely at the types of jobs the women have held.

Task Force Report  
 Survey  
 Karen E. Amy  
 Ilene Bergsmann  
 2/79

About Repeaters: Slightly less than half the women, 45% or 121, indicated they had been incarcerated previously. Of these women, 55% (66) said that they held a job after release.

On the average, it took these women 3.4 months to find a job after their release. Moreover, 35% (42) of the women indicated they had been refused employment at least once because of their records. It would be interesting to determine what positions, if any, ex-offenders would be prohibited from taking because of their records.

Release Plans: More than half the women, 55% or 149, stated they will be supporting themselves and others while 30% (82) will be supporting only themselves. These women will have an average of 2.3 dependents.

TABLE

ITEM	<u>Importance of Work-Related Characteristics</u>			
	Percent Very Important	Percent Important	Percent Unimportant	Percent No Response
Steady work	59	21	3	17
Pay, wages, money	55	28	3	13
Type of work	48	30	4	18
Way they treat you	47	30	5	18
Working conditions	44	33	4	19
Your boss or supervisor	40	32	9	19
People you work with	33	36	15	17
Neighborhood where job is located	13	29	36	22

Base = Total Sample

Steady work is slightly more important than how much the women were paid. This also held true for the type of work they did.

Interpersonal relationships: the way they treat you, your boss or supervisor, people you work with, are less important than steady work and salary.

Other selected responses to this question are listed in Appendix 4.

Task Force Report  
Survey

Karen E. Amy  
Ilene Bergsmann  
2/79

Jobs the Women Would Like to Have: The women were asked to select five jobs they would consider having after their release. Some selected more than five responses, and all the responses, therefore, have been included. The jobs the women selected have been collapsed into broad categories, along with the percentage of responses given, as shown in Appendix 5.

Of the 247 women who responded by selecting one or more jobs, the most frequent response categories were the clerical, helping professions, i.e., counseling, social work, community services, and medically related fields.

Social Education: The women were asked to select no more than three of the social education courses listed on the survey. Some chose more than three responses and they have all been included.

It is interesting to note that the two most popular courses, Beauty and Make-up and Nutrition and Weight Control, are concerned with physical appearance. In contrast, the least popular course was Assertiveness Training. In fact, when the survey was administered, one woman asked what assertiveness training meant.

APPENDIX 5

## Jobs the Women Would Like to Have:

	Frequency	Percentage
Business/Finance	64	24
Carpentry	6	2
Child Care	52	19
Clerical	251	93
Communications	1	.4
Computers	96	36
Cosmetology/Barber	29	11
Domestic	15	6
Education	56	21
Electrical	17	6
Electronics	9	3
Entertainer	38	14
Factory	51	19
Fine Arts	91	34
Food Service/Hotel-Motel	81	30
Furniture Making	21	8
Helping Professions	150	56
Horticulture/Agriculture	4	1
Housewife	1	.4
Machine Operator	10	4
Mechanic	7	3
Management/Administration	21	8
Medical	159	59
Modeling	22	8
Plumbing	2	1
Sales	4	1
Seamstress/Tailoring	48	17
Self-Employed	1	.4
Switchboard	63	23
Truck Driver	15	6
Visual Arts	45	17
Welding	14	5
Writing	17	6
Unspecific	5	2
Other	30	11



APPENDIX 6

## Selected Verbatim Responses to Question 29:

Alderson

We need more programs that are aimed toward the mature woman. The programs they have now would entertain and delight a child, but the majority of the women here have outgrown the childish games.

....the things the woman need are always denied them and many bullshit courses are available to them - Instead of making a basic education mandatory - they push basket weaving, etc.

I feel there isn't enough apprentice programs here and the jobs offered (besides Key punch) pays next to nothing in the free world. Classes offered: They leave a lot to be desired. No vocational training at all. Once you sign up for a class if you miss a class, you get a lock; most women, if they are interested in it will show up. These locks tend to stop people from signing up for any classes.

When women (probably men also) come to an institution, we are given nothing to strive for, no encouragement etc...I believe it may help to test people, try to find out what abilities or talents or interests they have and encourage them towards an education or training as closely related to that field as possible.

They need more educational programs here there are hardly any... the staff here hardly seems interested in the inmates here.

Pleasanton

I would like to see a women's camp such as Lompoc. I think also the furlough policy should be changed. You can't leave the area until you're one year short. When we go out on passes and furloughs in the area, there isn't a need to have someone pick up. We should be allowed to leave on our own just as we return.

I feel it is sad and even unfair that there are no camps for women. Men who have committed the exact same crimes and received short sentences the same as their female counterparts are placed in camps to serve their time; women, however, are placed in full status prisons.

APPENDIX 6 -- continued

I would like to see a camp for women in L.A. More vocational training - like -

1. licensed cosmetology
2. nursing
3. counseling
4. social services

I think we should have more in the community programs, work release, the type where you live here and go out to work... more programs where your family can get more involved, give your family the chance to work closer with you and staff.

I hope this survey be taken seriously by both inmates and surveyors. Its results could make this institution to a place where one could find growth and understanding of themselves and their surrounding.

Need hospital like men.

Camps for women. This is exceedingly discriminatory that West Coast women must all go to level 4 security institution... men have min(imum) facilities and work release programs...

Policies and classes here need updating -- they're geared for a youth (teen) center.

I feel that they should have a camp for women like they have for men. Prepare the women realistically for the streets... because of my incarceration in the 9 years I have seen women come back because of not being ready for the streets. they fail to see that prices are up. and do not wish to accept the fact that times have changed.

Fort Worth

I feel women are more shut off from activities because they don't offer much. It's all for the men. Women may just not want to participate but those who do don't have the opportunities.

Being a women auto mechanic I get a lot of flak about my job more women should be encouraged to enter fields that interest them but they are afraid of because they don't know how people will treat them. I love my job!

We are treated as non-trustworthy in comparison with the males. I feel as though the institution considers us greatly in need of supervision in comparison with the males. I think the idea of a co-ed institution is great. It makes things more natural, then in my prior incarceration situation!

## APPENDIX 6 -- continued

I think the medical system here could be better...a person that is sick don't want to have to get up 7 oclock in the morning in the cold to walk over to the clinic for just an appointment and then when you see the doctor you still don't get much help.

Lexington

The greatest problems are caused by frustration, the feelings that we are incapable of making our own decisions. A lot of us here just simply need to grow up... Also; I feel we should have a decent library to obtain reading material from. Not all of us have people outside to send us books.

The gym space here at F.C.I. Lexington is limited. The men are always given perference over the female inmates when it comes to sheluding activites racket ball, basketball ect. Many times if staff is short handed they will open the lower area to the men only. This is grossly unfair.

We have no means to properly recieve cosmetics essential in our skin care and appearance. Also vitamins and other girllie things.

there are several job in the institution which women are not allow to take, work release driver is only one. I feel the is still a lot of discrimination.

Female offenders need to have ample time for physical recreation such as use of the gym. Possibally rotation of days, one men, one women, etc.

Have found that most women in prison blame their predicament on someone else - usually a male who has had a great deal of influence on them in the past. Now would be an ideal time to wake these individuals up to the fact that women are no longer 2nd class citizens and that they are being held responsible for their actions. Also - the recreational programs... are primarily for the men. Granted - more men participate - but if there were programs for just women (as there are for just men) the women too inhibited to join in co-ed activities would probably turn out.

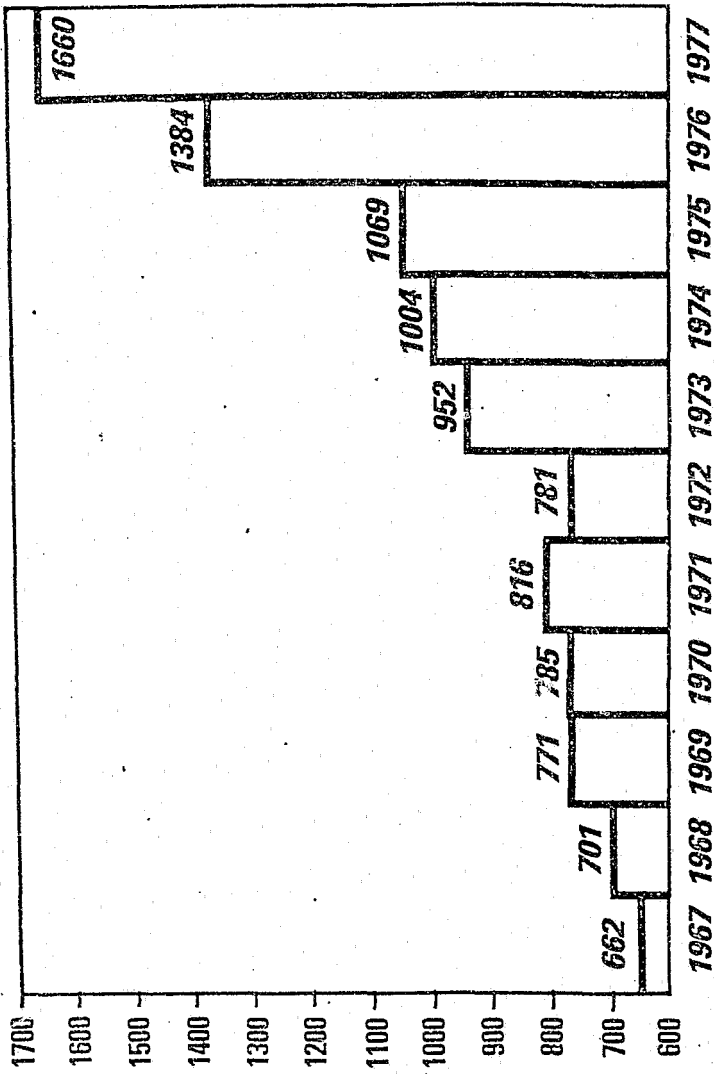
STATISTICAL SUMMARYTABLES AND CHARTS

The attached "Female Inmate Profile" was compiled from data collected February 9, 1973. In an effort to determine if the female inmate population has undergone any significant changes since this profile was constructed, a number of comparisons were made between the February data and data collected December 31, 1978 (A.D.P. Report 80.11). Comparisons were made on number of prior arrests, highest grade completed, age, marital status, and racial composition of the female inmate population. The largest change observed as a result of these comparisons was a 5.2% decrease in the number of females who had experienced two or more prior arrests. In February, 1978, 80.3% of the female inmates had two or more prior arrests, and in December, 1978, this percentage had decreased to 75.1%. On the whole, however, the comparisons made indicated that during the approximately eleven months between February and December, 1978, the female prisoner population remained very stable in regard to those variables reported here.

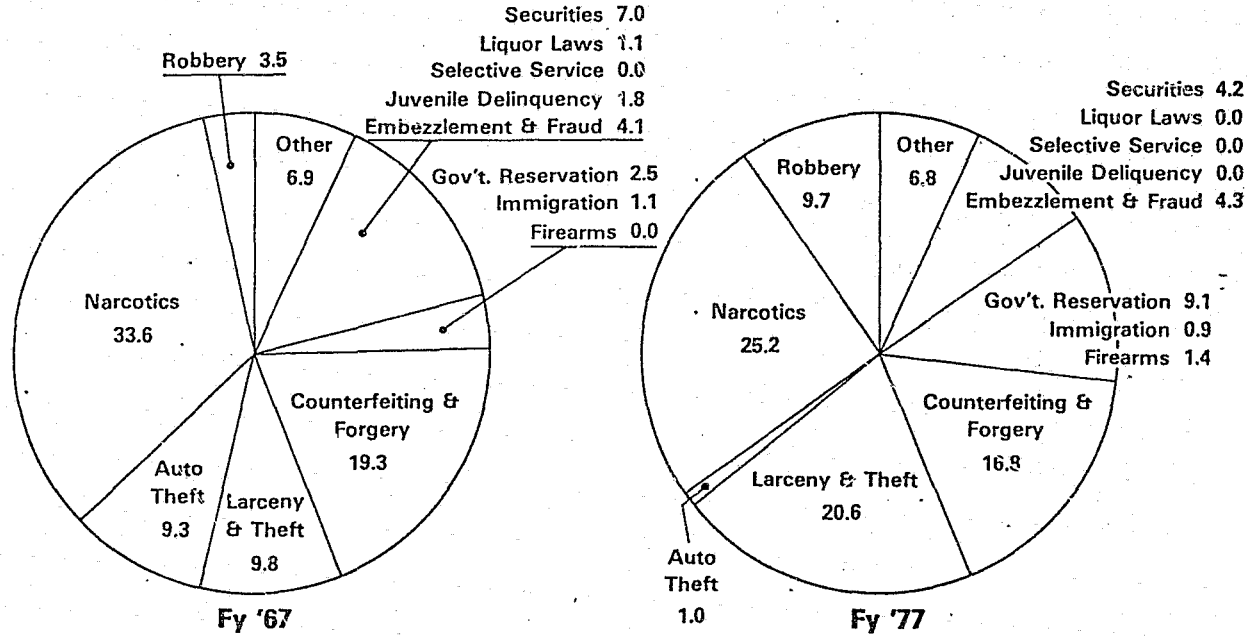
The "Female Inmate Profile" compiled in February, 1978, does not include data concerning the number of female prisoners who have a history of narcotics use. Yet one of the issues that this task force addresses is the prevalence of drug and alcohol abuse among female offenders. In order to provide the reader with information concerning this issue, the following data was abstracted from A.D.P. Report 80.11, dated December 31, 1978. Fifty-one percent of female inmates have never used narcotics, 33% are former users, and 16% are recent users.

Finally, if one were to extrapolate from data presented in this report regarding the growth rate of the female inmate population from 1967 through 1977, one would predict continued rapid growth. This does not appear to be the case, however. Data available from A.D.P. Report 70.51A indicate that the female inmate population growth rate peaked in early 1978, and has experienced a slight decline since that time. In short, the number of females incarcerated in federal prisons appears, for the present at least, to have stabilized somewhere between 1,500 and 1,600.

# Female Offender Population 1967-1977



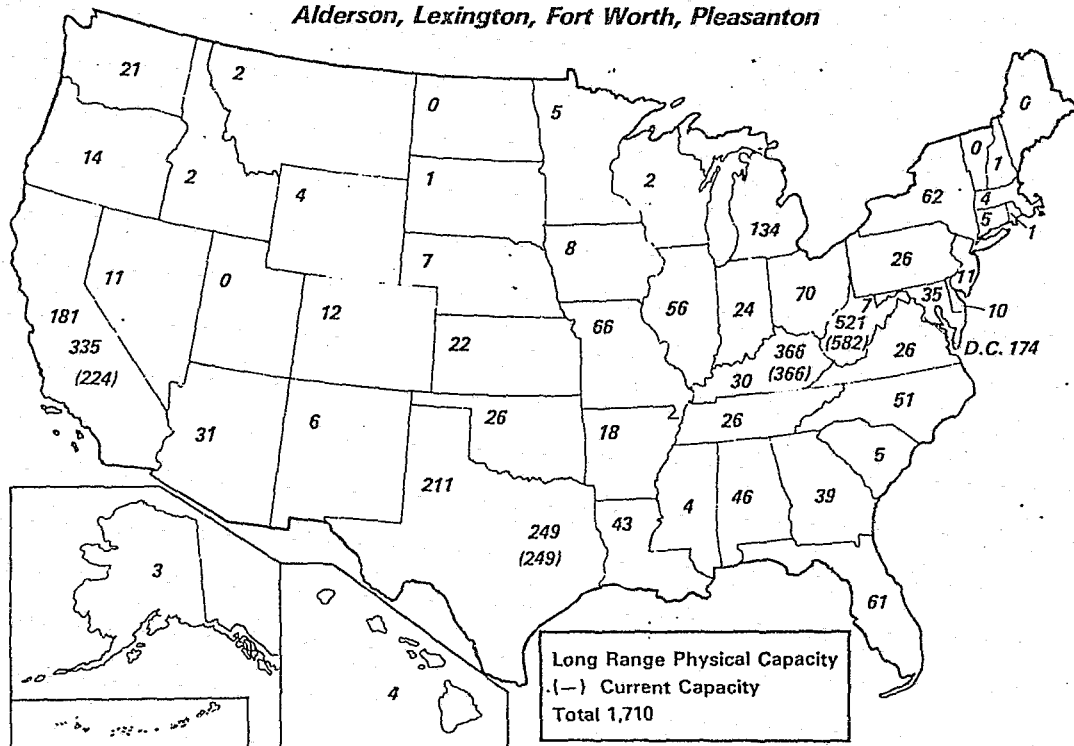
# Bureau of Prisons



*The Percentage of Women Confined to Institutions by Offense*

# State of Legal Residence

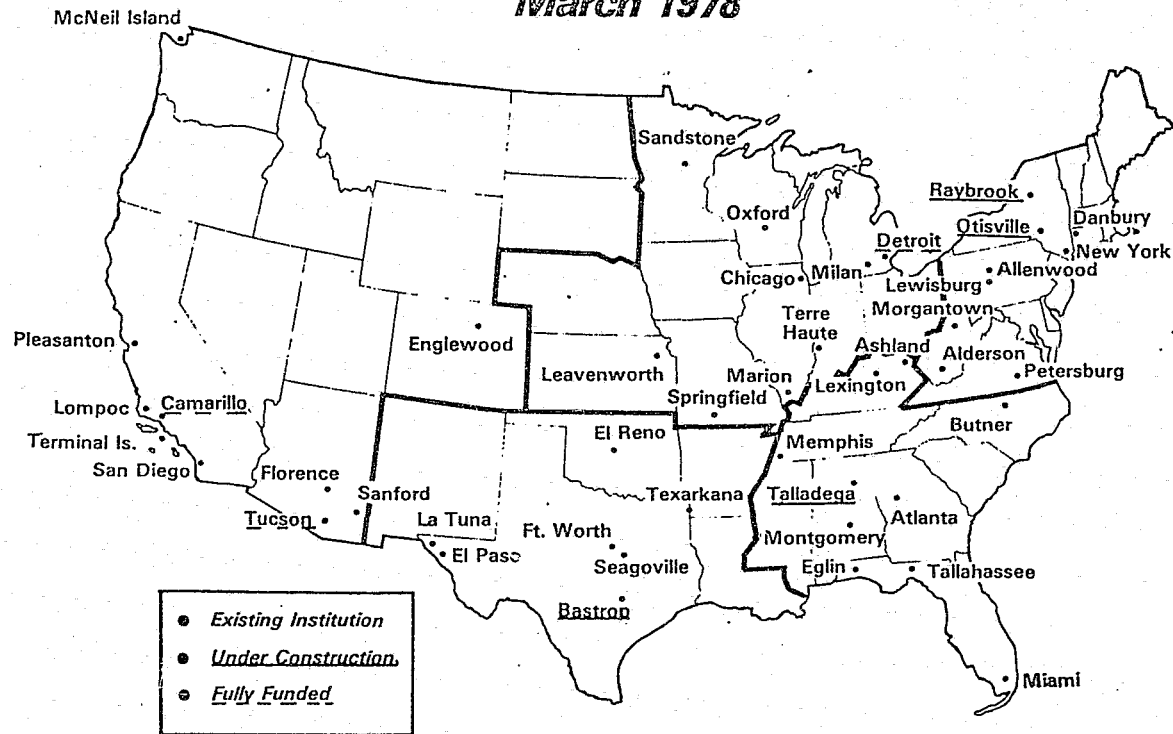
Current & Long Range Physical Capacities  
Alderson, Lexington, Fort Worth, Pleasanton





# Existing and Future Institutions

March 1978



# Confining Institutions by Region

<i>Legal Residence by Region</i>	<i>Region Assigned</i>					
	North East	South East	North Central	South Central	Western	Total
North East	225	104	—	3	2	334
South East	121	127	—	12	5	265
North Central	152	186	—	37	15	390
South Central	82	12	—	206	19	319
Western	24	9	—	18	276	327
Total	604	438	—	276	317	1635

# ***Female Inmate Profile (Confined Population)***

***As of February 9, 1978***

<b>Age</b>	<b>Male</b>	<b>Female</b>
<b>Under 22</b>	<b>5.2%</b>	<b>8.5%</b>
<b>22-25</b>	<b>17.4</b>	<b>27.5</b>
<b>26-30</b>	<b>26.2</b>	<b>28.8</b>
<b>Over 30</b>	<b>51.2</b>	<b>35.2</b>

# ***Female Inmate Profile (Confined Population)***

***As of February 9, 1978***

<b>Race</b>	<b>Male</b>	<b>Female</b>
<b>White</b>	<b>57.0%</b>	<b>39.9%</b>
<b>Black</b>	<b>37.3</b>	<b>57.3</b>
<b>Mexican National</b>	<b>4.2</b>	<b>1.9</b>
<b>Indian</b>	<b>1.3</b>	<b>0.7</b>
<b>Oriental</b>	<b>0.2</b>	<b>0.2</b>

# **Female Inmate Profile (Confined Population)**

**As of February 9, 1978**

<b>Marital Status</b>	<b>Male</b>	<b>Female</b>
<b>Married</b>	<b>32.1%</b>	<b>17.1%</b>
<b>Unmarried</b>	<b>67.9</b>	<b>82.9</b>

# ***Female Inmate Profile (Confined Population)***

***As of February 9, 1978***

## **Highest Grade Completed**

	<b>Male</b>	<b>Female</b>
<b>12th Grade and Above</b>	<b>43.5%</b>	<b>35.3%</b>
<b>9th to 11th Grade</b>	<b>31.8</b>	<b>40.0</b>
<b>8th Grade and Under</b>	<b>24.7</b>	<b>24.7</b>

***Female Inmate Profile  
(Confined Population)  
As of February 9, 1978***

<b>Arrests</b>	<b>Male</b>	<b>Female</b>
<b>No Prior Arrests</b>	<b>7.1%</b>	<b>12.1%</b>
<b>1 Prior Arrest</b>	<b>7.7</b>	<b>7.6</b>
<b>2 or More Prior Arrests</b>	<b>85.2</b>	<b>80.3</b>

***Female Inmate Profile  
(Confined Population)***

***As of February 9, 1978***

<b>Commitments</b>	<b>Male</b>	<b>Female</b>
<b>No Prior Commitments</b>	<b>29.6%</b>	<b>50.4%</b>
<b>1 Prior Commitment</b>	<b>20.9</b>	<b>15.0</b>
<b>2 or More Prior Commitments</b>	<b>49.5</b>	<b>34.6</b>



# ***Female Inmate Profile (Confined Population)***

***As of February 9, 1978***

<b>Convictions</b>	<b>Male</b>	<b>Female</b>
<b>No Prior Convictions</b>	<b>15.6%</b>	<b>22.6%</b>
<b>1 Prior Conviction</b>	<b>13.7</b>	<b>18.0</b>
<b>2 or More Prior Convictions</b>	<b>70.7</b>	<b>59.4</b>

# ***Female Inmate Profile (Confined Population)***

***As of February 9, 1978***

<b>Sentence Length</b>	<b>Male</b>	<b>Female</b>
<b>Under 2 Years</b>	<b>8.4%</b>	<b>12.1%</b>
<b>2-6 Years</b>	<b>50.9</b>	<b>69.2</b>
<b>7-10 Years</b>	<b>17.3</b>	<b>10.8</b>
<b>10 and over</b>	<b>23.4</b>	<b>7.9</b>

ALCOHOL PROGRAM NEEDS  
FOR FEMALE OFFENDERS

Dennis Harvey  
Karen Amy  
Ilene Bergsmann  
July 31, 1978

The objective of this paper is to determine if there is need for alcohol programs for women. The methods to be used in determining the initial findings regarding the need for female alcohol programs were:

1. A review of the Central Office Drug Abuse Survey dated June 14, 1978, identifying the percentage of inmates with drug and alcohol use or abuse. (See Tables I - IV.)
2. Review of the recently completed Drug Abuse Task Force Report and recommendations dated April 13, 1978.
3. Meet with State Correctional Administrators and conduct on-site visits to female correctional institutions to discuss and review programs.
4. Meet with members of the G.A.O. audit team conducting a national survey on "Rehabilitation Programs for Female Offenders" (Code 18255).
5. Meet with Ruth Glick from the State of California to review the 1977 report she completed with Virginia Neto, entitled "National Study of Women's Correctional Programs."
6. Discuss with staff and inmates at the Federal Correctional Institution, Pleasanton, the need for alcohol programs.
7. Meet with Regional Community Programs Officer to determine if alcohol programs or aftercare are available.

**FINDINGS:** On June 14, 1978, a drug/alcohol survey was completed on 1,077 female and 17,741 incarcerated males throughout the Bureau of Prisons. A review of that research printout indicates that only 6.2% of the women, and 11.3% of the men showed a history of past alcohol abuse, "binge" use, or "habit" abuse. (See Tables I, II.) Although the survey is not all inclusive, the percentages indicate that drug abuse constitutes a much larger abuse program with 52.6% of the women and 34.5% of the men classified as "former" user, "recent" user, "immediate past" user or user "now." (See Tables III, IV.)

Task Force Report  
Alcohol Program Needs  
Dennis Harvey  
Karen Amy  
Ilene Bergsmann  
July 31, 1978

Based on the preceding information, it appears that alcohol abuse is a minor problem confronting the female offender when compared to drug abuse.

The Drug Abuse Task Force noted the need for alcohol programs. However, primary emphasis was placed on drug abuse while supporting alcohol programs in conjunction with drug abuse units. (Division III, Section , Appendix .)

At the Purdy Treatment Center for Women in Seattle, Washington, I found a major program emphasis being placed on drug abuse programs while alcohol was again being viewed as minor. However, the program staff at Purdy, as well as Canon City, Colorado and California, concurred that female inmates between the ages of 18 and 30 tended to mix their alcohol and drug abuse, depending upon the availability and environment. All of the state program staff interviewed appeared to agree that more emphasis needs to be placed on identifying women with potential alcohol problems. They felt that most statistics relating to drug and alcohol abuse are misleading, as alcohol abuse admission is less socially acceptable.

The members of the G.A.O. audit team did not shed any light on the issue of alcohol programs, however, they have expressed an interest in sharing some of their findings with this task force in the near future.

The Regional Community Programs Officers have indicated that funding is available through contract facilities to provide alcohol aftercare services if needed.

#### TENTATIVE CONCLUSIONS:

1. More emphasis on alcohol usage or abuse should be documented by those designated by the court to research social and background information on the sentenced inmate, and provided to the facilities involved with the care of that inmate.
2. Programs to assist female offenders in reducing their tendencies toward alcohol use and abuse should be provided.
3. The program should be organized and funded as part of the drug/chemical substance abuse program.
4. Alcoholics Anonymous should be used as a support program and not as the total institution program.

Task Force Report  
Alcohol Program Needs  
Dennis Harvey  
Karen Amy  
Ilene Bergsmann  
July 31, 1978

The following material has been secured for the Central Office Library on Female Offenders:

Glick, Ruth/Neto, Virginia. National Study of Womens Correctional Programs, June 1977. U.S. Government Printing Office, Washington, D.C.

Proudfoot, Patricia. Royal Commission on the Incarceration of Female Offenders, Vancouver, British Columbia V6B4N7.

Purdy Treatment Center for Women/Institution and Program Descriptions, 1978.

Colorado Womens Correctional Institution and Program Description, 1978.

California Institution for Women and Program Description, 1978.

DRUG AND ALCOHOL PROGRAM NEEDS  
FOR THE FEMALE OFFENDER

Dennis Harvey  
Karen Amy  
Ilene Bergsmann  
February 25, 1979

I. Drug Abuse Program Needs

- A. Previous findings at San Diego Meeting included:
  - 1. Bureau of Prisons Drug/Alcohol Use and Abuse Survey conducted on 1,077 female inmates in June 1978, reflected that 52.6% of all female inmates were viewed as either former drug users, recent users, immediate past users, or users now.
  - 2. National Study on Womens Correctional Programs completed in 1977, revealed the need for drug/chemical programs for female offenders.
  - 3. Interviews with Bureau of Prisons and State Administrators confirm the need to provide drug abuse programs for female offenders. Although estimates vary as to the number of females needing drug abuse counseling programs, the consensus ranges from 25% to 60%.
- B. Recommendation
  - 1. Drug abuse programs should be implemented in all Bureau of Prisons institutions in accordance with the standards established by the March 1978, Bureau of Prisons Drug Abuse Task Force.

II. Alcohol Abuse Program Needs

- A. At the San Diego meeting, statistical information was presented which reflected that only a small percentage (5 to 10%) of female offenders were classified as alcohol users or abusers. However, this data appeared inconsistent with the beliefs held by many federal and state institutional administrators and program staff. The general feeling was that alcohol use or abuse played a higher contributing role, leading to the female offenders' involvement in criminal activity.

Task Force Report  
Drug and Alcohol  
 Dennis Harvey  
 Karen Amy  
 Ilene Bergsmann  
 2/79

B. Tentative Recommendation

1. Accept the Bureau of Prisons Drug Abuse Task Force recommendations to include alcohol and chemical abuse programming within existing drug abuse program units.

III. Current Information

- A. A recent survey was conducted on the female offender by Ilene Bergsmann at FCI's Alderson, Fort Worth, Lexington, and Pleasanton. (Section , Appendix ) A random 20% of the population at each institution was surveyed and eight questions involving the frequency of drug and alcohol use were incorporated.

IV. Tentative Findings

- A. In response to the drug and alcohol questions on the survey, the following initial data was received. (To the right of each question is the number of inmates who responded to the question out of the 270 female inmates surveyed.)

1. Have you smoked marijuana? (248)
  - a. 75--regularly 30%
  - b. 101--irregularly 41%
  - c. 72--never 29%
2. Have you used heroin? (241)
  - a. 11--snorted regularly 28%
  - b. 22--snorted irregularly 17%
  - c. 57--intravenously regularly (28%)
  - d. 19--intravenously irregularly (17%)
  - e. 132--never 55%
3. Have you snorted cocaine? (245)
  - a. 20--regularly 8%
  - b. 86--irregularly 35%
  - c. 139--never 57%
4. Have you taken hallucinogens? (244)
 

(such as PCP, LSD, etc.)

  - a. 2--regularly 1%
  - b. 48--irregularly 20%
  - c. 194--never 80%

Task Force Report  
Drug and Alcohol  
 Dennis Harvey  
 Karen Amy  
 Ilene Bergsmann,  
 2/79

5. Have you taken barbiturates? (246)  
 ("downers" such as seconal, pheno-  
 barbital, etc.)  
   a. 17--regularly 7%  
   b. 71--irregularly 29%  
   c. 158--never 64%
6. Have you taken psych-stimulants? (246)  
 ("uppers" such as amphetamines)  
   a. 23--regularly 9%  
   b. 75--irregularly 30%  
   c. 148--never 60%
7. Have you taken any other drugs? (247)  
   a. 29--yes 12%  
   b. 218--no 88%

Of the 29 who admitted to other drug  
 usage, 14 or 48% used regularly, and  
 15 or 52% used irregularly.

8. Have you ever been arrested for drunken- (253)  
 ness, drunk driving, or any other offense  
 resulting from the use of alcohol?
9. Do you think you have a drinking prob- (253)  
 lem?

Of the 253 inmates who answered questions  
 eight and nine on alcohol use, only ten or  
 4% felt that they had a drinking problem.  
 However, 33 or 13% indicated they had been  
 arrested for drunkenness, drunk driving,  
 or other offenses resulting from the use  
 of alcohol.



TABLE I  
FEMALE ALCOHOL USE, BY REGION

	North East	South East	North Central	South Central	Western	Total
Insignificant	95.0% 420	94.2% 277	81.8% 9	93.0% 147	91.3% 157	93.8% 1,010
Past Abuse	3.2% 14	2.0% 6	18.2% 2	6.3% 10	3.5% 6	3.5% 38
Binge Use	0.2% 1	1.4% 4			1.2% 2	0.6% 7
Habit Abuse	1.1% 5	2.0% 6			4.1% 7	1.7% 18
Other	0.5% 2	0.3% 1		0.6% 1		0.4% 4
Total Percent	41.0%	27.3%	1.0%	14.7%	16.0%	100.0%
Total Cases	442	294	11	158	172	1,077

\*Upper cell entries are percent of column totals

TABLE II  
MALE ALCOHOL USE, BY REGION

	North East	South East	North Central	South Central	Western	Total
Insignificant	94.6% 2545	87.9% 3664	88.7% 4694	85.1% 2000	87.2% 2828	88.7% 15,731
Past Abuse	2.7% 72	6.1% 256	4.2% 224	6.9% 161	3.2% 103	4.6% 816
Binge Use	0.7% 18	2.0% 84	3.0% 158	2.2% 51	3.2% 104	2.3% 415
Habit Abuse	1.7% 47	3.5% 147	3.1% 164	2.0% 46	3.8% 122	3.0% 526
Other	0.3% 7	0.4% 17	1.0% 51	3.9% 92	2.7% 86	1.4% 253
Total Percent	15.2%	23.5%	29.8%	13.2%	18.3%	100.0%
Total Cases	2689	4168	5291	2350	3243	17,741

\*Upper cell entries are percent of column totals

TABLE III  
FEMALE DRUG USE, BY REGION

	North East	South East	North Central	South Central	Western	Total
Non-user	49.5% 219	49.3% 145	36.4% 4	41.1% 65	45.1% 78	47.4% 511
Former User	35.3% 156	34.4% 101	36.4% 4	46.2% 73	19.7% 34	34.1% 368
Recent User	7.0% 31	10.9% 32	27.3% 3	8.9% 14	11.6% 20	9.5% 100
User Immed- iate Past	7.5% 33	5.1% 15		3.8% 6	23.7% 41	8.8% 95
User Now	0.7% 3	0.3% 1				0.4% 4
Total Percent	41.0%	27.3%	1.0%	14.7%	16.0%	100.0%
Total Cases	442	294	11	158	173	1078

\*Upper cell entries are percent of column totals

TABLE IV  
MALE DRUG USE, BY REGION

	North East	South East	North Central	South Central	Western	Total
Non-User	56.8% 1528	64.3% 2681	70.0% 3703	65.2% 1533	67.2% 2180	65.5% 11,625
Former User	27.9% 725	24.0% 1002	18.0% 955	25.4% 598	16.8% 545	21.6% 3825
Recent User	12.7% 342	8.3% 346	7.8% 413	6.2% 146	7.7% 249	8.4% 1496
User Immed- iate Past	3.5% 94	3.3% 136	4.0% 212	2.6% 60	8.2% 266	4.3% 768
User Now	0.0% 1	0.1% 4	0.2% 10	0.6% 14	0.1% 4	0.2% 33
Total Percent Total Cases	15.2% 2690	23.5% 4169	29.8% 5293	13.2% 2351	18.3% 3244	100.0% 17,747

\*Upper cell entries are percent of column totals

HEALTH EDUCATION PROGRAMS  
FOR FEMALE OFFENDERS

Peggy Frandsen  
Barbara Montanez

STATUS REPORT:

1. Health education programs available in Bureau of Prisons institutions for female offenders are:

Pleasanton

Prenatal Classes  
Physical Fitness Classes

Fort Worth

Body Awareness Seminar for Women Only. (This includes exercise, relaxation, reproductive organs, diseases, pregnancy and birth control methods, etc.)  
Planned Parenthood  
Transactional Analysis  
Dynamics of Mood Control  
Child Development

Lexington

Living Skills Course (Includes biofeedback, nutrition, health topics, exercise, yoga, jogging, etc.)  
Consumer and Family Life  
Prenatal Services for Women (Includes medical counseling and planned parenthood.)  
Child Development

Alderson

Medical Certified Lab Technician Training  
First Aid Program for those in the Lab Tech Course  
Home Economics  
Personal Care (not regularly offered)  
Child Care (not regularly offered)  
Weight Reduction Classes  
Prenatal Classes

1.A.(2)(a)

TELEPHONE: (608) 233-6037

HANIA W. RIS, M. D.  
 PEDIATRICS AND ADOLESCENT MEDICINE  
 1102 DARTMOUTH ROAD  
 MADISON, WISCONSIN - 53703

June 30, 1978

RECEIVED

JUL 03 1978

MEDICAL &amp; SRVS DIV

Robert L. Brutsche', M.D.  
 Medical Director  
 Bureau of Prisons  
 320 First St., N.W.  
 Washington, D.C. 20534

Dear Dr. Brutsche':

The following are my brief comments which you requested on my impressions, evaluation and recommendations following my visit to Alderson.

Although my visit to Alderson was planned and the date set at least two months ago, neither Dr. Jacobson, Chief Medical Officer, nor Dr. Parlour, the psychiatrist, were officially informed about the date or the purpose of my visit. Your letter dated June 8, 1978 addressed to me, a copy of which you sent to the warden, was not shared with the physicians or the nurses.

In spite of this, I found both physicians, Dr. Jacobson and Dr. Parlour, most cooperative and willing to discuss with me the problems of the medical department.

#### Physical Facilities of the Outpatient Department

The clinic area looks unprofessional, dismal and depressing. Two out of five rooms do not have washing facilities, including the largest room used by Dr. Harrington, the gynecologist. Most of the rooms are intolerably hot due to hot water pipes hanging down from the ceiling; only one room has an air conditioner. The facility does not provide for privacy. Conversations between physicians and patients can be heard by other residents. One examining table, perhaps belonging in the American museum of the history of medicine, a painted wicker table, is used as a medical supply table.

Hania W. Ris

2

In general, the layout of the clinic area does not lend itself to smooth patient flow. In order to get to one or two examining rooms, one has to pass through another which is in use at all times.

Since the newly remodeled hospital with a 24-bed capacity has been used in the past at a maximum rate of ten patients and frequently does not have any patients, I wonder whether part of it could be used for a clinic. This would not require any remodeling and would provide decent quarters with better patient flow and assurance of privacy for the clinic patients.

A paging system in the hospital will make the physicians and other health professionals more accessible for brief and unscheduled consultations as well as for emergency.

### Health Education

Health education is essentially non-existent, such as health maintenance, prevention of diseases, patients' understanding of the nature of their illness etc. Educational pamphlets were conspicuously missing from the clinic waiting room. I brought with me a number of health pamphlets which met Dr. Jacobson's approval and which can be easily obtained. They address themselves to such topics as V.D., birth control, female anatomy, self examination of breasts, diet and others. I would like also to suggest that each cottage be supplied with a paper-back book "Our Bodies, Our Selves", which gives a great deal of information about women's health and which is easily understood. (Our Bodies, Our Selves, A book by and for women by the Boston Women's Health Book Collective, Inc., Simon & Schuster, New York, 1973.)

Alderson would benefit from a competent full-time woman health educator. She could provide education at the unit level and in the clinic to individual patients referred by physicians and nurses. This also would have the potential of decreasing the rate of residents' complaints and increasing compliance in keeping appointments and taking medication.

### Discipline of Medical Department

I feel strongly that the Medical Department should not be involved in any disciplinary action as this would violate the trust and confidentiality between physician and patient. The resident of a penal institution is surrounded with disciplinarians. The medical department is the only service in prison that residents can complain about without fear of repercussion.

Hania W. Ris

3

### Residents' Complaints and Staffing

Many of the complaints of the residents are justifiable. Dr. Jacobson, who is interested in rendering quality care to the residents and who is a most compassionate physician, is unable to do this satisfactorily because of constraints of time. Alderson should have at least two full time physicians in addition to a psychiatrist.

The residents frequently complain that they are unable to see the doctor. The majority of the patients are seen by physician's assistants or medical students. The patients basically like the contact with the students, but have misgivings about lack of continuity of care (students change every month). I am strongly in favor of a teaching program at Alderson, as any teaching program increases quality of care. With another physician at Alderson, Dr. Jacobson could see each patient with the student and thus not only provide for continuity of care but also establish a better teaching program.

The patients complain that if they come to the medical department with a sore throat, frequently other parts of their bodies are examined for which they did not present any complaints. A health education program would allievate this problem of misunderstanding and promote a more positive attitude toward health services.

The constant quest for medication could also be decreased by a proper educational program.

### Information on availability of birth control and abortion services

Information on availability of birth control and abortion services reaches the residents through the grapevine rather than through formal channels. This information should be included in the F.C.I. Alderson Orientation Handbook, especially since time is of the essence for the pregnant woman admitted to Alderson who chooses to have an abortion.

You may be interested to know that in the course of an interview of a pregnant resident transferred from Lexington to Alderson, I was told that at least 50 residents per year become pregnant in the Lexington coed facility. Of course, the numbers are hearsay. Although the medical department at Lexington is cognizant of the problem, oral contraceptives or condoms are not available. The refusal to offer contraceptives to women is far more likely to result in pregnancy than in abstinence. Contraceptive services could be handled by the physician or nurse in a discreet and confidential manner. I hope that the consideration of this issue will not lead to a tightening of policy at Lexington.



Hania W. Ris

4

Pregnant Women: Mother Infant-Bonding

As a pediatrician I am greatly concerned about the immediate separation of the infant and mother after delivery. It has been well established that the mother-infant bonding immediately after delivery and in the first weeks of life plays an important role in future development of the child and mother-child relationship. Since most of the mothers do not give up their infants for adoption and will take care of them eventually, it would seem to be of the utmost importance to grant the mother a postpartum furlough of four to six weeks so that attachment of the mother to the infant can be established. Pregnant women who find themselves in prisons are living under great stress. They are poor, frequently single, separated or divorced. They are at great risk of rejecting their children. Solidification of initial bonding is of utmost importance. Rooming-in in the hospital should be established also. I would like to refer you to a book about mother-infant bonding which deals with this problem: Maternal-Infant Bonding, The impact of early separation or loss on family development, C. V. Mosby Co., 1976.

There should be some in-service training for the staff in this area.

It appears that while special provision for the furlough might be required under existing policy, it would not require additional statutory change. It would be important to prevent separation of mother and infant even in those cases when a furlough is not possible.

I understand that some women are admitted or transferred to Alderson very close to their expected dates of delivery. There is no adequate time for the patient and obstetrician to develop rapport. One woman was admitted to Alderson ten days prior to expected delivery. I was informed that some of the commitments at these crucial dates result from judges' sentencing. I wonder whether these judges are being made cognizant of the critical problem it presents.

The Problem of Gonorrhea

I am greatly concerned about the allegedly low incidence of gonorrhea in the Alderson population. Although the women are routinely screened for gonorrhea using Transgrow culture media, there was only one confirmed case of gonorrhea in 1977, and I understand none so far in 1978. This low incidence is difficult to accept, especially since about 75 women had a positive serological test for syphilis on admission. About 60% were treated prior to admission. The above are approximate numbers given me by the Head Nurse. According to the CDC Morbidity and Mortality Report, May 12, 1978, correctional or detention center populations have an incidence of 5.2%. Under optimal conditions of screening among teenage girls in a correctional institution, the

Hania W. Ris

5

prevalence ranged between 12% and 14.5% (my own published data). There must be something wrong with the Transgrow culturing system: (1) escape of CO<sub>2</sub> (2) the culture may be longer in transit than 48 hours so that the organism is not surviving (if the culture is incubated overnight prior to shipment, the organism may have a chance to grow) (3) too high temperature of incubator; the optimal temperature is 35 degrees Centigrade (4) overgrowth by proteus organism partly because of excess of fluid of the media bottle.

I spoke to Dr. Brough, director of the State Hygiene Laboratory in Charleston. He was aware of the problem. Within a month or so a new culturing system will be introduced, the Jembec plates, which is much superior to the Transgrow, and which we have been using since 1975. At that time all the residents should be rescreened, not only with cervical cultures (as is done currently) but also with anal and pharyngeal cultures. The residents should be properly informed about the need for rescreening, especially the danger of complications of undiagnosed and untreated diseases, so that full cooperation can be assured. Even with the optimal culturing system, one single culture diagnoses only 80% of the cases.

I would be interested to know the incidence of gonorrhea in other federal women's prisons and coed prisons.

#### Medical care rendered by unqualified personnel

I was surprised and immensely concerned that the Bureau of Prisons essentially authorizes untrained and unqualified personnel to perform diagnostic examination and prescribe treatment requiring written prescriptions. For example, the hospital administrator, although he worked as a physician's assistant (P.A.) at McNeil Island, never had formal training and/or certification as a P.A., yet was approved to perform the duties of a P.A. To give another example, a nurse at Alderson, whose training was as a Licensed Practical Nurse (LPN), has been labeled by the Bureau of Prisons as a Medical Technical Assistant, having essentially all of the privileges and authority of trained physician assistants. Each of the nurses at Alderson has been authorized to perform complete physical examinations without having had the documentation for the required training.

As a result of this, for example, aminophylline was given by a Medical Technical Assistant without proper indication and without consultation with the physician.

Robaxin was prescribed for muscle pain before more conservative measures were recommended.

Hania W. Ris

6

This authorization for rendering of medical care by unqualified personnel not only subverts the physician's treatment plan but can also cause deleterious effects. This also raises the question of physician malpractice, since the auxiliary medical personnel is responsible to the physician. As you know, Dr. Jacobson and Dr. Parlour have been greatly concerned about this authorization.

Protocols for diagnosis and treatment for Physician Assistants (PA's) and Nurse Practitioners (NP's)

PA's and NP's who are truly qualified to diagnose and treat disease should follow a clear and established protocol written by a physician, such as for urinary tract infection, vaginal discharge, tonsillitis, upper respiratory infection and others. I am sending you by separate mail a few samples of such protocols.

Medical Forms; Problem-oriented Records

The "Report of Medical History" (Standard Form 93) is inadequate. For instance, it does not include at all a family history such as high blood pressure, heart disease, hypercholesteremia, breast cancer, and others, so important for the identification of patients who are at risk. There is also room for improvement of the entire form. Dr. Jacobson has devised an excellent Problem List Form which would facilitate a prompt review of patient's problems and thereby expedite and improve patient care. Indeed all prison medical records should be problem oriented.

Mental Health

The recent addition of Dr. Richard Parlour, a psychiatrist, to the staff should improve the mental health care program. Dr. Parlour and Dr. Jacobson, chief medical officer, apparently have an excellent working relationship and consult frequently on patients' programs and on individual patients, so essential for multidisciplinary approach to medical care.

Nursing Personnel

According to the Director of Nursing, Holley Bailey, in order to run an optimum service sick call system, another PA or RN position is required. I understand that such a position was taken away four months ago and converted from a nursing position to assistant warden.

Reestablishment of this nursing position also would make it possible to send nurses for postgraduate training. The nurses and physician assistants should have the benefit of exposure to psychiatric training either on an in-service basis and/or through special courses outside the institution.

Hania W. Ris

7

Dental Services

The dental services could be expanded by employment of a dental hygienist.

Civilian Secretary for the Medical Department

The confidentiality of medical records is compromised by using a secretary who is a resident; therefore, a civilian secretary should be employed.

Reference Books for Medical Staff

All of the medical books available at Alderson are outdated, published in the 50's and 60's. Current reference books in all fields of medicine in which the doctors and nurses engage should be available.

Postgraduate Training for Physicians, Nurses, Physician Assistants and Nurse-Practitioners

There should be a provision for postgraduate training of every medical staff member. This should be carried on outside the Bureau of Prisons.

Alderson is far away from any teaching medical facility; therefore the above provision is of special importance. As you well know, from the standpoint of professional colleagues, prison medicine has a very low status. Something should be done to upgrade it. In-service training as well as postgraduate training is of great importance in the isolation of Alderson. It is so easy for the staff to become stagnant. I wonder whether it might be possible for a faculty member of the nearest medical school to spend a day twice a month with the medical staff at Alderson. It is important for the staff to have contact with the outside. It is also valuable for the physician and psychiatrist to meet regularly with other members of the medical staff to discuss policies, procedures and problems of individual patients.

Evaluation of Medical Personnel

I understand that the warden evaluates the performance of the physicians. I feel that this is most unacceptable. The physicians should be evaluated by fellow physicians in the Bureau of Prisons. The Director of Nursing should be evaluated by the Chief Medical Officer, probably in conjunction with the Hospital Administrator. The PA's and NP's should be evaluated by the Director of Nursing in conjunction with the physicians.

Hania W. Ris

8

Training of Alderson Staff in CPR and First Aid

The staff should be trained in first aid and CPR with up-to-date equipment being available such as Resucy-Annie. It might be well for the Bureau of Prisons to purchase a Resucy-Annie and rotate it between institutions for training and refresher courses. Some of the residents (inmates) of the institution could and should be involved in this training.

Additional remarksPrejudicial language

Some members of the medical staff expressed their concern that the Bureau of Prisons recently changed the designation of inmates from "residents" to "offenders". Personally I find this new term to be prejudicial and degrading.

Prohibition of wall display of photographs

While I was visiting a cottage, a resident was asked to remove a photograph of her children from the wall of her room. I was dismayed to learn that by recent change in prison policy, the residents are not permitted to have any pictures hanging on the walls, including photographs of their families, because presumably they contribute to a fire hazard. This policy prevents the residents from engaging in one of the few expressions of individuality open to them and so important for their mental health. This policy seems unreasonable and ill-founded, especially in a brick building. Surely some compromise could be reached by limiting size and number of pictures.

Vaginal and rectal searches

I was pleased to hear that the routine vaginal and rectal searches on admission and upon return from furlough were stopped by the Bureau of Prisons. It is my understanding that this policy change was implemented at Alderson on June 28, 1978.

In response to your specific questions:

The teaching of self-examination of the breast should be an integral part of the initial examination, thus the woman becomes actively involved in her own health maintenance. There are excellent pamphlets explaining the technique of examination which should be distributed to the residents. I left a sample with Dr. Jacobson.

The Pap smears should be performed once a year at which time a total brief examination should be done which includes a thorough examination of the breasts.

Hania W. Ris

9

The initial examination should include SMA studies, starting at age 25 to 30, and for younger women who are at risk because of familial history of diabetes, hypertension, heart disease and hypercholesteremia. I understand that the West Virginia State Laboratory of Hygiene performs those tests without charge. The initial examination currently includes Tbc and PpD tests. If the resident is under age 35 and has a positive Tbc skin test, she is treated with INH for a period of a year. In the absence of visible pulmonary lesions there should be a chest x-ray done every one to two years for those treated and untreated tuberculin positive individuals.

Those residents with a family history of diabetes should have either a glucose tolerance test or a two-hour, post-prandial glucose test.

I would appreciate greatly your sharing my report with Dr. Jacobson and Dr. Parlour. Margrit Hombrick also expressed an interest in receiving the report.

While consulting at Alderson, I got a long distance call from Maureen Holley in Washington in regard to information for the Task Force on Female Offenders. Specifically she is doing research for Peggy Frandsen for a program in August on health services in prisons. My report may be of interest to the Task Force.

I was delighted to have had the opportunity to visit Alderson; however, I was somewhat frustrated by the constraint of time. There is so much more that I wished to review and discuss.

If you wish, I would be glad to discuss with you further any of the points I have raised.

Sincerely yours,

*Hania W. Ris*

Hania W. Ris, M.D.  
Associate Clinical Professor  
University of Wisconsin Medical  
School

HWR:ls

P.S. I have learned that one does not need to go to Europe or Asia to experience "adventures". I left my lodgings at Alderson at 10 a.m. and did not arrive in Madison until 11:30 p.m. central time,

Hania W. Ris

10

a total of 14½ hours travel time. I was transported by a six-seater Air Taxi to Roanoke to discover there was no plane to Atlanta because of engine trouble, and I had to be re-routed through Lexington. Alderson is indeed a remote and inaccessible place.

After this letter had been typed, I received a report of statistical data from Alderson and note that from October 1, 1976 to October 1, 1977 there were 906 admittance physical examinations performed. Out of these 95 cases of syphilis were discovered, but not one single case of gonorrhea.

H.W.R.

## 1.A.(2)(b)



## WEST VIRGINIA HEALTH SYSTEMS AGENCY, INC.

Suite 212, Morrison Building  
 615 Quaker Street  
 Charleston, West Virginia 25301  
 (304) 348-0350

Gary R. Beale  
 President

James T. Baker  
 Executive Vice President

June 8, 1979

Mr. Norman Dittman, Project Officer  
 Primary Care and System Development Cluster  
 Public Health Service  
 3535 Market Street  
 Philadelphia, Pennsylvania 19101

Dear Mr. Dittman:

Pursuant to your request for information on the primary care needs for a full-service clinic in Alderson and Peterstown, I have enclosed the relevant population data for both areas.

What is more, the result of several days of research on the above request has generated the subsequent information:

## ALDERSON

(1) The Greenbrier Valley Hospital, which provides primary care, is located an estimated 12 miles or 20 minutes from the city of Alderson (in Fairlea, WV).

(2) Associated with this hospital (Greenbrier Valley), is an estimated 15 Doctor Corp., (Greenbrier Valley Physicians, Incorporated) which also provides primary care. Most, if not all, of the physicians in this corp. are believed to be M.D.s.

(3) Located in the city of Alderson is a clinic (Doctors Clinic) that consist of one M.D., Doctor Sharma, and one office clerk.

Doctor Sharma's office hours are from 8:30 a.m. to 11:30 a.m. on Monday, Tuesday, Thursday, and Friday in Alderson. Moreover, he has another office in Hinton which is open from 12:30 p.m. to 4:00 p.m. on Monday, Tuesday, Thursday, and Friday, and from 9:00 a.m. to 12:00 Noon on Saturdays.

It was at the request of some of the Alderson residents that Doctor Sharma open his clinic in Alderson. Although he has staff privileges at Summers County Hospital, the clinic he has established is an independent entity.



Mr. Norman Dittman  
 Page Two  
 June 8, 1979

He, Doctor Sharma, estimates the population in the Alderson area to be 1,500 - 2,000 individuals. He describes the flow patterns of these patients as being directed towards the Greenbrier Valley Hospital, the Greenbrier Valley Physicians, Inc., the Monroe County Health Center in Union, himself, and a Doctor Carl Cavendish, who is a D.O. and is also located in Alderson.

(4) Carl Cavendish, D.O., is located in the city of Alderson, and he is considered to have a successful practice there.

(5) The Monroe Health Center is estimated to be about a half hour's drive from Alderson in good weather. It is considered to be providing excellent primary care health services.

Thus, given the above information, it is the opinion of the West Virginia Health Systems Agency that the use of federal funds to construct a full-service clinic at Alderson would not be the most appropriate, nor the most efficient, use of federal monies. Rather, we would suggest the likelihood of developing a satellite unit in Alderson, based in either Greenbrier County (e.g., Greenbrier Valley Hospital), or in Monroe County (e.g., The Primary Care Clinic located at Union) be explored.

The rationale for the above suggestion lies in the fact that though there is not a need for a full-service clinic, there may be a need, however, for additional primary care services of specific types in Alderson.

#### PETERSTOWN

(1) Princeton, which is a short distance from Peterstown, is considered to have an array of primary care services.

(2) There are two D.O.s located in the Peterstown general area, one is located in Peterstown, and the other is located in Rich Creek, Virginia, just across the state line. Both are providing primary care.

(3) Giles Memorial Hospital, located in Pearisburg, Virginia, and just across the state line, also provides primary care to the residents of the Peterstown area.

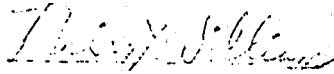
(4) There are an estimated eight (8) primary care physicians, M.D.s, in the Peterstown, Rich Creek, and Pearisburg areas.

Thus, given the above information, it is the opinion of the West Virginia Health Systems Agency, and the South Western Virginia Health Systems Agency, that the use of federal funds to construct a full-service clinic in the Peterstown area would not be the most appropriate, nor the most efficient, use of federal monies.

Mr. Norman Dittman  
Page Three  
June 8, 1979

Rather, we would suggest that the likelihood of developing a satellite unit in Peterstown, based in the Monroe Health Center, or Giles Memorial Hospital be explored. Again, the rationale is that though there is not a need for a full-service clinic in Peterstown, there may be a need, however, for additional primary care services of specific types in the area.

Sincerely,



Brian D. Williams  
Area Service Director  
West Virginia HSA

BDW/srb

Enclosure

1.A.(2)(c)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
REGION III

3535 MARKET STREET  
PHILADELPHIA, PENNSYLVANIA

June 12, 1979

PUBLIC HEALTH SERVICE

RECEIVED

MAIL ROOM  
P.O. BOX 1100  
PHILADELPHIA  
PENNSYLVANIA 19101

Mr. John Kutch  
Medical Director  
Bureau of Prisons, BMS  
320 First Street, N.W.  
Washington, DC 20534

RECEIVED

Dear Mr. Kutch:

This is to follow-up on our telephone conversation of May 25, 1979 regarding Public Health Service assistance in securing health care resources for the Alderson Area of West Virginia. As I indicated at that time, we were awaiting the results of the West Virginia Health Systems Agency needs evaluation before working further with Warden Neagles and/or Mayor Harris.

The HSA report has been received and is appended for your information. Based on our discussion with community representatives on April 17, 1979, we agree with the conclusions of this survey. However, we remain interested and available to work with the community and Alderson FCI to address the alternatives suggested by the HSA. I am forwarding a copy of the report to both Warden Neagles and Mayor Harris.

If I or the Regional Office can be of service, please do not hesitate to contact us.

Sincerely,

*N.C. Dittman*

Norman C. Dittman  
Project Officer  
Program Development Branch

Enclosure

## 1.A.(2)(d)

October 5, 1979

Summary of Medical Care Program  
FCI, Alderson, West Virginia

The current medical program at the Federal Correctional Institution at Alderson, West Virginia, includes the following staff:

	<u>Positions</u>	<u>Filled</u>	<u>Vacant</u>
Physicians	3	2	1
Dentist	1	1	0
Pharmacist	1	1	0
Medical Records Clerk	1	1	0
Hospital Administrative Officer	1	1	0
Nurses & PA's	8	6	2

The two physicians are Dr. James R. Krug and Dr. Kathy M. Sanders. Dr. Krug is a 61 year old D.O. who has had extensive experience in private practice as a general practitioner including ample obstetrics and gynecology and has been on duty since April 1979. Dr. Sanders is an M.D. who is a U.S. Public Health Service Commissioned Officer (post scholarship recipient) right out of internship. She has been on duty since June 30, 1979. Dr. Sanders replaced Dr. Stephen Jacobson, also a USPHS Commissioned Officer, who had been on duty for two years. Dr. Krug, in effect, replaced Dr. Joseph Harrington who resigned in May 1978. A psychiatrist, Dr. Richard Parlour, was on duty from May 1978 to March 1979; that position is vacant as indicated above. Of course, consultants are available including a consultant in obstetrics and gynecology. Supplementing the staff and consultants are medical students from the West Virginia Osteopathic School of Medicine at Lewisburg, West Virginia. They are provided supervision by the Alderson staff physicians and their presence increases both the scope and depth of medical care.

The combined complement of physician's assistants and nurses noted above is sufficient to provide 24 hour coverage at the hospital/clinic and also provide sufficient additional staff to assist with the handling of outpatient services during the day shift. At present two of the eight position in this category are vacant but are expected to be filled very shortly. Of the six on duty, three are registered nurses and three are physician's assistants. One of the physician's assistants is also an R.N. who received her physician's assistant training in our formal training program at the Medical Center for Federal Prisoners, Springfield, Missouri. Of the remaining two PA's one also received the formal training at Springfield and the other received the two year on-the-job training within our system.

The outpatient clinic, which has been in the basement level for several years, is currently being moved to a remodeled first floor. It is anticipated that remodeling will be finished and the move completed within the next one to two weeks. This will provide ample space for

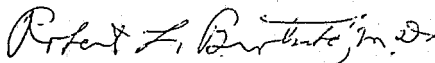
private interviews and examinations during sick call and other patient visits. The remodeled area has been designed to provide for suitable waiting space, smooth patient flow and adequate access to auxiliary services.

Plans are being finalized for Ms. Anna Skiff, Chief, Health Education Branch, Division of Hospitals, USPHS, to visit F.C.I., Alderson, October 23 and 24, 1979. She will be accompanied by John Kutch, Ms. Peggy Frandsen and Ms. Karen Amy, all of the Bureau Central Office. The purpose of this onsite visit is to meet with medical staff, education staff, case workers, counselors, and inmates to gain ideas that can be utilized in the design and formulation of an ongoing health education program that can be used for female inmates throughout the Federal Prison System. Ms. Skiff has already visited the MCC, New York. In addition to Ms. Skiff's professional expertise, the resources of the Public Health Service Health Education Branch should be available to the FPS for most materials and visual aids. A number of health educational pamphlets are already in use at Alderson. Of course, ongoing health education is always a function of the doctor/patient relationship for those patients under care for specific medical problems. Family planning information is currently available through the professional medical staff and oral contraceptives may be provided by the physician in the context of the usual doctor-patient relationship. The use of injectable progesterone as a contraceptive measure has been discontinued.

Each new inmate admitted to Alderson is given a complete medical evaluation including tuberculin test and chest x-ray (when not contraindicated), pap smear, culture for gonorrhea, blood chemistry and other appropriate blood studies in addition to a review of the medical history and the physical examination itself. Annual physical examinations are provided for those inmates who have reached age 50 and a biennial examination for those inmates below the age of 50. The procedures outlined above are also followed on these periodic evaluations. Pap smears, however, are provided annually regardless of age.

We are presently conducting an evaluation program of our tests for gonorrhea with the assistance of the Center for Disease Control of the U.S. Public Health Service. Dr. Joseph Lossick, formerly a medical officer at Alderson and now assigned to the CDC, visited the facility and has established an evaluation program which involves taking multiple cultures on each inmate admitted to the facility. These cultures are grown and evaluated in at least two locations. So far this evaluation tends to confirm an extremely low incidence of gonorrhea in inmates admitted to Alderson.

Training has been given to selected staff and inmates in cardiopulmonary resuscitation (CPR) and a "resusci-Anne" is available at Alderson. An ongoing training program is being developed.



ROBERT L. BRUTSCIE, M.D.  
Assistant Surgeon General, USPHS  
Medical Director, Bureau of Prisons

1.A.(2) (e)



U.S. Department of Justice

Federal Prison System

DEC 24 1979

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Washington, D.C. 20534

Honorable Robert W. Kastenmeier  
House of Representatives  
Washington, D.C. 20515

December 19, 1979

Dear Congressman Kastenmeier:

In response to your request, we are enclosing a status summary on the medical program at the Federal Correctional Institution, Alderson, West Virginia, with particular reference to the consultant report by Dr. Hania Ris.

Please let me know if I may be of further assistance.

Sincerely,

A handwritten signature in dark ink, reading "Norman A. Carlson". The signature is written in a cursive, flowing style.

NORMAN A. CARLSON  
Director

Enclosure

December 18, 1979

## FOLLOW-UP REPORT

## EVALUATION OF FCI, ALDERSON MEDICAL SERVICES

BY HANIA W. RIS, M.D., JUNE 1978

Physical Facilities of the Out-patient Department

The out-patient department has been moved to the first floor. Four new rooms are now in use, with two more almost completed. All rooms have washing facilities, as well as visual and audible privacy. Four new exam tables, new examination lights, instrument tables and "wall-hung" examination instruments have been purchased. A paging system is being considered, but we consider the indications to be marginal in a unit of this small size. Total renovation of the hospital is scheduled for completion in the Spring of 1980.

Health Education

The groundwork has been laid for institution of a valid health education program. Developing plans will include both physical and mental health and will involve education, medical/dental and psychological personnel. A position to head up health education and family planning services has been established at FCI, Alderson, also. Ms. Anna Skiff, Chief for the Division of Hospitals and Clinics, Bureau of Medical Services and Dr. Vivian Chang, the Deputy Director of the Bureau of Medical Services, serve as consultants for this endeavor.

Discipline by Medical/Dental Personnel

The medical/dental staff at the Federal Correctional Institution must have the authority to write disciplinary reports, as do all other Federal Prison System employees, in order to insure the orderly running of the hospital, as well as to insure that security is not compromised. The inmates at FCI, Alderson are able to address any concerns that they might have about the entire operation of the institution, including medical services, by contact with their Unit Team, the Chaplains and/or the Associate Wardens or the Warden or via the Administrative Remedy process.

Residents' Complaints and Staffing

Since the visit by Dr. Ris in 1978, the institution has been audited on a number of occasions by professional medical groups as well as the regional office staff. The regional audit was conducted the first week of November 1979. The regional auditors talked with a number of inmates in the institution and concluded that resident complaints concerning medical care had appreciably diminished. In fact, in a recent report made by the West Virginia Advisory Committee of the United States Civil Rights Commission, they had concluded that medical care had improved at FCI, Alderson.

### Information on Availability of Birth Control and Abortion Services

Birth control measures as well as consideration of abortion are initiated in the doctor/patient relationship. All medical personnel stand ready to answer any questions on these subjects. Basic information regarding both birth control and abortion is transmitted to inmates during their initial physical evaluation.

### Pregnant Women: Mother-Infant Bonding

Mother-infant bonding is an important factor. Alderson plans to handle this as indicated in the paragraph concerning health education. They are establishing a position that will be concerned with health education as well as family planning services. Also, they do use the furlough program for eligible women to permit them to take their child home as well as visit with their children. They will continue with this program. In addition, they are in the process of developing a special family day program for all women who have children and they have initiated the Sesame Street Program at FCI, Alderson. Also, in order to permit more on-site family visiting, they have expanded visiting hours into the evenings, seven days a week.

### The Problem of Gonorrhea

The entire program for the detection of gonorrhea by culture at Alderson is being evaluated by the Communicable Disease Center of the Public Health Service. Multiple cervical smears are being made at the time of initial examination and on clearance exams. One is sent to the state lab, one to the lab at the West Virginia School of Osteopathic Medicine and one is incubated at Alderson. If growth becomes apparent in the latter, it is sent to the Osteopathic School Lab. Specimen collection is carried out under closely monitored conditions. Only one positive culture has been obtained in 92 examinations through December 4, 1979. This evaluation will be continued.

### Medical Care Rendered by Unqualified Personnel

The nurses, PA's, MTA's are at present working closely with the physicians, as are the medical students. There does not appear to be a problem at present.

Nurses are not authorized to perform complete history and physical examinations. They do only initial admission examinations and are instructed to contact the on-call physician if any question exists. This is being done. See next paragraph

### Protocols for Diagnosis and Treatment for Physician's Assistants (PA's) and Nurse Practitioners (NP's)

A qualifications brief has been written for each of the PA's, MTA's, nurses, as well as the medical students specifically indicating exact



-3-

duties and responsibilities pertaining to diagnosis and treatment, including the writing of prescriptions. Both the Chief Medical Officer and the Medical Officer are monitoring these protocols closely.

#### Medical Forms - Problem-oriented Records

The form used for recording history is the standard government medical history form SF-93. Emphasis is placed on securing family history and this information is recorded, though there is no specific section for this on the form. The essentials of problem-oriented medical care are being followed closely, although chart maintenance does not follow the problem oriented system completely at the present time. However, the use of traditional medical records is entirely within the bounds of acceptable medical practice.

#### Nursing Personnel

At present Alderson has five full-time nursing positions (in addition to PA and MTA positions). They have recently recruited two nurses and presently have one vacancy. We feel this nursing staff is adequate for the size population that they serve.

#### Dental Services

Alderson's present dentist feels that he is able to meet the needs of the population. Inmate assistants have been trained in sufficient numbers to be of assistance to him.

#### Civilian Secretary for the Medical Department

The confidentiality of medical records has not been compromised. Inmate secretaries have not been used in Medical Records. At present they have two medical records technicians employed. No inmates are being used in the Medical Records area. It is our impression that at the time of Dr. Ris' visit, she mistook a civilian employee for an inmate.

#### Reference Books for Medical Staff

The library is being updated. Current journals on a wide variety of medical areas are available and used. Also, the staff has been invited to use both the library at the West Virginia School of Osteopathic Medicine and the library at the Greenbrier Valley Hospital. This will meet the needs of our professional staff.

#### Postgraduate Training for Physicians, Nurses, Physician's Assistants and Nurse Practitioners

There is a good working relationship between the present staff, the consultants, and teaching personnel from the West Virginia School of Osteopathic Medicine. In addition, Dr. Krug, the Chief Medical Officer, has been offered an appointment to the staff of the West Virginia School of Osteopathic Medicine. The Bureau is seeking funding for major postgraduate training for all medical personnel.

### Evaluation of Medical Personnel

In the Bureau of Prisons organizational structure, the Chief Medical Officer is the Department Head responsible to the Warden or Associate Warden. Since the office of the Warden is responsible for the day-to-day operation of the institution, he is in the best position to know whether or not the medical program is generally meeting the needs of the population. We, therefore, feel that it is appropriate for him to be the individual to do the primary evaluation of the Chief Medical Officer. Through staff and inmate contacts the Warden is aware of how well the medical program is functioning. Periodically central and regional office medical personnel evaluate the Chief Medical Officer during audits. They provide direct input to the Warden regarding the Chief Medical Officer's performance.

### Training of Alderson Staff in CPR and First Aid

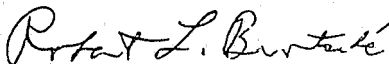
A Resucy-Annie has been purchased for training staff and inmates. All medical staff members hold a basic life saver card in CPR. All medical staff members, with the exception of our newest employee, have been trained in the basic use of the Resucy-Annie. The new employee will receive this training in the near future. Also, they recently completed EMT training through their Safety Department in which five staff members and fourteen inmates were trained.

### Specific Questions

Upon initial examination each inmate is instructed and encouraged to perform self-examination of the breast. Teaching of self-examination of the breast will be included in the health education program being initiated.

Yearly PAP smears and breast examination are an essential part of female care in the child bearing and post child bearing years. Post-menopausal women will be checked with PAP smear and breast exam at 6 to 9 month intervals. This program is in effect.

A routine blood chemistry profile (SMA studies) will be done when determined appropriate by the physician. Chest x-rays are carried out routinely on tuberculin positive individuals and when otherwise clinically indicated. Glucose tests are done on individuals with history or family history of diabetes at the discretion of the physician.



ROBERT L. BRUTSCHE', M.D.  
Assistant Surgeon General, USPHS  
Medical Director, Bureau of Prisons

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U.S. Department of Justice

Federal Prison System

*Federal Correctional Institution*

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Alderson, WV 24910

February 9, 1981

## FOLLOW-UP REPORT (CONTINUED)

EVALUATION OF FCI ALDERSON MEDICAL SERVICES  
BY HANIA W. RIS, M.D., JUNE 1978Physical Facilities of the Out-patient Department

The out-patient department has been moved to the first floor. Six new rooms are now available and in use. All rooms have washing facilities, visual and audible privacy. New exam tables, new examination lights, instrument tables and wall hung examination instruments have been purchased. A paging system has been installed. The doctors' offices have been relocated as well. This week we plan to move into our new pharmacy. All wall removals have been completed and new walls erected where necessary. We should be moving the dental facility in the near future to the first floor also. The x-ray department has been renovated and completed. Additionally, the basement floor, for all intents and purposes, has been closed off aside from the lab. Inmates now enter through the front entrance.

Health Education

A meeting with a committee including Dr. Brutsche, Dr. Chang and Mr. John Kutch was held where groundwork was laid for initiation of a health education program. A health education, family planning and counselling type position was established in the hospital in November, 1980. Given the constraints of Public Health Service funding and the position freeze, we initiated action to establish a full-time position in the hospital. This position has been used in health education, one-on-one counselling, assisting in the pre-natal clinic, and we plan to include her in other health program areas such as the diabetic clinic. She has been used to help resolve inmate family planning matters on an individual basis. She has helped facilitate and resolve matters of concern between Unit Management and the hospital.

Discipline of Medical/Dental Personnel

The medical/dental staff at the Federal Correctional Institution, Alderson, West Virginia, must have the authority to write disciplinary reports, as do all other Federal Prison System employees, in order to insure the orderly running of the hospital, as well as to insure that security has not been compromised. The inmates at FCI Alderson are able to address any concerns

that they might have about the entire operation of the institution, including medical services, via the Administrative Remedy process, by contact with their Unit Team, the Chaplains, the Inmate Council, and/or the Associate Wardens or the Warden.

#### Resident Complaints and Staffing

Since the visit by Dr. Ris in 1978, we have received a number of audits of our institution operations by professional medical groups, as well as our Regional Office staff. Professional visits include our bi-monthly evaluations by Dr. McNeer, consultant psychiatrist, in which each case having psychiatric concerns is reviewed with Dr. McNeer, our psychology staff, medical staff and Unit staff. Dr. McNeer also visits Unit and medical areas. Drs. Eardley and Kunev, and other psychology staff from FCI Lexington visited FCI Alderson and reviewed and evaluated our program. Also, Dr. Chang, Mr. John Kutch and Anna Skiff visited to review our medical program.

Dr. Martin Richardson, Dean of Education at the West Virginia School of Osteopathic Medicine reviewed the program at the hospital insofar as teaching and available resources are concerned.

Additionally, the Federal Correctional Institution, Alderson, West Virginia, was accredited by the American Correctional Association Commission on Accreditation. FCI Alderson was found to be 100% in compliance with all medical standards. We received our certificate for three years accreditation on November 20, 1980.

#### Information on Availability of Birth Control and Abortion Services

All medical personnel are freely available to answer questions on birth control and abortion measures. This information is transmitted to the inmates on their initial physical examination. As regards the number of pregnant women transferring from FCI Lexington to FCI Alderson, in calendar year 1980, 10 inmates transferred to our institution from FCI Lexington with a pregnancy condition.

#### Pregnant Women: Mother-Infant Bonding

As we indicated a position has been established. Also, over 700 inmates received furloughs to their home community to visit with their children during calendar year 1980. This is a prime concern of ours. We have developed a specific family day program. This program is conducted once every quarter. The Sesame Street program continues in full swing. Visiting hours continue in their expanded fashion.

Also, the new T.I.M.E. (The Intimacy of Motherhood Embraced) program has been established. The program was effected 1/15/81 with Potomac House, a nursing home in Ronceverte, West Virginia. Our first inmate is involved in the program. The program guidelines allow each eligible inmate to participate for a total of approximately six months, two months before the birth of the baby and four months after.

### The Problem of Gonorrhea

The test program involving 100 inmates was completed in January, 1980. There has only been one positive culture. Since that time we have established and are doing multiple plan smears. One is sent to the State lab, one is incubated by candle jar test in the lab at the institution. If any growth is noted on the culture media, it is sent to the lab at the West Virginia School of Osteopathic Medicine for evaluation. Since the report dated February 20, 1980, we have had no positive gonorrhea cultures. It is felt that this is due to close monitoring and treatment by initial institutions receiving the inmate.

### Medical Care Rendered by Unqualified Personnel

The nurses, PA's, MTA's are at present working closely with the physicians, as are the medical students. There does not appear to be a problem at present.

Nurses are not authorized to perform complete history and physical examinations. They do only initial admission examinations and are instructed to contact the on-call physician if any questions exist. This is being done.

Additionally, Dr. Krug is no longer seeing patients on a one-to-one basis. He is monitoring all personnel, student and Physician Assistants, by being available for consultation and evaluation. This has increased markedly patient evaluation by Dr. Krug.

### Protocols for Diagnosis and Treatment for Physician Assistants (PA's) and Nurse Practitioners (NP's)

There does not appear to be a problem at the present. A protocol has been written for each of the PA's, MTA's and nurses, as well as the medical students, specifically indicating their exact duties and responsibilities as regards diagnosing and prescribing treatment, including the writing of prescriptions. Both the Chief Medical Officer and the Medical Officer are monitoring these protocols closely.

Additionally, at the time of Ms. Ris' visit we did not have any Board Certified physician's assistants GS-603. We have two at the present time. They are the only ones, in addition to the medical officers and the student interns, who are seeing sick call. With Dr. Krug's supervision of the sick call we believe we have an appropriate program.

### Medical Forms - Problem-oriented Records

Emphasis is stressed on securing family history and this information is recorded, though there is no specific section of the history which covers this area. Problem oriented care is being followed closely.

### Mental Health

At present we have a contract psychiatrist. He is available to the institution every other week. He meets with both medical officers, three institution psychologists and the unit staff of Unit III, which is the comprehensive health unit. They discuss all current cases where there is a psychiatric concern. This is a first in this institution to have both professional medical and unit staff working and communicating so closely. Additionally, the Federal

Correctional Institution at Lexington, Kentucky, opened their psychiatric unit early in 1980. We have referred all appropriate psychiatric cases to that institution. They have accepted them. We feel that this is a quality referral program.

#### Nursing Personnel

We have one nursing vacancy at the present time. We hope to convert this when the freeze is lifted to a physician's assistant position. This has not affected our 24 hour coverage, however.

#### Dental Services

Our present dentist feels that he is able to meet the needs of our population. Inmate assistants have been trained in sufficient numbers to be of assistance to him.

Also, we have contracted through the University of Virginia Dental School to have one intern on a 30 day rotating basis to assist in our dental program. This is working out quite well. While at the present time we do not have a dental student intern involved in our program, the interns in the past have worked out quite well. We are hopeful that we will again receive dental interns starting in the spring. Dr. Sterba, on a recent visit to the University of Virginia Dental School, also talked with officials there about the possibility of obtaining a dental hygienist intern. We are hopeful that will happen also.

#### Civilian Secretary for the Medical Department

The confidentiality of medical records has not been compromised. Inmate secretaries have not been used in Medical Records. At present we have one medical records technician employed. No inmates are being used in the Medical Records area.

#### Reference Books for Medical Staff

The library is being updated. Current journals on a wide variety of medical areas are available and used. We plan to invest in such modalities as "Audio Digest" and "Current Therapy." Also, we have been invited to use both the library at the West Virginia School of Osteopathic Medicine and the library at the Greenbrier Valley Hospital. This will meet the needs of our professional staff.

#### Postgraduate Training for Physicians, Nurses, Physician Assistants and Nurse-Practitioners

There is a good working relationship between the present staff, the consultants, and teaching personnel from the West Virginia School of Osteopathic Medicine. In addition, Dr. Krug, our Chief Medical Officer, has been appointed to the West Virginia School of Osteopathic Medicine as a Director of Medical Education.

### Evaluation of Medical Personnel

As regards the matter of evaluation of medical personnel, it is our feeling that the Warden, who is primarily responsible for the day-to-day operation of the institution, is in the best position to know whether or not the medical program is generally meeting the needs of the population. Through staff and inmate contacts he is aware of how well the medical program is functioning. Accordingly, it would be inappropriate for someone other than the Warden to rate the Chief Medical Officer. From time to time the Central and Regional Office medical personnel evaluate the Chief Medical Officer during audits. They provide direct input to the Warden as regards the Chief Medical Officer's evaluation.

### Training of Alderson Staff in CPR and First Aid

A Resucy-Annie has been purchased for training staff and inmates. All medical staff members hold a basic life saver card in CPR. All medical staff members with the exception of our newest employee have been trained in the basic use of the Resucy-Annie. The new employee will receive this training in the near future. Also, we recently completed EMT training through our Safety Department in the fall of 1980 in which eight inmates and one additional staff member were trained. Additionally, the basic emergency procedures training included in our annual refresher training is recognized for medical emergencies.

### Specific Questions:

Upon initial examination each inmate is instructed and encouraged to perform self-examination of the breast. Teaching of self-examination of the breast will be included in the health education program being initiated at this institution.

Yearly PAP smears and breast examination are an essential part of female care in the child bearing and post child bearing years. Post-menopausal women will be checked with PAP smear and breast exam at 6 to 9 month intervals. This program is in effect.

Routine SMA studies should be done if felt necessary by the physician. Chest X-rays are carried out on post active tuberculars at two year intervals or more frequently if indicated. Glucose tests in individuals with family history of diabetes shall be at the discretion of the physician during history and examination.

### Ambulance Service

In addition to the two ambulances available for use in the community of Alderson, the institution now has its own fully operational ambulance. It was placed in operation on April 13, 1980, and to date has been used on 21 occasions.

91004  
FEMALE PSYCHIATRIC UNIT TASK FORCE REPORT

BUREAU OF PRISONS

U.S. DEPARTMENT OF JUSTICE

FEDERAL CORRECTIONAL INSTITUTION, LEXINGTON, KY

April 11&12, 1979



## TABLE OF CONTENTS

Summary of Recommendations	<u>Page</u> 1
Background	2
The Problem	2
Recommendation 1. Unit Recommended	3
Recommendation 2. Key Staff and Project Coordinators	3
Recommendation 3. Program	3-4
Recommendation 4. Staffing	4-6
Recommendation 5. The Facility	6-7
Recommendation 6. Equipment	7
Recommendation 7. Budget	7-8
Appendix	
I. BOP Female Psychiatric Unit Task Force:	
Members and Resource Persons	9
II. "Extent of Serious Psychiatric Problems Among Female Offenders" by Dr. David Lamier & Dr. Meredith Friedman	10-23
III. Potential Patient Survey, April, 1979	24
IV. "Views on a Female Psychiatric Unit" by Dr. Lorraine Jenson	25-28
V. Site Location and Unit Floor Plans	29-32
VI. Staffing Pattern Recommended for the Female Psychiatric Unit	33
VII. Unit Organizational Chart Proposed by the Female Psychiatric Unit Task Force	34
VIII. Staffing Patterns at 2 Established Psychiatric Units in the Lexington, KY Area	
A. V.A. Hospital	35
B. University of Kentucky Medical Center	36
IX. Food Service Equipment Budget	37

## SUMMARY OF RECOMMENDATIONS

## BY THE BUREAU OF PRISONS

## FEMALE PSYCHIATRIC UNIT TASK FORCE

1. A 28 bed, female, intensive psychiatric treatment unit should be established during the next 6 months in the North East wing of the A.R.C. building adjacent to the FCI, Lexington, KY.
2.
  - a. Three Key staff should be selected immediately to administer the development and implementation of the program, staffing, budget, equipment and construction needed.
  - b. At least one key project coordinator should be designated in the central office, the south east regional office and the institution.
3.
  - a. A bureau program policy should be developed and issued nationally within 60 days, followed by a local policy within 30 days.
  - b. At least initially the unit should be programmed only as an inpatient psychiatric unit of the hospital for acutely psychotic female patients and not correctional management problems, forensic evaluations (e.g. evaluations for the courts, 4244, 4205 (c), etc.) or males.
  - c. The Warden, FCI, Lexington should be delegated authority to accept these patients and to transfer them upon completion of treatment and/or having reached maximum hospital benefits, usually to the originating institution or otherwise if programmatically essential.
4. The unit should be adequately staffed with professional and support personnel commensurate with the program requirements described herein and those still to be developed. For the programs described and envisioned we recommend 24 employees (see Appendix VI & VII). The BOP Executive Staff should approve 24 positions now and specify their source so there is no delay in proceeding with the unit. Three positions should be filled immediately.
5. The facility (NE wing of the A.R.C. building; see Appendix V) for the unit should be obtained immediately and remodelled appropriately to meet program, life safety and accreditation requirements.
6. Necessary equipment for the unit should be identified and obtained.
7. Approval of an initial FY 79 financial budget of \$233,600 is recommended. A more detailed budget should be expeditiously developed and approved centrally for FY 79 and FY 80 outside of the routine budgetary cycle since this project is new and of high visibility and priority.

### Background

The Director of the Bureau of Prisons requested that Robert Brutsche', M.D., Assistant Director, Medical and Services Division establish a Task Force to consider the development of a psychiatric program unit for female federal offenders. Attempts at establishing a meaningful referral center unit at the Federal Correctional Institution, Alderson, W V over the past several years have been unsuccessful for various reasons. The Task Force appointed was asked to consider the problem of psychiatric care for female federal offenders as to what should be done, where it should be done, what it should consist of and how it should be done. The Task Force (see Appendix I) met Wednesday and Thursday, April 11-12, 1979 at the Federal Correctional Institution, Lexington, KY.

### The Problem

Dr. Lanier presented data and comments on the extent of serious psychiatric problems and psychiatric evaluations among female federal offenders. This presentation was based on a report (see Appendix II) developed by Dr. Lanier and Dr. Meridith Friedman for the Task Force on Female Federal Offenders, Warden W. Hardy Rauch, Chairman. The conclusion was there were 20 women who would benefit by immediate transfer to a centralized comprehensive psychiatric facility and another 30 women predicted to manifest acute mental disorders requiring short term intensive psychiatric care during the year. A more recent survey (see Appendix III) during April, 1979 indicated 9 women and available for immediate transfer to an intensive treatment psychiatric unit, and an estimated 82 women would be referred annually. There were also an estimated 278 formal and 636 informal psychiatric and psychological evaluations performed per year. Women required 2% more formal and 4% more informal mental health evaluations than men.

Psychotic prisoners, especially females, tend not to be hospitalized in community facilities. This is probably due to a variety of factors including exorbitant costs (up to \$300/day plus physicians fees) limited security, unwillingness to accept prisoners, legal issues, administrative complexities and other issues. Drs. Lanier and Friedman concluded the most appropriate resolution of the problem for the alternates considered is the establishment of an inhouse facility for psychiatrically disturbed females, preferably at Lexington or Springfield.

Dr. Lorraine Jensen presented her views on a female psychiatric unit for federal offenders based on her prior experience at Alderson and the clinical expertise of the Lexington staff (see Appendix IV). The group then discussed the issues and alternatives during the next two days and reached numerous conclusions and recommendations. Some issues will require further study and decision. The group also toured the FCI, Hospital and Extended Care Unit (in the hospital building) and the NE wing of the National Institute of Drug Abuse's Addiction Research Center (A.R.C.) building. For the latter, we were accompanied by and had discussions with Donald E. Jasinski, M.D., Acting Director, A.R.C. and Mr. Robert E. MacLin, Administrative Officer, A.R.C. (see Appendix V).

Recommendation 1: A 28 bed, female, intensive psychiatric treatment unit should be established during the next 6 months in the North East wing of the A.R.C. building adjacent to the FCI, Lexington, KY.

Discussion: The extent of the problem (i.e. acute intensive psychiatric care for females) justifies establishment of such a female psychiatric treatment program unit. An in-house unit is viewed as more administratively practical, economical, secure, and is more likely to be effectively utilized. The FCI, Lexington has the major advantages of central location, good air and ground transportation, and excellent expandable facilities which are immediately available without major new construction or displacement of an ongoing program. They also have an administrative and institution staff who are supportive of such a unit and have a positive attitude conducive to modern corrections including habilitation and treatment.

Recommendation 2: a. Three key staff should be selected immediately to administer the development and implementation of the program, staffing, budget, equipment and construction needed. b. At least one key project coordinator should be designated in the central office, the south east regional office and the institution.

Discussion: The key staff recommended are: a Chief of Psychiatry who reports to the Chief Medical Officer; a Unit Manager who has some type of medical background and has demonstrated administrative expertise (e.g. HAO; psychologist; registered nurses; medical social worker, sociologist, or medical case worker); and a medical secretary (competent in typing, clerical, filing, medical records, medical terminology and secretarial functions). We recommend designation of the Deputy Medical Director in the central office, an architect in the regional office, and the institution's Executive Assistant (or comparable level personnel) as project coordinators at those levels, respectively. The regional architect's expertise should be utilized for fast track, critical path and/or other similar planning processes which will expedite establishment of the Unit.

Recommendation 3: a. A bureau program policy should be developed and issued nationally within 60 days, followed by a local policy within 30 days. b. We further recommend that at least initially the unit be programmed only as an in-patient psychiatric unit of the hospital for acutely psychotic female patients and not correctional management problems, forensic evaluations (e.g. evaluations for courts 4244, 4205 (c), etc.) or males. c. The Warden, FCI, Lexington should be delegated authority to accept these patients and to transfer them upon completion of treatment and/or having reached maximum hospital benefits, usually to the originating institution or otherwise if programmatically essential.

Discussion: We suggest the program statement indicate the unit is for acutely psychotic, sentenced, female patients who require the level of services and program available in the Lexington unit, are in trouble, and are without sufficient local resources. Examples include, but are not limited to nor all inclusive of, paranoid schizophrenia, manic-depressive psychosis, and psy-

chotic depression (i.e. not just suicidal gestures for manipulative purposes). These individuals would typically be unable to work, live in a regular housing unit and be maintained at their present institution.

We envision patients progressing through several levels of decreasing physical restriction, usually including a trial period in a regular unit at the FCI, Lexington before re-transfer to their original or other institution. Naturally, central monitoring cases and/or security/custody level requirements may limit or preclude regular unit trials, but each such case must be considered on its own merits and not managed automatically without appropriate review and individualized judgment.

If special, unusual individual exceptions arise to the above stated eligibility requirements regarding transfer to the psychiatric unit at Lexington, I suggest the local warden (or a similar, appropriate official if the individual is not in a Bureau facility) should initiate a request to the Medical Director, through the appropriate Regional Director, the Warden at the FCI, Lexington and the SE Regional Director for review, comment and recommendation at each level. Decisions at the central office should be by unanimous agreement of the Medical Director, the Assistant Director for the Correctional and Community Programs Division, and the General Counsel. If unanimous agreement cannot be attained, the case should then be referred to the Director for review and final decision. Programming for forensic psychiatry, residencies, fellowships, students and psychiatric treatment of male prisoners should be considered well in the future (probably 1 or more years from now when more of the A.R.C. building is available).

Recommendation 4: The unit should be adequately staffed with professional and support personnel commensurate with the program requirements described herein and those still to be developed. For the programs described and envisioned we recommend 24 employees (see Appendix VI & VII). The BOP Executive Staff should approve 24 positions now and specify their source so there is no delay in proceeding with the unit. Three positions should be filled immediately.

Discussion: Some key staff and/or key projector coordinators should make site visits and/or collect information and data from female inpatient psychiatric units in a) correctional facilities (old and new), b) other government agencies, (e.g. VA, PHS, military, and state university hospitals [general and psychiatric]), and c) private hospitals (e.g. non-government general and psychiatric university hospitals, community general and psychiatric hospitals). This should include a review of their program, staffing, facilities, equipment, budget and other significant topics (see Appendix VIII).

The key staff and project coordinators should become fully conversant with the appropriate standards of the (a & b) Joint Commission on the Accreditation of Hospitals: general medical and surgical; and psychiatric (JCAH-medical, JCAH-psychiatric) (c) American Correctional Association Commission on Accreditation of Correctional Facilities (ACA), (d & e)

American Medical Association Project on Jails and Prisons, "AMA Standards for Health Care in Prisons" and "AMA Standards for Psychiatric care in Prisons", (f) American Public Health Association "Standards for Health Services in Correctional Institutions", (g) "Uniform Correctional Policies and Procedures" by the Association of State Correctional Administrators, (h) book "Health Care in Correctional Institutions" an LEAA Prescriptive Package by Brecher and Della Penna, and (i) other resource material. The ultimate future goal should be full JCAH psychiatric and ACA accreditation.

Other advance work should include interviews of key consultants in the National Institute of Mental Health (NIMH) and elsewhere, for comments, suggestions and recommendations. Finally, the required official personnel actions needed should be completed. The organizational pattern recommended (see Appendix VII) should be reviewed by the key staff and project coordinators. Several options regarding the Psychiatric Aids were discussed by the Task Force. These ranged from a) having all psychiatric aids, to b) 3 aids and 3 correctional officers, to c) all correctional officers. Option a) may create a we/they attitude between the unit staff and the other FCI, staff. Option c) could reduce the treatment effectiveness of those providing security functions if selectivity of psychiatrically trained personnel isn't observed. Option b) appears to reduce by compromise the negative aspects of options a) & c), but may create a scheduling nightmare.

Another consideration for early review and decision is whether the Unit Manager's span of control is too great with all 6 Psychiatric Aids/Correctional Officers (in addition to all the others listed) reporting directly to him. Two alternatives would be to have them reporting to the Psychiatric Nursing Supervisor, or have one of them a Supervisory Psychiatric Aid.

The personnel actions and proposed time table is as follows:

<u>ACTION</u>	<u>DAYS</u>
1. Site visits, standards review, and finalized staffing pattern and table of organization	60
2. Prepare Position Descriptions	30
3. Classify positions	20
4. Announce positions	20
5. Selection of personnel	20

6. Reporting date

30

(TOTAL)

(180 days or  
6 months)

However, the various actions should occur as coordinated, overlapping functions rather than discrete total category actions, otherwise the reporting date for the last-to-arrive employee will be well beyond the the 6 month total. In addition, any executive delay in authorizing 24 positions and their source will geometrically compound the difficulty in completing other decisions and actions. However, it has usually been more appropriate to phase the arrival of staff over a period of time rather than having everyone reporting on the same day.

Recommendation 5: The facility (NE wing of the A.R.C. building; see Appendix V) for the unit should be obtained immediately and remodelled. appropriately to meet program, life safety and accreditation requirements.

Discussion: While the advance work (site visits, standards review and consultation) discussed in recommendation 4 is occurring, it is important that the A.R.C. NE wing be formally transferred from National Institute of Drug Abuse to the Bureau of Prisons immediately and at least the two (2) external steel stairwells be ordered and installed as soon as possible. The formal agreement between agencies should include the joint agreement for BOP to purchase and install an external stairwell on the northern end of 1) the North West wing and 2) the North East wing of the A.R.C. building.

The new stairwell for the NE wing-A.R.C. building is necessary for access of A.R.C. employees to that wing without using an elevator (e.g. during a fire) and without passing through the corridor connecting the NE (and NW) wing to the FCI, since that corridor will be included in the transfer to the Bureau of Prisons. (When NIDA vacates the A.R.C., BOP should obtain the entire facility.) The external stairwell on the northern end of the NE wing is necessary to meet Life Safety Code requirements for a second method of egress from opposite ends of each floor.

The NE unit internally is in excellent condition. NIDA has air conditioned it and has installed ceiling tile. It is recommended that at least two (2) patient rooms on each of the second and third floors respectively, have psychiatrically appropriate toilet and sink units installed since none of the patient rooms are now "wet". Conversion of some or all of the other patient rooms to "wet" rooms should be studied for the future. No major electric charges are needed, but a smoke and fire detector alarm system and emergency lighting are needed. A nursing station is needed on the second and third floors and storage is needed on all three floors. The type of patient-nurse call system required should be reviewed and

installed. Group therapy rooms and a small industry room are needed but should not be a major expense or problem. Combination storm windows and screens are needed throughout. A small medical examining room should be established for sick call type activity. Other needs may be identified as the national and local program and staff are developed, but we doubt that any will be extensive.

Recommendations 6: Necessary equipment for the unit should be identified and obtained.

Discussion: During the advance work (site visits, standards review and consultation), program and staffing development, and facility planning, equipment should be identified. Microwave feeding equipment should be obtained unless a different feeding method is determined to be more appropriate, in which case that equipment should be obtained. Patient room and office equipment is needed. A video camera, tape recorder and related equipment, audio tape records, professional and patient books, and journals, audio, and video training or treatment tapes, minor medical examining room equipment, nursing station equipment, group therapy room equipment, etc. will be needed. The proposed equipment time table begins after the advance work has begun, except where a need is already known:

	<u>Days</u>
1. Preparation of invitation to bid	30
2. Bid time	30
3. Selection	5
4. Delivery time	60
(TOTAL)	(125 days)

Recommendation 7: Approval of an initial FY 79 financial budget of \$233,600 is recommended. A more detailed budget should be expeditiously developed and approved centrally for FY 79 and FY 80 outside of routine budgetary cycle since this project is new and of high visibility and priority.

Discussion: The following costs are mostly gross estimates at this time.

A. Repair and Improvement	\$113,000
2 exterior escape stairwells @ \$40,000 ea.	\$80,000
Combination storms and screen windows @ \$150 ea.	10,000



## A. Repair and Improvement (Con't)

Plumbing and fixtures, installed	10,000
2 Stairwell enclosures @ \$4,000 ea.	8,000
Emergency lighting and smoke/fire detectors, installed	\$ 5,000

## B. Equipment

\$ 47,600

Food service equipment (see Appendix VIII)	\$16,600
-----------------------------------------------	----------

## Room furnishing:

30 Patient @ \$500 ea.	
10 Office @ \$500 ea.	
3 group @ \$300 ea.	
1 recreation @ \$5,100	\$21,000

Training, treatment and nursing station equipment	\$10,000
------------------------------------------------------	----------

## C. Personnel

\$ 73,000

Salary and benefits, 3 staff for 5 mo.	\$32,000
----------------------------------------	----------

Salary and benefits, 10 staff for 1 mo.	17,000
-----------------------------------------	--------

Transfer expenses, 13 staff @ \$1,500 ea.	19,000
-------------------------------------------	--------

Travel-site visits and consultations by key staff and project coordinator	5,000
------------------------------------------------------------------------------	-------

## D. TOTAL

\$233,600

Within 60 days, the key staff and the project coordinators should review and develop a more accurate interim FY '79 budget. The FY '80 preliminary budget should be developed by July 31, and finalize by August 31.

THE END

BUREAU OF PRISONS FEMALE PSYCHIATRIC UNIT TASK FORCE  
April 11&12, 1979

Members Present

W. Hardy Rauch; Warden, FCI, Lexington

Kenneth Neagle; Warden, FCI, Alderson

Robert Powitzky, Ph.D.; Chief, Psychology Services, BOP

Jack Eardley, M.D.; Chief, Psychiatric Services, BOP Chief of Forensic Psychiatry, Medical Center for Federal Prisons

James Hoover, M.D.; Chief of Psychiatric Services, FCI, Butner

Thomas Spivey; South East Regional Administrator of Medical Services

John Kutch, Chief, Health Care Planning and Operations,  
Medical and Services Division, BOP

Lorraine Jensen, Ph.D.; Chief of Psychological Service, FCI, Lexington

David Lanier, Ph.D.; Women Unit Psychologist, FCI Lexington

William McFall, Ph.D.; Women's Unit Manager, FCI, Lexington

Mrs. Janice McCullough; Supervisor of Education, FCI, Lexington

Harry Wm. Weller, M.D., (Chairman); Deputy Medical Director, BOP

Members invited but unable to attend

Mrs. Peggy Frandsen; Special Assistant to the Director, BOP

Ms. Gail Fogerty; Staff member, Judiciary Committee,  
U.S. House of Representatives

Meridith Friedman, Ph.D.; Chief, Psychologist, MCC, San Diego

Loy Hayes, Jr.; Facilities Administrator, South East Regional  
Office, BOP

John Kiehlbaugh, Ph.D.; Chief of Psychological Services,  
South East Regional Office

Resource Persons Present, FCI, Lexington

O. C. Jenkins; Executive Assistant

Jerry Laraby; Chief of Mechanical Services

Larry Hurt, M.D.; Chief of Surgery and Acting Chief Medical Officer

EXTENT OF SERIOUS PSYCHIATRIC PROBLEMS  
AMONG FEMALE OFFENDERS

David Lanier  
Meredith Friedman

A calculated 10.5% of the female population (based on reports of 1,416 women) have psychiatric problems that have brought them to the attention of mental health professionals in the institutions studied. This figure excludes antisocial personalities or people with a diagnosis exclusively of drug addiction or alcoholism. This figure also does not include data from the Federal Correctional Institution, Fort Worth, where only estimates were available. If we had included drug addicts, alcoholics, and those females with a diagnosis of antisocial personality, the figure would have been in excess of 35% of the female population. (See Appendix 1, Tables I and III.)

Adequate data for a comparison with the male population was not available. From the data collected, it appears that there are at least as many psychiatric problems among the female population as the male population. Further investigation of male demographics may be required.

The collected data is felt to be conservative, in view of the operational definition employed for mental health problems. (See Appendix 1.) Also, it is believed that a significant number of mental health problems do not come to the attention of the professional staff.

Subjective reports indicate that women tend to present a wider variety of mental health problems than do males. Additionally, there is a widespread perception among line staff and middle management levels at all institutions included in our sample, that women inmates, for a variety of different reasons, are more difficult to manage.

The data indicate that women require more formal and informal evaluations than do male inmates. (See Tables II and IV, Appendix 1.)

Task Force Report  
Psychiatric Problems  
David Lanier  
Meredith Friedman  
2/79

UTILIZATION OF PSYCHIATRIC FACILITIES  
FOR FEMALE OFFENDERS

Hospital Administrators at the seven institutions housing female inmates were sent questionnaires requesting the following information:

1. If there were a centrally located and fully operational psychiatric facility for female inmates, how many women currently (October, 1978) in the population would be transferred?
2. How many of these women require a special housing situation other than the general population, i.e., Administrative Detention, Institution Hospital, etc.?
3. If it were not possible to transfer such women to a Bureau of Prisons facility, but was possible to arrange for contract, inpatient services with state, county, or private facilities in the local community, how many inmates would be sent?
4. Which would be administratively simpler, to transfer women to a centralized Bureau of Prisons hospital or to a non-Bureau of Prisons, but local, facility?

CONCLUSIONS: Nationwide, Hospital Administrators during the month of October, 1978, would have transferred 20 women to a centralized Bureau of Prisons facility. Fourteen of these women were evaluated as requiring a special housing situation separate from the general population. Nationwide, only 13 women would be transferred to a community facility if this were the only available alternative. Five of the 7 Hospital Administrators believed that a Bureau of Prisons facility would be administratively simpler, one felt it would be simpler to place inmates locally, and one could not decide at this time. Informal query of Hospital Administrators confirmed their preference for dealing with a psychiatric resource within the Bureau of Prisons, rather than having to establish community liaisons.

Task Force Report  
Psychiatric Problems  
 David Lanier  
 Meredith Friedman  
 2/79

Availability of Community Treatment Resources: Hospital resources were investigated in the seven localities where female inmates are being housed. Options for both short-term acute and long-term chronic disorders were considered. Cost and security factors were investigated.

The following resources were open to establishing a treatment contract with the Bureau of Prisons. It must be noted that many other facilities were contacted but were either not interested in housing federal prisoners, or were grossly inappropriate in their mission and facilities for Bureau of Prison purposes.

1. Federal Correctional Institution, Pleasanton

- a. McAuley Neuropsychiatric Institute -- This facility is currently providing acute care in a locked setting for United States Public Health Service patients. There would be 13 beds potentially available for female BOP prisoners. The daily fee would be \$218.
- b. Department of Mental Health, California State Hospital Setting -- Napa and Patton State Hospitals were suggested as resources by DMH administrators. Nevertheless, security at both facilities is poor. Napa has virtually no external perimeter; Patton has units contained within a 15-foot fence, from which no women have yet escaped; however, male patients have easily scaled the fence. Daily rates are \$81.15 for acute psychiatric services, and \$63.95 per day for long-term care.

2. Metropolitan Correctional Center, San Diego

- a. San Luis Rey Hospital, Encinitas, California -- This facility has one closed unit in which the emphasis is on intensive care. All other units are open. Patients are permitted to leave the hospital grounds only with permission and only in the company of a responsible hospital employee or relative. Daily rates are \$130 for a private room and \$120 per day for semi-private, plus psychiatric billing.
- b. Mesa Vista Hospital, San Diego, California and Vista Hill Hospital, Chula Vista, California -- Both facilities are operated by the same foundation. Both are

Task Force Report  
Psychiatric Problems  
 David Lanier  
 Meredith Friedman  
 2/79

acute, private psychiatric facilities with locked units. The usual stay is 2-3 weeks, but longer stays can occur when clinically indicated. The locked units provide some security in that the doors heading into it are kept locked at all times. Inmates could not be kept indefinitely for detention purposes, but only for that length of time during which acute treatment is indicated. (Thereafter, transfer to a state facility would be required.) Daily rates at the two facilities range from \$121 for semi-private, to \$133 per day for private rooms in the intensive care unit which is also secured. Physician charges are extra.

3. Federal Correctional Institution, Fort Worth

- a. John Peter Smith Hospital, Fort Worth, Texas -- This is the county hospital for the Tarrant County Hospital District. There is a 28-bed, professionally staffed, locked psychiatric ward. The average length of stay is three weeks, after which people are transferred to the state hospital system. The average cost is \$95 per day, plus extra fees for physician's services.
- b. Psychiatric Institute of Fort Worth -- This facility has only an open unit program. They are motivated to contracting with the Bureau of Prisons and would negotiate on their \$128 per day rate. Security considerations would be the responsibility of the Bureau of Prisons (in terms of who was transferred and what precautions would be instituted to prevent escape).
- c. Texas Department of Mental Health and Mental Retardation -- Rusk, Terrell, and Wichita Falls State Hospitals were suggested as resources. Rates vary from \$56 per day at Wichita Falls to \$64 per day at Rusk and Terrell. Of the three facilities, Rusk is designed to provide extra security measures for patients who require such due to their legal status, or by reason of their being considered dangerous to others in the non-security mental health facilities within the department. The hospital has a maximum

Task Force Report  
Psychiatric Problems  
 David Lanier  
 Meredith Friedman  
 2/79

security unit which is double fenced with adequate surveillance from strategically placed watchtowers. Watchmen also patrol the outer perimeter on a 24 hour basis. The state hospital system is already contracting with the Texas Department of Corrections and would have no difficulty in extending its service to the federal government.

4. Federal Correctional Institution, Lexington

- a. Lexington State Hospital -- Part of the Kentucky State Hospital System, the facility will consider handling unmanageable female psychiatric inmates. The hospital is composed of open wards with individual rooms that lock. The daily rate varies from \$80 to \$100, depending upon the intensity of care required.

5. Federal Correctional Institution, Alderson

- a. Appalachian Regional Hospital, Beckley, West Virginia -- This is the closest facility to the Alderson facility, but requires a two hour drive. The hospital has a 40-bed psychiatric unit which consists of locked rooms on open wards. The daily rate is \$250 plus physician costs.

6. Metropolitan Correctional Center, Chicago

- a. St. Luke's Hospital -- Psychiatric residents from the hospital currently rotate through the MCC. The hospital has an outstanding psychiatric service and is amenable to contracting for short-term care of female MCC psychiatric inmates at \$300 per day, plus physician costs.

CONCLUSIONS: Adequate community treatment resources are available for treatment of both acute and long-term psychiatric patients who are unmanageable within the confines of an institution. With physicians' fees, the daily rate of community hospitals is estimated to be on the average of \$200. State facilities, whose mission is the care of longer term disorders, have significantly lower rates, averaging about \$70 per day.

Task Force Report  
Psychiatric Problems  
David Lanier  
Meredith Friedman  
2/79

Cost Effectiveness of a Bureau of Prisons Facility Versus Contract with Community and State Hospitals: Based on feedback from Hospital Administrators, it can be estimated that in the course of a year, there would be approximately 50 female inmates nationwide in need of specialized psychiatric care. For the purpose of a cost effective comparison, it can be predicted that 25 of these individuals would be chronically ill and would require long-term care, possibly to the completion of their sentences. Another 25 can be predicted to be manifesting acute disorders which would require short-term intensive care in the community. Chronic individuals can be estimated to require an average of 180 days of care, while those with acute disorders would be hospitalized for approximately 14 days.

CONCLUSION: From this rudimentary cost analysis and survey of community alternatives, it would appear that an expanded in-house facility for psychiatrically disturbed females should be developed. Since the Federal Correctional Institution, Lexington, possesses central urban location, a medical referral center for women, and the possibility of facility expansion, it would seem to be the logical choice.



Task Force Report  
Psychiatric Problems  
 David Lanier  
 Meredith Friedman  
 2/79

I. Centralized Bureau of Prisons Facility to House 50 Inmates  
 in the Course of One Year

A. Staff

1. One-fifth time Psychiatrist	\$10,000
2. One Psychologist	25,000
3. One Case Manager	18,000
4. Four Officer Aides	56,000 (\$14,000 x 4)
5. Three Nurses	45,000 (\$15,000 x 3)
6. One half-time Occupational Therapist	7,000

TOTAL \$161,000

B. Transportation

1. 100 Air Vac trips at a cost of approximately \$1,000 per trip:	\$100,000
----------------------------------------------------------------------	-----------

C. Total -- \$261,000 per year, plus incidentals (medication, food, clothing, etc.) and start-up costs.

II. Care in a Community or State Hospital

A. Acute intensive care for 25 inmates, each for 14 days,  
 at \$200 per day (hospitalization and psychiatric care):  
 \$ 70,000

B. Chronic long-term care for 25 inmates for 180 days,  
 at \$70 per day (hospitalization and psychiatric care):  
 \$315,000

C. Total -- \$385,000 per year

Directions for the collection of psychiatric statistics for male and female offenders:

In an attempt to derive a comparison between the psychiatric needs of male and female inmates, it is necessary to collect data from a number of institutions. It would be extremely helpful if you could provide the following information:

- A. Institution count for one day. Please select one day in the second week of June, 1978, and count the number of inmates in the following categories:
  1. Inmates who we, as professional psychologists and psychiatrists, would diagnose as schizophrenic, manic-depressive psychosis, or suffering from an organic psychosis. Include those inmates for whom we would theoretically be willing to testify in court as to their diagnosis. After such a count is completed, divide this group of inmates into the following two categories:
    - a. Dangerous or disruptive in the institution so that they cannot be housed in the general population.
    - b. Not dangerous or disruptive, despite the presence of psychotic functioning.
  2. Other inmates with significant mental health problems.
    - a. Organic Brain Syndrome
    - b. Mental Retardation.
    - c. Severe Conversion and Dissociative Hysterical Neuroses.
    - d. Other Neurotic and Characterological Disorders (but not antisocial personality).

Again, we should be willing to defend the diagnosis of these individuals in court. Please indicate if any of these people are management problems requiring housing other than in the general population.
- B. Written evaluations completed on inmates from January, 1978, through the end of May, 1978. These evaluations would include competency and study case reports, screening evaluations (other than routine) crisis intervention reports, etc. Psychiatrists who chart an initial summary note on clients which is not formally typed should attempt to estimate the number of such evaluations done during this time period.

We would greatly appreciate it if this information can be returned no later than June 13, 1978.

UNITED STATES GOVERNMENT

## memorandum

MCC, San Diego, CA 92101

DATE: September 18, 1978

REPLY TO  
ATTN OF:Meredith Friedman, Ph.D.  
David Lanier, Ph.D.

SUBJECT:

Task Force on Female Offenders  
Psychiatric Care for Female Offenders

TO:

Hospital Administrator

The following is a questionnaire that will aid us in recommending an appropriate psychiatric treatment facility(ies) for female Bureau of Prison inmates.

Please respond by the week of October 2, 1978:

Meredith Friedman, Ph.D.  
Chief Psychologist  
Metropolitan Correctional Center  
808 Union Street  
San Diego, California 92101

1. If there was a centrally located, operational and fully staffed psychiatric facility(ies) for female inmates, how many women currently in your population would you transfer. \_\_\_\_\_
2. Of this number, how many have been diagnosed as having a major mental illness by a psychiatrist or psychologist. \_\_\_\_\_ How many are primarily a management problem. \_\_\_\_\_
3. How many of the total group are presently housed in the general population. \_\_\_\_\_
4. How many women require a special housing situation, i.e., administrative detention, institution hospital. \_\_\_\_\_
5. If it was not possible to transfer such women to a BOP facility, but was possible to arrange for contract in-patient services with a State Mental Hospital, Community Mental Health Center, or private psychiatric facility, how many of these women would you transfer. \_\_\_\_\_
6. Which do you think would be administratively simpler, to transfer women to a centralized BOP facility, or to a contract hospital in the state or county. \_\_\_\_\_

cc: Chicago, MCC  
San Diego, MCC  
New York, MCC  
Lexington, FCI  
Alderson, FCI  
Pleasanton, FCI



The following is a breakdown of the number of female inmates having significant mental health problems as of June 5, 1978. Three institutions with male populations were included as a basis for comparison. The count was conducted by psychologists and/or psychiatrists at the different institutions.

Institution	Population	Psychotic		Other		Other Personality Disorders**	Totals
		Dangerous/ Disruptive	Non-Dangerous/ Non-Disruptive	Mental Retard/ OBS	Neurosis		
San Diego (male)	610	4	2	1	1	10	18
Ft. Worth* (male)	340	0	6	0	63	60	129
Terminal* Island	930	15	135	100	32	130	412
Alderson	582	2	1	23	23	10	59
Lexington (female)	435	3	11	7	5	8	34
Chicago (female)	13	0	0	1	0	0	1
Ft. Worth* (female)	292	0	7	0	51	70	128
New York (female)	33	0	0	0	0	4	4
San Diego (female)	78	1	1	2	5	3	12
Pleasanton	275	0	4	1	12	22	39

\*Data was estimated rather than counted due to a lack of accurate records

\*\*Excluding Antisocial Personality

TABLE II

The following is a breakdown by institution of the number of formal and informal psychological reports completed from January 1, 1978 to May 31, 1978. The figures encompass all reports completed on female inmates as well as a sample of male populations.

Institution	Formal	Informal	Institution	Formal	Informal
Chicago (male)	13	0	Chicago (female)	6	0
New York (male)	10	31	New York (female)	0	2
Lexington (male)	59	119	Lexington (female)	45	76
Petersburg	37	50	Alderson	38	72
San Diego (male)	19	115	San Diego (female)	7	84
Terminal Island	35	470	Pleasanton	20	31

TABLE III

The following is a table of the percentage of psychiatric problems evidenced among male and female inmates for selected populations. The data on male inmates is from the San Diego MCC; that for female inmates was gathered from San Diego, Alderson, Lexington, Chicago, New York, and Pleasanton.

MALE (610)		FEMALE (1,416)
<u>Psychotic:</u>		
Disruptive	4 ( .6%)	6 ( .4%)
Non-Disruptive	2 ( .3%)	17 ( 1.2%)
Other Mental Health Problems	12 (1.9%)	126 ( 8.9%)
Total	18 (2.9%)	149 (10.5%)

TABLE IV

The following is a table of the percentage of formal and informal psychiatric and psychological evaluations completed from January 1, 1978 to May 31, 1978. The data on female inmates was gathered from Alderson, Lexington, Pleasanton, Chicago MCC, New York MCC, and the San Diego MCC. The total female population was 2,021 during this period. The comparison data on male inmates was gathered from Lexington, Petersburg, New York MCC, San Diego MCC, and the Chicago MCC. The total male population sampled during this period was 3,631 inmates.\*+

	<u>Male</u>	<u>Female</u>
Formal Evaluations	135 (3.7%)	116 ( 5.7%)
Informal Evaluations	315 (8.7%)	265 (13.1%)

\*Routine admission screenings are not included in this data.

+The total figures include all inmates having served any period of time in the sampled institutions during the period of time from January 1, 1978, through May 31, 1978.

A chi-square test was performed on the differences between the incidence of formal and informal evaluations for males and females. In both cases, formal and informal, the differences between sexes were significant at beyond the .01 level.

TABLE V

	Fort Worth	Lexington	Pleasanton	Alderson	MCC New York	MCC Chicago	MCC San Diego	Total
1. If there was a female BOP psychiatric facility, how many inmates would you transfer?	2	4	10	3	0	0	1	20
2. Of this number, how many have diagnosed mental illness?	1	4	5	3	0	1	1	15
3. How many are primarily a management problem?	1	2	5	0	0	0	1	9
4. How many of the total group are housed in the general population?	2	3	10	1	0	1	0	17
5. How many require a special housing unit?	0	1	0 (10 hypothetically)	2	0	0	1	4 (14)
6. How many would you transfer to a community facility if necessary?	1	1 or 2	5	3	0	1	1	13
7. Which would be administratively simpler, transfer to a BOP or community facility?	BOP	BOP	BOP	?	BOP	Comm.	BOP	



## POTENTIAL PATIENTS SURVEY

The following estimates of female inmates with serious psychiatric problems, were made by the Chief Psychologist or Psychiatrist:

	<u>Today</u>	<u>Annually</u>
<u>FCI-Alderson</u>	3	30
<u>FCI-Pleasanton</u>		
*None today, but they had two women hospitalized locally last week at a cost of \$3000 for 15 days	0*	15
<u>MCC-San Diego</u>	2	15
<u>MCC-New York</u>	0	8
<u>MCC-Chicago</u>	0	4
<u>FCI-Fort Worth</u>	4	10
 TOTAL	 9	 82

### VIEWS ON A FEMALE PSYCHIATRIC UNIT

Lorraine Jensen, Ed.D.,  
Chief Psychologist, FCI-Lexington

Based on my past experience at Alderson and the clinical expertise of my staff, Mr. Rauch asked me to speak for a short time on the issue of a female psychiatric unit. It is my belief that it is time for the Bureau to make a commitment to treatment of psychotic females, rather than simply for the provision of a secure place to house these women. Such a commitment presumes adequate programming, facilities, and personnel staffing.

To productively plan a female psychiatric facility, I believe it is important initially to be definitive - that is, to specify what we mean by a female psychiatric unit, by a treatment program, by adequate facilities and staffing. My thoughts follow:

FEMALE PSYCHIATRIC UNIT - A place for treatment of female inmates with acute psychotic symptoms or chronic symptoms that have not responded to past treatment. [(It is not intended to house female inmates with behavioral problems, nor is it intended to house chronic psychotic females controlled by medication who can function relatively effectively in the general population (e.g., hold a job)].

TREATMENT PROGRAM - My past experience supports a comprehensive treatment approach for a minimum of 90 days that includes opportunities for chemotherapy; psychotherapy and counseling; as well as vocational, educational and recreational resources. Such a program lends itself to a multidisciplinary team approach - a working team composed of mental health professionals (psychiatrist, psychologist, etc.). Similar to our present unit management team approach, such a treatment unit should provide a viable comprehensive treatment plan that parallels our unit inmate programming in the following ways:

- 1) On admission, each female inmate would be interviewed by each member of the treatment team.
- 2) A treatment program would be drawn up listing specific problems with specific treatment recommendations for each inmate. For example:

Problem: Acute anxiety and confusion.

Possible Recommendation: Chemotherapy, etc.

Problem: Hostile, defensive.

Possible Recommendation: Individual therapy with psychiatrist or psychologists, etc.

Problem: Low self-image.

Possible Recommendation: On therapists indication of readiness, provide opportunities to achieve repeated successes through gradual involvement in educational/vocational training and/or work assignment, etc.

- 3) Treatment plan would be staffed and where mutually agreed on, would be approved.
- 4) A running progress report would be kept on file by team members who would meet at scheduled intervals for a treatment plan review.
- 5) When treatment is complete and the female inmate is transferred (to general population, sending institution or a state hospital), a comprehensive progress report including the treatment plan, would be provided to the institution receiving the inmate. (Such documentation is vital to the continuing mental health of the involved female, as well as to the institution and Bureau in the area of accountability).

STAFFING - If a treatment program is to be meaningful, it must be adequately staffed. For a multidisciplinary team approach to treatment, in addition to an administrator, the unit will need coverage in areas of psychiatry, psychology, psychiatric nursing, psychiatric social work, correctional counseling, occupational/recreation therapy and education. In addition, the unit will need adequate clerical and custodial support. We can not provide these positions - they will have to come from new position allocations or position shifts within the Bureau of Prisons. (See Attachment I, for our perception of an ideal staffing pattern).

PHYSICAL PLANT - After it is determined how many females we're planning to house (Acute and chronic cases, and possibly 4244 studies), there are a few other considerations that play into the determination of space design and area needed.

- 1) Recreational, vocational, educational and counseling

programming requires both adequate and carefully planned space.

- 2) The realization that some female inmates may be dangerous prompts the following additional suggestions:
  - a) The unit be both secure and physically separated from the general population.
  - b) All inmates in this unit have private rooms.
  - c) One or two strip cells be provided, with one more that can be quickly stripped down, (i.e.) no inside plumbing, stationary beds, protrusions, etc.
  - d) A minimum of two staff members be on duty on "off-hours" (Midnite to eight), e.g., a psychiatric nurse and/or aide.

Finally, I believe that a comprehensive treatment unit for female inmates with psychiatric problems is needed in the Eastern part of the country. I believe that Lexington is an ideal institution to house this unit because:

- 1) It is centrally located.
- 2) It has access to needed resources (e.g.) skilled mental health professionals, and other related medical personnel like neurologist.
- 3) Our institution has the available space.
- 4) Last, but hardly least, it has the wholehearted support of our institutional Executive Staff and mental health professionals.

LEJ/jg

4/10/79

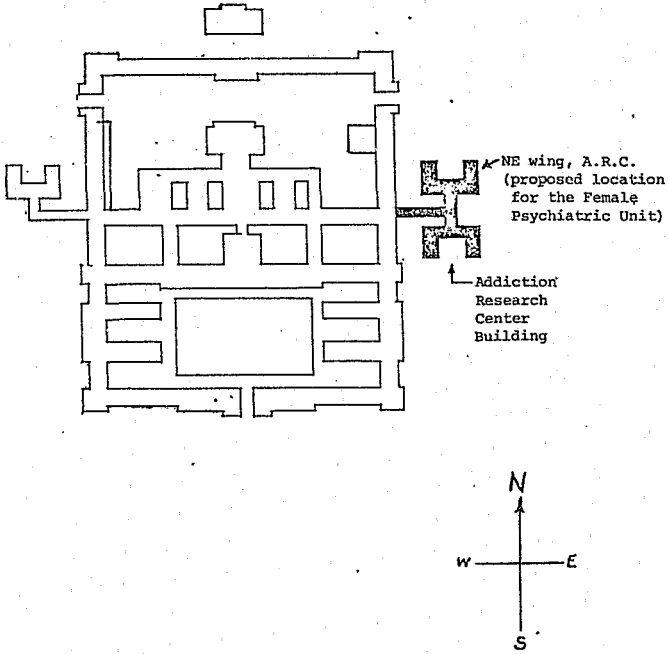
## ATTACHMENT I

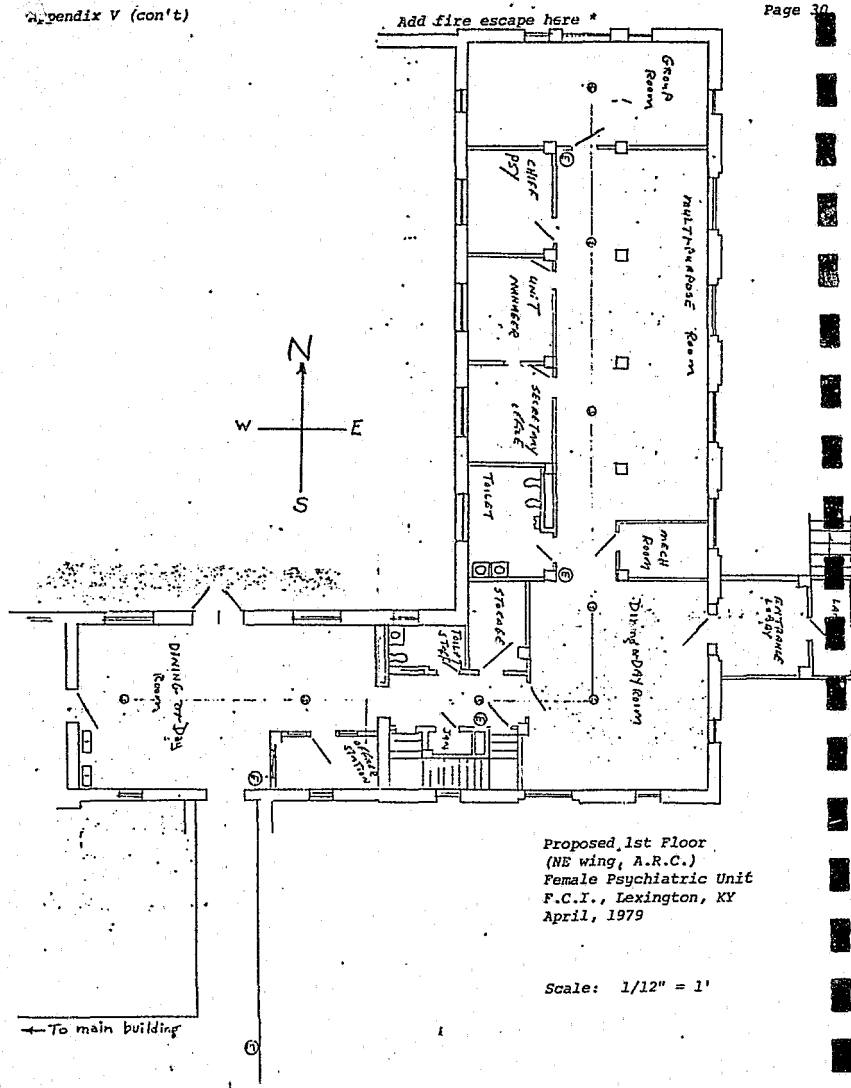
IDEAL STAFFING PATTERN  
for  
PROPOSED FEMALE PSYCHIATRIC UNIT

- 1 - Administrator (Hospital Administrator or Unit Manager) - Full-time
- 1 - Psychiatrist - Half time (20 hours)
- 1 - Psychologist - Full time.
- 1 - Psychiatric Social Worker (M.S.W.) - Full time.
- 1 - <sup>Corrections</sup>Counselor - Full time.
- 4\* - Psychiatric Nurses - Full time.
- 6\* - Psychiatric Nursing Aides on LPN's - Full time. (custody)
- 1 - Educational Representative - 1/5 time (8 hours)
- 1 - Recreational Specialist - Half time (20 hours)
- 1 - Administrative Clerk - Full time

\*Such staffing provides round-the-clock coverage and takes into account sick and annual leave.

Federal Correctional Institution  
Lexington, KY

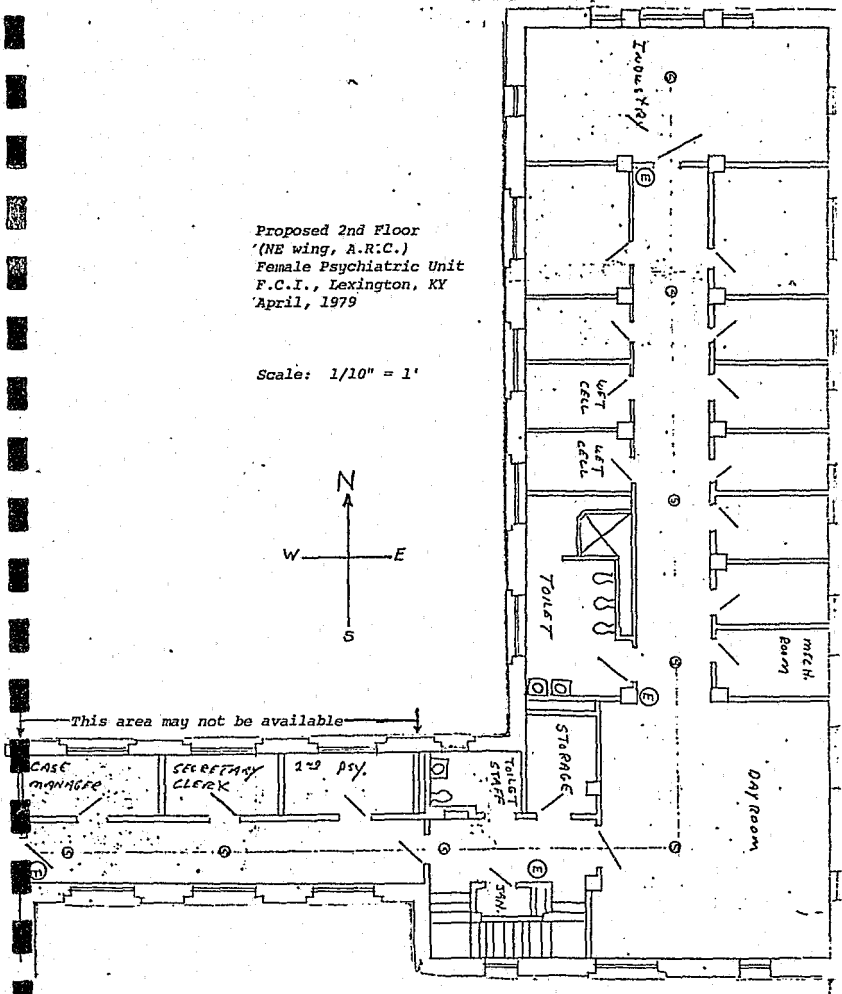
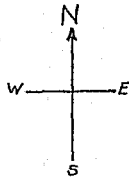




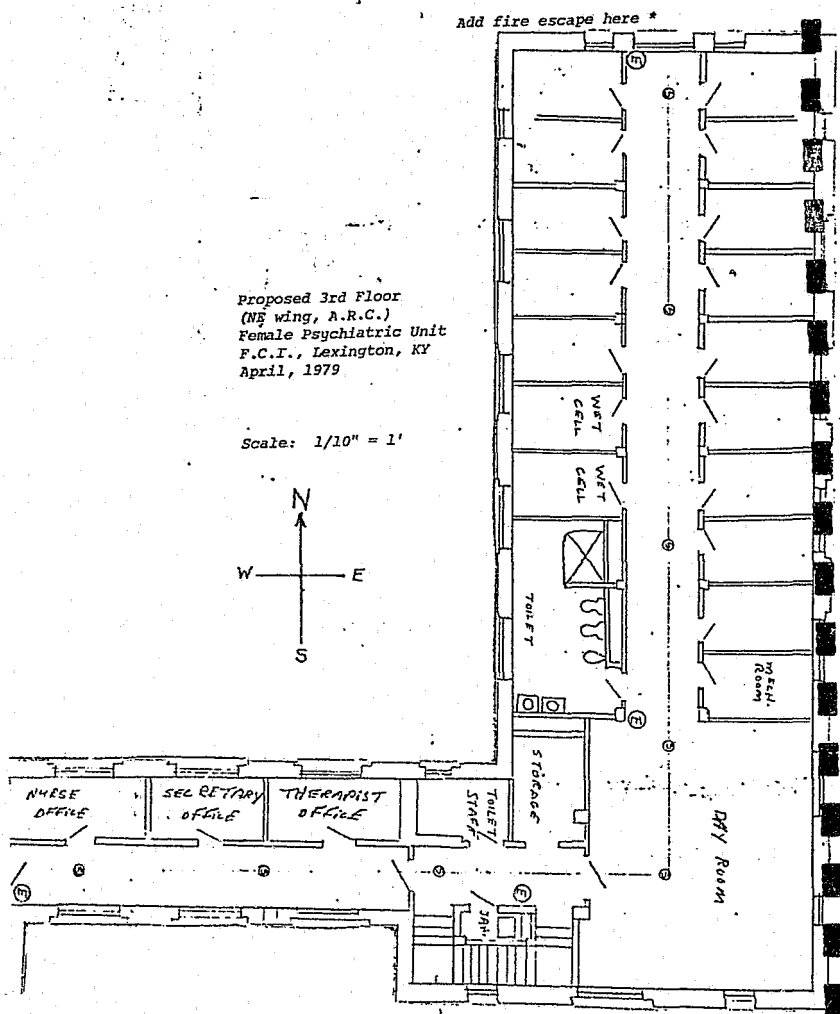
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Proposed 2nd Floor  
 (NE wing, A.R.C.)  
 Female Psychiatric Unit  
 F.C.I., Lexington, KY  
 April, 1979

Scale: 1/10" = 1'



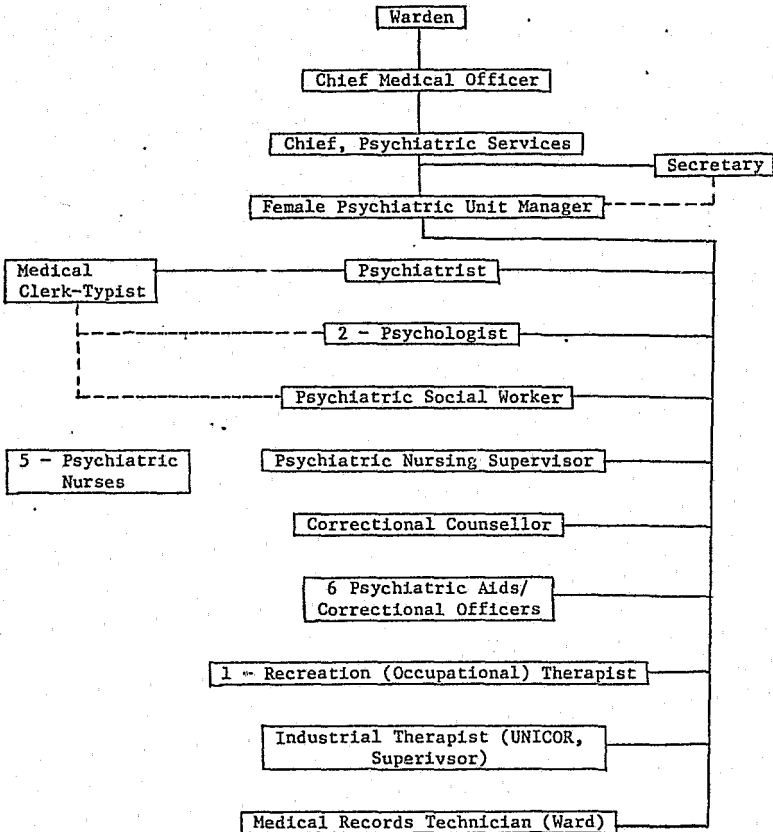




STAFFING PATTERN  
RECOMMENDED FOR THE  
FEMALE PSYCHIATRIC UNIT  
AT LEXINGTON, KY

Chief Psychiatrist .....	1
Unit Manager .....	1
Psychiatrist .....	1
Psychologist .....	2
Psychiatric Social Worker (MSW) .....	1
Psychiatric Nurse .....	6
Correctional Counselor .....	1
Recreational Therapist/Occupational Therapist .....	1
Medical Clerk Typists ( secretary; clerk-typist and ward medical record technician) .....	3
Industrial Supervisor (UNICOR) .....	1
Psychiatric Aides/Correctional Officers .....	6
TOTAL .....	24

### ORGANIZATIONAL CHART



STAFFING PATTERN

30-Bed Closed Psychiatric Unit at the  
V.A. Hospital, Leestown Rd., Lexington, Kentucky

	<u>Positions</u>
Psychiatric Nurses	
(Full time) .....	9
(Part time) .....	2
Nursing Asst's. (Full time) .....	18
Psychiatrist (Full time) .....	4
Social Workers (Full time) .....	3
Psychologist (Full time) .....	1
Clerk (Full time) .....	1
TOTAL .....	38

STAFFING PATTERN29-Bed Psychiatric Unit at the  
University of Kentucky Medical Center

Attending Physicians (Psychiatrists) .....	2
Third-Year Medical Students .....	4
Psychiatric Social Workers .....	2
Psychiatric Aides .....	12
Psychiatric Nurses .....	6
Psychologists .....	2
Psychology Interns .....	4
Occupational Therapist .....	1
Clerical Staff .....	3
Residents (In Psychiatry) .....	2
TOTAL .....	38

## FOOD SERVICES EQUIPMENT

1.	2 - microwave ovens, Litton Model 70/80 @ \$2800 ea.	\$ 5,600
2.	1 - Carter-Huffman refrigerated cart Model HC-310M (for compartment trays)	2,400
3.	7 dining tables (\$150 ea.), 28 chairs (\$40 ea.)	2,100
4.	2 - 72" stainless steel tables @ \$700 ea. (1 - for the ovens; 1 as a work table)	1,400
5.	2 - insulated food tray carriers @150 ea.	300
6.	5 dozen each: compartment trays (\$3.50 ea.), MFG plastic re-usable microwave entree dishes (\$1.16 ea.) and vegetable dishes (7¢ ea.), cups (\$70), tumblers (\$70), and miscellaneous items (\$225)	900
7.	Single spigot milk machine (\$1,700), refrigerator- freezer (\$800), jet-spray beverage dispenser (\$1,200) and a 4 slice commerical grade toaster (\$130), (coffee maker - free by consignment service)	3,830
	TOTAL	\$16,600

## VOCATIONAL TRAINING EVALUATION - INTERIM REPORT

## "Finding a Job: The Post-release Employment of Federal Parolees"

James L. Beck, Ph.D.

The Research Unit of the Federal Prison System in cooperation with the U.S. Probation Service is presently engaged in an evaluation of the impact of federal prison programs on post-release employment. The present report is a first step in that analysis - an examination of the overall employment picture for released federal offenders.

While there have been a number of recidivism studies in recent years (Kitchener, et al., 1977; Hoffman and Beck, 1974, 1976; Hoffman, et al., 1977; Hoffman and Meierhoefer, 1977), relatively little has been done in the past decade on the employment status of federal offenders in the community, primarily because of the difficulty in collecting employment data. Employment information was collected as part of the Community Treatment Center Field Study (Beck, et al., 1978). Because of the nature of that study, however, the data are limited to selected major metropolitan areas and may not represent national ex-offender employment figures. The present study will examine a national sample (including rural areas) and provide a more complete picture.

METHODOLOGY

The sample for the study (N=1,053) consists of parolees released during the first half of 1978.<sup>1</sup> Releasees to detainers or for deportation, and reparolees are excluded. Only parolees are included because the community employment information was collected by interviewing the supervising parole officer. This precluded the possibility of collecting information for subjects not under supervision.

-2-

The information collected from the parole officer interviews included the amount of money earned after release from prison, the number of days employed, type of employment held, and the incidence of rearrest. All information was collected for the first year after release calculated from the date of release from prison or community treatment center. At present, data collection on post-release employment and arrest is about 90% complete. Additional background data collected included demographic and offense information from the Inmate Information System (IIS) and the Salient Factor Score from the U.S. Parole Commission's data system.<sup>2</sup> Although not considered here, information on program participation was collected through the Inmate Program Reporting Systems (IPRS) maintained by the Federal Prison System.

#### RESULTS - EMPLOYMENT

The results (see Table 1) show an overall unemployment rate among federal parolees of around 30%, an average of 167 days worked and \$6,710 in earnings during the first year after release. Full time employment is considered to be 240 days per year. Of those unemployed at twelve months after release (N=308), 36% (N=107) could not find work, 36% (N=108) were incarcerated, 16% (N=43) had a medical disability, 10% (N=26) were students, and 8% (N=24) were unemployed for other reasons such as being a housewife or retired. These employment figures are somewhat improved (see Table 2) if those with a "legitimate" reason for being unemployed (e.g., students, retired persons, medically disabled) are excluded. The unemployment rate drops to around 25% and the average yearly earnings increase to \$7,216. It is interesting to note that the unemployment rate at release does not differ greatly from the unemployment rate a year after release.



-3-

As a point of reference for these figures, during 1973 (the period covered by most of the present data) the national unemployment rate was 6% and the poverty level for a family of four was \$6,700 in the city and \$5,700 in rural areas. Although national figures provide only an inexact comparison, it is safe to say that ex-offenders tend to be underemployed and that many are living at or near the poverty level.

Table 3 displays the types of employment actually held by parolees after release. Type of employment was classified using the Dictionary of Occupational Titles (U.S. Department of Labor, 1965). Data are reported for the first job held and the longest job held, which have been categorized into eleven broad classifications. (A more precise breakdown of employment is found in Appendix A.) The most frequently occurring occupations are in the construction area (19% of the sample). This may be somewhat surprising as the building trades have been accused of restrictive membership practices excluding ex-offenders. For example, many states restrict offenders from being electricians and plumbers (Tropp, 1978). The relative success of ex-offenders in finding employment in the construction fields has some relevancy for the content of vocational training programs offered in federal prisons. Programs emphasizing skills required for construction work should be particularly useful for offenders after release.

Table 4 provides a breakdown of the average earnings by longest job held. As might be expected, the greatest earnings occurred among the "professional" positions and the least among those holding "service" occupations. The "service" occupations for the most part consisted of janitorial and building maintenance positions.

POST-RELEASE EMPLOYMENT BY TYPE OF OFFENDER

There was a great deal of variability in the post-release employment success for the offenders studied. Perhaps the strongest differences occurred among racial categories. In Table 5, the disparity in employment success for minority offenders compared to white offenders is shown. Those individuals with a legitimate reason for being unemployed are excluded.

It is apparent that minority offenders are at a considerable disadvantage in seeking employment. As members of a group (i.e., ex-offenders) already at a disadvantage, minority offenders seem to have their employment problems compounded. This supports the previous findings of Pownall (1969) who also discovered that acquisition of an employment skill improved the post-release employment of white offenders but not for minorities. At one year after release, for example, minority offenders in the present study have a 9% higher unemployment rate compared to white offenders and are earning over \$3,000 less in salary. It is important to note that white and minority offenders are equally successful in securing employment at the time of release from prison. About 75% of both groups had a job at the time of release. It is not until after release that the disparity in employment rates becomes evident.

Part of the difference in employment is due to the fact that minorities have a somewhat higher rearrest rate. Minorities show a 30% rearrest rate at one year after release compared to 21% for white offenders. However, even when those who were reincarcerated are excluded, minorities still show significantly worse post-release employment. The results, in fact, are largely unchanged by excluding those reincarcerated.

Another characteristic found to have a strong influence on employment was age (see Table 6). Again excluding those with a reason for being unemployed,

-5-

young offenders (less than 25 years old) had the greatest difficulty in securing employment. And among the young, minority offenders were again the most disadvantaged. Among offenders less than 25 years old, minorities had an unemployment rate of 45% and earned only \$3,582 at one year after release, compared to 28% unemployed and \$6,090 earned for white offenders (differences are statistically significant). These findings reflect trends in the general population that are more pronounced among ex-offenders. For example, among those less than 20 years old, the national unemployment figures in 1978 were 36% for minorities and 14% for whites.

Relatively old offenders (over 50 years old at release) overall showed poor post-release employment histories. However, when those with a reason for being unemployed are excluded (e.g., retired or medically disabled), offenders over 50 years old showed the greatest employment success.

Although the data are not presented here, differences were also found when sex and prior record are considered. Female offenders and those with extensive prior records have severe problems in finding and holding employment.

#### SUMMARY

The following conclusions can be drawn from the data:

- The unemployment rate for federal parolees runs between twenty-five and thirty percent.
- Average earnings are around \$7,000 for the first year after release.
- Almost one parolee in five is employed in a construction occupation.

-6-

- Minority offenders experience more severe employment difficulties than white offenders and earn over \$3,000 less per year.
- Overall, employment problems are more severe for young offenders, female offenders, and offenders with extensive prior records.

#### FUTURE RESEARCH

The present report is an overview of the post-release employment picture for federal parolees. The ultimate purpose of the study, however, is to examine the impact of prison programs on post-release employment. The data now being analyzed will assess differentially the relationships between employment and community based programs, vocational training, education programs, and participation in prison industries. A report will be available in approximately six months. In the mean time, collection of post-release outcome data is continuing. The data are now 90% complete, but should be over 95% complete by the time of the final report.

Parallel with the present study, interviews are being conducted with approximately 200 federal ex-offenders in the community. The individuals interviewed are being asked their opinion of the usefulness of prison programs, the help they received from their parole officer, the employment difficulties most often encountered, and the improvements they would like to see in prison programs. A final report is being planned for May, 1980.

FEDERAL PRISON SYSTEM  
OFFICE OF RESEARCH  
SEPTEMBER 18, 1979

TABLE 1

## Community Adjustment at One Year After Release

<u>Adjustment Criteria</u>	<u>Results (N)</u>
1) Percent Rearrested or Violation Warrant Issued	24.8% (N=969)
2) Percent Unemployed at Release	29.5% (N=969)
3) Percent Unemployed at Six Months After Release	28.5% (N=968)
4) Percent Unemployed at Twelve Months After Release	31.9% (N=967)
5) Days Employed at Six Months After Release	85.2 days (N=968)
6) Days Employed at Twelve Months After Release	167.2 days (N=965)
7) Money Earned at Six Months After Release	\$3227 (N=963)
8) Money Earned at Twelve Months After Release	\$6710 (N=958)

TABLE 2

Community Adjustment Excluding Those With A  
"Legitimate" Reason for Being Unemployed

<u>Adjustment Criteria</u>	<u>Results (N)</u>
1) Percent Unemployed at Release	25.8% (N=916)
2) Percent Unemployed at Six Months After Release	20.6% (N=872)
3) Percent Unemployed at Twelve Months After Release	24.9% (N=878)
4) Days Employed at Six Months After Release	92.6 days (N=872)
5) Days Employed at Twelve Months After Release	178.4 days (N=876)
6) Money Earned at Six Months After Release	\$ 3,527 (N=868)
7) Money Earned at Twelve Months After Release	\$ 7,216 (N=869)

TABLE 3  
 Type of Employment Secured  
 During the First Year after Release

<u>Occupation</u>	<u>First Job Held</u>	<u>Longest Job Held</u>
Professional	10% (N=98)	12% (N=114)
Clerical	5% (N=52)	6% (N=54)
Sales	9% (N=83)	8% (N=77)
Service	15% (N=150)	14% (N=135)
Farming	4% (N=40)	4% (N=37)
Manufacturing	14% (N=135)	13% (N=125)
Mechanical Repair	6% (N=57)	6% (N=60)
Construction	19% (N=186)	19% (N=181)
Transportation	6% (N=61)	7% (N=72)
Warehousing	2% (N=19)	3% (N=24)
Other	1% (N=6)	1% (N=8)
Never Employed	9% (N=82)	9% (N=82)
Total	100% (N=969)	100% (N=969)

TABLE 4  
Average Money Earned During the First  
Year After Release by Longest Job Held

<u>Occupation</u>	<u>Money Earned</u>	<u>Number</u>
Professional	\$10,325	N=111
Clerical	\$ 5,831	N=54
Sales	\$ 8,807	N=75
Service	\$ 4,940	N=133
Farming	\$ 9,772	N=37
Manufacturing	\$ 6,599	N=125
Mechanical Repair	\$ 6,953	N=59
Construction	\$ 7,567	N=180
Transportation	\$ 6,498	N=72
Warehousing	\$ 6,682	N=24
Other	\$ 6,906	N=6
Never Employed	—	N=82
Total	\$ 6,710	N=952



TABLE 5

Post-Release Employment by Race Excluding those  
with a Reason for Being Unemployed

	WHITE	NON-WHITE	SIGNIFICANCE
Number of days employed at six months after release	98 days (N=491)	86 days (N=381)	.001
Number of days employed at twelve months after release	190 days (N=496)	163 days (N=380)	.001
Amount of money earned at six months after release	\$4201 (N=489)	\$2657 (N=379)	.001
Amount of money earned at twelve months after release	\$8700 (N=491)	\$5289 (N=378)	.001
Percent unemployed at release	25% (N=512)	27% (N=404)	N.S.
Percent unemployed at six months after release	16% (N=492)	27% (N=380)	.001
Percent unemployed at twelve months after release	21% (N=497)	30% (N=381)	.01
National unemployment in 1978 (Dept. of Labor)	5.1%	11.5%	

TABLE 6

Post-Release Employment by Age Excluding those with a  
Reason for Being Unemployed

	31 + years	26-30 yrs.	Under 25 yrs.	Sig.
Number of days employed at six months after release	97 days (N=412)	93 days (N=257)	81 days (N=191)	.001
Number of days employed at twelve month after release	188 days (N=407)	179 days (N=268)	154 days (N=189)	.001
Amount of money earned at six months after release	\$4298 (N=409)	\$3092 (N=257)	\$2439 (N=190)	.001
Amount of money earned at twelve months after release	\$8916 (N=402)	\$6314 (N=267)	\$4836 (N=188)	.001
Percent unemployed at release	26% (N=430)	25% (N=274)	29% (N=200)	N.S.
Percent unemployed at six months after release	16% (N=412)	21% (N=257)	31% (N=191)	.001
Percent unemployed at twelve months after release	21% (N=409)	22% (N=268)	37% (N=189)	.001

FOOTNOTES

<sup>1</sup>The original sample (N=1,148) consisted of all first parolees released to the community whose register number (fifth digit) ended in an even number. However, 95 cases had to be excluded for the following reasons: subject was incorrectly identified by IIS (N=64); subject resided outside the continental United States (N=17); subject died during the follow-up period (N=11); or the case involved exceptional notoriety (N=3).

<sup>2</sup>The Salient Factor Score is a predictive instrument used by the U.S. Parole Commission to assess risk of recidivism.

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Beck, J., Seiter, R., and Lebowitz, H. (1978), "Community Treatment Center Field Study." Office of Research, Federal Prison System, Washington, DC.

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U.S. Department of Labor (1965), Dictionary of Occupational Titles. U.S. Government Printing Office, Washington, DC.

U.S. Department of Labor (1979), Monthly Labor Review. Bureau of Labor Statistics, May.

## Appendix A

Longest Employment Held During The First Year After Release As Classifier  
by The Dictionary of Occupation Titles (U.S. Department of Labor, 1965)

<u>Occupation</u>	<u>Number</u>
1) Architecture and Engineering	5
2) Mathematics and Physical Sciences	2
3) Medicine and Health	10
4) Education	3
5) Museum, Library, and Archival Sciences	3
6) Writing	5
7) Art Work	5
8) Entertainment and Recreation	5
9) Administrative Specialties	19
10) Managerial Work, other	28
11) Miscellaneous Professional, Technical, and Managerial Work	29
12) Stenography, Typing, Filing and Related Work	13
13) Computing and Account Recording	16
14) Material and Production Recording	12
15) Information and Message Distribution	10
16) Miscellaneous Clerical Work	3
17) Salesman	54
18) Miscellaneous Merchandising Work	23
19) Domestic Services	4
20) Food and Beverage Preparation and Service	34
21) Lodging and Related Services	9
22) Barbering, Cosmetology and Related Services	6
23) Amusement and Recreation Services	4
24) Miscellaneous Personal Services	9
25) Apparel and Furnishings Services	5
26) Protective Services	3
27) Building and Related Services	51
28) Plant Farming	18
29) Animal Farming	5
30) Miscellaneous Farming and Related Work	6
31) Fishery and Related Work	3
32) Agricultural Services	1
33) Metal Processing	1
34) Ore Refining and Foundry Work	2
35) Processing Food and Related Products	4
36) Processing Petroleum and Related Products	1
37) Processing Chemicals and Related Products	3

38) Processing, Wood and Wood Products	1
39) Processing, Leather and Textiles	1
40) Processing, other	2
41) Metal Machining	16
42) Metalworking, other	5
43) Mechanical Repairing	26
44) Paperworking	3
45) Printing	3
46) Wood Machining	2
47) Textile Machine Work	6
48) Machine Work, other	2
49) Fabrication, Assembly, and Repair of Metal Products, other	4
50) Fabrication and Repair of Scientific and Medical Apparatus, Photographic and Optical Goods, Watches and Clock and Related Products	3
51) Assembly and Repair of Electrical Equipment	19
52) Fabrication and Repair of Products Made from Assorted Materials	1
53) Painting Decorating and Related Work	4
54) Fabrication and Repair of Plastics, Synthetics, Rubber and Related Products	5
55) Fabrication and Repair of Wood Products	5
56) Fabrication and Repair of Textile, Leather and Related Products	6
57) Bench Work, other	5
58) Metal Fabricating, other	16
59) Welding, Flame Cutting and Related Work	24
60) Electrical Assembling, Installing and Repairing	15
61) Painting, Plastering, Waterproofing, Cementing and Related Work	27
62) Excavating, Grading, Paving and Related Work	7
63) Construction Work, other	123
64) Structural Work Operations, other	24
65) Motor Freight Transportation	31
66) Transportation Work, other	41
67) Packageing and Materials Handling	24
68) Extraction of Minerals	1
69) Logging	4
70) Production and Distribution of Utilities	10
71) Amusement, Recreation, and Motion Picture Works	4
72) Graphic Art Work	1-
73) Unknown	2
74) Never Employed	82
Total	969



Washington, D.C. 20534

Directive being changed : 5100.1  
 Change Notice Number : CN-2  
 Date : July 14, 1980

## Change Notice

FPI-RAR-8-27-78-SM-2575

1. The Security Designation and Custody Classification Manual (P.S. 5100.1) was published February 14, 1979. Since that time, certain clarifications have been issued via Operations Memorandum. Because of extensive refinement of the system, this Change Notice will reissue the manual, incorporating those changes already in effect. Also incorporated are procedures previously contained in the Program Statement on "Transfer of Inmates", which is now being cancelled. Escort instructions have been added as an Appendix.
2. TABLE OF CHANGES.  

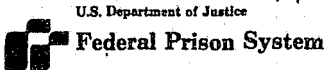
<u>Remove</u>	<u>Insert</u>
All Pages	All Pages
3. DIRECTIVES AFFECTED. In addition to Directives Affected in the original edition of this manual, the following directives are affected by this Change Notice:  
REFERENCED.  
 5030.1, "Marshals' Holdovers in Federal Institutions."  
 5070.1, "Report on Sentenced Offenders by United States District Judge, Form AO-235."  
 5140.11, "Civil Contempt of Court Commitments."  
 5140.13, "Voluntary Surrender Commitments and Transfers to Bureau of Prisons Facilities."  
 5190.2, "Central Inmate Monitoring System."  
 5212.3, "Controlled Unit Treatment Programs."  
 5215.2, "YCA Units at Designated Institutions."  
 5280.1, "Furloughs."  
 5500.1, "Custodial Manual."  
 5550.2, "Escape from Extended Limits of Confinement."  
RESCINDED.  
 7022.1, "Transfer of Inmates."  
 7200.1, "State Prisoners and Contract Facilities."
4. This Change Notice will be filed in front of the Security Designations and Custody Classification Manual.

*Norman A. Carlson*  
 NORMAN A. CARLSON  
 Director

TABLE OF CONTENTS  
5100.1 CN-2  
July 14, 1980

Pages

Section 1.....Program Statement.....	1
Section 2.....Introduction.....	1
Section 3.....Definitions.....	1-3
Section 4.....Facility by Region and Level of Security.....	1
Section 5.....Security Designation Procedures (New Commitments).....	1-4
Section 6.....Designations to Administrative Facilities and..... Institutions with Special Populations	1-2
Section 7.....Designations to Non-Federal Facilities.....	1-3
Section 8.....Security Designation Form.....	1
Section 9.....Security Designation Form (Instructions).....	1-12
Section 10.....Custody Classification Introduction and Form.....	1-2
Section 11.....Custody Classification Form (Instructions).....	1-18
Section 12.....Transfer of Inmates.....	1-17
Section 13.....Procedures Following Escape.....	1-2
Section 14.....Designating Parole and Mandatory Release Violators.....	1
Section 15.....Disciplinary Severity Scale.....	1-6
Section 16.....National Illicit Drug Retail Prices.....	1
Section 17.....Severity of Offense Scale.....	1
Appendix A - Facility Severity Level Criteria.....	1
Appendix B - Institutions with Specialized Units.....	1-3
Appendix C - Institution Name and Codes.....	1-3
Appendix D - Community Programs FMS Codes.....	1-3
Appendix E - Expected Length of Incarceration Scale.....	1
Appendix F - Escort Instructions.....	1-2
Appendix G - Transfer Order.....	1
Appendix H - Notice of Eligibility for Referral.....	1



Washington, D.C. 20534

OPI : CORR  
 Number : 5100.1 CN-2  
 Date : FEB 14 1979  
 Subject : Designations (Security) and  
 Classifications (Custody)

## Program Statement

1. **PURPOSE.** To transmit a manual of policy and instructions for effecting security designations and custody classifications.
2. **DIRECTIVES AFFECTED.** The following policy statements are cancelled:

<u>New Series</u>	<u>Old Series</u>	<u>Date</u>	<u>Title</u>
5150.1	7300.112A	8/8/77	<u>Custody Classification</u>
5170.1	7300.65	3/22/72	<u>Designation of Institutions for Commitment of Federal Prisoners</u>

The following policy statements are referenced:

<u>New Series</u>	<u>Old Series</u>	<u>Date</u>	<u>Title</u>
5070.1	7200.14	1/16/75	<u>Report on Sentenced Offenders by United States District Judges, Form 235</u>
5070.3	Cancelled	1/2/79	<u>Study and Observation Cases and Competency Commitments, Title 18, U.S. Code 4205(c), 5010(e), 5037, 4244 and 4246</u>
5270.2	7400.5D	7/7/75	<u>Inmate Discipline</u>
7022.1	7300.13F	1/27/78	<u>Transfer of Inmates</u>
7300.1	7550.21A	10/15/74	<u>Community Programs Manual</u>

3. **BACKGROUND.** Because of an apparent lack of classification consistency and an inordinate amount of inmate transfers, a task force was established in January 1977, by the Executive Staff, to study the Federal Prison System's inmate classification procedures.

The findings of the task force revealed classification inconsistencies and a need to develop a system which would ensure appropriate designations, as well as a method of assigning custody levels that would place an inmate in the least restrictive environment which would provide appropriate controls.



## INTRODUCTION

Section 1  
Page 1 CN-2  
5100.1 SEP 14, 1979

The institutions in the Federal Prison System have been grouped into six security levels and an administrative category (for which non-security considerations outweigh security concerns). The following seven items were used to group institutions into security levels: 1) type perimeter security; 2) towers; 3) external patrol; 4) detection devices; 5) security of housing areas; 6) type living quarters; and 7) level of staffing per population size.

Designation of an inmate to a specific institution involves two steps: a) completing the Security Designation Form, which specifies the security needs of the incoming prisoner; b) consideration by the Regional Office Designation Desk of the following management variables: age, Central Monitoring Cases, release residence, judicial recommendation, degree of overcrowding, racial balance, sentence limitations, and additional considerations.

The new designation system is designed to keep the inmate population of the Federal Prison System in better balance, decrease the number of transfers for custody purposes, reduce the number of inmates who request placement in administrative detention for their own protection, eliminate preferential "transfer arrangements" between institutions, and aid the Bureau's administrators in making better use of available resources.

Initial designations are completed by the respective Regional Office Designators with input from local Community Program Officers. Likewise, subsequent re-designations (transfers) are completed by the Regional Office Designator based on institutional evaluation of the inmate's case. The Custody Classification Form may recommend a change to a different appropriate security level for the inmate based on a point total and the relationship between both pre- and post-commitment variables.

Designations to non-federal facilities are completed by the Community Programs Officer, with appropriate consultation from the Regional Office Designator. The Security Designation Form is not required on cases so designated; i.e., all juvenile commitments, many short-termers, and some females.

Four custody levels have been established; namely, Maximum, In, Out, and Community Custodies. In order to place an inmate in the lowest custody classification deemed appropriate, a system has been developed of assigning points to six post-commitment variables. The sum of these points (compared with the security level appropriate for the inmate) will offer a guideline for custody assignment changes.

It should be pointed out that the intent of this process is to permit the use of staff's professional judgement within specified guidelines. The system is designed so that it is not mechanical; on the other hand, while it is flexible, it also provides a basis for consistent decision making across the Federal Prison System.

Section 3  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

### DEFINITIONS

1. ADMINISTRATIVE INSTITUTIONS. Facilities to which inmates are assigned based on factors other than security (See Section 6).
2. CLASSIFICATION. The systematic subdivision of inmates into groups based upon their security and program needs.
3. CUSTODY. Refers to the degree of staff supervision required for an individual inmate. (See Custodial Manual, P.S. 5500.1 (NS).

- A. MAXIMUM: Inmate requires maximum control and supervision. This custody is for individuals who, by their behavior, have identified themselves as assaultive, predacious, riotous, or serious escape risks. Such inmates have demonstrated an inability to associate with the general population without being dangerous to other prisoners, or are disruptive to the orderly running of the institution.

These individuals may be restricted from some work and cell assignments, as well as parts of the institution (e.g., tunnels), as deemed appropriate by the Warden for security reasons. (This differs from Control Unit status, since those individuals cannot be let out of their individual cells without staff escort). At least two staff members are required for escorted trips of a routine or emergency nature outside the institution. Additionally, handcuffs with the C&S Handcuff Cover, Martin chains and leg irons will be used at all times for these individuals. Authority for such trips requires the Warden's approval. (See Appendix F for Escort Instructions).

- B. IN: The inmate is assigned to regular quarters and is eligible for all regular work assignments and activities under normal level of supervision, but not for work details or programs outside the institution's secure perimeter. Two staff members will be used for escorted trips of a routine or emergency nature outside the institution. Additionally, handcuffs with Martin Chains will be used at all times; other restraint equipment will be used at the discretion of the escorting officer. (See Appendix F for Escort Instructions).
- C. OUT: The inmate may be assigned to less secure housing at the facility and is eligible for work details outside the institution's perimeter with a minimum staff supervision of two-hour intermittent supervision. For escorted trips of a routine or emergency nature away from the facility, restraints may be used at the discretion of the escorting officer. (See Appendix F for Escort Instructions).
- D. COMMUNITY: The inmate is eligible for the least secure housing including any which is outside the institution's perimeter; may work on outside details with minimal supervision; and is eligible for community-based program activities. These individuals may travel on routine or emergency trips away from the institution without escort (in furlough status), or escorted without restraints. (See Appendix F for Escort Instructions).

Section 3  
 Page 2  
 5100.1 CN-2  
 July 14, 1980

4. MANAGEMENT VARIABLES:

- A. Judicial Recommendation: Through the use of Form A.O. 235 and/or the Judgement and Commitment papers, a court may recommend a specific institution or program for newly committed offenders. (See Instructions for Security Designation Form, Section 9, Page 5).
- B. Age: Bastrop may house inmates up to age 26.
- C. Release Residence Area: It is the policy of the Federal Prison System to assign inmates to an appropriate facility closest to the area of anticipated release. To the degree possible the person shall be designated to that Bureau facility which has the appropriate security features and is closest to the inmate's release residence.
- D. Overcrowding: The Assistant Director, Correctional Programs Division sets and adjusts institution capacity figures in order to accommodate overcrowding and prevent one institution from getting a disproportionate share of inmates.
- E. Racial Balance: It is the Federal Prison System's intent that one racial group should not be assigned to one particular work detail or to one housing unit. We also need to be alert to the racial balance maintained across institutions. Therefore, the designating official should be aware of the proportion of inmates in each of the racial groups at a specific institution and make new designations attempting to keep these proportions in balance.
- F. Central Monitoring Case: Pursuant to Program Statement 5190.2, those individuals who, for specified reasons, need to be centrally monitored or separated from others, will be designated accordingly.
- G. Sentence Limitations: Constraints that may be placed on an individual because of his sentencing structure.
  - (1) Juvenile Justice and Delinquency Prevention Act (JJDP) commitments who cannot be placed in state facilities will be referred to Central Office Community Programs and Correctional Standards Branch for assistance, and, if necessary, Special Designation. Only the Director may approve placement of a committed juvenile inmate in a Federal Prison System institution.
  - (2) YCA inmates (any inmate sentenced under 18 USC Section 5010(b), 5010(c), 3401(g), or 5010(e), and not also serving a concurrent or consecutive adult sentence) may be assigned to any Security Level One (S-1) institution, if qualified. YCA inmates may be also designated to YCA Units in S-2, S-3, and S-4 facilities. (See Program Statement 5215.2).

A YCA inmate may be redesignated only after the inmate has been classified and the institution has received the Parole Commission's initial Parole Hearing Decision (unless the inmate has waived the hearing. See Section 12, Page 15).

Section 3  
 Page 3  
 5100.1 CN-2  
 July 14, 1980

- (3) Narcotic Addition Rehabilitation Act. Preference is given to a NARA commitment remaining in the originally designated institution to complete the specialized drug abuse program. When circumstances warrant, such as when an inmate is assaultive or is a serious escape risk or is serving a lengthy concurrent or consecutive sentence, the inmate may be transferred to another institution, preferably one with a formal Drug Abuse Program; however, the transfer must have the approval of the Regional Director.
- (4) Misdemeanants. An inmate convicted of an offense for which the maximum penalty is one year or less, may not be transferred to a Security Level 4, 5, or 6 facility without first obtaining a waiver (Record Form No. 37).
- (5) An inmate serving a split sentence under 18 USC, Section 3651, may be confined only "in a jail-type or treatment institution" and may not be transferred to a Security Level 4, 5, or 6 facility unless serving a concurrent adult felony sentence.

H. Additional Considerations: Constraints may be placed on a designation because of medical condition, psychiatric condition, history of aggressive sexual behavior, threats to government officials, or other factors warranting special consideration such as the offender's previous involvement in large scale, sophisticated criminal activity or those whose cases received broad publicity.

5. SECURITY LEVEL: One of six categories of facilities based on structural restraint variables. (See Appendix A for Security Level Criteria).
6. DESIGNATION: An order from the Regional Office, Central Office or Community Programs Officer (CPO), indicating the initial facility of confinement for an inmate.
7. REDESIGNATION: An order from the Central Office or Regional Office to transfer an inmate from one facility to another.
8. TRANSFER: The movement of an inmate, whether as a result of redesignation, medical need determined by a Warden, stagnation, or release through CTC.
9. PRIOR COMMITMENT. A sentence of confinement for any length of time but served previous to the present sentence.
10. HISTORY: The individual's entire background of criminal convictions, including findings by a Unit Discipline Committee, or Institution Discipline Committee, but excluding current offense.

Section 4  
Page 1  
5100.1 CN-2  
July 14, 1980

## FACILITY BY REGION AND LEVEL OF SECURITY AND CUSTODY

SECURITY LEVEL	REGION					
	Northeast	Southeast	North Central	South Central	Western	CUSTODY
1	New York CTC Lewisburg Camp Petersburg Camp Allenwood Morgantown	Eglin Maxwell Lexington	Chicago CTC Detroit CTC Kansas City CTC Leavenworth Camp Marion Camp Terre Haute Camp	Dallas/ Ft. Worth CTC Houston CTC Ft. Worth Seagoville Big Spring	Phoenix CTC Oakland CTC Long Beach CTC McNeil Camp Lompoc Camp Florence Camp Safford Boron	OUT COMMUNITY
2	Danbury	Tallahassee	Sandstone	LaTuna	Terminal Island	IN, OUT COMMUNITY
3	Petersburg Lake Placid	Ashland Miami	Milan Springfield (Gen. Pop.)	Texarkana	Englewood	IN, OUT COMMUNITY
4	Otisville	Memphis Talladega	Oxford	El Reno		IN, OUT
5	Lewisburg		Terre Haute Leavenworth		Lompoc	MAXIMUM IN
6			Marion			MAXIMUM IN
Admini- strative Facil- ities	Alderson (F) New York	Atlanta Butner	Chicago Springfield (Medical, Psychiatric)	Bastrop	Florence (Detention) Pleasanton San Diego	ALL LEVELS

SECURITY DESIGNATION PROCEDURES (NEW COMMITMENTS)

No more than 72 hours should expire from the time the U.S. Marshal requests designation until the Regional Designator renders a designation. CPO's should use no more than 48 hours and the Regional Office no more than 24 hours. The following is the normal chronology of a designation:

1. Offender is sentenced.
2. Clerk of Court sends Judgment and Commitment papers to Marshal.
3. Marshal assigns eight-digit register number. Marshal requests, via TWX, designation from appropriate CPO (Community Programs Officer).
4. CPO contacts U.S. Probation Office for two copies of Pre-Sentence Report and requests a copy of the Judgment and Commitment papers from the U.S. Marshal's office. From the gathered data, determines whether a non-federal facility should be designated (with appropriate consultation with Regional Office Designator).
5. If it is determined that a designation to a non-federal facility must or should be made, the procedure outlined in Section 7, Designations to Non-Federal Facilities, is followed.
6. If designation is to be made to a federal institution, the CPO completes the Security Designation Form and arrives at a security total; this information is teletyped to the Regional Office Designation desk and a designation requested.
7. Regional Designator accesses CMC data base record of all category 10's - uncommitted separates - and reviews list to determine if name is included on CMC data base. If name is included on CMC data base, refers to Program Statement 5190.2 for specific instructions on designating a CMC Category 10.
8. Based on the information furnished by the CPO, the Regional Designator determines whether the offender should be designated based solely on security reasons or on one or more of the following overriding management reasons:

Management Variables (Defined in Section 3, Pages 2 and 3)

- A. Central Monitoring Cases;
- B. Judicial recommendation;
- C. Age;
- D. Release residence;
- E. Overcrowding;

Section 5  
Page 2  
5100.1 CN-2  
July 14, 1980

F. Racial balance;

G. Sentence limitations;

- (1) Misdemeanor sentences;
- (2) JJDPa or Juvenile Offenders;
- (3) YCA sentences without concurrent or consecutive adult sentences;
- (4) Sentenced and Unsented study cases;
- (5) Split sentences (18-3651)

H. Additional considerations:

- (1) Medical;
- (2) Psychiatric;
- (3) Aggressive sexual behavior;
- (4) Threats to government officials;
- (5) Additional considerations.

I. To assist the Regional Designator, population information based on Sunday night count is supplied to the Regional Office (via SYCOR) by Central Office Staff every Tuesday in regard to each institution's:

- (1) Racial breakdown;
- (2) Commitment count;
- (3) Known designations en route; over 120 days enroute - stop counting
- (4) Number of known releases for next seven days.

9. Regional Office Designation Desk specifies a facility with the required security and notes the Management Variables applied, if any.

10. Designation Desk sends four confirming teletypes:

- A. To the U.S. Marshal who requested the original designation;
- B. To the Warden of the receiving institution;
- C. To the Chief, USPO, in the offender's district of conviction;
- D. To the CPO requesting the designation.

11. Upon receipt of the designation teletype, the CPO notes the Management Variable, if any, on the bottom of the Security Designation Form and in own log. CPO then sends all the information gathered on the offender (including Security Designation Form and two copies of the Pre-Sentence Report) to the receiving institution.

Section 5  
Page 3  
5100.1 CN-2  
July 14, 1980

12. Marshal contacts Prisoner Coordination and arranges for delivery of inmate to designated institution.
13. Institution reviews Security Designation Form for accuracy; any apparent errors should be referred immediately to the Regional Designator if the changed security points would indicate a different security level. This process must be completed in ten (10) working days or the redesignation will be handled as a routine transfer or redesignation.

#### 14. EXCEPTIONS

- A. If the inmate is sentenced to one year or less for INS violation (illegal entry), Security Designation Form is not required and the CPO makes a direct designation to federal or contract facility. The Form must be filled out by the CPO on ALL other cases (except those cases CPO designates to contract facilities or 4244 and 4246 cases). Additional instructions are contained in Section 7 of this manual.
- B. Sentenced Study Cases will: (1) have form completed by CPO; (2) have a management designation by Regional Office for the study; (3) after final sentencing, be designated in accord with Security Point Total.
- C. Mexican aliens with a deportation detainer and a sentence of two (2) years or greater will be designated to a Security Level 2, or greater, institution. Such inmates may not be considered for a redesignation to a Security Level 1 institution until six months from commitment in a Bureau of Prisons facility.
- D. District of Columbia Superior Court Designations are made only by the Central Office. The Bureau of Prisons cooperates with the D.C. Superior Court by assisting in the management of inmates for whom resources may not be available within the D.C. Department of Corrections. When a judge from D.C. Superior Court recommends federal placement, the Central Office will consider the request on an individual basis and in accordance with the following designation procedures:

#### (1) REFERRAL PROCESS.

- (a) Judgment and Commitment Order. A judge may recommend federal placement through a notation on the J&C. When this type of referral is made, the central office is notified by a request for designation that is sent by the D.C. U.S. Marshal. Upon receipt, the central office designator reviews the Pre-Sentence Report and completes the security designation form BP-14. If the PSI has not been received, a telephonic request will be made to the appropriate court. If the PSI is not received within four working days, a letter will be sent to the office of the Judge. When the PSI is available, the designator will make the designation within 24 hours of receipt of the request from the USM.



Section 5  
Page 4  
5100.1 CN-2  
July 14, 1980

- (b) Correspondence from the court. The sentencing judge may direct correspondence to the Central Office requesting federal placement. In such cases, the judge may have specific concerns that the Bureau should take into consideration when making the designation. The referral letter will usually have the Pre-Sentence Report or other relevant information attached and this packet will be sent to the institution designated. If the Pre-Sentence Report is not attached, procedures described in 2.a will be used to obtain a copy.
- (2) DESIGNATION. When the BP-14 is completed, the designator will send the designation teletype to the USM, Washington, D.C. A copy of the designation teletype will also be sent to the office of the appropriate judge for information purposes. The TWX, PSI, and judicial correspondence will be sent to the designated institution.
- (3) REDESIGNATION. Redesignation of the D.C. Superior Court cases will be the responsibility of the appropriate Regional Office and requests of this nature will be considered by the Regional Designator. Redesignation requests for return to the District of Columbia Department of Corrections will be referred to the Northeast Regional Designations Officer.
- (3) FEMALE OFFENDERS. Requests for designation of D.C. female offenders are made from the USMS to the CP0, Baltimore, Maryland. Redesignations are made by the appropriate Designation Administrator.

Section 6  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

# DESIGNATIONS TO ADMINISTRATIVE FACILITIES AND INSTITUTIONS WITH SPECIAL POPULATIONS

The following facilities are currently designated as administrative institutions: Alderson; Butner; Chicago MCC; Atlanta; Bastrop; Florence (detention); New York MCC; Pleasanton; Springfield (Medical, Psychiatric); and San Diego MCC.

The following information regarding designations will apply to both administrative institutions and listed institutions with specialized populations:

1. BUTNER/SPRINGFIELD--Mentally ill male offenders who at time of commitment have psychological problems beyond that which could be handled at a regular institution will be designated for BUTNER or SPRINGFIELD. The Security Designation Form will also contain a secondary designation (based on the individual's security needs) so that after completion of the BUTNER or SPRINGFIELD programs these inmates can be transferred (re-designated) to a regular facility.
2. BUTNER--male offenders with severe mental illness who cannot be handled at a regular facility; research population selected by computer; general population (75 beds) for releasees to Butner area who are nearing the end of their sentence.
3. SPRINGFIELD--Medically ill male offenders who at time of commitment have physical ailments beyond the capability of being handled at a regular institution, including intensive medical, surgical, or psychiatric care, should be designated for SPRINGFIELD. A secondary designation should also be included on the Security Designation Form (based on the individual's security needs) so that the inmate can be transferred (re-designated) to an appropriate facility following the completion of medical treatment. General population has 438 beds for S-3 inmates from the North Central Region.
4. DETENTION CENTERS--Short-term offenders--those with sentences of less than one year--may be designated for commitment to CHICAGO MCC, or FLORENCE DETENTION CENTERS, NEW YORK MCC, and SAN DIEGO MCC.
5. ALDERSON--female offenders in Security Levels: S-1, S-2, S-3, S-4, S-5, and S-6.
6. CHICAGO MCC--pre-trial and short-term offenders (less than one year); general population (88 beds) for releasees to Chicago area who are nearing the end of their sentence.

Section 6  
 Page 2  
 5100.1  
 July 14, 1980

7. ATLANTA--male offenders, security levels S-1, S-2, and S-3.
8. FLORENCE--pre-trial and short-term offenders (less than six months) in detention section; camp for 72 S-1 offenders from Western Region.
9. FORT WORTH--female offenders who qualify for S-1; male offenders who both qualify for S-1 and have documented need for program in at least one of the following areas: geriatric (comprehensive health unit), drug addiction, alcoholism.
10. LEXINGTON--female offenders who qualify for S-1; male offenders who both qualify at S-1 and have documented need for program in at least one of the following areas: geriatric, drug addiction, alcoholism, or who qualify for S-1 and will be released to the Lexington area. Additionally, any medically ill female offender who at time of commitment has physical ailments beyond the capability of being handled at a regular institution, should be designated for Lexington. A secondary designation should also be included on the Security Designation Form (based on the individual's security needs) so that the inmate can be redesignated to an appropriate facility following completion of medical treatment. Medically ill male offenders can go to Lexington if from Northeast or Southeast Region and their security/custody is appropriate (except orthopedic surgery and neurosurgery problems should go to Springfield).
11. NEW YORK MCC--pre-trial and 21 short-term offenders (less than one year and prior clearance re: availability of bed space).
12. PLEASANTON--female offenders in Security Levels: S-1, S-2, S-3, S-4, S-5, and S-6. Males offenders, security levels S-1, S-2, and S-3.
13. SAN DIEGO MCC--pre-trial and short-term offenders (less than six months) and will house some releasees to the San Diego area who are nearing the end of their sentence.
14. TERMINAL ISLAND--male offenders from the Western Region who qualify for S-2 or who are chronically physically and/or mentally ill, but whose problems do not warrant transfer to Springfield.
15. BASTROP--male offenders security levels 1, 2 and 3, primarily up to age 26.

Section 7  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

### DESIGNATIONS TO NON-FEDERAL FACILITIES

These designations will be made directly by the CPO receiving the designation request after appropriate consultation with Regional Office Designator. The Security Designation Form is not required. NOTE: When the U.S. Marshal takes custody of an inmate from state custody to begin serving a federal sentence, the Procedures for New Commitments, Section 5, will be followed as appropriate.

### TYPES OF COMMITMENTS

- A. Juvenile Commitments: All juveniles committed under the Juvenile Justice and Delinquency Prevention Act (which replaced the Federal Juvenile Delinquency Act) will be boarded in non-federal facilities. This includes study cases. Whenever possible, placement will be in a community-based facility or foster home located in or near the offender's home community. If the individual is not suitable for a community-based facility, then a more secure placement must be found. When placement cannot be made in the home community or state of residence of the juvenile, then the CPO should try placements in adjacent states until a suitable facility is located. If all attempts fail, the CPO will contact the Central Office Community Programs and Correctional Standards Branch for assistance. Only the Director may approve placement of a committed juvenile inmate in a Federal Prison System institution.
- B. Court Recommendations: If at all possible, we will follow the court's recommendation to place a federal offender in a non-federal facility. Questions concerning the appropriateness of the recommendation will be resolved in consultation with the Regional Designator.
- C. Short-Termers: CPO's shall designate only those local jails for service of sentence, when it is likely the facility will meet, or be able to meet in 12-18 months, accreditation standards (ACA or Department of Justice). A short-termers is defined as an individual who has a sentence of a year or less. The CPO will designate short-termers as follows:
  1. Offenders with 60 days or less to serve after sentence computation may be placed in local jails.
  2. Except for Mexican aliens, offenders with more than 60 days and up to 1 year to serve after sentence computation will be designated to BOP camps, MCCs, or detention facilities by Regional Offices.
  3. Exceptions:
    - a. When the Court recommends a jail placement or work release for service of a sentence, the recommendation will be followed, unless there are compelling reasons not to

Section 7  
 Page 2  
 5100.1 CN-2  
 July 14, 1980

do so. Whether or not the Court's recommendation is followed, the court will be notified in writing of the reasons according to Section 9, Page 5.

- b. When the appropriate federal facility is full, placement may be made in an approved local jail.
  - c. Offenders committed for illegal entry may be assigned to an approved jail for up to one year.
  - d. Offenders committed from Alaska, Hawaii, Guam, Puerto Rico, the Virgin Islands, or the Canal Zone may be assigned to an approved jail for up to one year.
- D. Female Offenders: It has been the general practice of the Bureau to place women prisoners in nonfederal facilities close to their homes, if an appropriate facility is available. Therefore, CPO's, in conjunction with the Regional Office Designation Desk, shall consider the possibility of a nonfederal placement in the state of residence, or even in an adjacent state, when receiving a designation request for an adult female. If the inmate has a drug problem or some other need that cannot be met in a non-federal facility, a federal designation shall be made even though there is a non-federal facility nearer her home.
- E. YCA Offenders: In most circumstances, YCA inmates are to be housed in federal facilities. There may be instances, however, when there will be a compelling reason to place a YCA in a non-federal facility, (e.g., an inmate who cannot function in the population of any federal institution because of some documented danger, a court recommendation for non-federal placement, or for special programming not available in a federal facility). If this situation arises, the CPO in consultation with the Regional Office Designator, will decide upon a course of action. (Follow procedures outlined in P.S. 5215.1, "Establishment of Functional Units for YCA Offenders".)
- F. Direct Commitments to CTCs: Direct commitments to CTCs may be made only upon the Court's recommendation. If an offender appears to be a candidate for a CTC and staff believes the court may not have considered placement in a center, the CPO shall contact the Regional Director for approval to contact the Court. If approved, the CPO may contact the USPO to determine the Court's recommendation.
- G. Miscellaneous: In instances where court specified special services are not available, or where federal facilities are greatly overcrowded and suitable non-federal facilities exist, the CPO, in conjunction with the Regional Office Designator, will decide upon a course of action concerning placement in a non-federal facility.

Section 7  
Page 3  
5100.1 CN-2  
July 14, 1980

- H. Requests for Redesignations by CPO's: CPO's shall not request the redesignation of any inmate to a federal facility. Further, if any federal, state, or local government officials ask the CPO to facilitate such a transfer, this information will be brought to the attention of the appropriate Regional Director.

PROCEDURES

- A. After receiving the designation request, obtaining the presentence report, and consulting with the Regional Office Designation Desk, the CPO will make a referral to the non-federal facility for acceptance.
- B. Once an acceptance is received, the CPO shall send a teletype of the designation to:
1. The U.S. Marshal who requested it, asking him to mail a copy of the USM-129 and J&C to the non-federal facility Director;
  2. The Regional Office Designator;
  3. The appropriate CPO, if outside the territory of the CPO sending the teletype.
  4. The Chief, USPO, in the offender's district of conviction; and
  5. The Warden or Director of the receiving facility (the CPO may mail a copy of the teletype or mail a letter).
- C. CPO will complete BP-25 (COSPOS) and teletype or mail to Regional Community Program Office for keying (using USM issued number).

July 14, 1980

## SECURITY - DESIGNATION

DATE MONTH-DAY-YEAR		2. REGIONAL OFFICE CODE		3. CPO CODE	
SECTION A DEMOGRAPHIC DATA					
1. NAME LAST		FIRST		INITIAL	
2. DATE OF BIRTH MONTH-DAY-YEAR					
3. SEX M = MALE F = FEMALE		4. RACE W = WHITE B = BLACK A = ASIAN I = INDIAN (AMERICAN)		5. ETHNIC GROUP H = HISPANIC N = NON-HISPANIC	
6. LEGAL RESIDENCE		CITY		STATE ZIP CODE	
7. CENTRAL MONITORING CASE 0 = NOT CMC 1 = SEPARATION CASE 2 = OTHER CMC		SEPARATEE			
SEPARATEE		SEPARATEE			
8. SENTENCE LIMITATIONS		0 = NONE 1 = MISDEMEANOR		2 = FJDA 3 = YCA 4 = STUDY 5 = SPLIT SENTENCE 6 = NARA	
9. ADDITIONAL CONSIDERATIONS		0 = NONE 1 = MEDICAL		2 = PSYCHIATRIC 3 = AGGRESSIVE SEXUAL BEHAVIOR 4 = THREAT TO GOVERNMENT OFFICIAL	
10. JUDICIAL RECOMMENDATION		Y = YES N = NO APPLICABLE		INSTITUTION PROGRAM	
SECTION B SECURITY SCORING					
1. TYPE OF DETAINER		0 = NONE 1 = LOWEST/LOW MODERATE		3 = MODERATE 5 = HIGH 7 = GREATEST	
2. SEVERITY OF CURRENT OFFENSE		0 = LOWEST 1 = LOW MODERATE		3 = MODERATE 5 = HIGH 7 = GREATEST	
3. EXPECTED LENGTH OF INCARCERATION		0 = 0 - 12 MONTHS 1 = 13 - 59 MONTHS		3 = 60 - 83 MONTHS 5 = 84 PLUS MONTHS	
4. TYPE OF PRIOR COMMITMENTS		0 = NONE 1 = MINOR		3 = SERIOUS	
5. HISTORY OF ESCAPES OR ATTEMPTS		0 = NONE 1 = PAST MINOR		3 = RECENT MINOR 5 = PAST SERIOUS 7 = RECENT SERIOUS	
6. HISTORY OF VIOLENCE		0 = NONE 1 = PAST MINOR		3 = RECENT MINOR 5 = PAST SERIOUS 7 = RECENT SERIOUS	
7. SUB - TOTAL		TOTAL OF ITEMS 1 THROUGH 6			
8. PRE-COMMITMENT STATUS		0 = NOT APPLICABLE 3 = OWN RECOGNIZANCE		6 = SELF-COMMITMENT (VOLUNTARY SURRENDER)	
9. SECURITY TOTAL		SUBTRACT ITEM 8 FROM ITEM 7; IF ITEM 8 IS GREATER THAN ITEM 7, ENTER 0.			
10. SECURITY LEVEL		1 = 0 - 6 POINTS 2 = 7 - 9 POINTS		3 = 10 - 13 POINTS 4 = 14 - 22 POINTS 5 = 23 - 29 POINTS 6 = 30 - 36 POINTS	
11. IF ELIGIBLE FOR SECURITY LEVEL 1, ARE MEDICAL RECORDS CLEAR?		Y = YES N = NO		U = UNKNOWN	
12. COMMENTS					
SECTION C REGIONAL OFFICE ACTION					
1. DATE MONTH-DAY-YEAR		2. REGISTER NUMBER		3. Inmate Security Level	
4. INSTITUTION DESIGNATED		INSTITUTION CODE		5. REASON FOR DESIGNATION S = SECURITY TOTAL M = MANAGEMENT	
6. MANAGEMENT REASON		0 = NOT APPLICABLE 1 = JUDICIAL RECOMMENDATION 2 = AGE		3 = RELEASE RESIDENCE 4 = OVER CROWDING 5 = RACIAL BALANCE 6 = CENTRAL MONITORING CASE 7 = SENTENCE LIMITATIONS 8 = ADDITIONAL CONSIDERATIONS	
U. S. DEPARTMENT OF JUSTICE FEDERAL PRISON SYSTEM					
BP-14 (MANUAL) OCTOBER 1978					

Section 9  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

SECURITY DESIGNATION FORM INSTRUCTIONS\*

IDENTIFYING DATA

1. Date: Enter the numerical month, day, and year; e.g., 11-12-1978.
2. Regional Office Code: Enter the appropriate code of Region that will make Security Designation.

<u>Code</u>	<u>Region</u>	<u>Office</u>
272	NERO	Philadelphia
274	SERO	Atlanta
275	NCRO	Kansas City
276	SCRO	Dallas
279	WRO	San Francisco

3. CPO Code: Enter the appropriate code of the Community Programs Officer requesting Security Designation. If designation request made by MCC staff, use CPO code for that area. (See Appendix D.)

SECTION A: DEMOGRAPHIC DATA

1. Name: Enter individual's last name first, first name second, and middle initial third. The name used should be the name the person is to be committed under; e.g., Jones, Robert J.
2. Date of Birth: Enter the numerical month, day, and year; e.g., 11-12-1942, 07-01-1950.
3. Sex: Enter either:  
 M = Male  
 F = Female
4. Race: Enter appropriate code:

<u>Code</u>	<u>Race</u>	<u>Definition</u>
W	White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
B	Black	A person having origins in any of the Black racial groups of Africa.

\*The Security Designation Form, BP-14, will be filed in Section 2 of the inmate's central file, providing that information in the comments section and information regarding CMC status can be shown to the inmate. Otherwise, the Form will be filed in Section 2 of Inmate Privacy File.



Section 9  
Page 2  
5100.1 CN-2  
July 14, 1980

<u>Code</u>	<u>Race</u>	<u>Definition</u>
A	Asian (or Pacific Islander)	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes, for example, China, Japan, India, Korea, Phillipine Islands, and Samoa.
I	Indian (American) (or Alaska Native)	A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

5. Ethnic Group: Enter appropriate code:

<u>Code</u>	<u>Ethnic Group</u>	<u>Definition</u>
H	Hispanic	Hispanic is defined as a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, <u>regardless of race.</u>
N	Non-Hispanic	

6. Legal Residence: Enter the city, state, and zip code of the individual's legal residence as reflected by the Pre-Sentence Report or other reliable source(s).
7. Central Monitoring Case: Enter either a 0 for a non-CMC, a 1 for a separation case, or a 2 indicating a CMC other than separation. If a separation case, also enter the name of the person(s) to be separated from. (CMC status is tentative at this time until confirmed by the Warden, Regional or Central Office).
8. Sentence Limitations: Enter the appropriate code number identifying any one of the following types of sentences that would require a management designation:

<u>Code</u>	<u>Item</u>	<u>Definition</u>
0	None	No sentence limitation

Section 9  
 Page 3  
 5100.1 CN-2  
 July 14, 1980

<u>Code</u>	<u>Item</u>	<u>Definition</u>
1	Misdemeanor	A misdemeanor is an individual committed for an offense for which the maximum penalty that can be imposed is one year or less. An individual with this type of sentence cannot be confined in a penitentiary (S-4,5,6) without first obtaining a waiver (Record Form No. 37). Assignment to a Metropolitan Correctional Center, detention facility, or Community Treatment Center is appropriate.
2	Juvenile Justice and Delinquency Prevention Act (Formerly FJDA Offenders)	Juveniles sentenced under this Act will be boarded in non-federal facilities (See Section 7, Designations to Non-Federal Facilities)
3	Youth Corrections Act	Individuals sentenced under this Act and rated at an S-1 level, may only be designated to any S-1 facility. Placement does not require an S-1 facility to have a YCA Unit. Those YCA Cases that are rated as S-2 through S-6 may be placed only in S-2 through S-4 institutions which have a YCA Unit. A YCA Case (not serving a concurrent or consecutive adult sentence) may not be assigned to Marion; Atlanta; Leavenworth; Terre Haute; Lewisburg; McNeil Island; and, Lompoc. A YCA case also serving a concurrent or consecutive adult sentence is not limited to a YCA Unit or facility.

Section 9  
Page 4  
5100.1 CN-2  
July 14, 1980

<u>Code</u>	<u>Item</u>	<u>Definition</u>
4	Study Cases	Prior to implementation of a final sentence, the United States courts may commit individuals for periods of study and observation under Title 18, U.S.C., Section 4205(C), 5010(E), or 4244. study cases will be assigned by the Regional Office (unless designated by the court) for the actual study on the basis of the nearest appropriately staffed and secure facility. Following final sentencing, the individual will be designated according to the Security Point total.
5	Split Sentence 18 USC 3651	An inmate serving a split sentence may be confined only in S-1, 2, or 3 institutions. An inmate serving an adult concurrent sentence may be considered for other types of institutions.
6	Narcotic Addict Rehabilitation Act	Individuals sentenced under this Act must be confined at an institution with a Drug Abuse program, including those sentenced for a 4252 study.

9. Additional Consideration: Enter the appropriate code number reflecting any one of the following factors that may result in a management designation. Note that these items are not mutually exclusive; that is, one or more codes may be appropriate. If more than one code is appropriate, enter one code in the appropriate block and enter the remaining "additional considerations" in Item 12, Comments. The variable should be written out in full in the Comments section.

<u>Code</u>	<u>Item</u>	<u>Comments</u>
0	None	None
<u>Code</u>	<u>Item</u>	<u>Definition</u>
1	Medical	If the individual has medical problems that cannot be treated at an institution that normally would have been designated for confinement, a

Section 9  
Page 5  
5100.1 CN-2  
July 14, 1980

management designation may be appropriate. (The Regional Designator should consult with the Regional Administrator of Medical Services (RAMS) regarding an appropriate designation.)

- |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                             |
|---|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Psychiatric                     | Information relating that the individual needs special psychiatric assistance must be evaluated and, in those cases where appropriate, a designation to an appropriate security level facility with a psychologist or psychiatrist must be effected. (The Regional Designator should consult with the Regional Administrator for Psychology Services regarding an appropriate designation.) |
| 3 | Aggressive Sexual Behavior      | If an individual has a history of or was committed for a crime involving aggressive sexual behavior he/she cannot be designated to an S-1 facility <u>on a military base</u> (Other S-1s are <u>not</u> precluded).                                                                                                                                                                         |
| 4 | Threats to Government Officials | Offenders convicted of threats of violence to government officials cannot be assigned to any S-1 facility. (These cases will be referred for CMC inclusion.)                                                                                                                                                                                                                                |

10. Judicial Recommendation: Enter the name of the institution recommended and/or program, if any. Through the use of Form A.O. 235 and/or the Judgement and Commitment papers, the court may recommend a specific institution or program for a newly committed offender. If either is within the security group for which the individual properly qualifies, then every effort shall be made to assign the inmate to the indicated facility (or to the institution which offers that program) within the security group.

- A. In those instances in which the person would not classify for the court-recommended institution a letter shall be written to the Court by the Regional Director explaining the reason why the Court's recommendation was not followed and where appropriate indicating that, as soon as the individual qualifies, a redesignation (transfer) will be made to effect the recommendation.
- B. When an inmate arrives at an institution which does not have program(s) recommended by the court, the Warden shall be responsible for writing to the Judge, as directed by Program Statement 5070.1, Report on Sentenced Offenders.

Section 9  
Page 6  
5100.1 CN-2  
July 14, 1980

SECTION B: SECURITY SCORING  
(ONLY ONE NUMBER CAN BE ASSIGNED FOR THESE ITEMS)  
(POINTS CANNOT BE ADDED)

1. Type of Detainer: Enter the appropriate number of points in the box in the right-hand column to reflect detainer status. Refer to the Severity of Offense Scale, Section 17. Assign and enter highest number of points appropriate. Determination is based on the nature of the charge of the most serious lodged detainer:
  - (a) If it is a pending charge, points based on the documented behavior are assigned ONLY on the Detainer items (Section B, Item #1 on BP-14).
  - (b) If it is an adjudicated sentence AND that sentence is absorbed within the federal sentence for which the inmate is currently incarcerated, then the documented information is used in the appropriate "history" item -- either History of Escape or History of Violence; or
  - (c) If it is an adjudicated sentence AND that sentence is not absorbed within the federal sentence for which the inmate is currently incarcerated, then this material should be considered as a detainer and treated as described in (a).

If law enforcement officials indicate a firm intent to lodge, treat as lodged. Treat state sentences as detainers only if it is expected that the sentence will exceed the federal sentence.

<u>Points</u>	<u>Detainer</u>
0	None
1	Lowest and Low Moderate Severity
3	Moderate Severity
5	High Severity
7	Greatest Severity

Example: Individual with two detainers for Violation of Firearms Act (Moderate Level) and one for Extortion (High), use High = 5 points and write "5" in box in right-hand column.

2. Severity of Current Offense: Enter the appropriate number of points in the box in the right-hand column to reflect the severity of the documented offense behavior of the most severe of the offenses for which the individual was sentenced on this period of incarceration. The severity is determined by the Scale in Severity of Offense, Section 17. If offense involves drugs, use Drug Enforcement Administration list in Section 16 on "Street Values of Drugs," to convert pounds or kilos to dollar value.

<u>Points</u>	<u>Severity</u>
0	Lowest
1	Low Moderate
3	Moderate
5	High
7	Greatest

## Section 9

Page 7

5100.1 CN-2

July 14, 1980

Example: For example, if (according to the Pre-Sentence Report) the individual was involved in an Armed Robbery of a Bank (which would fall in the Greatest category on the Severity of Offense Scale) but plead guilty to a simple Robbery offense (which would be in the High Category) assign the points on the basis of the more severe, documented behavior; i.e., assign 7 points. DO NOT USE THIS SAME INFORMATION TO ASSIGN POINTS ON THE HISTORY ITEMS (#5 & #6).

Example: Individual convicted of two counts of a simple assault (Low moderate) and one count of Breaking and Entry (Moderate), use Moderate = 3 points and write "3" in the box in the right-hand column.

3. Expected Length of Incarceration: Enter the appropriate code reflecting the expected length of incarceration in the right-hand column. IN ADDITION, ENTER TO LEFT OF COLUMN THE ACTUAL NUMBER OF MONTHS THAT INMATE WAS SENTENCED TO. This is completed by using length of sentence for current offense (if sentence expressed as a range use highest number--i.e., 2 to 5 years would be considered as 5 years) and multiplying by the average percent (%) of the sentence generally served for that particular severity category of offense as determined by the Severity of Offense Scale, Section 17. May also use Expected Length of Incarceration Scale in Appendix E.

<u>Points</u>	<u>Expected Length</u>
0	0 - 12 months
1	13 - 59 months
3	60 - 83 months
5	84 plus months

Example: Individual convicted of Breaking and Entry (Moderate = 52%) and sentenced to 8 years;  $8 \times 12 \text{ months} = 96 \text{ months}$   $\times 52\% = 49.92 = 1 \text{ point}$ . Write "1" in the box in the right-hand column and to the left of the column write "96".

NOTE: Life sentence equals 45 years or 540 months = 5 points.  
Be sure to aggregate consecutive federal sentences.

4. Type of Prior Commitments: In the right-hand column, enter the appropriate number of points reflecting category of prior commitment history. This is determined by the kind of prior institution experience during criminal career and is based on the nature of the most severe offense, Section 17, which resulted in commitment. Commitment is defined as any time for which the individual has been sentenced to confinement. Minor = Lowest and Low Moderate offenses which resulted in confinement. Serious = all offenses in the Moderate, High, and Greatest categories which result in incarceration. See Severity of Offense Scale, Section 17.

<u>Points</u>	<u>Type</u>
0	None
1	Minor
3	Serious

Section 9  
Page 8  
5100.1 CN-2  
July 14, 1980

Example: If an individual has a previous incarceration for a crime which falls in the High category on the Severity of Offense Scale, such a prior incarceration would be considered Serious = 3 points. Write "3" in the box in the right-hand column.

5. History of Escape or Attempts: Enter the appropriate number of points in the right-hand column to reflect the escape history of the individual. History includes the individual's entire background of escapes or attempts to escape from confinement, excluding current offense. Escapes or attempted escapes are to be recognized if the inmate was found to have committed the prohibited act of the escape or attempt by an institutional discipline committee, regardless of the Prosecution and Conviction status of the case. Additionally, consideration is to be given to behavior relating to the prior offenses, (such as flight to avoid prosecution and as noted in 1b, of this Section) if reported in the Pre-Sentence Investigation Report. Do not use behavior related to current offense for this item. If more than one escape attempt, use most severe. Failure to appear for traffic (automobile) violations and juvenile runaways from foster homes are not to be considered. To determine whether an incident is recent or past, use the date of conviction.

<u>Points</u>	<u>History</u>	<u>Definition</u>
0	None	No escapes
1	Past Minor	An escape more than five years ago from an open institution or program (e.g., S-1, camp, CTC, work release, furlough) not involving any actual or threat of violence. Also includes military AWOL and flight to avoid pending charges, if documented.
3	Recent Minor	An escape within the last five years from an open institution or program (e.g., S-1, camp, CTC, work release, furlough) not involving any actual or threat of violence. Also includes military AWOL and flight to avoid pending charges, if documented.
5	Past Serious	An escape more than five years ago from closed (S-2 through-6) confinement, with or without threat of violence. Also includes escape from open facility or program <u>with</u> actual or threat of violence.

## Section 9

Page 9

5100.1 CN-2

July 14, 1980

PointsHistoryDefinition

7

Recent Serious

An escape within the last five years from closed (S-2 through-6) confinement, with or without threat of violence. Also includes escape from open facility or program with actual or threat of violence.

Example: Individual who jumped bail on current offense (Recent Minor) and who six years ago escaped a county jail by sawing through the bars (Past Serious). Use Past Serious = 5 points. Write "5" in the box in the right-hand column.

6. History of Violence: Enter the number of points reflecting the appropriate category in the right-hand column. History of violence includes the individual's entire background of criminal violence, excluding current offense. However, institution discipline committee findings of commission of the prohibited act are to be recognized regardless of prosecution and conviction status, if known. Do not use behavior related to current offense for this item. Severity of violence is defined according to the degree of seriousness of the act which resulted in a conviction or finding of guilt. If more than one incident of violence, use most severe. Do not use juvenile adjudications; note provision in 1b, of this section. To determine whether an incident is recent or past, use the date of conviction.

PointsHistoryDefinition

0

None

No violence

1

Past Minor

Acts occurring more than five years ago involving persons or property which resulted in fines or misdemeanor terms (e.g., simple fights, domestic squabbles).

3

Recent Minor

Acts within the last five years involving persons or property which resulted in fines or misdemeanor terms (e.g., simple fights, domestic squabbles).

5

Past Serious

Acts occurring more than five years ago involving persons or property which resulted in felony conviction (e.g., assaults, intimidation involving a weapon, incidents involving arson or explosives etc.)



Section 9  
Page 10  
5100.1 CN-2  
July 14, 1980

<u>Points</u>	<u>History</u>	<u>Definition</u>
7	Recent Serious	Acts within the last five years involving persons or property which resulted in felony conviction (e.g., assaults, intimidation involving a weapon, incidents involving arson or explosives, etc.)

Example: If an individual has a history of being fined for drunken fights --12 years ago--this would rate as Past Minor, and "1" would be entered in the right-hand column.

7. Sub-Total: Enter the total of Items 1 through 6 of this Section in the right-hand column.
8. Pre-Commitment Status: Refers to person's status preceding, during; and following trial period. Enter the appropriate number of points:

<u>Points</u>	<u>Pre-Commitment Status</u>	<u>Definition</u>
0	Not applicable	Was not on own recognizance and is not a self-commitment.
-3	Own Recognizance	Refers to an individual being released prior to (or during) the trial period without posting bail or incurring any other financial obligation to insure appearance. Ignore if there is any sign of bail violation, failure to appear, etc.
-6	Self-Commitment (Voluntary Surrender)	Refers to an individual who is not escorted by a law enforcement official to the Marshal's office or to place of confinement and who is not under bond or financial obligation to insure commitment. Ignore if violated or not successfully completed.

9. Security Total: Enter the numerical result of the subtraction of Item 8 (Pre-Commitment Status) from Item 7 (Sub-Total). If Item 8 is greater than Item 7, enter zero (0) in the box in the right-hand column.

Section 9  
Page 11  
5100.1 CN-2  
July 14, 1980

10. Security Level: Enter the number representing the appropriate security level in the right-hand column. The security point total is used to determine the inmate's appropriate security level according to the following point ranges.

<u>Points</u>	<u>Security Level</u>
0 - 6	1
7 - 9	2
10 - 13	3
14 - 22	4
23 - 29	5
30 - 36	6

Example: If the security point total is 24 points, the security level would be "5" since security level "5" has a point range from 23 to 29 points. Write "5" in the box in the right-hand column.

11. If eligible for Security Level 1, are medical records clear?  
Some types of Security Level 1 facilities (e.g., independent camps, etc.) are not equipped to treat individuals with acute medical and dental problems; therefore, the Regional Office requires this information in order to make a proper designation.

Y = Yes

N = No

U = Unknown

12. Comments: Enter any relevant information not already recorded that may have an impact on the designation process.

#### SECTION C: REGIONAL OFFICE ACTION (COMPLETED BY CPO)

- Date: Enter numerical month, day, and year; e.g., 04-04-1978.
- Register Number: Enter the identifying number, assigned by the U.S. Marshal, at the time of inmate designation to an institution for this charge/offense, regardless of the methods of commitment.

The U.S. Marshal assigns a register number to each prisoner received (8 digits: 00001-098) with the last two digits denoting the U.S. Marshal's judicial district code.

When the U.S. Marshal requests a designation, the assigned register number is entered on the teletype sent to the Community Programs Officer. This number is entered by the CPO on all subsequent forms, teletypes, and correspondence to Regional Office and other parties.

Section 9  
 Page 12  
 5100.1 CN-2  
 July 14, 1980

The format is 5 digits, hyphen, 3 digits. Leading zeroes are required.

Examples: 00442-092  
 01636-018  
 22535-021

3. Level Designated: Enter the actual security level designated by Regional Office Designation Desk. Designations can be made outside the guidelines, if the Regional Office Designator has a good reason and this is indicated on the designating teletype. Additionally, every designation outside the guidelines must be justified in writing and signed by the Regional Director or designee and forwarded to the receiving institution. Regional Office may designate to:

One level less secure, if:

S-1 range N/A  
 S-2 range N/A  
 S-3 range 10 or 11 points  
 S-4 range 14, 15, 16, 17 points  
 S-5 range 23, 24, 25 points  
 S-6 range 30, 31, 32 points

One level more secure, if:

4, 5, or 6 points  
 8 or 9 points  
 12 or 13 points  
 18, 19, 20, 21, 22 points  
 26, 27, 28, 29 points  
 N/A

4. Institution Designated: Enter the actual name of the institution designated and the institution's 3-digit code. (See Appendix C for institution codes.)
5. Reason for Designation: Enter the appropriate code, "S" or "M", indicating whether Security or Management variables were the primary considerations in the designation.
6. Management Reason: Enter the appropriate code indicating any management factors considered:

0 = Not Applicable

4 = Overcrowding

1 = Judicial Recommendation

5 = Racial Balance

2 = Age

6 = Central Monitoring Case

3 = Release Residence

7 = Sentence Limitations

8 = Additional Considerations

Section 10  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

# CUSTODY CLASSIFICATION INTRODUCTION

When a newly committed offender arrives at the designated institution, the individual will automatically be assigned a custody level:

<u>Security level of designated institution</u>	<u>Inmate's initial custody level</u>
S-1	OUT
S-2, S-3, S-4, S-5, S-6	IN
Administrative Facility	IN (except for S-1 offenders who are assigned OUT)

All subsequent custody level changes will require the completion of the Custody Classification Form. These custody reviews will be made by the Unit/Classification Team in accord with the established custody review time schedule--see Page 17, Section 11.

The guiding principle remains that every inmate should be in the lowest custody level deemed appropriate to adequately supervise the individual. It should be clearly understood that the Custody Classification Form only recommends, the Team decides. In every instance, if the Team decides not to follow the Form's recommendation, its reasons must be documented and the inmate involved informed concerning the decision.

Section 10  
Page 2 CN-2  
-5100.1- FEB 1-1979

CUSTODY-CLASSIFICATION																																																											
1. INSTITUTION	INSTITUTION		CODE	2. UNIT	3. DATE																																																						
4. NAME	LAST		FIRST	INITIAL	5. REGISTER NUMBER																																																						
6. SENTENCE LIMITATIONS	0 = NONE 1 = MISDEMEANOR		2 = F.J.S. 3 = T.C.A.		4 = STUDY 5 = SPLIT SENTENCE		6 = N.A.A.																																																				
7. ADDITIONAL CONSIDERATIONS	0 = NONE 1 = MEDICAL		2 = PSYCHIATRIC 3 = AGGRESSIVE SEXUAL BEHAVIOR		4 = THREATS TO GOVERNMENT OFFICIAL																																																						
SECTION A SECURITY SCORING																																																											
1. TYPE OF DETAINER	0 = NONE 1 = LOWEST/LOW MODERATE		3 = MODERATE 5 = HIGH		7 = GREATEST																																																						
2. SEVERITY OF CURRENT OFFENSE	0 = LOWEST 1 = LOW MODERATE		3 = MODERATE 5 = HIGH		7 = GREATEST																																																						
3. PROJECTED LENGTH OF INCARCERATION	0 = 0 - 12 MONTHS 1 = 13 - 59 MONTHS		3 = 60 - 83 MONTHS 5 = 84 PLUS MONTHS																																																								
4. TYPE OF PRIOR COMMITMENTS	0 = NONE 1 = MINOR		3 = SERIOUS																																																								
5. HISTORY OF ESCAPES OR ATTEMPTS	0 = NONE 1 = PAST MINOR		3 = RECENT MINOR 5 = PAST SERIOUS		7 = RECENT SERIOUS																																																						
6. HISTORY OF VIOLENCE	0 = NONE 1 = PAST MINOR		3 = RECENT MINOR 5 = PAST SERIOUS		7 = RECENT SERIOUS																																																						
7. SUB-TOTAL	TOTAL OF ITEMS 1 THROUGH 6																																																										
8. PRE-COMMITMENT STATUS	0 = NOT APPLICABLE 3 = OWN RECOGNIZANCE		6 = SELF-COMMITMENT (VOLUNTARY SURRENDER)																																																								
9. SECURITY TOTAL	SUBTRACT ITEM 8 FROM ITEM 7; IF ITEM 8 IS GREATER THAN ITEM 7, ENTER 0.																																																										
10. SECURITY LEVEL	1 = 0 - 6 POINTS 2 = 7 - 9 POINTS		3 = 10 - 13 POINTS 4 = 14 - 22 POINTS		5 = 23 - 29 POINTS 6 = 30 - 36 POINTS																																																						
SECTION B CUSTODY SCORING * WITHIN PAST YEAR																																																											
1. PERCENTAGE OF TIME SERVED	3 = 0 THRU 25% 4 = 26 THRU 75%		5 = 76 THRU 90% 6 = 91 PLUS %																																																								
2. INVOLVEMENT WITH DRUGS AND ALCOHOL	2 = CURRENT 3 = PAST		4 = NEVER																																																								
3. MENTAL/PSYCHOLOGICAL STABILITY	2 = UNFAVORABLE 4 = NO REFERRAL OR FAVORABLE																																																										
4. TYPE OF MOST SERIOUS DISCIPLINARY REPORT	1 = GREATEST 2 = HIGH		3 = MODERATE 4 = LOW MODERATE		5 = NONE																																																						
5. FREQUENCY OF DISCIPLINARY REPORTS	0 = 10 PLUS 1 = 6 THRU 9		2 = 2 THRU 5 3 = 0 THRU 1																																																								
6. RESPONSIBILITY INMATE HAS DEMONSTRATED	2 = POOR 3 = AVERAGE		4 = GOOD																																																								
7. FAMILY/COMMUNITY TIES	3 = NONE OR MINIMAL 4 = AVERAGE OR GOOD																																																										
8. IF ELIGIBLE FOR SECURITY LEVEL 1, ARE MEDICAL AND DENTAL RECORDS CLEAR?					Y = YES N = NO		9. CUSTODY TOTAL																																																				
10. PRESENT SECURITY LEVEL CUSTODY INCREASE																																																											
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3 - 3	13 - 19	20 - 24	25 - 30	3 - 6	13 - 19	20 - 27	28 - 30	3 - 6	13 - 19																																																		
SECTION C INSTITUTION ACTION																																																											
1. TYPE OF REVIEW	E = EXCEPTION R = REGULAR		2. CURRENT CUSTODY		M = MAX O = OUT I = IN C = COMMUNITY		3. NEW CUSTODY																																																				
4. DATE OF NEXT REVIEW	MONTH-DAY-YEAR		5. ACTION		APPROVE		DISAPPROVE																																																				
6. CHAIRPERSON	A. NAME (CHAIRPERSON)		7. WARDEN OR DESIGNEE		A. NAME (WARDEN OR DESIGNEE)																																																						
8. SIGNATURE (CHAIRPERSON)			8. SIGNATURE (WARDEN OR DESIGNEE)																																																								
U. S. DEPARTMENT OF JUSTICE FEDERAL PRISON SYSTEM																																																											
BP-15 (MANUAL) OCTOBER 1975																																																											

Section 11  
Page 1  
5100.1 CN-2  
July 14, 1980

CUSTODY CLASSIFICATION FORM INSTRUCTIONS\*  
IDENTIFYING DATA

1. Institution and Code: Enter the actual name of the institution and the institution's three-digit code (See Appendix C).
2. Unit: Enter the unit identifier of the Unit to which the inmate is assigned.
3. Date: Enter the current month, day, and year; e.g., 05-06-1978, 12-14-1978.
4. Name: Enter individual's last name first, first name second, and middle initial third. The name used should be the name the person is committed under.
5. Register Number: Enter inmate's BOP identifying number, assigned by the U.S. Marshal, at the time of inmate initial designation request for this charge/offense, regardless of the method of commitment.

The format is 5 digits, hyphen, 3 digits. Leading zeroes are required.

Examples: 00442-061  
01636-070  
22535-081

6. Sentence Limitations: Enter the appropriate code number identifying any one of the following types of sentences that would require considering a management designation:

<u>Code</u>	<u>Item</u>	<u>Definition</u>
0	None	No sentence limitation
1	Misdemeanor	A misdemeanor is an individual committed for any offense for which the maximum penalty that can be imposed is one year or less. An individual with this type of sentence cannot be confined in a penitentiary (S-4,5,6) without first obtaining a waiver (Record Form No. 37). Assignment to a Metropolitan Correctional Center, detention facility, or Community Treatment Center is appropriate.

\*The Custody Classification Form, BP-15, will be filed in Section 2 of the inmate's central file.

Section 11  
 Page 2  
 5100.1 CN-2  
 July 14, 1980

<u>Code</u>	<u>Item</u>	<u>Definition</u>
2	Juvenile Justice and Delinquency Prevention Act (Formerly FJDA Offenders)	Juveniles sentenced under this Act will be boarded in non- federal facilities (See Section 7, Designations to Non- Federal Facilities)
3	Youth Corrections Act	Individuals who qualify as YCA Commitments (i.e., have no concurrent or consecutive adult sentences) and are rated as S-2 through S-6, can be redesignated to any S-2 through S-4 facility with a YCA Unit. Those YCA Cases that are rated as S-1 can be placed in any S-1 institution, whether or not the facility has a YCA Unit. No YCA case will be assigned to Marion; Leavenworth; Terre Haute; Lewisburg; or Lompoc.
4	Study Cases	Prior to implementation of a final sentence, the United States courts may commit individuals for periods of study and observation under Title 18, U.S.C., Section 4205(C), 5010(E), or 4244. Study cases will be assigned by the Regional Office for the actual study on the basis of the nearest appropriately staffed and secure facility. Following final sentencing, the individual will be designated according to the Security Point Total.

Section 11  
Page 3  
5100.1 CN-2  
July 14, 1980

<u>Code</u>	<u>Item</u>	<u>Definition</u>
5	Split Sentence (18-3651)	An inmate serving a split sentence may be confined only in an S-1, 2, or 3 institution. An inmate serving an adult concurrent sentence may be considered for other types of institutions.
6	Narcotic Addict Rehabilitation Act	Individual sentenced under this Act must be confined at an institution with a Drug Abuse Program.

7. **Additional Consideration:** Enter the appropriate code number reflecting any one of the following factors that may result in a management designation. Note that these items are not mutually exclusive; that is, one or more codes may be appropriate. If more than one code is appropriate, enter one code in the appropriate block and write any "additional considerations" at the bottom of the form using a footnote. This information should be included in any reporting system such as teletypes or SENTRY. Although not provided on the form, comments should be added to any reporting when appropriate.

<u>Code</u>	<u>Item</u>	<u>Comments</u>
0	None	None
1	Medical	If the individual has medical problems that cannot be treated at an institution that normally would have been designated for confinement, a management redesignation may be appropriate. (The Regional Administrator of Medical Services (RAMS) through the Regional Designator should be consulted on marginal cases.)
2	Psychiatric	Information indicating that the individual needs special psychiatric assistance should be evaluated and, if it cannot be handled at a regular institution, a management redesignation may be required to an administrative facility. (The Regional Designator should consult the Regional Administrator of Psychology Services regarding an appropriate designation.)



Section 11  
Page 4  
5100.1 CN-2  
July 14, 1980

3	Aggressive Sexual Behavior	If an individual has a history of, or was committed for a crime involving aggressive sexual behavior, this should be taken into account in any change.
4	Threats to Government Officials	The need for additional clearance from the Warden or designee should be recognized for these cases with these type convictions. (CMC clearance may be required.)

#### SECTION A: SECURITY SCORING

(ONLY ONE NUMBER CAN BE ASSIGNED--NUMBERS CANNOT BE ADDED)

1. Type of Detainer: Enter one appropriate number of points in the box in the right-hand column to reflect detainer status. Refer to Severity of Offense Scale, Section 17. Enter the highest single number of points appropriate. Determination is based on the nature of the charge of the one most serious lodged detainer. Frequency, sentence length, and whether charge is open or adjudicated are not considered. Treat state sentences as a detainer only if it is expected that the sentence will exceed the federal sentence. "Notifies" and "Open Charges" are considered as detainers only if formally filed as detainers. The number of points assigned on Security Designation Form may differ since new detainers may be lodged or old ones dropped.

<u>Points</u>	<u>Detainer</u>
0	None
1	Lowest and Low Moderate Severity
3	Moderate Severity
5	High Severity
7	Greatest Severity

Example: Inmate with detainers for Firearms Act violation (Moderate on Severity of Offense Scale) and Extortion (High) has had latter one dropped--use Moderate = 3 points; write "3" in box in right-hand column.

Section 11  
 Page 5  
 5100.1 CN-2  
 July 14, 1980

2. Severity of Current Offense: Enter the appropriate number of points in the box in the right-hand column to reflect the severity of the offense. The severity is determined by the Severity of Offense Scale, Section 17. "Current" refers to the one most severe offense behavior for which the individual was convicted and sentenced for this period of incarceration. Do not use this same information to assign points on the history items (#5 and #6). If offense involves drugs, use Drug Enforcement Administration list in Section 16 on "Street Values of Drugs" to convert pounds or kilos to dollar value. The points assigned probably would not have changed from the Security Designation Form (BP-14).

<u>Points</u>	<u>Severity</u>
0	Lowest
1	Low Moderate
3	Moderate
5	High
7	Greatest

Example: Breaking and Entry is Moderate Severity and inmate receive 3 points; write "3" in box in right-hand column.

3. PROJECTED Length of Incarceration: Enter the appropriate number of points reflecting the projected length of incarceration in the right-hand column computed from the date sentence began. This differs somewhat from Security Designation Form's "Expected Length of Incarceration", since, by this time, it would have been possible for the inmate to have earned extra good time or forfeited good time, or the Parole Commission may have set a "presumptive parole date".

- a. If an inmate has a presumptive or effective parole date, use that date;
- b. If the parole date has not been determined, use the Mandatory Release date or 2/3 date, whichever is shorter, taking EGT and FGT into consideration. (Life Sentence = 540 months)

<u>Points</u>	<u>Projected Length</u>
0	0 - 12 months
1	13 - 59 months
3	60 - 83 months
5	84 plus months

Section 11  
Page 6  
5100.1 CN-2  
July 14, 1980

Example: Inmate had a twenty year sentence, so Commission would not have set a presumptive date at this time; use 2/3 date, which would be 160 months from first day of sentence = 3 points; write "5" in box in right-hand column.

4. Type of Prior Commitments: In the right-hand column, enter a single appropriate number of points reflecting category of prior commitment history. This is determined by the kind of prior institution experience during criminal career and is based on the nature of the one most severe offense which resulted in the incarceration. Minor = Lowest and Low Moderate offenses which resulted in confinement. Serious = all offenses in the Moderate, High, and Greatest categories which resulted in confinement. Unless new background information has been uncovered, it is unlikely that this would have changed from Security Designation Form. (See Severity of Offense Scale, Section 17.)

<u>Points</u>	<u>Type</u>
0	None
1	Minor
3	Serious

Example: If an individual has a previous incarceration for a crime which falls in the High category on the Severity of Offense Scale, such a prior incarceration would be considered Serious = 3 points. Write "3" in the box in the right-hand column.

5. History of Escape or Attempts: Enter the appropriate number of points in the right-hand column to reflect the escape history of the individual. History is defined as the individual's entire background of escapes or attempts to escape from confinement excluding current offense; consideration is to be given to behavior related to prior offenses, such as flight to avoid prosecution (and as noted in 1b, Page 4), if reported in the Presentence Investigation Report. Do not use behavior related to current offense for this item. Escapes or attempted escapes are to be recognized if the inmate was found to have committed the prohibited act by an Institution Discipline Committee, regardless of the prosecution or conviction status of the case. Also, include any behavior during present incarceration when found "guilty" by IDC or court. Number of points may change from Security Designation Form due to "Recent" becoming "Past" and/or post-admission behavior. The one escape situation yielding the highest number of points should be used. Do not consider failure to appear for traffic (automobile) violations, or juvenile runaways from foster homes. To determine whether an incident is recent or past, use the date of conviction.

<u>Points</u>	<u>History</u>	<u>Definition</u>
0	None	No escapes

Section 11  
 Page 7  
 5100.1 CN-2  
 July 14, 1980

<u>Points</u>	<u>History</u>	<u>Definition</u>
1	Past Minor	An escape occurring more than five years ago from an open institution or program (e.g., S-1, camp, CTC, work release, furlough) not involving any actual or threat of violence. Also includes military AWOL and flight to avoid pending charges, if documented.
3	Recent Minor	An escape occurring within the last five years from an open institution or program (e.g., S-1, camp, CTC, work release, furlough) not involving any actual or threat of violence. Also includes military AWOL and flight to avoid pending charges, if documented.
5	Past Serious	An escape occurring more than five years ago from closed (S-2 through-6) confinement, with or without threat of violence. Also includes escape from open facility or program with actual or threat of violence.
7	Recent Serious	An escape occurring within the last five years from closed (S-2 through-6) confinement, with or without threat of violence. Also includes escape from open facility or program with actual or threat of violence.

Section 11  
Page 8  
5100.1 CN-2  
July 14, 1980

Example: Individual who jumped bail on current offense (Recent Minor) eight years ago escaped a county jail by sawing through the bars (Past Serious), use Past Serious = 5 points. Write a "5" in the box in the right-hand column.

6. History of Violence: Enter the appropriate number of points in the right-hand column. History of Violence is defined as individual's entire background of criminal violence, excluding current offense. Do not use behavior related to current offense for this item. Severity of Violence is defined according to the degree of seriousness depending upon the nature of the act which resulted in a fine or conviction. Includes any behavior of this nature for which inmate was found "guilty" by IDC or court during this incarceration. Do not use juvenile adjudications; note provision in 1b, of this section. To determine whether an incident is recent or past use the date of conviction. Number of points may change from Security Designation Form due to "Recent" becoming "Past" and/or post-admission behavior.

<u>Points</u>	<u>History</u>	<u>Definition</u>
0	None	No violence
1	Past Minor	Acts occurring more than five years ago involving persons or property which resulted in misdemeanor convictions (e.g., simple fights, domestic squabbles).
3	Recent Minor	Acts occurring within the last five years involving persons or property which resulted in misdemeanor convictions (e.g., simple fights, domestic squabbles).
5	Past Serious	Acts occurring more than five years ago involving persons or property which resulted in felony conviction (e.g., assaults, intimidation involving a weapon, incidents involving arson or explosives, etc.)

Section 11  
Page 9  
5100.1 CN-2  
July 14, 1980

<u>Points</u>	<u>History</u>	<u>Definition</u>
7	Recent Serious	Acts occurring within the last five years involving persons or property which resulted in felony conviction (e.g., assaults, intimidation involving a weapon, incidents involving arson or explosives, etc.)

Example: An individual has a history of being fined for drunken fights --12 years ago--and the Security Designation Form correctly evaluated this as Past Minor, "1" point. (However, if found guilty by a court of having murdered another inmate during this confinement, inmate would now be rated as Recent Serious, "7" points.)

7. Sub-Total: Enter the total of the points on Items 1 through 6 of this section in the right-hand column.
8. Pre-Commitment Status: Refers to the individual's status preceding, during, and after the trial period for the commitment offense.

<u>Points</u>	<u>Pre-Commitment Status</u>	<u>Definition</u>
0	Not applicable	Was not on own recognizance and is not a self-commitment.
-3	Own recognizance	Refers to an individual being released prior to (or during) the trial period without posting bail or incurring any other financial obligation to insure appearance. Ignore if there is any sign of bail violation, failure to appear, etc.
-6	Self-commitment (Voluntary Surrender)	Refers to an individual who is not escorted by a law enforcement official to the Marshal's office or to place of confinement, and who is not under financial obligation to insure commitment. Ignore if violated or not successfully completed.

Section 11  
 Page 10  
 5100.1 CN-2  
 July 14, 1980

9. Security Total: Enter the numerical result of subtraction of Item 8 (Pre-Commitment Status) from Item 7 (Sub-Total). If Item 8 is greater than Item 7, enter zero (0) in the box in the right-hand column.
10. Security Level: Enter the number representing the appropriate security level in the right-hand column. The Security Point Total is used to determine the inmate's appropriate security level according to the following:

<u>Points</u>	<u>Security Level</u>
0 - 6	1
7 - 9	2
10 - 13	3
14 - 22	4
23 - 29	5
30 - 36	6

Example: If the security total is 24 points, the security level would be "5" since security level "5" has a point range from 23 to 29 points. Write "5" in the box in the right-hand column.

#### SECTION B: CUSTODY SCORING

1. Percentage of Time Served: Enter in the right-hand column one number of points that reflects the percentage of sentence the inmate has already served. To determine the percent, divide the number of months already served on present sentence (at time of review) by the number of months of incarceration projected (Number 3 of Section A); if appropriate, give credit for jail time.

<u>Points</u>	<u>Percent of Time Served</u>
3	0 through 25%
4	26 through 75%
5	76 through 90%
6	91% plus

Section 11  
 Page 11  
 5100.1 CN-2  
 July 14, 1980

Example: Inmate has served 15 months (14 months at the institution, plus credit for one month jail time) of a projected 78 month sentence.

$$\frac{\text{Actual Time Served}}{\text{Projected Time to Serve}} = \frac{15}{78} = 19.2\%$$

Enter "3" in the box in the right-hand column, since "3" represents a range of 0 to 25 percent.

2. Involvement with Drugs and Alcohol: Enter in the right-hand column one appropriate number of points reflecting drug and alcohol abuse. This concerns any past or present documented abuse, including trafficking; "Past" refers to any documented history, including current offense during the past five years. "Current" refers to any documented use during this period of incarceration.

<u>Points</u>	<u>Involvement</u>
2	Current
3	Past
4	NEVER or more than five years ago

Example: Inmate was found "guilty" by IDC of "being intoxicated"; "2" would be entered in the right-hand box reflecting "Current".

3. Mental/Psychological Stability: Enter one appropriate number of points in the right-hand column reflecting the inmate's status in this category. This is based on most current (within past year)\* psychological/psychiatric report regarding inmate's degree of mental stability. The conclusion should be clearly stated in the report and is to be interpreted in light of whether or not inmate can handle less custody/security status.

\*Inmate must be referred for updated psychological/psychiatric report before review, if most current report is both unfavorable and over one year old; if it is favorable and over one year old, may or may not be referred at team's option; if less than one year old, should not be referred. Preferably, psychiatric/psychological report should be dated and stamped "FAVORABLE" or "UNFAVORABLE" by its author, to avoid any possible misinterpretation.



Section 11  
 Page 12  
 5100.1 CN-2  
 July 14, 1980

Unfavorable report means most current report does contain a finding that the individual shows evidence of serious mental instability. A Favorable report means no finding of serious mental instability in most current report. No Referral means the case was not referred.

<u>Points</u>	<u>Stability</u>
2	Unfavorable
4	No Referral or Favorable

Example: Inmate has not been referred for a psychological/psychiatric evaluation; therefore, "4" is entered in right-hand column.

4. Type Disciplinary Report(s): Enter the points which reflect the type of most serious disciplinary report. This is determined by using the Disciplinary Severity Scale, Section 15. Points are assigned based on the one most severe disciplinary report for which inmate has been found "guilty" by either the UDC or IDC during the past 12 months.

<u>Points</u>	<u>Type of Disciplinary Report</u>
1	Greatest Severity
2	High Severity
3	Moderate Severity
4	Low Moderate Severity
5	None

Example: In addition to being found guilty of "Being Intoxicated" (Moderate), this individual was also found guilty of "Tampering with a Lock" (High). Use High as the one most serious and record "2" in the box in the right-hand column.

5. Frequency of Disciplinary Reports: Enter one appropriate number of points in the right-hand column that reflects the frequency of disciplinary reports. This is determined by assigning points based on the number of disciplinary reports for which the inmate has been found "guilty" by either the UDC or IDC during the last 12 months.

Section 11  
 Page 13  
 5100.1 CN-2  
 July 14, 1980

<u>Points</u>	<u>Frequency (Last 12 months)</u>
0	10 plus
1	6 through 9
2	2 through 5
3	0 through 1

Example: Inmate had two "guilty" findings; enter "2" in right-hand column.

6. Responsibility Inmate has Demonstrated: Enter one appropriate number of points reflecting the inmate's demonstrated level of responsibility during the past 12 months. This is based on the inmate's general demeanor as reflected in peer group associates, attitude, degree of program involvement, level of dependability, and nature of interactions with staff and other inmates. Poor, Average, and Good reflect the team's judgment based on available program reports.

<u>Points</u>	<u>Responsibility (Last 12 months)</u>
2	Poor
3	Average
4	Good

Example: If the Team judged the inmate to have demonstrated a poor level of responsibility, "2" would be entered in the box in the right-hand column.

7. Family/Community Ties: Enter one number of points in the right-hand column that reflect the level of family/community ties. This is determined by assigning points based on established and continuing family/community ties, which includes consideration of: Current marital status or nature of common-law relationship; nature of family support; regularity of visits/mail; degree of family stability in the community; and, inmate having a stable community-relationship with non-family persons.

<u>Points</u>	<u>Type Ties</u>
3	None or Minimal
4	Average or Good

Section 11  
Page 14  
51001 CN-2  
July 14, 1980

Example: If the inmate's family/community ties are non-existent, enter a "3" in the box in the right-hand column.

8. Medical and Dental Clearance: Indicate in the right-hand column whether or not the individual is deemed medically suitable for camp or CTC confinement. BP-MED-19 Form should be completed (see P.S. 6012.1 (NS), "Medical Evaluation for Transfer to Community Treatment Center Type Facility, Camp, State Institution, or other Non-Bureau of Prisons Facility", dated 7-18-78). Inmates with medical or dental problems that cannot be adequately cared for at a particular Security Level 1 institution should not be transferred to such a facility.

Y = Yes

N = No

9. Custody Total: Add the points in Items 1 through 7 and enter the sum in this block.

Example:  $3+2+4+2+2+3=18$

10. Custody Change Scale: To determine eligibility for a custody change, the following scale is used:

Current Custody Total:

Inmate's Present Security Level	Consider for Custody Increase If Point Range:	<u>Continue</u> Present Custody If Point Range:	Consider for Custody Decrease* If Point Range:
S-1	13 - 19	20 - 22	23 - 30
S-2	13 - 19	20 - 23	24 - 30
S-3	13 - 19	20 - 24	25 - 30
S-4	13 - 19	20 - 26	27 - 30
S-5	13 - 19	20 - 27	28 - 30
S-6	13 - 19	20 - 27	28 - 30

Example: An inmate with a security total of 18 points qualifies for an S-4 institution and would require a Custody Total of at least 27 to qualify for a possible custody decrease. Likewise, an S-2 inmate would require a Custody Total of at least 24 points to qualify for a possible custody reduction.

A Custody Total of 19 or less points indicates that the inmate should be considered for a custody increase; for example, an S-1 inmate with a Custody Total of 18 would be considered for a higher custody level.

A Custody Total between 20 to 22 points indicates that custody should be continued at the current level for an S-1 level inmate. Similarly, a Custody Total score between 20 to 23 for an S-2 inmate would indicate no change, etc.

\*This does not apply to inmates at Marion, see paragraph 5, Section 12.

Section 11  
 Page 15  
 5100.1 CN-2  
 July 14, 1980

SECTION C: INSTITUTION ACTION

1. Type of Review: Enter the appropriate code. Regular cases are handled in a routine manner on a scheduled basis. Exception cases fit into one of the following categories and require special procedures for every custody reduction. An inmate should be handled as an exception if there is documentation of committing any of the following:
  - a. Agressive Sex Act: An act of forceable rape, attempted forceable rape, child molestation, or aggressive homosexual behavior.
  - b. Crime of Violence: An act which involved killing, serious assault, taking part in a riot, serious escape or attempt, or similar acts which result in placing others in a situation of significant danger.
  - c. Crime of Violence (or Threats) to Government Officials: Acts, such as those indicated in b. above, which involve the President, judges, law enforcement officers, etc.
  - d. Central Monitoring Case: Individuals who have received unusual publicity because of the nature of their crime, arrest, trial, or prisoner status; or who have been involved in criminal activity of a sophisticated nature; or whose presence in the community or in minimum security facilities might depreciate the seriousness of the offense or promote disrespect for the law.
  - e. Other Offenses: Specified in writing by the Warden, such as those listed in the Greatest category on the Severity of Offense Scale.

Type of Review

R = Regular

E = Exception

2. Current Custody: Enter the proper code for the inmate's current custody:

M = Maximum

I = In

O = Out

C = Community

Section 11  
Page 16  
5100.1  
July 14, 1980

3. New Custody: Enter the proper code for the new custody assigned.

M = Maximum  
I = In  
O = Out  
C = Community

As indicated below, the Custody Classification Form only recommends; the final decision rests with the Team. With the exception noted in Item 1 of this Section, the Team has the following options:

<u>Form Recommends</u>	<u>Team's Options</u>
(a) Custody <u>increase</u>	(a)(1) <u>Agree</u> with Form; increase custody one level. (a)(2) <u>Disagree</u> with Form; document why and continue custody at same level.
(b) Custody <u>decrease</u>	(b)(1) <u>Agree</u> with Form; decrease custody one level. (b)(2) <u>Disagree</u> with Form; document why and continue custody at same level.
(c) <u>Continue</u> present custody	(c) <u>None</u> : Custody continued at same level until next review.

The custody level should, normally, be reduced or increased by only one level (i.e., a reduction of In would be to Out, not Community; an increase from Community would be Out, not In). However, exceptions regarding increases can be made for disciplinary cases involving violations of prohibited acts of Greatest Severity (Section 15), provided it is justified by the Unit Team in a memo to the inmate's file with a copy to the inmate. Additionally, transfers to a CTC may require the custody level to be decreased more than one level.

4. Date of Next Review: Enter the month, day, and year of the next scheduled review date. When originally designated to an institution, the inmate will receive "In" Custody in Security Levels 2 through 6 and administrative facilities\*; inmates will be assigned "Out" Custody in Security Level 1 facilities. Ordinarily, inmates will not be reviewed for possible custody level change until they have been at their assigned institution for 6 months, or for 3 - 6 months for S-1 facilities; subsequently, inmates will be reviewed for custody assignment in accord with the following schedule:

\*Note: S-1 inmates assigned to administrative facilities will start with "OUT" custody.

Section 11  
 Page 17  
 5100.1 CN-2  
 July 14, 1980

## Custody Review Schedule

<u>Custody Level</u>	<u>Review Date</u>
Maximum	9 - 12 months, earlier at Team's option
In	6 - 9 months, earlier at Team's option
Out	3 - 6 months, earlier at Team's option
Community	At any time after any change in external factors which might affect security level or IDC action which might affect custody assignment; BUT AT LEAST ONCE A YEAR IN EVERY CASE.

However, when inmates are transferred to a less secure institution, they should (initially) retain the custody level held at the sending institution. After assignment to a unit or team, the individual's custody should be reviewed. When an inmate transfers to a more secure institution, the unit or team at the sending institution should put the inmate in the custody level which they feel would be appropriate at the receiving institution until the inmate can be assigned to a unit or team and reviewed for custody assignment. Holdovers will retain the custody level assigned by the sending institution.

An inmate's custody and security level should be reviewed following any new sentences or sentence reductions received.

5. Action: The Warden or a designee should check the appropriate box indicating either approval or disapproval of the team's decision in regard to the exception cases only.
6. A. & B. Chairperson: Print the first and last name of the chairperson of the team. In addition, after the team has reached a consensus, the chairperson should sign the form in the block provided for signature.
7. A. & B. Warden or Designee: This item is reserved for the Warden or a designee's printed name and signature if the inmate is an "exception" case as defined in Item 1 of this Section. An exception case becomes eligible for a custody reduction by meeting the criteria as specified in Steps 1 through 8 in Section B; and the Team agrees with the inmate's custody being reduced. The chairperson, after signing the Form, forwards it to the Warden or an authorized designee who must countersign and check the "approve" box in Item 5 above, before the custody reduction can occur. If the Warden or the designee signs and checks the "disapprove" box: (1) a memo must be prepared explaining the reasons (with a copy to the inmate); (2) it must be placed in the inmate's file; and (3) the inmate is informed by the Team regarding the probable date when the next custody review will be scheduled.

Section 12  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

TRANSFER OF INMATES

1. DISCUSSION. All inmate transfers must be coordinated through the Regional Designation Officer. Generally, transfers are initiated as the result of a change in security and/or custody needs of the inmate. Inmates can demonstrate a need for higher or lower levels in both security and custody, and these, in turn, can indicate that the inmate should be moved either to another institution which has what would now be the appropriate level of security, or changed within the institution to the now appropriate custody level. If the new facility is closer to the inmate's release area, a movement agreed to by Regional Office is mandatory upon the inmate. If it is farther from release area, the inmate may refuse to go to a less secure facility (in which case custody is not reduced) unless there is a specific management need as determined by the Regional Designation Desk. If the move is to more secure facility, the inmate has no choice.

In all cases, whenever moves (transfers) of inmates are made, there must be documentation in the inmate's file.

In general, moves to a higher S-level institution should involve a change of only one level, unless there is documentation and Regional Director approval which supports a change of two levels. This principle of gradualism is in line with the major objective of confining prisoners in the least secure facility for which they properly qualify. Moves to a lower S-level can be more than one level of the facility has the appropriate custody and there is a documented rationale; i.e., closer to release area.

2. REQUESTING RE-DESIGNATION. Institutions shall follow the procedures as outlined below when making referrals for redesignations. All redesignations of inmates will be coordinated through the Regional Office Designation Desk. An institution requesting a redesignation shall supply the Regional Office with the following:

- (1) A completed Custody Classification Form -- BP-15
- (2) A copy of the inmate's Presentence Report
- (3) A cover memo which includes:
  - (a) an explanation as to why the redesignation is being requested;
  - (b) a recommendation as to which institution(s) the Unit Team feels would be appropriate (with an explanation that includes any special program needs; e.g., alcohol abuse program; CMC, what category); and
  - (c) an indication as to whether the inmate will transfer via Prisoner Coordination or will be placed on furlough.
  - (d) A statement as to whether or not the inmate concurs with the transfer.
- (4) A progress report less than 90 days old.

3. REGIONAL RESPONSE TO REDESIGNATION REQUESTS. The Regional office, upon receipt of a referral for redesignation, shall:

Section 12  
 Page 2  
 5100.1 CN-2  
 July 14, 1980

- (1) Review the recommendation in light of the information supplied by the referring institution;
- (2) Assess the recommendation in terms of the most recent information available regarding population size and characteristics at the recommended institution(s);
- (3) Check the Central Monitoring Case files to determine if the recommended institution(s) is appropriate for this particular prisoner; obtain clearance on those cases requiring Central Office approval; update CMC file; reference CMC Program Statement.
- (4) Make a decision and inform the sending (and, if redesignation is approved, the receiving) institution of this decision;
- (5) Information copies of the TWX will be sent to the appropriate U.S. Parole Commission Regional Office. The sending institution will be responsible for notifying prisoner coordination, completing the 106, and, executing the Transfer Order for the Warden's signature (See Section 12, Page 6, Paragraph K). If the inmate is approved for transfer via furlough, there is no need to contact the Marshal; however, the sending institution shall notify the receiving institution of the inmate's travel schedule.

4. TYPES OF TRANSFERS. The following outline depicts the various types of movements and the criteria utilized:

A. Security Changes

- (1) Reduced security needs are indicated by a decrease in the Security Total of Section A of the Custody Classification Form, which now places the Security Point Total in a lower security range. For example, if during the review of an S-4 inmate, it is found that the Security Total in Section A is now 13 points, a 4 point reduction from the 17 points on the initial Security Designation Form, then the inmate qualifies for an S-3 level institution. The case shall be referred to the Regional Office Designation Desk for redesignation to a facility at this new level, which, if at all possible, is closer to the inmate's home. The 4 point reduction on the security total score could have been the result of a detainer being dropped, combined with what was previously classified as a Recent escape now becoming a Past escape, based on the passage of time during this incarceration.
- (2) Increased security needs are indicated in a similar fashion as above. The Security Total must increase to a higher security range. For example, if an S-4 inmate during a review came up with a security total of 23, a referral to the Regional Designation Desk would be required in order to transfer the inmate to a more secure facility, namely, S-5. In this type of move, the inmate has no choice, movement is mandatory.

B. Custody Changes

At the time of an inmate's review, custody level may be increased or decreased and that might indicate a transfer or redesignation; in such cases the new custody becomes effective as of the date of transfer. For example:



Section 12  
Page 3  
5100.1 CN-2  
July 14, 1980

- (1) An inmate in an S-4 security level institution has Out Custody and, after the Team's review, has 27 points for the custody score and is considered eligible for Community Custody. If the Team wanted to reduce the individual's custody, the inmate would be considered for a redesignation to an S-3 facility since S-4's do not have Community Custody. If the S-3 facility was closer to the inmate's legal residence, transfer would be mandatory. If the S-3 institution is farther from the inmate's legal residence, the inmate would be given a choice: either transfer and get Community Custody, OR, stay at present institution in Out Custody (unless there is a special management need for the inmate to transfer). Transfer to an S-2 or S-1 facility is permissible if reason(s) documented.
- (2) An inmate's transfer to a higher security institution could be triggered by an increase in custody needs. For example, in an S-4 facility, a prisoner with In Custody was reviewed and came up with a custody total of 19 or less points and the Team agreed to the custody increase. The individual's custody should become Maximum. However, S-4 facilities have only In and Out Custodies; therefore, inmate would be referred to the Regional Office for redesignation to an institution that has Maximum, which would either be an S-5 or S-6 facility (preferably S-5). Transfer to that facility would be mandatory.

C. Medical and Psychiatric Transfers. Transfer of an inmate to:

- (1) MCFP, Springfield;
- (2) FCI, Butner;
- (3) Hospital or Comprehensive Health Unit, FCI, Lexington; or
- (4) Hospital or Comprehensive Health Unit, FCI, Fort Worth
- (5) Female Psychiatric Unit, FCI, Lexington,

for either medical or psychiatric care must first be approved by the Warden of the receiving institution. The referral is to include a progress report and any additional medical or mental health information necessary to make an informed decision. A copy of each referral is to be sent, to the concerned Regional Designator. In emergency situations, telephone contact may be used to expedite transfer, but it must be followed by appropriate documentation.

The Warden may issue a Transfer Order to return a recovered medical or psychiatric patient to the sending institution. An inmate originally transferred under Code 311 "Medical Attention" (See TRANSFER CODES, Page 14, Section 12), is returned to the sending institution unless the institution has made alternative arrangements approved by Regional Office and documented the alternative transfer arrangements for the staff at the medical or psychiatric facility.

D. Emergency Transfers

- (1) There are instances when a single act (such as those in the Greatest category on the Disciplinary Severity Scale, Section 15) by an inmate will indicate the inappropriateness of the current place of confinement, regardless of point totals. Such a case may be true where an inmate seriously assaults an officer. In order to permit emergency redesignations to occur (within 24 hours), the following procedures will be used:

Section 12  
 Page 4  
 5100.1 CN-2  
 July 14, 1980

- (a) Warden contacts Regional Office by phone requesting emergency redesignation. Confirmation memos are written and sent to the Regional Office and to the inmate's file. If appropriate, Warden should contact FBI for clearance prior to the transfer.
  - (b) Regional Office Designation Officer, if in agreement with the proposed facility, redesignates inmate for the appropriate institution (either at same or next higher S-level) preferably within the same Region. If there is no appropriate facility within the Region, or for some reason the facility within the Region is inappropriate (e.g., has an inmate the transferee has to be kept separate from), then the Designation Officer contacts the Designation Officer in the next most appropriate Region (closest to inmate's release destination) and attempts to arrange a placement. If unable to work out such a placement, the initiating Regional Director should first contact the Regional Director in the Regions where placement is being attempted. Finally, if a placement cannot be agreed on, the initiating Regional Director should contact the Assistant Director, Correctional Programs Division for a resolution.
- (2) There is another type situation which could trigger a temporary transfer for an inmate housed in a facility without a secure holding area. If an individual in such an institution commits a prohibited act in the Greatest or High severity category, it may be necessary to move that person temporarily into a facility with a secure holding area (e.g., a local jail) until it can be determined what the inmate's future placement will be.

If no local jail facility exists, a YCA inmate may be placed in a single cell (or with other YCAs) in Administrative Detention pending the IDC action. If disciplinary segregation time is imposed, the YCA inmate shall remain in the institution in a single disciplinary segregation cell (or with other YCAs in disciplinary segregation). The YCA inmate shall be recreated alone or only with other YCA inmates. If a disciplinary transfer is ordered, the Regional Correctional Services Administrator will be contacted for an immediate redesignation. The balance of the disciplinary segregation time will then be served at the receiving institution.

- E. Transfer to Butner for Correctional Programming. An inmate transferred to Butner to participate in correctional research programming (See Section 6, Description of Butner) is required to spend a minimum of 90 days at Butner for full exposure of the program. If at the completion of 90 days the inmate does not wish to remain, he is returned to the sending institution. (Note: Routine transfers to Butner, that is, for the 75 bed general unit, rather than for psychiatric or correctional programming, are governed by the general transfer guidelines applicable to other institutions).
- F. Transfer to Local Hospital. When an inmate requires emergency inpatient care in a community or government hospital other than one operated by the Bureau of Prisons, the Warden may issue a Transfer Order to the specific hospital in the community. Prior approval or advice is not required from the Regional Office, however, the Regional Administrator of Medical Services is to be notified.

Section 12  
 Page 5  
 5100.1 CN-2  
 July 14, 1980

When non-emergency inpatient care in a local hospital is being considered, the approval of the Regional Director or his designee shall be obtained prior to transfer. This is not required for Springfield and Lexington. As in emergency treatment, the Regional Administrator of Medical Services must be notified that the patient has been transferred to the hospital. When the hospital is ready to discharge the patient, the Warden shall issue another Transfer Order re-transferring the inmate to the sending institution. Copies of the memoranda transmitting both of the Transfer Orders shall be sent to the Medical Director in the Central Office and shall include a brief statement regarding the medical reason for hospitalization and the date of admission to or discharge from the hospital.

- G. In Transit Movement. An inmate in holdover status is not to be diverted from the intended receiving institution, and carries the new custody level from the time the individual leaves the sending institution. If, by reason of an inmate's adjustment or other extenuating circumstances, he or she should not be moved to the intended institution, approval of the designating official is required. In handling YCA holdovers, the requirements of P.S. 5215.2 (NS); "YCA Units at Designated Institutions", as well as the following must be met:
- (1) Prior to the transfer of YCA inmates, the institution is to stamp the outside of the transfer package "YCA INMATE" to alert receiving institutions of the need for special handling. YCA inmates are to be housed separately and not with adult inmates and all institutions holding YCA inmates in transit ("Holdovers") shall follow Administrative Detention procedures. Thus, in addition to the direct supervision afforded by the unit officer, each YCA holdover shall be seen daily by a member of the medical staff and other responsible personnel as designated by the Warden.
  - (2) All correspondence, teletypes and forms concerning the movement of YCA inmates should clearly identify the subject as a YCA inmate by reference in the heading, e.g., "DOE, John J., 27942-181 - YCA INMATE".
  - (3) Normally, a YCA inmate may not be held over in an S-4, 5, or 6 facility, unless the institution has a YCA Unit. In the event a YCA inmate is held over in such an institution for more than 72 hours, the Warden shall submit a daily status report via teletype to the Administrator, Correctional Management Branch, Central Office, who shall assist in expediting transportation.
- H. Central Monitoring Cases. When it is necessary to transfer an inmate who is designated as a Central Monitoring Case, the Warden shall recommend the transfer to the Assistant Director, Correctional Programs Division, or Regional Office depending on the type of case (See P.S. 5190.2, "Central Inmate Monitoring System"). Wardens shall submit the referral package to the Regional Office. The Regional Office will then contact the Central Office on appropriate cases.

Section 12  
 Page 6  
 5100.1 CN-2  
 July 14, 1980

- I. Transferring Groups Following a Disturbance. If a group disturbance occurs, it is sometimes necessary to transfer some of the participants. The Warden shall confer regarding such transfers with the Regional Director, who in turn shall contact the Assistant Director, Correctional Programs Division. This insures that the Director is informed regarding the resolution of the incident, that overall needs of the Bureau are taken into account, and that prompt transportation is arranged.
- J. Disciplinary Transfers. Transfer for disciplinary reasons must be accomplished in accordance with the procedures outlined in Program Statement 5270.3, "Inmate Discipline". Transfers to the Control Unit at Marion are to be in compliance with Program Statement 5212.3 (NS), "Control Unit Programs". A copy of the hearing results must accompany all referrals.
- K. Unescorted Transfers. When a Chief Executive Officer transfers an inmate with community custody or out custody, the transfer may be via furlough. (See Program Statement 5280.1 (NS); "Furloughs"). These furloughs are to be at government expense and only allow necessary time to travel between institutions. No transfer furlough should permit a delay in route except in cases of a family emergency, and then only for inmates with community custody.
- L. Community Centers (Federal and Non-Federal).

(1) Transfer Authority.

Authority to transfer to and from Federal Community Treatment Centers is delegated to the Warden of the institutions and Directors of the CTC's involved.

When the transfer is to a non-federal CTC (or to a non-federal work/study release unit), the Warden of the transferring institution has authority to transfer. However, the referral material must be sent to the Community Programs Officer for the contract CTC. (See Program Statement 7300.1, "Community Programs Manual", Section 101 for referral instructions).

Transfer authority for directors of non-Federal CTC's is limited to placing an inmate in the custody of the nearest U.S. Marshal and referral to the CPO for transfer decision. The CPO is delegated the authority to transfer the inmate to an appropriate institution, following consultation with the appropriate Regional Designations Officer.

(2) Selection.

CTC's provide assistance to inmates in making the transition from incarceration to community living. Priority is given individuals who lack employment, a place to live, or the necessary self-confidence to develop resources on their own. CTC's are not to be used as a reward for good institutional behavior or only as a means of early return to the community. The length of time to be spent in a center is based on the inmate's needs. Institution staff must clearly indicate in referral material the specific needs of each inmate. An inmate with identifiable needs is given priority over an inmate with less identifiable needs. In all instances, appropriate clearances must be obtained.

Section 12  
 Page 7  
 5100.1 CN-2  
 July 14, 1980

- (a) Inmates with identifiable community assistance needs may be placed in a CTC for an average of 120 days.
- (b) Inmates may be placed in a CTC for more than 6 months, but only in unusual cases. Such placement is limited to inmates who have very special needs that dictate a long period in the community-based such as unusual opportunities for schooling, training or employment. Inmates considered for placement over 6 months must have demonstrated sufficient stability to suggest they can handle an extended period in a community based facility.

When the Warden determines that a CTC placement of over 6 months is warranted, the staff shall contact the Chief USPO to determine whether the sentencing Judge has any objection to such placement.

- (c) An inmate who has been convicted for serious or repetitive crimes of violence against persons may be approved for CTC placement, but a memorandum signed by the Warden must be placed in the file giving the rationale for the decision. When parole has been granted, a memorandum is not required. Recommendation for placement in a CTC of inmates with forfeited good time can be made only with the approval of the Regional Director.
- (d) Central Monitoring Cases must be referred to the Regional Office who in turn refer to Central Office for approval: Categories 01 through 06, Central Office; Categories 07 through 12, respective Regional Office. (See Program Statement 5190.2, "Central Inmate Monitoring System"). Offenders involved in highly sophisticated criminal acts, or those convicted of offenses for which release to a center would likely be interpreted as depreciating the seriousness of the offense, will not be released through a CTC.
- (e) Inmates with no identifiable needs, including some white collar offenders, are eligible for such placement in a CTC but their stay is generally limited to the last 30 days of confinement, to serve as a transition from the institution to the community. Such inmates usually have family ties, a supporting social structure and a firm economic base. However, many of these inmates may have anxieties about reentering the community because there may be community feelings about the offense they committed, or strains may have occurred in family and social relationships. While these problems would not justify a lengthy stay, the 30 day time frame permits staff to extend supportive assistance during that period when stresses may be most intense. Eligible white collar offenders who have identifiable needs, as outlined in (2)(a), are eligible for longer than 30 days.
- (f) An inmate serving a sentence of six months or less or serving a split sentence is not eligible for transfer to a CTC.

(3) Procedures.

- (a) A referral shall be made far enough in advance to allow for pre-transfer preparation and for adequate CTC program time. A referral to a federal CTC is made directly to the CTC Director. The Warden must sign the referral letter for CTC placement.

Section 12  
Page 8  
5100.1 CN-2

July 14, 1980

A referral to a non-federal CTC is made to the appropriate CPO. When a federal CTC and contract CTC are in close proximity, the federal facility must have no bedspace before the CPO places an inmate in the contract facility.

- (b) The checklist and referral procedures outlined in the Community Programs Manual (P.S. 7300.1, Section 101) are to be followed.
- (c) Transfer into a CTC may not be effected until the CTC Director (or CPO for a contract facility) advises that space is available.
- (d) All transfers to a federal or non-federal CTC's are unescorted in compliance with Program Statement 7300.12D (OS); 5280.1 (NS), "Furloughs". (See Program Statement 7550.22 (OS); 5140.5 (NS), for procedures to follow when transfer is by furlough). Wardens shall not permit an inmate to delay in route (to visit family, seek employment, etc.) unless an emergency situation exists.
- (e) If the destination is a non-Federal CTC the sending institution must prepare appropriate release certificates with the required number of copies. These may include Parole, Mandatory Release, or Special Parole Term Certificates, I-12 Flash Cancellation Notice, I-73 Notice of Release and Arrival, and R-84 Final Disposition Notice. (Leave incomplete only those items which are not appropriate to complete until release). These documents are placed with the original of the Transfer Order and placed inside or stapled to the inmate's file. (This does not prohibit the inmate from travelling unescorted to the contract CTC). Prior to transfer to contract CTC, all computation release material will be complete, in accordance with the Inmate Administration Manual.
- (f) The inmate file is retained at the institution until the receiving facility has notified the transferring institution of the inmate's arrival. The file is then immediately sent to the CTC Director, or, if a non-Federal CTC, to the CPO who keeps the file until the inmate's release.

M. Referral of male inmates to the D.C. Department of Corrections.

(1) Eligibility Criteria.

- (a) Inmates sentenced in D.C. Superior Court - A Warden may refer a male inmate sentenced in D.C. Superior Court for Transfer to the D.C. Department of Corrections at any time when:
  - (1) The inmate has maintained good institutional adjustment and has no withheld or forfeited good time; and,
  - (2) Transfer does not violate the original intention of placement in a Bureau of Prisons facility.
- (b) Inmates sentenced in U.S. District Court - A Warden may not refer a male inmate sentenced in U.S. District Court for transfer to the D.C. Department of Corrections.

Section 12  
 Page 9  
 5100.1 CN-2  
 July 14, 1980

- (c) Exceptions - A Warden may refer inmates who are not within these guidelines if it can be demonstrated that:
- (1) There exists a certified terminal illness of an immediate family member; or
  - (2) The inmate is experiencing psychological problems directly attributable to separation from family.

- (2) Referral Procedures. The Warden's referral shall be directed to the Regional Director, North East Regional Office and include:

- (a) Sentence Data (3P-5)
- (b) A Pre-Sentence Report;
- (c) A progress report less than 90 days old.

N. Referral of Female Inmates to the D.C. Department of Corrections.

- (1) Since the District of Columbia has no facilities for holding long-term female offenders, the Federal Prison System has agreed to:
  - (a) Designate most female D.C. offenders with sentences of more than one year, who are not within nine months of parole eligibility, expiration or mandatory sentence, to Bureau institutions; and
  - (b) Refer to D.C.D.C. for transfer consideration any woman in Bureau custody who makes a request and is within nine months of parole eligibility, expiration or mandatory release.
- (2) Referral Procedures. Staff shall provide a "Notice of Eligibility" form (Appendix H) to each D.C. inmate upon commitment. The inmate may choose not to be referred, but if she requests referral and is eligible under Section N (1)(b), she shall be referred.

All referrals will include a cover letter from the Warden to:

Assistant Director for Executive Services  
 District of Columbia Department of Corrections  
 Suite 1114, 614 "H" Street, N.W.  
 Washington, D.C. 30001

A recommendation is not necessary. However, the CPO, Baltimore, Maryland, must be advised of all U.S. Code placements or referrals for placement in D.C. contract facilities.

Each referral shall include:

- 1. Sentence Data
- 2. Pre-Sentence Report when available
- 3. A Progress Report less than 90 days old; and

The D.C. Department of Corrections will reply directly to the Warden on all female referrals.

Section 12  
 Page 10  
 5100.1 CN-2  
 July 14, 1980

## 5. EXCEPTIONS.

### a. MARION

Inmates in the general population at Marion can be in one of two custody classifications: Maximum or 'IN'. Those in Maximum can be reduced to 'IN'; and those in 'IN' can be increased to Maximum as outlined in the above procedures section. But, 'IN' Custody inmates cannot be reduced to 'OUT' by those procedures. Marion inmates with In Custody can be moved laterally to an S-5 facility with their same custody classification being maintained. This type of lateral move would be triggered by: (1) the inmate's security score being decreased by three or more points; or, (2) by having a custody score of at least 28 points; in both instances, the Warden or designee documents agreement with this lateral transfer by signing the form and checking the "approve" box.

### b. STAGNATION

A second type of lateral move which can occur is one that results from what might be termed "stagnation". Inmates can be moved to another institution at the same security level while maintaining their same custody level. A move of this nature would be triggered only if the individual had been at the same facility and in the same custody for three consecutive years. This type of lateral transfer would follow these procedures:

- (1) The Warden at Institution X would contact the Warden at Institution Y (both being at the same security level) and obtain telephonic agreement (to be followed by confirming memorandum outlining the circumstances) to exchange one or more inmates. All lateral exchanges will be only on a one-for-one basis. This is necessary in order to avoid subverting the designation "pool" concept (Section 6 below).
- (2) Copies of these memoranda are sent to the Designation Desks in the respective Regional Offices.
- (3) If there are no counter-indications (both Designation Desks consider the eight management variables), and each Regional Office agrees, one Regional Office (agreed to with other Region on telephone) will send confirming teletype to both facilities and the other Regional Office.
- (4) Upon receipt of the confirming teletype, each institution places a copy of the teletype in the inmate's file and lateral exchanges are effected.



Section 12  
 Page 11  
 5100.1 CN-2  
 July 14, 1980

c. SATELLITE CAMPS

A third exception which can occur is when an inmate in a satellite camp requires temporary medical aid that can be supplied by a nearby institution. In these cases, the following procedures will apply:

- (1) The camp will notify the Regional Office so that the system can be monitored.
- (2) The inmate will be transferred to the institution's hospital. However, the inmate cannot be placed in an institution's general population for convalescence. YCA inmates will be housed in a locked room (unless emergency medical condition dictates otherwise) and will be returned to the camp or other suitable YCA facility for the recuperation period.
- (3) As soon as acute medical need no longer exists, the inmate will be transferred back to the camp with appropriate notification to the Regional Office. For example, this would permit the temporary transfer of a Lompoc Camp inmate (Level 1) into the FCI, Lompoc Hospital (Level 5) for medical treatment of a broken leg, as long as the inmate stays in the hospital for acute care. Convalescent care would be given at Lompoc Camp to which the inmate would return as soon as in-hospital medical treatment was no longer required.

6. POPULATION MANAGEMENT "POOL"

- a. A reclassification which results in a decrease in security requires that the inmate be transferred mandatorily if the receiving facility is closer to the inmate's release area. However, if the institution is not closer to the release area, the inmate has an option not to move unless there is a specific management need as determined by the Regional Designation Desk. However, if the individual is unable to move because of overcrowding or other system balancing need, the inmate's name and date of request will be forwarded to the Regional Office of the receiving facility (See 6b, below) to be placed in the Population Management "Pool". Inmate names will be selected out of the "pool" on a seniority basis; i.e., those names in the pool the longest will be moved first. If, when given an option, an inmate declines transfer, custody will not be reduced, and the name is dropped from the pool.
- b. A reclassification which results in an increase in security requires that the inmate be transferred mandatorily. The Team must document the reasons for increasing the security.

The Regional Office Designation Officer will monitor all redesignations to maintain system balance. If the Regional Office is unable to transfer the inmate because of overcrowding or other system balancing needs, the individual's name and date of request will be forwarded to the Regional Office of the receiving facility (See 6d, below) to be placed in a Population Management "Pool".

Section 12  
 Page 12  
 5100.1 CN-2  
 July 14, 1980

Again, the names selected out of the pool will be on a seniority basis. However, transfers based on an increase of security will have priority over those transfers based on a decrease in security.

- c. The turn-around time on emergency redesignations will be 24 hours. The turn-around time on regular redesignations will be 72 hours.

- d. Establishment of Population Management "Pool".

There are two situations which could lead to the need for establishment of a Population Management "Pool": an institution is overcrowded, or a particular program unit is overcrowded in an institution which otherwise may or may not be overcrowded. In both cases the following procedures will be followed:

- (1) Warden of the facility involved recommends to the Regional Office that a moratorium for the institution (program unit) be established.
- (2) Regional Director reviews, and if in agreement, contacts the Assistant Director for Correctional Programs.
- (3) Assistant Director, Correctional Programs will issue a TWX notifying all Regional Designators of the moratorium.
- (4) Regional Office Designator establishes a "pool" for the institution (program unit), which means:
  - (a) all new designations for facility (program unit) given interim designation assignment with Designating Officer notifying "pool" administrator in each case.
  - (b) all redesignations to facility (program unit) delayed with Designation Officer notifying "pool" administrator in each case.
  - (c) "Pool" administrator creates two lists: (1) for new designations with interim assignments, and (2) for delayed redesignations.
  - (d) each list will contain the names of the inmates in order of date placed on list.
- (5) Selections from "pool" will be made on seniority basis with the following priorities:
 

First priority to new designations with current interim designation.

Second priority to delayed redesignations (with moves to higher level security receiving priority over moves to lower security institutions).
- (6) Moratorium stays in effect until "pool" is empty.
- (7) Regional Office contacts Assistant Director for Correctional Programs who issues TWX removing institution (program unit) from being under moratorium.

Section 12  
Page 13  
5100.1 CN-2  
July 14, 1980

## 7. CUSTODY TRANSFERS

It should be noted that inmates redesignated because of custody to either a higher or lower security level institution, when next reviewed, will have a security total which is inappropriate for the institution in which they are now housed. However, it would make little sense to then use this fact to immediately justify another redesignation at the next review. Therefore, redesignations which result from custody changes will not be undone for security score reasons unless there has been a justifying change in one of the first six factors in Section A on the Custody Classification Form.

Classification Teams have the discretion to refer an inmate to the Regional Designation Officer for transfer to either a higher or lower security level institution even though the custody classification does not change, provided that the receiving institutions houses inmates of that custody. For example, an inmate with "IN" custody at Terre Haute may be referred for transfer to Memphis to be nearer to his release destination, while maintaining "IN" custody. Furthermore, an inmate with "IN" custody at Texarkana may be referred for transfer to El Reno in order to provide more security, but without a custody increase. In every case the reason for the change must be documented.

## 8. ADMINISTRATIVE FACILITY REDESIGNATIONS

Since Administrative Facilities have all levels of Security and Custody, there is no explicit criterion which could trigger placement in a different institution. In order to permit, say, the transfer of a female offender who initially qualified for Alderson as an S-4 to Lexington when the inmate has shown evidence of being able to cope with less supervision in a less secure facility, the following criteria will be employed. That is, in addition to having qualified for the custody level at the less secure (i.e., out or community) facility, the move should also permit the inmate to satisfy additional program considerations; e.g., availability of a specific program, closer to home as individual nears time of release, etc.

## 9. TRANSFER ORDERS

- a. Each institution shall duplicate blank Transfer Orders. (See Appendix G) An original and one copy of each order are necessary. As an inmate transfer begins, the original Transfer Order and a copy of Medical Record Standard Form 71 and BP-193 is stapled to the AW Control Card and attached to the outside of a Messenger Envelope (SF65) containing the complete inmate file. The official who completes the transfer at final destination executes the "Return of Service" on the original Transfer Order, which is then filed with the commitment papers. A number of Federal Courts have held, in prosecutions for escape, that the Government must prove the legality of commitment, and competent evidence, such as the Transfer Order with the "Return of Service" must be readily available.
- b. One copy of the Transfer Order is placed in the inmate's file upon departure. The transfer order should document the reason for transfer. This serves as a file copy for the receiving institution. If the transfer is by furlough, the file is retained at the sending institution until the

Section 12  
Page 14  
5100.1 CN-2  
July 14, 1980

receiving facility has notified the transferring facility of the inmate's arrival and the file is then immediately sent by registered mail. (In case of escape from furlough transfer, See Program Statement 5550.2 (NS); "Escape From Extended Limits of Confinement".)

- c. When an inmate is to be transferred from a non-federal facility to a federal facility, the Community Programs Officer issues a Transfer Order.
  - d. When an inmate is to be transferred from a non-federal facility to another non-federal facility within the same (e.g., state, county) correctional system, the Community Programs Officer is to be notified by the sending facility.
  - e. When an inmate is to be transferred from a non-federal facility to a different non-federal facility outside that correctional system, the Community Programs Officer must receive approval from the Regional Designator for transfer.
10. TRANSFER CODES. The reason for transfer, as shown by one of the following codes, is to be visible on the original and each copy of the Transfer Order. In instances where there is more than one reason for transfer, the dominant code is to be used. (Note that all furlough transfers are Discharge Code 276 - Furlough for Transfer).
- 307 Institution Classification: Transfer to an institution with greater security, (e.g., Level 4 to Level 5).
  - 308 Institution Classification: Transfer to an institution with less security, (e.g., Level 5 to Level 4).
  - 309 Disciplinary: Transfer for the purpose of providing closer supervision and controls. Related to documented poor institutional adjustment. (See P.S. 5270.3, "Inmate Discipline".)
  - 310 Closer Custody: Transfer when custody, in terms of preventing escape, is the primary concern.
  - 311 Medical Attention: Transfer for medical or psychiatric care.
  - 312 Medical Treatment Completed.
  - 313 Nearer Release: Transfer for the purpose of placing the inmate in an institution nearer release destination.
  - 314 Training Purposes: Transfer for participation in a specific training program; e.g., dental laboratory at Lewisburg, machine die and tool at El Reno, etc.
  - 315 Training Completed: Transfer back to the original institution following completion of training.
  - 316 Temporary Transfer: Transfer to custody of US Marshal or local authority.

Section 12  
Page 15 CH-2  
5100.1  
July 14, 1980

317 To Relieve Overcrowding.

318 To Build Up Population.

319 Drug Abuse Program.

320 Work/Study Release. Transfer specifically for participation in work/release program. (If unescorted, use "276").

321 To Marion Control Unit.

322 Release From Marion Control Unit: Even though all transfers from the Marion Control Unit to another institution are approved by a Regional Correctional Services Administrators' Conference, they are specially coded to distinguish them from routine Close Supervision Cases.

\* 323 Protection Case: Transfer as a result of the Regional Protective Case Review. \*

324 Program Participation: Transfer to participate in a specialized program, such as the Alcoholic Treatment Unit at Leavenworth.

325 Program Completed: Transfer back to original institution following completion of specialized program.

326 Concurrent Service in Non-Federal Facility: Transfer to non-federal facility for concurrent service of federal and non-federal sentences.

327 "Boarding" in Non-Federal Facility. Transfer to non-federal facility (excluding community centers) for services of federal sentence only.

276 Furlough for Transfer. Transfer by furlough to any other facility including federal institutions, federal CTC's, non-federal institutions, non-federal CTC's and non-Federal work/study release units.

328 Return from Community Center to Institution: Transfer from a CTC or Halfway House facility back to an institution.

# 11. SPECIAL REQUIREMENTS.

(a) An inmate having a detainer or pending charges may be transferred to any institution for which he or she properly classifies; however, generally the inmate is not to be transferred to an institution more distant from the detaining authority unless there is substantial reason to believe the detainer will be dropped or the pending charges will not be prosecuted. An inmate who indicates an intention to oppose extradition is not to be transferred to an institution within the state responsible for placing the detainer within the last 30 days prior to release. Such cases, and others in which there are legal or jurisdictional problems, are to be referred to the Regional Case Management Administrator. (Also, see Program Statement 7500.14A (OS); 5130.3 (NS), on Detainers).

Section 12  
 Page 16  
 5100.1 CN-2  
 July 14, 1980

- (b) When there is reason to transfer an inmate to a non-federal institution for concurrent service of Federal and state sentence, the Warden shall refer the case to the state involved to determine if the state will accept the inmate for concurrent service. The Chief USPO should also be advised to notify the sentencing judge of the proposed transfer. Transfer of a Central Monitoring Case (P.S. 5910.2, Section 6.m) must also be referred to the Regional Office who will, if appropriate, refer to Central Office for approval. The Warden then sends a memo to the Regional Designator with a copy of the Judgment and Commitment, Form BP-5, and Record Form BP-20, so to notify the Parole Commission of the transfer and thereafter monitor the case records.

When an inmate is accepted by a non-federal institution for concurrent service of federal and state sentences, a transfer order will be prepared. The order will be issued to the custody of the non-federal institution and the inmate's case will be referred to Prison Coordination for movement. At the time of transfer, the Regional Administrative Systems manager in the region in which the non-federal institution is located will be notified by Form (in printing) "Notice to RASM of Concurrent Service of Sentence." Attached to the form letter will be a copy of the Judgment and Commitment, BP-5, and BP-Record Form 20. A copy of the same material will also be sent to the U.S. Marshal of the District in which the non-federal institution is located with the request that the Marshal file a detainer. The appropriate CPD will receive a copy of the form letter only and the non-federal institution designated for concurrent service of sentence will receive a copy of the form letter and a copy of the Judgment and Commitment. The RASM will monitor the case records and notify the Parole Commission of the transfer. The inmate Central File will be retained at the institution transferring the inmate to state custody.

## 12. RELATIONSHIPS WITH OTHER AGENCIES.

- (a) U.S. Probation Office. A transfer to place an inmate nearer to release which involves any change in an inmate's release destination, must be approved by the appropriate Probation Office before transfer can be effected; i.e., District where sentenced, or where being transferred.
- (b) Parole Commission. Unless it is ascertained that an inmate can be transferred and still receive the initial hearing as early as he/she would have at the transferring institution, transfer shall be deferred until after the hearing.

An inmate awaiting mandatory release or parole violator hearings is not to be transferred until after the hearing. An inmate scheduled for a Commission hearing within 90 days is not to be moved until after the hearing. Special circumstances which might necessitate exceptions are to be cleared with the Regional Correctional Programs Administrator and

Section 12  
Page 17  
5100.1 CN-2  
July 14, 1980

Parole Commissioner. The Commission must be promptly advised of the transfer of an inmate awaiting a parole decision or already granted parole. To insure proper reporting in such instances, a copy of the Transfer Order is forwarded to the Regional Parole Commissioner.

- c. Courts. Complicated jurisdictional or legal problems must be resolved before transfer. If an institution has knowledge that an inmate has legal action pending in the District in which confined, the inmate is not to be transferred without prior consultation with the appropriate U.S. Attorney or Regional Counsel, or both. Under Rule 23 (a) of the Federal Rules of Appellate Procedure, an inmate may not be transferred, pending review of a habeas corpus proceeding commenced before a court, without the approval of the court. Approval for transfer should be sought through the U.S. Attorney or Regional Counsel in cases where a habeas corpus petition is pending.
- d. Non-Federal Authorities. The Bureau of Prisons and state correctional departments cooperate with one another by transferring certain inmates from one system to another. The respective Regional Director is responsible for returning inmates from the Federal Prison System to state authorities. The decision to accept a state inmate in the Federal Prison System is the responsibility of the Regional Director for the perspective area even though the Central Office initially negotiates the contract.

If it is necessary to transfer an inmate to a local jail or hospital, the appropriate Community Programs Officer and U.S. Marshal must be notified by the sending institution.

Section 13  
Page 1  
5100.1 CN-2  
July 14, 1980

ESCAPE PROCEDURES

If an inmate escapes from a federal institution or contract community treatment center:

- 1) The facility from which the inmate escaped holds UDC/IDC hearings and;
- 2) Notifies the Regional Office (a contract facility notifies the CPO who, in turn, notifies the Regional Office).
- 3) After 72 hours, the Case Manager or Community Programs Officer responsible for the facility, updates the most recent security designation form and;
- 4) Sends an updated security designation form with attached standard escape form to their Regional Office.
- 5) Regional Office Designation desk will place the updated security designation form with attached escape form in its own escape file.
- 6) Inmate's file folder is kept at "parent" institution (or sent if escaped from CTC).
- 7) When inmate is apprehended, U.S. Marshal contacts local CPO.
- 8) CPO gathers current information and;
- 9) CPO then contacts Regional Office for inmate's "parent" facility or if unknown, contacts his own Regional Office to determine the "parent" institution.
- 10) Conveys to the appropriate Regional Office Designation desk current information on inmate; e.g., information related to the offender's activities while on escape status, for example, arrests, new convictions, marriages, etc.
- 11) Regional Office responsible for inmate's "parent" institution makes new designation, taking into consideration latest information.
- 12) Regional Office Designation desk sends TWX to:
  - a. Marshal
  - b. CPO
  - c. Institution designated
  - d. Institution which has file
- 13) CPO then proceeds as if case was a regular designation.
- 14) Institution with inmate's central file sends it to designated facility.



Section 13  
Page 2  
5100.1 CN-2  
July 14, 1980

ESCAPE PROCEDURES (Continued)

For example, if an inmate from an NCRO facility is sent to an SCRO CTC and then escapes, the CTC sends an updated security designation form to NCRO. If inmate is picked up in California and the local CPO is notified, that CPO would contact WRO if "parent" institution is unknown, who would check their microfiche and inform CPO that inmate's "parent" institution was in NCRO. CPO then contacts NCRO and gives them current information. NCRO makes new designation and informs "parent" institution where to send inmate's file folder.

Section 14  
Page 1  
5100.1 CN-2  
July 14, 1980

DESIGNATING PAROLE AND MANDATORY RELEASE VIOLATORS

Upon request from U.S. Parole Commission for designation of an alleged parole or Mandatory Release violator, Regional Office Designation Desk will complete the Security Designation Form. Time left to serve will be computed (after checking with the Parole Commission) based on statutory time or projected release by the Parole Commission. A designation will be made. If it is other than that dictated by the Security Level Scale, then the Designation Desk will indicate the reason for this deviation at the bottom of the Security Designation Form and on the TWX sent to U.S. Marshal, USPO, and institution designated. Designation Desk will send this updated Security Designation Form to the designated facility.

A situation may arise in which a designation for this type individual will have to be made before complete information can be gathered. In this instance, the individual will be treated as outlined for a study case. That is, the Regional Office Designation Desk makes a temporary management designation to an appropriately secure facility with a final designation, based on Security Designation Form information, made as soon as complete data is available. The initially designated institution is responsible for providing the completed Security Designation Form to the Regional Office.

Section 15  
Page 1  
5100.1 CN-2  
July 14, 1980

## DISCIPLINARY SEVERITY SCALE\*

GREATEST CATEGORY\*\*

CODE	PROHIBITED ACTS	SANCTIONS
100	Killing	A. Recommend parole date rescision or retardation
101	Assaulting any person (includes sexual assault)	B. Forfeit earned statutory good time (up to 100%) and/or terminate or disallow extra good time
102	Escape from escort and/or escape from a secure institution (Security Level 2 through 6), or from S-1 with violence	C. Disciplinary Transfer (recommend)
***103	Setting a fire	D. Disciplinary segregation (up to 60 days)
104	Possession or introduction of a gun, firearm, weapon, sharpened instrument, knife, dangerous chemical, explosive, or any ammunition	E. Make monetary restitution
105	Rioting	F. Withhold statutory good time (can be in addition to A through E--cannot be only one executed)
106	Encouraging others to riot	
107	Taking hostage(s)	NOTE: One or more of these sanctions must be imposed and executed; one or more of the above sanctions may be suspended.
199	Conduct which disrupts or interferes with the security or orderly running of the institution. (Conduct must be of the Greatest Severity nature.)	Suspension cannot exceed six months (and may be imposed when found guilty by IDC of any prohibited act)

\*Aiding another person to commit any of these offenses, attempt to commit any of these offenses, and making plans to commit any of these offenses in all categories of severity, shall be considered the same as a commission of the offense itself. The letter "A" will be combined with the offense code to denote that the prohibited act was attempted. For example, attempted escape would be considered as Escape and coded 102A. Likewise, attempting the adulteration of any food or drink would be coded 209A.

\*\*All Greatest Severity Prohibited Acts must be referred to IDC by UDC or other lower committee.

\*\*\*Should be charged with this act only when found to pose a threat to life or a threat of serious bodily harm or in furtherance of a prohibited act of Greatest Severity; e.g., in furtherance of a riot or escape, otherwise, Code 218, or 329.

DISCIPLINARY SEVERITY SCALE  
HIGH CATEGORY

Section 15  
Page 2  
5100.1 CN-2  
July 14, 1980  
SANCTIONS

CODE	PROHIBITED ACTS	SANCTIONS
200	Escape from unescorted Community Programs and activities and Open Institutions (Security Level 1) and from outside secure institutions-- <u>without</u> violence	A. Recommend parole date recision or retardation
201	Fighting with another person	B. Forfeit earned statutory good time up to 50% or up to 60 days, whichever is less, and/or terminate or disallow extra good time.
202	Possession or introduction of an unauthorized tool	
203	Threatening another with bodily harm or any other offense	C. Disciplinary transfer (recommend)
204	Extortion, blackmail, protection: Demanding or receiving money or anything of value in return for protection against others, to avoid bodily harm, or under threat of informing	D. Disciplinary segregation (up to 30 days) E. Make monetary restitution F. Withhold statutory good time
205	Engaging in sexual acts	g. Loss of privileges: Commissary, movies, recreation, etc.
206	Making sexual proposals or threats to another	h. Change housing (quarters)
207	Wearing a disguise or a mask	i. Remove from program and/or group activity
208	Tampering with or blocking any locking device	j. Loss of job
209	Adulteration of any food or drink	k. Impound inmate's personal property
210	Possession, introduction, or use of any narcotics, narcotic paraphernalia, or drugs not prescribed for the individual by the medical staff	l. Confiscate contraband (See procedures--Policy Statement 5580.1)
211	Possessing any officer's or staff clothing	m. Restrict to quarters
212	Engaging in, or encouraging, a group demonstration	
213	Encouraging others to refuse to work, or to participate in a work stoppage	
214	Refusing to provide a urine sample or to take part in other drug-abuse testing procedures	

NOTE: One or more of sanctions A through F of this section must be imposed and executed; one or more of the above sanctions may be suspended. Suspensions cannot exceed six months (and A through F may be imposed when found guilty by IDC of any prohibited act, and g through m by UDC/IDC).

Section 15  
Page 3  
5100.1 CN-2  
July 14, 1980

## DISCIPLINARY SEVERITY SCALE

HIGH CATEGORY (CONTINUED)

CODE	PROHIBITED ACTS	SANCTIONS
215	Introduction of alcohol in ROP facility	
216	Giving or offering an official or staff member a bribe, or anything of value	
217	Giving money to, or receiving money from, any person for purposes of introducing contraband or for any other illegal or prohibited purposes	(Sanctions A through m)
218	Destroying, altering, or damaging government property, or the property of another person, having a value in excess of \$100.00	
299	Conduct which disrupts or interferes with the security or orderly running of the institution (conduct must be of the High Severity nature)	

## DISCIPLINARY SEVERITY SCALE

MODERATE CATEGORY

Section 15  
Page 4  
5100.1 CN-2  
July 14, 1980

CODE	PROHIBITED ACTS	SANCTIONS
300	Indecent exposure	A. Recommend parole date recision or retardation
301	Stealing (theft)	B. Forfeit earned statutory good time up to 25% or up to 30 days, whichever is less, and/or terminate or disallow extra good time
302	Misuse of authorized medication	C. Disciplinary transfer (recommend)
303	Possession of money or currency, unless specifically authorized	D. Disciplinary segregation (up to 15 days)
304	Loaning of property or anything of value for profit or increased return	E. Make monetary restitution
305	Possession of anything not authorized for retention or receipt by the inmate, and not issued to him through regular channels	F. Withhold statutory good time
306	Refusing to work, or to accept a program assignment	g. Loss of privileges: Commissary, movies, recreation, etc.
*307	Refusing to obey an order of any staff member	h. Change housing (quarters)
308	Violating a condition of a furlough	i. Remove from program and/or group activity
309	Violating a condition of a community program	j. Loss of job
310	Unexcused absence from work or any assignment	k. Impound inmate's personal property
311	Failing to perform work as instructed by the supervisor	l. Confiscate contraband (see Procedures--Policy Statement 5580.1)
312	Insolence towards a staff member	m. Restrict to quarters
313	Lying or providing false statement to a staff member	n. Extra duty
*314	Counterfeiting, forging, or unauthorized reproduction of any document, article of identification, money, security, or official paper.	

NOTE: At least one of these sanctions must be imposed, but any sanctions imposed may be suspended. Suspension cannot exceed six months. Only IDC can execute, suspend or impose Suspensions A through F. IDC/UDC may execute, suspend, and impose Suspensions g through n. Imposition of a suspended sanction requires being found guilty of any prohibited act.

\*Should be categorized in terms of severity according to the nature of the order being disobeyed or the item being reproduced.

DISCIPLINARY SEVERITY SCALE  
MODERATE CATEGORY (CONTINUED)

Section 15  
 Page 5  
 5100.1 CN-2  
 July 14, 1980

CODE	PROHIBITED ACTS	SANCTIONS
315	Participating in an unauthorized meeting or gathering	
316	Being in an unauthorized area	
317	Failure to follow safety or sanitation regulations	
318	Using any equipment or machinery which is not specifically authorized	
319	Using any equipment or machinery contrary to instructions or posted safety standards	(Sanctions A through n)
320	Failing to stand count	
321	Interfering with the taking of count	
322	Making, possessing, or using intoxicants	
323	Refusing to breathe into a breathalyzer or take part in other alcohol abuse testing	
324	Gambling	
325	Preparing or conducting a gambling pool	
326	Possession of gambling paraphernalia	
327	Unauthorized contacts with the public	
328	Giving money or anything of value to, or accepting money or anything of value from: another inmate, a member of his family, or his friend	
329	Destroying, altering, or damaging government property, or the property of another person, having a value of \$100.00 or less	
330	Being unsanitary or untidy; failing to keep one's person and one's quarters in accordance with posted standards	
399	Conduct which disrupts or interferes with the security or orderly running of the institution (conduct must be of the Moderate Severity nature)	

## DISCIPLINARY SEVERITY SCALE

LOW MODERATE CATEGORY

Section 15  
Page 6  
5100.1 CN-2  
July 14, 1980

CODE	PROHIBITED ACTS	SANCTIONS
400	Possession of property belonging to another person	E. Make monetary restitution
401	Possessing unauthorized clothing	F. Withhold statutory good time
402	Malingering, feigning illness	g. Loss of privileges: Commissary, movies, recreation, etc.
403	Smoking where prohibited	h. Change housing (quarters)
404	Using abusive or obscene language	i. Remove from program and/or group activity
405	Tattooing or self-mutilation	j. Loss of job
*406	Unauthorized use of mail or telephone	k. Impound inmate's personal property
*407	Conduct with a visitor in violation of institution regulations	l. Confiscate contraband (See Procedures--Policy Statement 5580.1)
408	Conducting a business	m. Restrict to quarters
		n. Extra duty
		o. Reprimand
		p. Warning

\*Restriction, or loss for a period of time, of these privileges may often be an appropriate sanction (g)

NOTE: At least one of these sanctions must be imposed, but any sanctions imposed may be suspended. Suspension cannot exceed six months. Only IDC can execute, suspend, or impose suspension of E and F. IDC/UDC may execute, suspend, and impose suspension of g through p. Imposition of a suspended sanction requires being found guilty of any prohibited act.



1/ NATIONAL ILLICIT DRUG RETAIL PRICES*					Section 16
DRUG (1979 street price)					Page 1
Dollar value: \$0.00 to \$5,000.00 to \$100,000.00					5100.1 CN-2
					July 14, 1980
Amphetamines (\$2.28/d.u.**)	0	to	2,193 d.u.	to 43,860 d.u.	
(d.u.=2.5--5.0 mg.)	:		:	:	
Barbiturates (\$2.58/d.u.)	0	to	1,938 d.u.	to 38,760 d.u.	
(d.u.=50--100 mg.)	:		:	:	
Cocaine (\$670/gm.) 2/	0	to	7.46 gm. to 149.25 gm.		
	:		0.26 oz. 5.26 oz.		
	:		0.02 lb. 0.33 lb.		
Dilaudid (\$40/4mg. tablet)	0	to	125 tablets to 2,500 tablets		
Hashish (\$6.72/gm.)	0	to	744 gm. to 14,881 gm.		
	:		28 oz. 524 oz.		
	:		1.64 lb. to 32.74 lb.		
Heroin (\$2.25/mg.**) 2/	0	to	2,222 mg. to 44,444 mg.		
	:		2.2 gm. 44.4 gm.		
	:		.08 oz. 1.6 oz.		
	:		.005 lb. .10 lb.		
LSD (\$2.95/d.u.)	0	to	1,695 d.u. to 33,898 d.u.		
(d.u.=150 microgm.)	:		:		
Marihuana (\$1.23/gm.***)	0	to	4.07 Kilos to 81.30 Kilos		
	:		4,065 gm. 81,301 gm.		
	:		143 oz. 2,864 oz.		
	:		8.94 lb. 179 lb.		
Methadone (\$3.69 d.u.)	0	to	1,355 d.u. to 27,100 d.u.		
Methamphetamine (\$3.02/d.u.)	0	to	1,656 d.u. to 33,113 d.u.		
(d.u.=2.5--5.0 mg.)	:		:		
PCP (\$5.30/d.u.)	0	to	943 d.u. to 18,868 d.u.		

\*Based on information supplied by Drug Enforcement Administration

\*\*Dosage Unit

\*\*\*1,000 mg. = 1 gm. 1/3

\*\*\*One gram of marihuana is equivalent to 3 "joints"

1/ NOTE: if value of drugs is stated in PSI, use that value to make determination

2/ NOTE: value is for 100% pure drug; if it is documented that the purity of the drug involved was less than 100%, the \$ value should be adjusted accordingly; e.g., cocaine which was 10% pure would reduce the per/gm. value to \$67.00

3/ NOTE: 1,000 grams equals 1 kilo, which is equivalent to 2.2 pounds

Example: An offender found guilty of being in possession of 3 ounces of pure cocaine would have a Severity of offense rating of MODERATE, since this falls between \$5,000 and \$100,000; while 500 kilos of marihuana places another offender in the HIGH category since this is over the 81.30 kilos listed in the above table

Section 1/  
Page 1  
5100.1 CN-2  
July 14, 1980

FY '79

SEVERITY OF OFFENSE SC/LE  
(Also used for Detainers)\*

% AV.

SENTENCE

SERVED\*\*GREATEST

- Aircraft hijacking  
Assault (serious injury, risk of death or disfigurement)  
Escape (closed institutions)  
Espionage  
Explosives detonation (potential risk of injury)  
(40%) Homicide, willful  
Kidnapping  
Mann Act (force)  
Robbery (multiple, weapon used, or threat)  
Sex Act (rape)

HIGH

- Arson  
Drugs (over \$100,000--use DEA list if \$ value not in PSI)  
(51%) Explosives (possession, transportation,  
Extortion  
Manslaughter  
Robbery, other (e.g., demand note)  
Mailing threatening communications

MODERATE

- Breaking & Entry (bank, post office, etc.)  
Bribe public official (offer/accept)  
Contempt of court  
Counterfeiting (over \$20,000--manufacturing, passing, possession)  
(52%) Drugs (between \$5,000 and \$100,000)  
Escape (open institution or program--includes Bail Jumping)  
Firearms Act violation (any)  
Mann Act (no force) or Sex Molestation (no injury)  
Property Offense (includes Burglary, Embezzlement, Forgery, Fraud,  
Interstate Transportation, Larceny, Theft)--over \$100,000  
Smuggling Alien(s)  
Theft Motor Vehicle (any)

LOW MODERATE

- Alcohol Law violation  
(55%) Assault, simple (no injury)  
Counterfeiting--\$1,000 to \$100,000  
Drugs (under \$5,000)  
\*\*\*Parole violation, technical (with year parole adjustment)  
Property Offenses--\$1,000 to \$100,000  
Soliciting for Sexual Activity

LOWEST

- Bankruptcy  
Counterfeiting--under \$1,000  
Drugs, own use  
(61%) Immigration Act violation  
Income Tax violation  
\*\*\*Parole violation, technical (with good parole adjustment)  
Property Offenses--under \$1,000

NOTE: CONSPIRACY and MISPRISION OF FELONY--treat as if committed offense; e.g. Conspiracy to extort money = Extortion = HIGH

\*If committed individual has a DETAINER for Deportation, use offense for which committed to determine seriousness of detainer instead of Deportation Detainer.

\*\*Use % to compute EXPECTED LENGTH OF INCARCERATION; e.g. inmate with 8 yrs. (96 mos) Dyer Act violation (MODERATE): 96 mos X 55% = 52.8 mos = 1 yr

\*\*\*Parole violation as a result of a LOW OFFENSE. USE THAT OFFENSE.

Appendix A  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

FACILITY SECURITY LEVEL CRITERIA

LEVEL OF SECURITY

SECURITY FACTOR	1	2	3	4	5	6
Perimeter	None	One Fence or Bldg. Facade	Double Fence	Double Fence or Single & Other	Double Fence or Wall	Double Fence or Wall
Towers	None or Not Manned	May have Towers but Manned Less than 24 hours	May have Towers but Manned Less than 24 hours	Yes -- Manned Full and Part Time	Manned 24 Hours	Manned 24 hours
and/or External Patrol	No	No	Yes	Yes	and/or Yes	Yes
Detection Devices	No	No	Yes	Yes	Yes	Yes
Housing	Open	Open to Medium	Medium	Secure	Secure	Secure
Cells	Single & Multiple Dorms	Single & Multiple Dorms	Single & Multiple Dorms	Single & Multiple Dorms	Single & Multiple Dorms	All Single Rooms
Level of Staffing per Population Size	Low	Low	Low to Medium	Low to Medium	Low to High	High

Appendix B  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

INSTITUTIONS WITH DAP/NARA UNITS

SECURITY LEVEL	REGION				
	NE	SE	NC	SC	W
1	Morgantown	Lexington (Adult & YCA)		Ft. Worth (1 Male & 1 Female) Seagoville	
2	Danbury	Tallahassee	Sandstone	La Tuna	Terminal Island (Adult & YCA)
3	Petersburg	Ashland	Milan (Adult & YCA)		Englewood
4		Memphis	Oxford	El Reno	
5	Lewisburg		Leavenworth Terre Haute		Lompoc
6					
ADMINIS- TRATIVE FACIL- ITIES	Alderson	Atlanta		Bastrop	Pleasanton

Appendix B  
 Page 2  
 5700.1 CN-2  
 July 14, 1980

INSTITUTIONS WITH ALCOHOL UNITS

SECURITY LEVEL	REGION				
	NE	SE	NC	SC	W
1		Lexington		Ft. Worth	
2			Sandstone		Terminal Island (Adu t & YCA)
3					Englewood
4				El Reno	
5			Leavenworth Terre Haute		Lompoc
6					
ADMINIS- TRATIVE FACIL- ITIES					

Appendix B  
 Page 3  
 5100.1 CN-2  
 July 14, 1980

INSTITUTIONS WITH YCA UNITS

SECURITY LEVEL	REGION				
	NE	SE	NC	SC	W
1*	*	*	*	*	*
2		Tallahassee			Terminal Island
3	Petersburg	Ashland (2 Units) Miami	Milan (2 Units)		Englewood
4		Memphis Talledaga		E1 Reno (2 Units)	
5					
6					
ADMINIS- TRATIVE FACIL- ITIES	Alderson			Bastrop	Pleasanton

\* All S-1 facilities are appropriate for YCA Commitments.

Appendix C  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

## INSTITUTION NAMES AND CODES

<u>INSTITUTION NAME</u>	<u>CODES</u>	
	<u>NUMERIC</u>	<u>MNEMONIC</u>
ALDERSON-FCI	170	ALD
ALLENWOOD-FPC	134	ALW
ASHLAND-FCI	101	ASH
ATLANTA-USP	131	ATL
ATLANTA-CTC	201	ATC
BASTROP-FCI	126	BSP
BUTNER-FCI	177	BUT
CENTRAL OFFICE	100	HDQ
CHIGAGO(F)-MCC	182	CCC
CHICAGO(M)-MCC	164	CCC
CHICAGO-INS	191	CCC
CHICAGO-CTC	202	CHC
DALLAS/FORT WORTH-CTC	210	DAC
DANBURY-FCI	145	DAN
DETROIT-CTC	203	DEC
EGLIN-FPC	155	EGL
EL PASO-FDC	167	EPA
EL RENO-FCI	115	ERE
ENGLEWOOD-FCI	102	ENG
FLORENCE-FDC	156	FLO
FORT WORTH(F)-FCI	173	FTW
FORT WORTH(M)-FCI	178	FTW
HOUSTON-CTC	204	HOC
KANSAS CITY-CTC	205	KNC

Appendix C  
 Page 2  
 5100.1 CN-2  
 July 14, 1980

## INSTITUTION NAMES AND CODES

<u>INSTITUTION NAME</u>	<u>CODES</u>	
	<u>NUMERIC</u>	<u>MNEMONIC</u>
LA TUNA-FCI	146	LAT
LA TUNA-FPC	153	LTC
LEAVENWORTH-USP	132	LVN
LEAVENWORTH-FPC	165	LVC
LEWISBURG-USP	133	LEW
LEWISBURG-FPC	154	LEC
LEXINGTON(F)-FCI	179	LEX
LEXINGTON(M)-FCI	123	LEX
LOMPOC-FCI	116	LOM
LOMPOC-FPC	163	LOC
LONG BEACH-CTC	214	LBC
LOS ANGELES-CTC	206	LAC
MARION-USP	135	MAR
MARION-FPC	140	MAC
MCNEIL ISLAND-USP	136	MNI
MCNEIL ISLAND-FPC	137	MNC
MEMPHIS-FCI	128	MEM
MEMPHIS-FDC	193	MEM
MIAMI-FCI	125	MIA
MIAMI-FDC	192	MIA
MILAN-FCI	117	MIL
MILAN-FDC	190	MIL
MONTGOMERY(MAXWELL AFB)-FPC	157	MON
MORGANTOWN-FCI	103	MRG



Appendix C  
 Page 3  
 5100. 1 CN-2  
 July 14, 1980

## INSTITUTION NAMES AND CODES

<u>INSTITUTION NAME</u>	<u>CODES</u>	
	<u>NUMERIC</u>	<u>MNEMONIC</u>
NEW YORK(F)-MCC	183	NYM
NEW YORK(M)-MCC	158	NYM
NEW YORK-CTC	207	NYC
OAKLAND-CTC	208	OAC
OTISVILLE-FCI	144	OTV
OXFORD-FCI	124	OXF
PETERSBURG-FCI	118	PET
PETERSBURG-FPC	152	PEC
PHOENIX-CTC	211	PHC
PLEASANTON-FCI	181	PLE
SAFFORD-FPC	159	SAF
SAN DIEGO(F)-MCC	180	SDC
SAN DIEGO(M)-MCC	168	SDC
SANDSTONE-FCI	147	SST
SEAGOVILLE-FCI	119	SEA
SPRINGFIELD-MCFP	175	SPG
SPRINGFIELD-FPC	176	SPC
TALLADEGA-FCI	129	TDG
TALLAHASSEE-FCI	120	TAL
TERMINAL ISLAND-FCI	148	TRM
TERMINAL ISLAND-FDC	134	TRM
TERRE HAUTE-USP	138	THA
TERRE HAUTE-FPC	166	THC
TEXARKANA-FCI	149	TEX

Appendix D  
 Page 1  
 5100.1 CN-2  
 July 14, 1980

COMMUNITY PROGRAMS OFFICERS'  
 FINANCIAL MANAGEMENT SYSTEM CODES

STATE/DISTRICT	FMS PROJECT CODE
Alabama	414
Alaska	011
Arizona	910
Arkansas	611
California (Northern)	917
California (Eastern)	915 or 914
California (Central)	920, 911, or 912
California (Southern)	916
Colorado	811
Connecticut	111
Delaware	311
District of Columbia	310
Florida (Southern & Middle)	413
Florida (Northern)	414
Georgia	410
Guam	917
Hawaii	917
Idaho	812
Illinois (Northern)	511
Illinois (Southern & Middle)	517
Indiana	515
Iowa	710

Appendix D  
 Page 2  
 5100.1 CN-2  
 July 14, 1980

<u>STATE/DISTRICT</u>	<u>FMS PROJECT CODE</u>
Kansas	711
Kentucky	412
Louisiana	614
Maine	110
Maryland	810
Massachusetts	110
Michigan	514
Minnesota	510
Mississippi	411
Missouri (Eastern)	517
Missouri (Western)	711
Montana	813
Nebraska	710
Nevada	812
New Hampshire	110
New Jersey	215
New Mexico	612
New York (Western)	215
New York (Eastern, Southern, & Northern)	210
North Carolina	415
North Dakota	810
Ohio (Northern)	513
Ohio (Southern)	512

Appendix D  
Page 3  
5100.1 CN-2  
July 14, 1980

<u>STATE/DISTRICT</u>	<u>FMS PROJECT CODE</u>
Oklahoma	615
Oregon	010
Pennsylvania (Eastern & Middle)	311
Pennsylvania (Western)	312
Puerto Rico	311
Rhode Island	111
South Carolina	417
South Dakota	810
Tennessee	419
Texas (Northern)	610
Texas (Southern)	613
Texas (Eastern)	611
Texas (Western)	612 or 616
Utah	812
Vermont	110
Virgin Islands	311
Virginia	313
Washington	011
West Virginia	312
Wisconsin	516
Wyoming	813

APPENDIX E  
5100.1 CN-2  
July 14, 1980

EXPECTED LENGTH OF INCARCERATION (based on FY '79)

(point values based on sentence length--in months)

% Av. Sentence Served	Offense Category	<u>0 points</u>	<u>1 point</u>	<u>3 points</u>	<u>5 points</u>
(40%)	GREATEST	0 -- 29.3 mos.	29.4 -- 147.5 mos.	147.6 -- 207.5 mos.	207.6 mos. +
(51%)	HIGH	0 -- 23.5 mos.	23.6 -- 115.7 mos.	115.8 -- 162.7 mos.	162.8 mos. +
(52%)	MODERATE	0 -- 23.1 mos.	23.2 -- 113.5 mos.	113.6 -- 159.6 mos.	159.7 mos. +
(55%)	LOW MODERATE	0 -- 21.8 mos.	21.9 -- 107.3 mos.	107.4 -- 150.9 mos.	151.0 mos. +
(61%)	LOWEST	0 -- 19.7 mos.	19.8 -- 96.7 mos.	96.8 -- 136.1 mos.	136.2 mos. +

NOTE: This chart should help make point assignments directly from the inmate's length of sentence without having to do a lot of arithmetic. By converting sentence length into number of months and looking at the above table, the appropriate number of points can be readily identified.

EXAMPLE: A newly committed prisoner sentenced to 15 years for Armed Bank Robbery. Bank Robbery = GREATEST category; 15 time 12 months = 180 months; for the GREATEST category this falls between 147.6 and 207.5 months; therefore, the individual will be given 3 points on the S/D Form.

Appendix F  
Page 1  
5100.1 CN-2  
July 14, 1980

### ESCORT INSTRUCTIONS

This form is intended for escorted trips of a routine or emergency nature. Institutions authorizing escort trips for recreation purposes should develop local guidelines.

1. The trip must be completed according to the schedule, places, and event indicated on the trip authorizations. Unexpected situations making this impossible will be reported immediately to the Control Room, Tel. \_\_\_\_\_. The Chief Executive Officer, or when absent, the Duty Officer will issue instructions for completion of the trip.
2. Restraints required in accordance with the inmate's custody are described below unless the Warden specifies in writing other provisions.

Maximum Custody - Handcuffs with the C&S Handcuff Cover, Martin Chains, and Leg Irons shall be used at all times.

IN Custody - Handcuffs with Martin Chains shall be used at all times. Other restraint equipment may be used at the discretion of the escorting officers.

OUT Custody - Restraints may be used at the discretion of the escorting officer.

Community Custody - No restraints required.

NOTE: In addition to restraints, the escorts shall maintain constant visual supervision. Extra restraint equipment shall be provided the escort(s) in the event of unforeseen problems or faulty equipment. The Chief Executive Officer may also specify additional requirements where appropriate.

3. Maximum, In and Out Custody inmates leaving the institution for funeral trips, bedside visits, medical trips, etc., must be under escort of staff member(s): maximum - two staff members; In and Out Custody - one staff member.
4. Inmates shall be housed only at pre-arranged holdover points. (Federal Correctional Facilities or Federal approved jails when available).
5. Escorts shall use pre-established routes, unless approval to change is obtained. For security reasons, movement times and routes shall remain confidential.
6. Although every effort shall be made not to humiliate an inmate, discretion and good judgment must be used when considering the removal of any restraint equipment. Prior arrangements should be made for holdover points which have facilities for meals and housing.

Appendix F  
 Page 2  
 5100.1 CN-2  
 July 14, 1980

7. Trips for medical purposes may require removal of restraints for treatment or examination. Insofar as possible, this should be pre-determined by the Hospital Administrative Officer and authorization to do so be given to the escort(s).
8. Inmates are not permitted to have possession or use of any narcotics, narcotic paraphernalia, drugs, or intoxicants not prescribed for the individual by the medical staff.
9. The escorting officer(s) is required to read Chapter 11, Transportation of Federal Prisoners, of the Custodial Manual prior to departing on each trip.

-----

I have read and I fully understand my responsibilities in regard to transporting prisoners as outlined in Chapter 11 of the Custodial Manual, the trip authorization, and as outlined above. I also understand NO GRATUITIES OF ANY TYPE MAY BE ACCEPTED by me from an inmate, an inmate's family or friends for performing escort duties, or any other reason.

NOTE: The trip must be completed according to schedule, places and events indicated on the trip authorizations for inmates:

NAME: _____	NUMBER: _____
_____	_____
_____	_____
_____	_____
_____	_____

Escorting Employee's Name (Typed) \_\_\_\_\_

Escorting Employee's Name (Typed) \_\_\_\_\_

Escorting Employee's Signature \_\_\_\_\_

Escorting Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

## BUREAU OF PRISONS

INSTITUTION & LOCATIONTRANSFER ORDER

APPENDIX G

Page 1

5100.1 CN-2

July 14, 1980

In accordance with the authority provided in Title 18, U.S. Code, Section 4082, and the authority delegated to me by the Director of the Bureau of Prisons, I hereby order the transfer of:

Name \_\_\_\_\_ Reg. No. \_\_\_\_\_

From \_\_\_\_\_

TO \_\_\_\_\_

Date Transfer Ordered \_\_\_\_\_

Reason \_\_\_\_\_

Transfer Code \_\_\_\_\_

Parole Status \_\_\_\_\_

Custody \_\_\_\_\_

Health \_\_\_\_\_

CMC? \_\_\_\_\_

(Signature) \_\_\_\_\_

(Title) \_\_\_\_\_

RETURN OF SERVICE

Pursuant hereto, I have this \_\_\_\_ day  
of \_\_\_\_\_, 19\_\_\_\_, executed the above  
order and committed the prisoner to  
the institution indicated.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

Original: J & C  
Copy: Central File



APPENDIX H  
Page 1  
5100.1 CN-2  
July 14, 1980

NOTICE OF ELIGIBILITY FOR REFERRAL

Name \_\_\_\_\_

Reg. No. \_\_\_\_\_

Applicability

Female Bureau of Prisons inmates who are D.C. Code Violators or U.S. Code Violators whose legal residence or approved release destination is Washington, D.C., may receive release consideration by the D.C. Department of Corrections and the D.C. Board of Parole.

Eligibility

Female inmates described above who are within nine months of parole eligibility, expiration or mandatory release, shall upon request be referred by the institution to D.C. Department of Corrections

You have been identified as a D.C. offender according to the above guidelines. By initiating Box A, you will be referred to D.C.D.C. when eligible. By initiating either Box B or C, you will not be referred without your concurrence at some later time.

- A. \_\_\_\_\_ I wish to be referred to D.C.D.C. as soon as eligible.
- B. \_\_\_\_\_ I do not wish to be referred to D.C.D.C.
- C. \_\_\_\_\_ I have not decided but will inform staff of my decision at a later date.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE

FEDERAL PRISON SERVICE

TASK FORCE REPORT

ON

FAMILY VISITATION

December 1980

A Federal Prison System Task Force was appointed in May, 1980, to examine Family Visitation Programs for possible implementation in the Federal Bureau of Prisons. The Task Force was instructed by Mr. Carlson, Director of the Federal Prison Service, to review all available literature, to visit existing state programs, and to evaluate, objectively and directly, the efficacy of such programs. Members of the Task Force included persons with previous training in education, psychology, custody, case management, and probation (including four Federal Prison System employees - two Wardens and two Associate Wardens; and one representative from the Federal Probation Office - a Chief Probation Officer). Task Force members visited ten prisons in three states (California, Minnesota, and New York) and interviewed many staff members and inmates. All members of the Task Force approached the study with the idea that nothing, pro or con, about Family Visitation would be presumed and that any and all possible options were to be fully explored. This report represents their best attempt to accomplish that mission.

Calvin Edwards

Margaret Hambrick - Co-Chairperson

Gilbert Ingram - Co-Chairperson

Pat Keohane

Harry Schloetter

-2-

### Background

Family visitation programs<sup>1</sup> are so named in recent writings because the widely used term "conjugal visitation" is truly a misnomer when family members other than spouses are involved. Additionally, the latter term elicits a great deal of emotional reaction and it is thought that the euphemism would be more acceptable. However, it appears that discussions of family visitation evoke equally strong reactions, based more on incontrovertible belief systems than on data systems. This description is similarly accurate for the "scientific" or "professional" literature as well.<sup>2</sup>

The academic argument for family visitation developed in this country, at least partially, from some earlier findings that visits to prisoners may have had rehabilitative impact. Clemmer (1950) concluded that prisoners who maintained outside ties, while in prison, have a much better chance for rehabilitation than inmates who do not maintain such ties. Glaser (1964) found that federal inmates having "active family interests" while incarcerated were more successful on parole than were inmates who had no family interests. Holt and Miller (1972) found that California inmates classified as loners were six times more likely to return to prison than were prisoners who enjoyed regular visits. Therefore, the importance of the maintenance of outside relationships seems to be a very probable factor in parole success. Subsequent to learning of the potential benefit of family involvement, many individuals became interested in developing programs to encourage families to interact with the offender and to prevent the eroding of family relationships which occur over time. One of the Task Force members was himself actively involved in such a project (Ingram and Swartsfager, 1973, & Fenlon, 1972). However, the resultant jump from supporting that type of approach to advocating the stance that allowing more intimate visiting opportunities will further enhance family relationships is apparently based more on hope than on empirical evidence. Some proponents of family visitation apparently reason that if regular contact does some good then surely regular visitation in a much more unsupervised way should be even more beneficial. An illustration of this viewpoint is the following: "This return [to society] is facilitated if family contacts remain close, and physical contact is essential to this end" (Friday, 1976). Also the close tie of this viewpoint with the medical model is demonstrated by the following with reference to juvenile institutions in Sweden: "To restrict such [sexual] activity would be 'ridiculous'.... It [sexual freedom] is considered therapeutic" (Serrill, 1977).

Writings on family visitation, although sparse in quantity and quality, reveal much philosophical and ideological material, but little evaluative information. A representative list of such writings is included at the end of this report to illustrate the wide but superficial coverage of this controversial issue. Evidently, people are interested in discussing the topic and expressing their views, but most surveys and proposals do not represent credible stances from an objective viewpoint.

Most of the literature for or against the program is based on one of two opposing forces: Advocates insist that family visitation meets the needs or prisoners, promotes good institutional conduct, is humane, and strengthens the all-important tie to the family necessary for successful post-release adjustment; Opponents argue that family visitation is basically unfair to

single inmates, emphasizes the sexual part of the relationship in a dehumanizing fashion, and presents countless security and operational problems. Similarly, some advocates fit their arguments into the rehabilitative/reintegration model while some opponents adopt a deterrent/incapacitation model.

The ongoing debate over family visitation probably accounts for the inconsistent manner in which it has been used on an international basis. There seems to be no relationship between the type of countries which have such programs and such stereotyped factors as liberalism or conservatism. Generally speaking, those countries which have established family visitation programs view conjugal visitation as an inalienable right of a man. Little, if any, concern is generally shown for female prisoners, especially in Latin American countries.<sup>3</sup> The following list shows the heterogeneous cultural systems represented by countries using some type of family visitation program; Bolivia, Brazil, Burma, Chile, Columbia, Denmark, Guatemala, India, Japan, Mexico, Pakistan, Peru, the Phillipines, Poland, the Union of Soviet Socialist Republics, Sweden, and Venezuela. The existence of these programs in Europe, Latin America, and the Far East<sup>4</sup> reveals no consistent pattern. Family visitation seems to be adopted in some countries because of various historical factors which lead to a supportive social opinion, while in others the program seems to have some utilitarian purpose that may be unrelated to its original design. For example, in justifying the conjugal visiting component of their program, Soviet correctional administrators state that sexual visits eliminate prison homosexuality, while Mississippi authorities point to its historical importance in maintaining the stable family unit, a keystone of their rural culture.<sup>5</sup>

Regardless of the accompanying rationale, no hard data were found to support claims by either side regarding family visitation. Those states which have implemented the programs in this country declare that they are workable. California, New York, and Minnesota are the three biggest and most recent advocates of family visitation. Therefore, the Task Force decided to visit representative institutions in each state to view directly how the programs were working.

-4-

California

The first visit of the Family Visitation Task Force was to institutions in the state of California. The Task Force was assisted by a representative from the California Central Office. A group of Task Force members visited San Quentin and the main office of the California Department of Corrections. Subsequently the Task Force divided and visited the California Institution for Men at Chino, California Institution for Women, Vacaville, Folsom, and Soledad, all of which have family visitation programs. The Task Force concentrated mainly on higher security institutions but also included the medical facility and an administrative institution for women.

In the California state system, family visitation programs are coordinated by a correctional officer under the supervision of a lieutenant or the captain's office. The frequency of visits depends on the demand, with frequency ranging from a low of 30 days at the California Institution for Women, where there is little demand, to a high of 120 days or more at San Quentin, and other male institutions. The standard length of the visits is 43 hours with 5 hours down time for cleaning. Out-of-state visitors and other special situations may increase the visiting time.

Eligibility

Inmates participating in the program are required to be legally married. Other members of the immediate family may visit, including mother, father, grandparents, children, brothers and sisters. Brothers and sisters are checked especially carefully when they are visiting members of the opposite sex.

Only inmates exhibiting severe behavioral difficulties are restricted from the program. For the most part, all security levels participate and behavior criteria play a very small role in determining eligibility. Only offenses directly connected with the program would preclude an inmate from participating in the program. There are some institutional differences in applying these rules. For example, one institution (CIW) requires positive behavior for a length of time, such as 6 months, before entrance into the program.

California experienced some very negative occurrences with their furlough programs and have limited them to the last 90 days of incarceration, strictly for the purpose of employment and residence, and only for a duration of 72 hours. Therefore, the family visitation program really has no impact on their temporary release program.

Procedures

Counselors verify all relationships before allowing visits, usually through official documents. There is some use of a presentence report and less frequently, some attempt to contact members of the community. California is presently being challenged by the courts regarding the acceptability of homosexual partners for visits. Participating family members are identified using the same means applied for visiting room visits.

-5-

Inmates are searched before visits and may take only a minimal amount of clothing and cosmetics with them. Families (including children) are searched prior to the visit. They may be strip searched if there is indication that it is necessary. Many food items are allowed and these may also be searched. Failure to submit to a search is considered grounds for cancelling the visit. Inmates must make themselves visible at regular count times to the officer in the area. There are emergency alert systems available in each family visitation site should that become necessary. It was, indeed, necessary at San Quentin as one woman went into labor during a family visit.

Staff supervision is minimal - no staff can go inside the visitation unit unless it is absolutely necessary.

Visiting units are located at different places in the institution depending on the security required. The maximum security area at San Quentin, for example, is located inside the compound in an additionally fenced area. The minimum security visitation area for San Quentin, however, is located outside the walls in former staff housing. The California state system tries to use and encourages permanently constructed facilities. They have had bad experiences with trailers which have not worn well in this program. The initial capital investment required for beginning a family visitation program is considerable.

Inmates are transported to the visiting area with varying levels of attention to security. In some places, they are transported by staff and in others they are put in an institution "taxi" which has an inmate driver. "Hot" medications are generally left with the officer supervising the program and, in general, medications are permitted inside only in the amount of dosages needed for the visit. They must be in current prescription containers. In the case of diabetic patients, the syringe is left in a secure area.

#### Special Concerns

There is some feeling on the part of staff that these programs decrease the homosexual and predatory activity, but there is no research data that supports either of these contentions. There is little community response, according to staff, because most people in the community don't know that the program exists and don't care to hear about anything that involves inmates.

Relatively few serious problems have been reported with the programs. There have been few escapes and, more frequently, some domestic incidents which have come to the attention of staff. For example, at one institution, an inmate raped his mother while another inmate assaulted his wife. As noted before, staff really do not become involved unless absolutely necessary. Staff reaction to the program at first was negative to mixed, but reportedly has improved as the program becomes seen by some as a viable management tool in controlling institutional behavior.

Contraband is a significant problem. In spite of the security checks going in and, presumably, coming out, items as large as toasters and televisions have been lost from the family visitation areas. There is also evidence that drugs and alcohol have been brought in through the program.

-6-

Birth control devices are made available upon request but are not required. Since California requires that participants be legally married, there seems to have been a significant increase in marriages in the institutions. There is some feeling among staff that many of these marriages are for the visits as opposed to legitimizing former common-law relationships. They even cite instances where marriage is by contract solely for the purpose of the family visits. One institution has a honeymoon policy which seems to encourage a cycle of marriages, divorces and then remarriages to manipulate the honeymoon policy and allow for more frequent visits.

The program in the state of California must be viewed in the context of their organization structure. The central office of California Department of Corrections exercises little control over the institutions. After developing broad policy guidelines, it is up to the institution to implement local programs. Such is definitely the case with the family visitation program because there are as many different programs in California as there are institutions.

While no specific research was made available to this visiting team, there are some general feelings that can be derived from the visit. The program was mandated by the central office onto the institutions, and was implemented because it was required. The responsibility of supervision at the line officer level indicates the amount of priority assigned to the program. Security staff see it as a major problem in terms of contraband, although some staff perceive some positive aspects through its use as a management tool. This belief seems somewhat contradictory in that behavioral criteria, for the most part, do not preclude visits or allow a person to have a visit. The sanctity of the program is indicated by the fact that, even during a total lockdown of the institution, family visits continue. Except for the additional officer who coordinates the program, most of the other staff members involved simply time share from their regular jobs and are not specifically assigned to the program. As an example, the officers who provide security to the program generally are performing the same duties as before the program was implemented. The team received some contradictory information from the administrative staff and line staff regarding the program which may indicate that the program is not a high priority and/or it is not monitored very carefully. Although high numbers of inmates are eligible to participate, somewhere between 25% and 50% actually do participate given constraints such as being legally married and having available family members to come and spend the time. In the case of female inmates, having any kind of visit is difficult to achieve and family visits are no exception.



-7-

New York

Family Reunion programs in the state of New York were visited by two members of the Task Force. Of the four New York institutions which presently have visitation programs, three were visited. Included in the visit were Great Meadow, a maximum security facility, with approximately 1400 inmates; Bedford Hills, an administrative facility for women; and Wallkill, a medium security institution for men. All New York staff from the Warden to line employees at each institution were very hospitable.

Wallkill served as the site for the original Family Reunion program in New York approximately four years ago. New York then expanded the program into three other facilities including Attica. They presently have plans to expand the program even further. Only one program, Wallkill, the original New York program, provides any kind of counseling service. This is directly attributed by the staff involved to the existing expertise of the staff who are comfortable in providing family counseling. Family counseling was originally a part of the program but truly has not been implemented in any of the other sites visited.

The visits occur every three to four months, or sooner, depending on the capability of the facility, the number of trailers, and the length of the list of eligible inmates. Great Meadow limits the frequency of the visits to no less than 60 days. The visits are generally of 30 hours duration with three 30-hour cycles being run each week and an additional day available for maintenance.

Eligibility

Most of the inmates in these facilities are eligible to participate in the program. Those who are eligible for temporary release, their equivalent of our furlough program, are no longer eligible for the Family Reunion program. Coordination for the Family Reunion program is generally done at a high level of program staff. This person may report to a Deputy Administrator for programs or, either formally or informally, directly to the Superintendent.

An inmate must be legally married in order to have a non-blood related female visit in the Family Reunion program. Security status is not used as such to deny the visitation unless there is a particular crime involved, such as violence of a particularly obnoxious nature or sexual crimes. Warrants (our equivalent of detainers) also might preclude participation in the program if its location is less secure than the regular institution. Behavior does play a part in the New York program in inmate eligibility criteria. Violations or "tickets" could prevent an inmate from participating in the program. Ordinarily, it appears that minor violations would not halt the visit. An infraction of moderate or higher level probably would stop the visit and would result in the inmate not being able to apply for the privilege again for a number of days (60, 90, 120 and up), depending on the severity of the infraction.

Those who are within one year of meeting the Parole Board or having a presumptive parole date are eligible for a temporary release program in the state of New York. These people, when approved for temporary release or furlough program, no longer may participate in the Family Reunion program. If something in their record or some other consideration precludes the inmate from participating in the furlough program, then they may continue to participate in the Family Reunion program until release.

-8-

Family members eligible to visit would include mothers, fathers, sisters, brothers, spouses, and children. Relationships are generally verified through the use of New York's equivalent of the federal presentence report and confirmed, especially in the case of marriages, by community investigators who are members of a chaplaincy organization. Consideration is now being given to eliminating brothers and sisters from the visiting privileges of the opposite sex. There has apparently been a great deal of difficulty in verifying that sisters are truly sisters, and not girlfriends, and that brothers are brothers, and not boyfriends.

#### Procedures

Visitors are required to provide the same identification that they would on a regular visit. They are usually searched visually and are given a pat shake before they can enter the Family Reunion area, but may also be strip searched if there is some indication that it is necessary. Children have also been strip searched when there is strong indication of need. All food, packages, and prepared foods are examined through visual inspection, use of a transfrisker, and any other means necessary to insure the lack of contraband.

The security of the visiting area varies with the facility. At Great Meadow, a maximum security facility, the visiting area is inside the wall and directly under the supervision of a tower guard. At Wallkill, the facility is located at some distance from that medium security institution and has only a 5-foot chain link fence around it which was designed, according to the officials, to keep neighboring children out of the playground area. There is a guard on duty at all times there but he has limited visual surveillance of that area. Inmates stand count on the porches of their trailers at the same time count is being conducted at the main facility. Visits between families is prohibited except on the common outside area that is around each trailer. No family members are allowed to visit other family members inside the trailers.

There is an emergency contact system consisting of a telephone line from the trailer to the officer in charge of the area. When the officer or anyone outside calls in using the telephone, the inmate is required to answer and no other family member may answer the phone.

Trailers are consistently used as visiting facilities. They are three-bedroom trailers with one bath, living room and dining room area and a fully equipped kitchen. The quality of the trailer furnishing has caused problems. Capital costs at each institution vary considerably, but are generally high.<sup>6</sup>

Inmates may bring only one change of clothing with them for the visit, limited toilet articles in the less secure institutions, and no toilet articles in the higher security institutions. Visitors either enter through a rear gate and proceed directly to the visiting area or are transported by staff to the visiting area. Visitors with medical problems are allowed to visit, but their medication is retained by the officer who supervises the areas and dispenses it as required.

### Special Concerns

Some staff credit the availability of the program with reducing behavior problems inside the institution, because of a fear of losing the privilege, rather than any other positive aspect of the program itself. The maintenance of family ties, while very much a touted reason for having the program, is questioned by some of the people who are involved. They cite many instances when an inmate will have his or her spouse visit under the Family Reunion program, and at the same time, be having visits in the visiting room with a girlfriend or a boyfriend.

Public reaction to the program cannot be distinguished from the general negative reaction of the public in that particular local area to anything that occurs in the correctional facility. Some concerns raised at Wallkill when the program was first implemented were the fear that the prisoners might escape from the less secure Family Reunion area and do harm to members of the community. A second reported concern was that life was already too good for inmates and that this was only adding to their privileges. A third concern was the taxpayers opposition due to the cost of the program.

There does not appear to be much jealousy or animosity in the institutions between those inmates who participate and those who do not.

Staff reaction, decidedly negative at the onset of the program, has included top administrative staff who implemented the program only because they were required by their central office to do so and unions who filed legal actions regarding zoning ordinances in an effort to prevent the beginning of the program.

Staff reported no escapes from the programs visited. There have, however, been several instances of contraband being found. The contraband has been found on the families coming in for the visit and on inmates leaving the visit. In the case of contraband being found on families, the visit has been immediately terminated. In the instances of the inmates being caught leaving the program with contraband, they have been handled through the regular disciplinary process and generally have been denied the privilege of participating in the program for varying lengths of time. There was some indication, however, that violating a condition for the program by bringing in contraband would not necessarily preclude any further participation. According to most observers, contraband is seen to be a major problem of the program.

No means of birth control are provided to any of the visiting participants in the program by any of the facilities involved. Birth control measures are available to women in the women's facility, if they are requested. They are not available to men in the men's facility. The issue of possible pregnancies seems to be almost ignored in the women's institution as is the sexual aspect of the visits. This apparent oversight becomes more understandable when one considers the frequency of visits. As estimated by a guard who was regularly on duty, only four of the women were regularly visited by their husbands while the majority of the Family Reunion program visits were occurring with other family members. In male institutions, there appears to be little or no concern for the possible results of the sexual aspects of these visits since the pregnant women are not the concern of the institution.

-10-

No domestic incidents have come to the attention of the staff while participating in the Family Reunion program. However, one incident was recounted which occurred between an inmate and his spouse in the office of the Family Reunion coordinator. New York state allows marriages of offenders as long as they are not sentenced to life, and this policy has not changed with the inception of the program. There have been a few more marriages occurring since the program began primarily to legalize prior common-law relationships, but this does not have the marriage-factory characteristic found elsewhere.

In summary, New York appears to run a program that is a privilege and not a right. It is run very strictly with the emphasis being on security and control as well as maintenance of family ties. Administrators now believe in the program for its effect on control inside the institution. They remain somewhat skeptical about its other positive effects. The Task Force members found it somewhat difficult to discern the true attitudes toward the program exhibited by the staff because of the extreme dichotomy in the New York system between correctional and "civilian" staff. Each group tends to view all programs from their own very constricted position.

-11-

Minnesota'

The Minnesota correctional facility at Stillwater was visited by two members of the Task Force.

The family visitation program at Stillwater was well run and professionally administered. Numbers, however, are small (only 17% of the population participate) and the family visitation program is only utilized by those inmates assigned to the minimum security unit. This unit is outside the wall of the main institution and, at present, 63 prisoners are assigned. Space designated for the family visitation program is an older two-story frame house adjacent to the minimum security unit. The home is approximately 40 to 50 years old and has three good-sized bedrooms as well as a living room, dining room, kitchen and bath facilities, all in seemingly good condition. Inmates are permitted to utilize the home for family visitation for a 48-hour period. It appears to be in use for approximately half the time during a month. Visits start at 4:30 p.m. and end at 4:30 p.m. on the third day. Only inmates who are classified into the minimum security unit are eligible and only bonafide marriages are considered.

No major problems were found with the program, probably because of the small number of inmates involved in family visitation, the strict criteria for entrance, and the close attention given to the program by staff. Additionally, the Minnesota experience is of shorter duration and less extensive than either the New York or California programs. It should be noted that those inmates who participate in the program and those not yet eligible state that they would prefer furloughs rather than the family visitation program.

### Discussion

Task Force members were amazed at the variety of practices subsumed under the family visitation program, even within the same state's system. Top administrators consistently talked very positively of the program, quickly dismissed the potential for problem, and enthusiastically endorsed the concept because of its claimed benefits. This official endorsement was given at the central office as well as at the institutional level. However, the attitudes of line staff and those directly responsible for running the program ranged from ambivalent to negative. In fact, they indicated feelings of futility because problems were increasing and the top administrators were either unaware or disinterested in hearing about them. Apparently, family visitation has progressed to the point in at least one state in which it is considered an "untouchable." Inmates said openly that the administration wouldn't dare take it away or tighten it up because they would riot. Line staff members in that state corroborated this conviction because, in their opinion, the program has become a political/legal nightmare. In trying to obtain data on the program from some state officials, for example, the Task Force met with complete failure. Apparently, administrators having adopted the program are not that interested in asking questions because the program is "part of the system now."

As they visited the various prisons, Task Force members attempted to evaluate family visitation from the framework of the arguments given for and against the program. A summary of findings for each point follows:

#### Arguments for Family Visitation

1. Meets the Needs of Inmates. There is no question that this type of program allows for an officially sanctioned expression of sexual feelings. Inmates endorse this aspect very highly as do most staff members. Some personnel also believe that it minimizes homosexual behavior for those married men who participate, but this is speculation only. Similarly, whether other psychological needs (for affection, caring, etc.) are met is very difficult to determine. Some inmates report problems in relating naturally to spouses under these circumstances while others do not seem aware or concerned about this aspect of the relationship. Staff are divided in their opinions.
2. Promotes Good Institutional Conduct. This is much more difficult to ascertain. Inmate conduct in several of the prisons visited was so bad that it may not be appropriate to attribute it to the failure of family visitation. However, it is fair to say that no observable effect of a positive nature was noted. Inmates were verbally abusive to staff and visitors, and they made many obscene and aggressive comments to members of the opposite sex. Notable differences were found between institutions and between states in inmate conduct, as well as in the quality of enforcement of regulations (including family visitation program rules). Apparently, inmates in those states that have such programs do not view negative behavior as necessarily disqualifying them from participation, administrative pronouncements notwithstanding.

-13-

3. Facilitates Humane Environment. The philosophical arguments in this area do tend to be ridiculous at times, which overshadow some of the real potential benefits from the program. Coleman (1980), for example, in writing of his experiences in South Carolina, states the following: "Contact visits, which seem humane to all save those who want prisons to offer unrelieved punishment, bring with them one further way of coping.....: drugs and liquor." And later, "Some simpleton could - and some simpleton will - argue for restricting the contact visits as a way to cut down on the drug and liquor traffic. But an end to the visits or tighter controls would impose such costs in morale, extra personnel, and destruction of trust as to give the state a much worse situation than it now faces" (Coleman, 1980, pgs. 20-21).

Despite such foolish and dangerous written support for any visitation programs, the Task Force concluded that allowing family visitation for most inmates is undoubtedly more humane than denying such contact. Some older married inmates view the visits as dehumanizing and prefer that their spouses stay away, but most inmates endorse the concept. Properly run programs which enforce their published rules do seem to benefit some inmates by encouraging close contact with their families. This was especially noticeable in one state. Family visitation programs are seen by most inmates as especially beneficial to men serving very long sentences. However, these men do not have as much access to the program as do short-timers due to the higher demand by that group. This may partially explain the extremely poor conduct found in some prisons having such programs.

4. Maintenance of Family Relations. Preservation of marriages has been the primary benefit of conjugal visitation claimed by some authorities. Within many of those prisons visited by the Task Force, however, encouragement of new marriages seems to be a more accurate description than preservation of existing ones. Consensus of staff working with family visitation programs is that a small group of inmates are able to maintain their family unit because of family visitation. However, the majority of inmates either are unaffected or even lose respect for the family unit because of the program. The latter occurrence has apparently developed because of the manner in which marriage is used as a manipulative coping device by many inmates to secure sexual partners. In one state, for example, inmates are allowed to marry rather easily (a once per month schedule is maintained to conduct marriages at the institutions). As one outgrowth of this practice, staff report that some inmates marry casual acquaintances to obtain an immediate sexual partner, divorce them, and then remarry either the same partner or another one to move to the top of the list for scheduling the next visit. The inmate attitude is one of using the program (and the spouses) for sexual gratification rather than maintaining a pre-existing relationship. Attempts by the Task Force to determine the extent of this practice by acquiring figures on the number of marriages were not successful. No one contacted knew where such data could be found, although institutional personnel reported the wedding traffic heavy enough to necessitate the one day per month ceremonies. However, one recent estimate places the monthly figure at 10-25 marriages per institution (Meredith, 1980).

Arguments Against Family Visitation

1. Unfair to Single Inmates. There does not seem to be any problem in the selected institutions because of negative feelings by single inmates. Anticipated fears of hostility and bitterness seem to be misplaced. This finding is consistent with a 1967 survey of unmarried inmates in the Mississippi State Penitentiary in Parchman. Only about 10% of the 822 single inmates objected to conjugal visitation for married prisoners (Time, 1967). Staff and inmates do not view this as a significant factor. They do believe that it is a strong inducement for single inmates to locate a willing partner to marry so that they can enter the program.
2. Emphasizes Sexual Part of Family Life. This argument seems to be valid for the majority of inmates. Consistent reports of abusive treatment towards spouses, derogatory comments made by the inmates about their mates (to staff and other inmates), and the relative infrequency of children visiting in male institutions, all point to many of the inmate's perceptions of the program as strictly a physical reunion. (In female institutions, there were a larger number of visits by children and their guardians.) There appear to be some inmates who view the program as intended and who are truly interested in reestablishing the marital bond. However, staff working directly with the program feel that this group is in the minority and that they would prefer a home furlough program if given a choice.
3. Security and Operational Problems. The degree to which this aspect is a serious problem varies considerably from one institution to another. In one extreme, staff pay lip service to existing regulations and inmates know that only the most serious violation would jeopardize their participation. Inmates reportedly use the program to introduce contraband, to pressure spouses to conduct illegal outside activities, and even to harass staff through intimidating behavior. At the other extreme, staff closely monitor all activities, screen the family members closely, and censure inappropriate behavior. However, in both cases, the program causes staff many administrative problems. What is unfortunate is the general stance taken by most of the higher level officials - minimizing the problems or denying their existence by attributing negative events to uncooperative staff members. The almost total lack of awareness or candor by upper echelon staff in some locations was remarkable and certainly perpetuates the present dilemma of those seeking information on this important subject.



-15-

### Conclusions

Public support for family visitation programs because of ideological/philosophical beliefs that it is basically humane and consistent with the notion of rehabilitation has led to its recent implementation in several states. It is ironic that correctional administrators in those states now firmly support the programs (at least publically) as a preferred substitute for home furloughs (which is more in line with a reintegration philosophy). They view the latter as politically dangerous because of the adverse publicity given to a few extreme failures in the past.<sup>8</sup> Now that the family visitation program is entrenched in their systems, they do not seem very interested in evaluating it because it is a given fact. Anecdotal accounts and subjective opinions are plentiful but no data is available (at least the Task Force could not obtain it). It was disappointing to the Task Force that several of these states no longer ask questions, but rather steadfastly pronounce their program successful. Additionally, a big disappointment was the general disregard for the "family" concept despite the adoption of the term. Family counseling is almost non-existent in most institutions and the emphasis on the part of staff and inmates seems to be on the conjugal aspect of the program.

As a group, Task Force members were not impressed with the three programs they visited. A few institutions have well managed programs but these involve a very small number of inmates. Although some institutions have conscientiously tried to manage the programs as instructed, the larger programs are generally poorly run because of political and/or administrative realities.

Staff and inmates in these states emphasize the good that the program does for many inmates nearing release. Yet, the offenders who reportedly need it the most (long-term offenders) participate less frequently because of the higher demand by that group and are much more likely to abuse the privilege.

The shorter term offender who is eligible for home furloughs in the federal system does not need this program in the opinion of the Task Force. The very successful home furlough program should not be replaced or supplemented by a family visitation program in the opinion of the Task Force. However, such a program could be tried on an experimental basis at a future date for longer term offenders to determine if any positive benefits accrue. Research in this area is badly needed but it would be very costly. Whether the complex management problems involved can be handled and whether the necessary resources are available in running such a program are strictly administrative decisions. Reasonable risks involved in any innovative undertaking must always be weighed against the potential benefits. However, most successful institutional programs visited seem to be so because most of the participating inmates are those whom the federal system would place in the outside community, a much more desirable location for reestablishing family ties.

Recommendations

1. Continue the present furlough program for all eligible inmates. It appears to be far superior to any type of visitation program at the institution level.
2. Consider developing an experimental family visitation program in the future in one long-term penitentiary with adequate facilities,<sup>9</sup> with tight controls,<sup>10</sup> and with solid research support. Although there is no convincing, empirical support for such a program, it may be a worthwhile humanitarian exploration for its own sake. Such a program should not be accomplished to prove it works, but should be viewed as an attempt to determine its efficacy.<sup>11</sup> It should also truly encompass family visitation (including family counseling) and not be simply a conjugal program. The caseworker and chaplain(s) should be fully involved in this process, both before and after visitations. The Task Force members want to emphasize that they are absolutely against implementation of even an experimental family visitation program if adequate physical facilities are not provided. Numerous examples of shoddy accommodations were found which illustrate the negative effect this has on the entire program. Substantial funding is a must before implementation of this research.
3. Share candidly with state systems the results of such an evaluation. States that are sincerely interested in exploring family visitation presently will find only public relations material rather than objective appraisals. The federal system should be in a better position to test honestly such programs.
4. If feasible, a similar experimental program should be attempted with female offenders. However, because of the small numbers involved and financial constraints, this research activity is seen as secondary to that of long-term male offenders. If the experimental program proves successful, however, female inmates should certainly be allowed to participate to the same extent as males.

-17-

List of Prisons Visited

Bedford Hills, New York - Women's Institution

Chino, California

Folsom, California

Great Meadow, New York

Ontario, California - Women's Institution

San Quentin, California

Soledad, California

Stillwater, Minnesota

Vacaville, California - Medical Facility

Wallkill, New York

-18-

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-19-

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Footnotes

- 1 In this report, family visitation will be used to describe programs that include conjugal visitation as one component.
- 2 Surprisingly, the legal literature is also more philosophical/subjective than "legal" on this topic (see Schneller, 1976, for example).
- 3 Most visitors to Latin American prisons are not aware of these discriminatory practices regarding females. In fact, the visitors are usually very impressed with conjugal visiting because it stands out as a "progressive" condition of confinement in contrast to other aspects of Latin American prisons. (See for example Peterson, 1980.)
- 4 Some 35 countries altogether allow conjugal visits or home furloughs according to Hopper while about 40 other countries disallow such activities.
- 5 It is interesting to note that conjugal visiting was used initially as a sexual outlet for only black (married and single) inmates in Mississippi.
- 6 The initial capital cost at Great Meadow was \$160,000 and they have four trailers. This included not only the cost of the trailers but also site preparation. Great Meadow purchased an additional trailer for a supply and checking area. Costs, of course, vary given the size of the program and range from Wallkill with five trailers through Great Meadow with four and Bedford Hills with only two. The estimated initial capital cost at Wallkill was \$170,000. Operation costs at Wallkill run around \$6,000 a year for supplies and utilities. This does not include salaries for the staff who are assigned to the program. Staffing at each of the New York programs seems to be rather consistent with one coordinator, a secretary, around-the-clock officer coverage which means at least five officers and either a complete maintenance person or a portion of a maintenance person's time.
- 7 The Task Force accumulated a great deal of information concerning specific operational hazards and problems which are not included in this report (sanitation, screening, contraband, etc.). They will be happy to share these administrative concerns with any interested parties.
- 8 Although the home furlough program has been very successful in most states (98-99% successful return rate), this system was causing great problems in a few states. For example, in 1971 in California, hundreds of prisoners did not return and many committed serious crimes while on furlough. The local communities anticipated additional crime and exerted a great deal of pressure on the Prison Commission. That group, fearing abolition of the furlough system altogether, cut back the program drastically and spread the conjugal visitation program to many of their prisons.
- 9 Even critics of corrections and advocates on conjugal visiting such as Nagel believe that "nearly all present facilities are lacking in the physical qualities which will allow private visiting even if it were wanted by the administrations" (Nagel, 1973). It should also be noted that the secure state facilities visited have at least twice as many correctional staff

as do the federal institutions. In addition, they allocate extra positions for relief with their family visitation programs. Whether the federal system could manage to acquire the additional positions necessary to manage a viable family visitation program is problematic.

- 10 Task Force members do have a number of suggestions if family visitation is initiated. For example, insisting on pre-existing marital relationships for entrance into such a program seems to be crucial. The subtle encouragement of marriages only for sexual gratification seems to be a big weakness in some programs. Also, the suggestion by some (Burststein, 1977, pg. 30) that sweethearts, prostitutes, homosexual friends, etc., be allowed to visit seems totally impractical from a legal and social standpoint. The percentage of long-term inmates with viable marriages should be ascertained as part of the evaluation phase. Additionally, eligibility for visitation should also be based upon institutional progress and behavior, and firm guidelines for denial of the privileges should be posted and followed.
- 11 States that have implemented the program began by running one project initially to demonstrate its success and then spread the program outward to other prisons. This approach (setting out to prove something can succeed) is guaranteed to accomplish that short-term goal, but it is a very poor way to evaluate critically any programmatic effort for its utility elsewhere. This is especially true if the sole criterion is a subjective one of asking those in the program whether their efforts were successful. There is no available evidence that the program has any effect on maintaining marriages.

## 1.A.(7)(a)

Excerpt from H.R. Rept. 96-873, Part 1, 96th Cong., 2d Sess., House Comm. on the Judiciary, dated April 14, 1980 (Relating to the authorization for appropriations for the U.S. Dept. of Justice for FY 1980), 17-18.

## FEDERAL PRISON SYSTEM

## ALDERSON PRISON

On October 10 and 11, 1979, the Subcommittee on Courts, Civil Liberties and the Administration of Justice held hearings on the female offenders who are incarcerated in the Federal system. A major concern expressed by all the witnesses was that one of the Federal correctional institutions—Federal Correction Institution Alderson in West Virginia—is in an extremely remote area. Many of the witnesses expressed the hope that it could be closed, and that women be moved to facilities which were closer to their families and less restrictive, where appropriate. The committee recommends that the Bureau of Prisons conduct a feasibility study of possible alternate uses for Alderson, which is presently a female facility. One possible option which should be explored would be to close it as a correctional facility, and use it for another Federal, State, or private purpose. The Bureau is encouraged to explore alternative placements for women who are residents of the District of Columbia. Presently, approximately one-third of the residents are committed from the District, as District of Columbia and/or Federal Code violators. The Bureau of Prisons has recognized that female offenders are generally in more secure facilities than are necessary, and yet there are no minimum security camps for women. The Bureau is encouraged to seek alternative placement in community-based facilities and, if feasible, in minimum security camps or other minimum security facilities. A report should be made to Congress no later than January 1, 1981 concerning the result of this study.



## 1.A.(7) (b)

U.S. Department of Justice



DEC 31 1980

Washington, D.C. 20530

Honorable Peter W. Rodino  
Chairman, Judiciary Committee  
House of Representatives  
Washington, D.C. 20515

Dear Mr. Chairman:

The House Judiciary Committee Report (96-873, Part 1) of April 14, 1980, requires the Bureau of Prisons to conduct a feasibility study of possible alternative uses for the Federal Correctional Institution, Alderson, West Virginia, and submit a report concerning the results of the study to Congress by January 1, 1981.

Accordingly, we are enclosing a report which assesses the impact of six options for alternative uses of the Alderson Institution. After carefully reviewing the study, we have concluded that Option 1 offers the best possible solution to the issues and problems identified at the Federal Correctional Institution, Alderson. Option 1 proposes to:

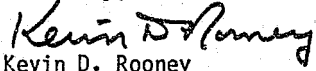
1. Obtain the Alcohol Rehabilitation Center, Lexington, Kentucky, and convert it to a secure facility for females. The Alcohol Rehabilitation Center adjoins our Federal Correctional Institution at Lexington. The Center is now operated by the National Institute of Mental Health for drug addiction research. A replacement facility is now being constructed and the National Institute of Mental Health is scheduled to vacate the facility by January 1982.
2. Utilize the 98 bed satellite prison camp now being constructed at the Federal Correctional Institution, Danbury, Connecticut for housing minimum security females. This facility is scheduled for completion by June 1981.
3. Utilize the Alderson Federal Correctional Institution as a co-correctional institution for minimum security males and females.

Present information indicates the Alcohol Rehabilitation Center may not be available until January 1982. Since renovation will require several months, the implementation of Option 1 will not be possible until the spring or summer of 1982.

- 2 -

If you or your colleagues should require any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kevin D. Rooney". The signature is written in a cursive, slightly stylized font.

Kevin D. Rooney  
Assistant Attorney General  
for Administration

Enclosure

REPORT TO CONGRESSFEASIBILITY STUDY OF ALTERNATIVE USES  
FOR THE  
FEDERAL CORRECTIONAL INSTITUTION, ALDERSON, WEST VIRGINIAFederal Prison System  
United States Department of Justice  
Washington, D.C. 20534

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TABLE OF CONTENTS

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EXECUTIVE SUMMARY.....	i
INTRODUCTION.....	1
BACKGROUND.....	2
DISCUSSION OF SPECIAL ISSUES.....	6
ALTERNATIVE USES FOR ALDERSON.....	12
SUMMARY AND RECOMMENDATION.....	22
APPENDICES	
· A - PHYSICAL CAPACITY OF OPTIONS.....	24
B - DEMOGRAPHICS ON FEDERAL FEMALE OFFENDERS.....	25
C - FEMALE INMATES BY SECURITY LEVEL BY REGION.....	30
D - SURPLUS FACILITY SITE INVESTIGATIONS.....	33
E - CAPITAL COST ESTIMATES.....	34
F - OPERATING COST ESTIMATES.....	35
G - STAFFING REQUIREMENTS FOR OPTIONS.....	36

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EXECUTIVE SUMMARY

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The Alderson Task Force appointed in June 1980, was directed to explore the feasibility of alternative uses for the Federal Correctional Institution (FCI) at Alderson as required by the Department of Justice Appropriation Authorization Act, Fiscal Year 1981.

Analysis of relevant data and review of related issues concerning Alderson led to the development of six options for alternative use of FCI, Alderson.

Option 1: Convert the Addiction Research Center adjacent to FCI, Lexington to a secure, single-sex facility; change the proposed mission of Danbury Satellite Camp to a camp for women; and change the mission of FCI, Alderson to a co-correctional facility.

Option 1 favorably addresses several of the issues raised concerning FCI, Alderson. Under this plan, improvements are anticipated in visiting, proximity to release destination, and programs and services. The issue of confining female inmates in oversecure environments is largely eliminated. Capital costs are minimal and operating costs will be less than the current level at FCI, Alderson.

Option 2: Continue to operate FCI, Alderson at its present level and include the establishment of a camp for women in the long-range planning process.

Option 2 proposes no change in the status of FCI, Alderson, but does suggest long-range planning for a camp facility. The establishment of a camp for women would result in favorable changes in accessibility for visitors, proximity to release destination, and a less secure environment. It would also result in excess capacity and, therefore, a more costly operation.

Option 3: Close FCI, Alderson and build a 500 bed replacement facility.

FCI, Alderson could not be closed without the activation of another facility for incarcerated women. The construction of an appropriate replacement facility in an appropriate location could improve opportunities for visiting. The loca-

tion of any single institution will be closer for some people and further for others, but a facility in or near the Northeast Corridor will place the greatest number to their release destination. Program levels would remain comparable to those at Alderson. Costs for the construction of a new facility would run approximately \$26 million, although operating costs would be somewhat less than Alderson.

Option 4: Make no major changes in FCI, Alderson but increase the utilization of Community Treatment Centers for women.

Option 4 would improve visiting opportunities and closeness to home for those women with expanded stays in Community Treatment Centers and they would be in less secure facilities. There would, of course, be no change for the women remaining at Alderson. This option is not a realistic one because the Community Treatment Center (CTC) placements at Alderson already meet or exceed existing Bureau policy on CTC use.

Option 5: Convert the Addiction Research Center adjacent to FCI, Lexington to a secure, single-sex facility, acquire a surplus camp facility, and change the mission of FCI, Alderson to a co-correctional facility.

Option 5 is similar to Option 1 with the exception of the acquisition of a surplus property for a camp. The unavailability of a surplus camp facility in the Northeast renders this option unfeasible at this time.

Option 6: Make no major changes in FCI, Alderson but increase the number of women placed in State institutions, including the District of Columbia.

Option 6 would improve visiting and place women closer to home but programming and services would be reduced in both quantity and quality. In most cases women would be confined in facilities that are even more secure than Alderson. In addition, overcrowding generally exists in those States which do have institutions for women. This option is unfeasible because of the small number of appropriate State facilities.

RECOMMENDATION

The Task Force recommends implementation of Option 1 as it offers the best possible solution to the issues and problems identified at FCI, Alderson.

Option 1: Convert the Addiction Research Center adjacent to FCI, Lexington to a secure, single-sex facility; change the proposed mission of Danbury Satellite Camp to a camp for women; and change the mission of FCI, Alderson to a co-correctional facility.

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INTRODUCTION

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The Department of Justice Appropriation Authorization Act, Fiscal Year 1981 (Public Law \*) required the Bureau of Prisons to conduct a feasibility study of possible alternative uses for the Federal Correctional Institution (FCI), Alderson, West Virginia.

To fulfill the mandate of Congress, the Director of the Bureau of Prisons (BoP), Norman A. Carlson, appointed a Task Force to conduct the feasibility study. Members appointed to the Task Force include: Kenneth Neagle, Warden, FCI, Alderson - Chairperson; Ronald Waldron, Chief, Office of Program Development, BoP Central Office, Washington, D.C.; Patrick Kane, Executive Assistant, Northeast Regional Office, Philadelphia, Pa.; Linda Lancaster, Correctional Programs Administrator, BoP Central Office, Washington, D.C.; and Verna Muckle, Budget Analyst, Department of Justice, Washington, D.C.

The Task Force first convened in the Bureau of Prisons Central Office in Washington, D.C., on July 11, 1980, to meet with Director Carlson and the Assistant Directors to discuss the issues raised by the Department of Justice Appropriation Authorization Act, Fiscal Year 1981, and clarify the direction and the purpose of the Task Force.

In the conduct of their study, two additional meetings were held by the Task Force, one on August 7, 1980, at FCI Alderson and on September 4, 1980, in the Central Office. The Task Force reviewed available documents and conducted special studies on topics related to the specific issues before them. A draft report was prepared and submitted to the October and December 1980 Executive Staff meetings for review and comment. Subsequently, a final report report was prepared on the Task Force's findings and recommendations.

\* Act not yet enacted.



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BACKGROUND

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Prior to 1920, there were relatively few women violators of Federal laws sentenced to terms of confinement. Consequently, there were no female Federal facilities and women incarcerated for Federal crimes were lodged in State and local facilities and segregated sections of Federal male institutions. In 1921, at the urging of Ms. Mable Walker Willebrandt, the first woman to be appointed Assistant Attorney General, planning was initiated to construct a Federal facility for female offenders. A prison reformist through conviction and action, she managed to provide the impetus for enabling legislative action to establish a Federal institution for women. However, the Enabling Act, which was signed into law on June 7, 1924, carried no appropriation provisions.

It is interesting to note that concern was expressed for site location and the act did provide for choice of site with certain qualifications. It was considered desirable that the institution be located approximate to Washington, D.C., for three reasons.

1. Statistics indicated the geographical center of the criminal population of the United States at that time lay slightly southwest of Washington, D.C.
2. Easy accessibility was desired for visitors from Washington and other sections of the country.
3. The site was also expected to serve as a place of confinement for all sentenced District of Columbia female offenders.

Other factors were considered in site location including a representative climate not subject to extreme heat or cold; the therapeutic benefit of a rural environment; and the adaptability to a variety of agricultural programs for work, training, and institutional self-sufficiency.

In January, 1925, site consideration had been limited to three possibilities, i.e., one in the state of Indiana, one in Pennsylvania, and Alderson,

West Virginia. After visiting all sites, a three Cabinet member committee reported to the Congress on January 29, 1925, and the Alderson site was selected.

Upon the completion of detailed construction estimates for the Bureau of Budget, an appropriation bill was passed by the Congress and submitted to the President for signature on March 4, 1925.

A two year construction program was planned and designed for completion for the close of fiscal year 1927. During the first year, facility design called for construction of housing for two hundred inmates, and the following year for construction for an additional three hundred inmates. Plans and specifications also provided for training facilities, institution maintenance buildings such as storage, garage, etc., and an institution farm.

Before construction could be begin, however, it was necessary to secure Congressional approval and appropriation in the amount of \$6,000 for the construction of a road leading between the town of Alderson and the institution. In February, 1927, a small tract of land was purchased for this purpose, bringing the total acreage of the reservation to 517 and total acquisition and construction costs to approximately \$1,600,000.

Under the able leadership of its first superintendent, Dr. Mary B. Harris, Alderson opened its doors on April 20, 1927 to receive its first three female inmates. The first Annual Report published at the close of fiscal year 1928 stated that over 200 inmates had been received in transfer, and the institution was well on the way to setting up a classification system and series of rehabilitative programs. As early as 1928, the medical department had already implemented what was deemed as a successful treatment course for drug addiction. During this era, early programs also consisted of inmate social/religious activity groups, medical education, and domestic vocational training programs of cooking, practical nursing, and sewing.

Today, females at Alderson are actively involved in a wide range of educational, vocational, and social training programs. The Alderson philosophy has been one of creating a therapeutic, humane, safe environment in which female offenders may serve their time and enhance their chances for successful return to the community.

#### RECENT DEVELOPMENTS

During the last decade the United States has experienced increasing concern over the rights and welfare of women incarcerated in prison. This concern has been expressed in numerous books, articles, studies, and recently in a Congressional Hearing on the female offender.

The Congressional Subcommittee on Courts, Civil Liberties and the Administration of Justice convened on October 10-11, 1979, and held hearings on female offenders confined within the Federal Prison System. The Subcommittee, chaired by the Honorable Robert W. Kastenmeier, has oversight responsibility for the Federal Prison System and focused its attention on the needs and conditions of confinement for incarcerated females. Particular attention was directed at the Federal Correctional Institution, Alderson, West Virginia. The Subcommittee heard testimony from Director Carlson as well as the Wardens from the four Federal facilities which house women. Also appearing before the Subcommittee were officials from the District of Columbia Department of Corrections, a panel of inmates from FCI Alderson and various concerned professionals and academicians from the private sector. Testimony tended to center on the facility's geographical location, rehabilitative program efficacy, health services, and marketable job training.

The record notes that major concern expressed by many who testified was the geographically remote area within which the Alderson facility is located. It was believed that this prevented the maintenance of close family and community ties. Since 40 percent of all offenders at Alderson are security level 1

offenders (minimum custody), a concern was expressed that perhaps many women were in over-restrictive environments. That is, it was believed that a portion of the Alderson population might be appropriately transferred to a less restrictive facility with no adverse effects.

Following the hearings the Committee on the Judiciary submitted the Department of Justice Appropriation Authorization Act, Fiscal Year 1981, which required a feasibility study of possible alternative uses of Alderson. It was suggested in the Act that one possible alternative would be to close the Alderson facility as a correctional institution and use it instead for another, Federal, State, local or private purpose. The Bureau was strongly encouraged also to explore alternative placements for women, particularly those sentenced out of the District of Columbia. Approximately one-quarter of the residents at Alderson were identified as residents of the District of Columbia. In addition, the Bureau was encouraged to seek alternative placement for all women appropriately designated in community based facilities and if feasible in minimum security camps or other minimum security facilities.

Upon completion of the feasibility study, the committee required a written report to be submitted to Congress no later than January 1, 1981, addressing the concerns raised in the Appropriation Authorization Act.

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#### DISCUSSION OF SPECIAL ISSUES

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The Task Force reviewed the October 1979 hearings on the Female Offenders conducted by the Subcommittee on Courts, Civil Liberties, and the Administration of Justice of the Committee on the Judiciary, House of Representatives. The mandate of Congress in the Appropriation Authorization Act, Fiscal Year 1981, (Public Law ) was also examined. Review of these and other documents suggested several issues for consideration by the Task Force.

#### VISITING

It is a generally recognized principle of corrections that the maintenance of family and community ties by the inmate is ultimately helpful to the inmate's morale during incarceration and to the inmate's adjustment when released to the community. The fact that Alderson is located in a rural setting in West Virginia and many of the inmates incarcerated there are from metropolitan areas in the Northeast, makes it difficult for those inmates who desire to do so, to maintain their family and community ties. No doubt if a Federal correctional facility were located within the Northeast corridor and closer to the metropolitan areas, the amount of visiting for inmates would increase.

It should be noted, however, that women offenders, for reasons that are not all that clear, have fewer visitors than male inmates. For example, at the Bureau's co-correctional facilities in Lexington and Fort Worth the respective visiting rates for male and female inmates were 19 percent male, 13 percent female; and 32 percent male, 26 percent female. To rectify this problem, the staff at Alderson have changed the visiting hours and conducted more family programs. Consequently, in 1980 the rate of visiting for women during the summer months increased by 100% compared to 1979. In summary, then, locating a female institution closer to the metropolitan areas is likely to

improve inmate visiting, but the visiting rate in all probability will still be lower than that of male inmates.

#### PROXIMITY TO HOME

A review of the legal residence of women confined at Alderson revealed the inmates are from 41 different states (see Appendix B). Obviously, no single institution could be established that would place all inmates close to their legal residence. Several small institutions would place inmates closer to home but the cost of this approach would be extremely prohibitive. The Task Force concluded that any increase in the number of institutional or community alternatives available to women would increase the probability of the inmate being assigned closer to home.

#### LEAST RESTRICTIVE ENVIRONMENT

The Bureau of Prisons' security level designation system classifies inmates according to their needs for security and supervision. Inmates are identified as one of six security levels ranging from those requiring the least amount of security (Level 1) to those requiring the maximum amount of security (Level 6). Level 1 inmates are generally housed in camps and other minimum security level institutions while Level 6 inmates are housed in the most secure penitentiary available. Alderson is designated as an Administrative facility, that is, it serves all security levels from 1 through 6. To provide the control necessary for those women offenders in the 2 through 6 security level range a secure environment is established at Alderson. For those women classified a security level 1 and assigned to Alderson the environment is more restrictive than is necessary for their control.

Approximately 40 percent of the inmates at Alderson are now designated as level 1 inmates and approximately 72 percent have community and out custody status. This information suggests need for the assignment to less secure facilities or community placement for a significant number of Alderson inmates.

#### INMATE PROGRAMS

Testimony given before Congress during the Hearings on Female Offenders suggested that inmate programs at FCI, Alderson did not meet the needs of incarcerated women.

The Task Force found a wide range of program offerings were available at FCI, Alderson. Among the programs available were office skills, cosmetology, mechanical services, automated data processing, and education courses from elementary school through college. In addition, there are Department of Labor approved apprenticeship programs in 28 different trade areas. Other programs offered also include drug abuse programs and various forms of individual and group counseling. The quantity and quality of programs at Alderson appears to the Task Force to be more than adequate.

#### MEDICAL SERVICES

A review of the medical services at Alderson revealed that more than adequate services were available. By way of comparison, Alderson has a ratio of 3 medical staff member for every 100 inmates while the Bureau overall has a ratio of 2 medical staff for every 100 inmates. The medical program currently has 15 authorized positions including 3 physicians, 1 dentist, 1 hospital administrator, 5 registered nurses, 1 medical technician, 2 physician assistants, 1 registered pharmacist, and 1 medical records technician. In addition, contracts are maintained with three local hospitals and 30 physicians for those services not available from existing staff. A psychiatrist visits the institution every 2 weeks, and an optometrist and radiologist visit the institution twice a month. The institution has its own ambulance and emergency cases can be transported to the Green Briar Valley Hospital in Ronceverte, approximately 17 miles from the institution. For elective surgery, inmates can be transferred to the FCI, Lexington where the Bureau maintains a fully accredited hospital.

In view of the fact that a wide range of medical services are provided, the Task Force concluded that the medical needs of the inmates are being met.

#### DISTRICT OF COLUMBIA INMATES

The relationship between the Bureau of Prisons and the District of Columbia (D.C.) Superior Court and the D.C. Department of Corrections is unique. The District of Columbia, unlike most states, does not maintain a facility for the long-term commitment of its female offenders. Only female D.C. Code violators serving terms of one year or less are confined at the local D.C. Detention Center.

A Memorandum of Understanding between the agencies states that the Bureau of Prisons will house all female D.C. Superior Court cases who are committed to terms of more than one year. Generally, these women are designated to FCI, Alderson, and constitute the largest group of female inmates with a single release destination. Approximately 25 percent of Alderson's population list the District of Columbia as their home.

The District of Columbia operates a long-term correctional institution for males in Lorton, Virginia. No long term facilities are available for women. On at least two occasions in recent years, the need for construction of a 200 bed camp-like facility in or near Washington, D.C., has been recognized by the D.C. Government. On one occasion the request for funding for construction of a women's prison was denied. On another occasion, money was actually received for construction of a women's facility but was ultimately used to expand the men's prison.

It has generally been preferred by the District of Columbia that the Bureau of Prisons continue to assume the responsibility to confine female D.C. Code Violators. Ironically, one of the original factors influencing the selection of Alderson, West Virginia, as the location of a Federal prison for women was its proximity to Washington, D.C. and the expectation that the facility



would serve as a place of confinement for all sentenced District of Columbia female offenders.

Operationally and budgetarily, it is to the advantage of the District of Columbia to continue the present arrangement. The District spends approximately \$1.9 million each year to contract for the incarceration of their women in the Federal system as opposed to the \$3.7 million it would cost annually to operate their own 200 bed facility. Construction costs for such a facility are estimated to be over \$21 million.

The construction of a facility for female offenders in or near D.C. would better meet the needs of the 160 or so D.C. women presently incarcerated throughout the Federal Prison System. Visiting would be improved, closer proximity to their release destination would enhance release planning and, if the facility included a camp-like component, the issue of over restrictive environments of female offenders would also be resolved.

The Federal Prison System recognizes the advantages for female offenders should the District of Columbia build its own correctional facility for women. And, the Bureau of Prisons would support the District in an attempt to build such a facility. However, it is unlikely that this will materialize anytime in the foreseeable future. The Bureau of Prisons, therefore, must continue to plan and provide for the care and custody of female D.C. Code Violators.

#### OTHER FEDERAL, STATE OR LOCAL USE OF FCI, ALDERSON

The language of the Department of Justice Appropriation Authorization Act, Fiscal Year 1981, recommended that the Bureau explore other Federal, State or local uses for FCI, Alderson. If FCI, Alderson were closed, the Bureau would not have sufficient capacity for those female offenders in security levels 2 through 6 who now require incarceration in a secure facility. An existing male institution would have to be converted for female use or a new facility would have to be constructed or acquired. If existing male capacity were converted

to female use, Alderson should be converted to male use to make up the difference in lost capacity for males. If a new facility were constructed or acquired for females, Alderson should be converted to a Security Level 1 facility for males, as there is presently a shortage of level 1 capacity for males in the Northeast. The point is, if Alderson were closed for females, there exists sufficient need for the facility for other Bureau of Prisons needs and, therefore, the facility should not be made available for other Federal, State or local use.

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### ALTERNATIVE USES FOR ALDERSON

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Review of the issues surrounding the FCI, Alderson suggested several options for consideration by the Task Force. To assess the impact of the options proposed by the Task Force, each of the following factors were evaluated:

- ° Accessibility for Visitors: Is the facility more accessible to inmate visitors?
- ° Proximity to Release Destination: Are inmates closer to their release destination?
- ° Level of Programs and Services: Would program offerings increase over the present level?
- ° Appropriate Security: Are offenders placed in facilities of the appropriate security level?
- ° Capital Costs: One time construction and equipment costs (see Appendix E).
- ° Operating Costs: Annual salary and expenses necessary for operations (see Appendix F).
- ° Per Capital Costs: The operating costs per-inmate per-day (see Appendix F).
- ° Physical Capacity: The number of beds by which the option will increase or decrease the current base (see Appendix A).
- ° Personnel: The total number of personnel required to implement the option (see Appendix G).
- ° Feasibility: That which prohibits or allows the implementation of the option.

#### OPTION 1

Convert the Addiction Research Center adjacent to FCI, Lexington to a secure, single-sex facility; change the proposed mission of Danbury Satellite Camp to a camp for women; and change the mission of FCI, Alderson to a co-correctional facility.

This option consists of a three part proposal:

- ° Establish a camp for Level 1 inmates within the Northeast Region,
- ° Convert FCI, Alderson to a co-correctional facility, and,
- ° Establish a secure, single-sex unit for female offenders who are not appropriate candidates for co-corrections.

Camp for Level 1 Female Offenders

The establishment of a 100 bed camp for women in the Northeast Region would allow approximately 100 Level 1 female offenders to be located closer to their intended release destinations. It would also place more offenders in an appropriate security level institution.

Among Bureau of Prisons facilities, possible sites for such a camp in the Northeast Region include the existing Federal Prison Camp (FPC) at Allenwood, Pennsylvania; the Satellite Camp (SC) at Petersburg, Virginia; SC Lewisburg, Pennsylvania; and the planned SC Danbury, Connecticut. The Allenwood and Lewisburg camps do not offer an improved location as both are located in rural areas with relatively little public transportation. Petersburg and Allenwood are, respectively, too small and too large. Joint programming would also not be available at the Lewisburg or Petersburg camps as the adjacent facilities house security level 5 and 3 inmates, respectively. Because of the above reasons, the Allenwood, Lewisburg and Petersburg camps were eliminated from further consideration. The Danbury camp, on the other hand, did appear to offer a workable solution. The camp, adjacent to FCI, Danbury, is scheduled for completion in December 1981. It has a planned capacity of approximately 100 beds. The Danbury camp will be easily accessible for residents of the New York City area. Although Washington residents would still have to travel some distance to visit women at SC, Danbury, public transportation is much more available.

Because the facility is in construction status, it would not require the transferring of an existing population. This would also eliminate the disruptive influence that changing the mission of an existing facility would have on staff. Program resources could be developed to meet the special needs of women and the FCI, Danbury population (Level 2 males) lends itself to the concept of joint programming between the two facilities.

#### Conversion of FCI, Alderson to Co-Correctional Facility

The second component of this option entails converting Alderson from an all female institution to a Security Level 1 co-correctional facility.

SC, Danbury was originally intended to house 100 Level 1 males and the justification for its construction was based on the need in the Northeast Region for Level 1 beds. If the SC, Danbury mission is converted from a male facility to an all female facility, the need would still exist for beds for Level 1 males previously intended for Danbury. A change in mission of FCI, Alderson to a co-correctional facility would enable Level 1 males to be housed at Alderson.

The physical layout of the FCI, Alderson lends itself to such a concept. The change to a Level 1 co-correctional would require minimal, if any, modifications to the existing facility. The grounds at Alderson are already divided into "Upper Campus", "Lower Campus", and the addition of some high mass lighting coupled with internal adjustments to correctional practices, would make co-corrections at Alderson a practical alternative.

#### Secure, Single-Sex Unit

The third component of Option 1 recognizes that there are female offenders who require a secure single-sex facility.

Adjacent to FCI, Lexington, Kentucky, is the Addiction Research Center (ARC), operated by the National Institute of Mental Health. The ARC initially had a capacity for 200 beds, fifty of which recently have been converted to a psychiatric unit for Federal female offenders. The one hundred fifty beds remaining in the ARC could be converted to a single-sex secure facility. Because of its close proximity to FCI, Lexington, and the existing female population presently at Lexington, programming needs for women could be met with minimal effort. Such a facility would provide appropriate security needs for those women offenders requiring a secure correctional facility.

The total proposal, then, encompasses the changing of the planned mission of the Danbury camp and converting it to an all female camp (100 beds), changing Alderson's mission to a co-correctional facility (250 male), and utilization of the 150 bed facility presently occupied by the National Institute for Mental Health at the Addiction Research Center in Lexington, Kentucky, for a secure single-sex unit for women.

Possible deterrents to this proposal include the transition of the ARC facility from NIMH to the BOP. The ARC will be available by January 1982, barring any major construction delays on the new NIMH facility in Baltimore. Secondly, the Federal Prison System would have to provide the necessary staff and other resources in order to activate the ARC as a Bureau of Prisons facility. This would entail some relocation of staff and some new hires at Lexington.

Because of the nature of the population at this proposed secure unit, the inmates themselves could not mix regularly with the FCI, Lexington population. As a result, such services as Education, UNICOR and Food Service generally would have to be provided within the new unit itself. Custodial supervision would need to be increased to meet the security requirements of these offenders. Because comparable programs already exist at FCI, Lexington, staff and program resources could be drawn from the main institution, but not without some additional cost.

#### Analysis of Option 1:

- ° Accessibility for Visitors - Improved.
- ° Proximity to Release Destination - Overall, an improvement over existing conditions.
- ° Level of Programs and Services - No significant change.
- ° Appropriate Security - The majority of the women will be placed in more appropriate security level facilities.
- ° Capital Costs - \$0.2 million. It is assumed that the conversions at Alderson and Danbury would entail no capital costs.

- ° Operating Costs - \$7.5 million.
- ° Per Capita Costs - \$27.49 per inmate per day.
- ° Physical Capacity - No net increase in female beds and an increase of 150 male Level 1 beds.
- ° Personnel - 274 positions.
- ° Feasibility - This option is a workable one.

#### OPTION 2

#### Continued operation of FCI, Alderson at its current status with long-range plan for the addition of female camp.

In the evaluation of the future use of FCI, Alderson, one option that must be considered is the continued use of FCI, Alderson as a Federal correctional facility for women. Admittedly, this action by itself would not address many of the issues raised concerning Alderson, but if it were coupled with the establishment of a female Federal Prison Camp in the Northeast corridor, it would provide a facility for women of the lower security level somewhat closer to the legal residence of many of the offenders at Alderson.

Three approaches could be used to acquire a camp for women: construction of a new camp; acquire military surplus property and renovate for camp; or utilize an existing or planned satellite camp (such as the planned camp at Danbury) for women. Construction of a new camp would be cost prohibitive (\$3.8 million for 100 beds) and the Bureau has not been able to acquire a suitable surplus property site in the Northeast for a camp. The utilization of the planned Danbury camp appears to be the most viable option though it would remove the badly needed male security Level 1 beds from use by the Northeast.

#### Analysis of Option 2:

- ° Accessibility for Visitors - No improvement for inmates at Alderson, with some improvement for inmates assigned to the camp.
- ° Proximity to Release Destination - Those who could be housed in the camp, for the most part, would be closer to home.

- ° Level of Programs and Services - The activation of a camp would improve programming in some cases and decrease it in others, for a net overall effect of no improvement.
- ° Appropriate Security - Overall, more women would be in the appropriate security level, once the camp is activated.
- ° Capital Costs - No capital costs.
- ° Operating Costs - \$6.7 million.
- ° Per Capita Costs - \$31.01 per inmate per day.
- ° Physical Capacity - An increase of 100 female beds and a decrease of 100 male beds.
- ° Personnel - 247 positions.
- ° Feasibility - Feasible but not practical considering its effects on physical capacity.

### OPTION 3

#### Close FCI, Alderson and construct a 500 bed replacement facility.

To construct a new 500 bed facility to replace FCI, Alderson would cost in the neighborhood of \$23 million. The facility should be a multi-level (i.e., part secure and part camp) and ideally should be located in the Northeast corridor. The current climate of fiscal restraint and the difficulty of locating a prison site close to urban areas where it is accepted by the community, make this option highly unlikely. Nonetheless, analysis of this option reveals:

#### Analysis of Option 3:

- ° Accessibility for Visitors - Assuming that the location of such a facility would be more centrally located for inmate visitors of the Northeast Region, opportunities for visiting could improve.
- ° Proximity to Release Destination - A new facility in the Northeast Corridor would place a large number of inmates closer to their release destination.
- ° Level of Programs and Services - All levels of programming could be at least as good as, if not better than, the programs currently offered at FCI, Alderson.
- ° Appropriate Security - A secure replacement facility with a satellite camp would improve the assignment of inmates to the appropriate security level.



- ° Capital Costs - \$23 million. If capital costs were amortized over 30 years at 13 percent it would represent an additional 0.9 million in yearly operating costs.
- ° Operating Costs - \$5.9 million, or \$6.8 million with capital costs amortized.
- ° Per Capita Costs - \$32.43 per inmate per day.
- ° Physical Capacity - No change.
- ° Personnel - 217 positions.
- ° Feasibility - Not feasible given the current fiscal climate and difficulty of locating prison sites in urban areas.

#### OPTION 4

##### Increase the use of Community Treatment Centers.

One way to place offenders closer to home in less restrictive environments would be to increase the use of Community Treatment Centers (CTCs). At the present time, however, Bureau current goal is 120 days average length of stay for all offenders. Currently, those women who have participated in CTC placement have an average length of stay of 138 days, far in excess of the current goal. In addition, 58 percent of the releasees at Alderson participate in CTC programs compared to 47 percent Bureau-wide. It was the opinion of the Task Force, in view of existing goals and the above facts, that further expansion of CTC placement for women offenders is not feasible.

##### Analysis of Option 4:

- ° Accessibility for Visitors - Would increase visiting opportunities.
- ° Proximity to Release Destination - Would place women closer to their release destination.
- ° Level of Programs and Services - Overall decrease in availability of programs and increase in the availability of community services.
- ° Appropriate Security - Improved assignment by security level.
- ° Capital Costs - No capital costs.
- ° Operating Costs - \$7.0 million.
- ° Per Capita Costs - \$32.35 per inmate per day.

- ° Physical Capacity - Would result in a surplus of beds for women at current population levels.
- ° Personnel - 230 positions.
- ° Feasibility - Not feasible.

#### OPTION 5

Activation of ARC, Lexington, Acquisition of a surplus camp and the conversion of FCI, Alderson to a co-correctional facility.

The issues presented in Option 1 are applicable here, except for the acquisition of surplus property for a Federal Prison Camp. Under this proposal, the Bureau of Prisons would attempt to locate an appropriate camp in the Northeast among properties surplus by other agencies.

The Bureau has maintained a continuing check of government surplus property over the last several years and has recently been successful at establishing Federal Prison Camps in Boron, California and Big Spring, Texas. Such an approach has saved the taxpayers millions in construction costs and has provided the Bureau with badly needed bedspace. Unfortunately, however, the Bureau has been unable to locate suitable surplus property in the Northeast. Of the four sites reviewed recently by the Bureau two were as isolated as Alderson, one was objected to by the Navy, and the Bureau was advised by a congressional representative that the other would not have community support and in fact would be strongly opposed by the community (see Appendix D). At this time, therefore, the possibility of acquiring surplus property for a female camp does not appear very likely.

The analysis of this option would be essentially the same as Option 1, except as it pertains to the acquisition of surplus property for a Federal Prison Camp.

#### Analysis of Option 5:

- ° Accessibility of Visitors - Improved visiting opportunities.
- ° Proximity to Release Destination - Women would be housed closer to their release destination.

- ° Level of Programs and Services - Same as Option 1.
- ° Appropriate Security - Same as Option 1.
- ° Capital Costs - \$1.0 million.
- ° Operating Costs - \$9.5 million.
- ° Per Capita Costs - \$29.05 per inmate per day.
- ° Physical Capacity - Increase of 350 Level 1 beds for males.
- ° Personnel - 356 positions.
- ° Feasibility - Not feasible because of the unavailability of surplus camps.

#### OPTION 6

Make no major changes at FCI, Alderson but increase the use of State placements for women.

At present, 85 women convicted of Federal crimes, approximately 6% of the female population, are housed in State facilities. The development of contracts with the individual States would, in most cases, allow women to be incarcerated in facilities that are closer to their intended release destination. This would eliminate the need for any Federal prisons for women and place the issue of incarcerated women in the hands of the States. Although this would place women closer to the intended release destination, the option is not feasible. Consider the following regional example.

During FY-80 the Northeast office of the Federal Prison System made seven requests of various states to transfer Federal female prisoners to State custody. Of these seven, only three were accepted for State placement.

#### State Request Was Made To    Accepted or Denied

- |             |                                                                                                                                                |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Nevada:     | (4) Three were accepted, and one was Denied because the female was in need of psychiatric care which the State facility was unable to provide. |
| Oregon:     | (1) Denied for lack of adequate State psychiatric program.                                                                                     |
| Connecticut | (1) Denied because the inmate had adjustment problems in the Federal system.                                                                   |

State Request Was Made To Accepted or Denied

Washington (1) Denied because the inmate had adjustment problems in the Federal system.

All of the States in the Northeast Region, except New Hampshire, have a facility to house female offenders, however, each State has only one facility and generally these are overcrowded. In addition, the facilities in Maine, Massachusetts, New Jersey and Vermont house both male and female offenders and are not suitable inmates who cannot be placed in co-correctional program. Furthermore, the facility in the District of Columbia is only a detention center which houses short term male and female detainees. As in the Northeast, other States do not have space for Federal female offenders, consequently, this option is not feasible.

Analysis of Option 6:

- ° Accessibility of Visitors - Would increase visiting opportunities.
- ° Proximity to Release Destination - Would place offenders closer to their release destination.
- ° Level of Programs and Services - Given the generally overcrowded conditions in State women's institutions and their reduced level of funding and other resources, it is unlikely that Federal female offenders would experience any improvements in program offerings.
- ° Appropriate Security - The types and security levels of contract facilities would vary from State to State, but in many cases only one secure, single-sex facility is available for women. There would be no improvement over the security provided at FCI, Alderson and it is highly likely that many State facilities would actually be more secure than FCI, Alderson.
- ° Capital Costs - No capital costs.
- ° Operating Costs - \$7.0 million.
- ° Per Capita Costs - \$32.35 per inmate per day.
- ° Physical Capacity - Would result in an excess of beds for women at current population levels.
- ° Personnel - 230 positions.
- ° Feasibility - Not feasible.

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#### SUMMARY AND RECOMMENDATIONS

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Table 1 includes a summary analysis of the options reviewed in this report. The Task Force rank ordered the options according to their viability, and concluded Options 1 was the most viable. Option 1 was found to offer the best possible solution to the issues and problems identified at FCI, Alderson in this report.

Table 1  
Summary of Options

OPTIONS	Accessi- bility for Visitors	Proximity to Release Destination	Level of Programs & Services	Appropriate Security	Capital Costs	Operating Costs†	Per Capita Costs	Inc./Dec.* Physical Capacity		Personnel**	Feasi- bility
								M	F		
(1) ARC/BOP Camp/Co- Corr. Alderson	Improved	Closer for more	Better for most, worse for some	Yes	\$0.2M	\$7.5M (0.8M)	\$27.99	+150	0	274 (30)	Yes
(2) Continue Present Status Alderson with Camp Dan.	Same	Same	Same	No	\$0.0M	\$6.7M (0.1M)	\$31.01	-100	+100	247 (3)	Yes
(3) Close Alderson Build 500 Bed Facility	Improved for most inmates	Closer for most inmates	Same or better	Yes	\$26M	\$5.9M (-0.3M)	\$32.43	0	0	217 (-13)	No
(4) No Change at Alderson But Expand CTC Utilization	Improved	Closer for a few	Worse - Minimal Programs other than work	Yes	-0-	\$7.0M (0.8M)	\$32.35	0	0	230 (0)	No
(5) ARC/Surplus Camp/ Co-Corr. Alderson	Improved	Closer for more	Better for most, worse for some	Yes	\$1.0M	\$9.5M (3.1M)	\$29.05	+350	+50	356 (112)	No
(6) No Change at Alderson But Increase State Placements	Improved	Closer for a few	Worse	Probably Not	-0-	\$7.0M (0.8M)	\$32.35	0	0	230 (0)	No

\* Represents an increase or decrease over existing physical capacity which includes Danbury SC.

\*\* Figures in brackets ( ) represent increase or decrease over current base.

† Figures in brackets ( ) represent increase or decrease over current base.

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APPENDIX A  
PHYSICAL CAPACITY OF OPTIONS

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OPTION	INSTITUTION	FEMALE	MALE	TOTAL
1	ARC Danbury Alderson	150 100 250 <u>500</u>	250 <u>250</u>	<u>750</u>
2	Alderson Danbury	500 100 <u>600</u>	—	<u>600</u>
3	New Facility FCI S.C. Alderson	350 150 -0- <u>500</u>	—	<u>500</u>
4	Alderson CTC	500 100 <u>600</u>	—	<u>600</u>
5	ARC Camp Alderson	150 250 150 <u>550</u>	350 <u>350</u>	<u>900</u>
6	Alderson State Placement	500 100 <u>600</u>	—	<u>600</u>

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APPENDIX B  
DEMOGRAPHICS ON FEDERAL FEMALE OFFENDERS

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Region of Legal Residence

	<u>Number</u>	<u>Percent</u>
NERO	342	27
SERO	213	17
NCRO	210	17
SCRO	252	20
WRO	242	19
TOTAL	1,259	100

Race

	<u>Number</u>	<u>Percent</u>
White	621	48
Black	653	50
American Indian	13	1
Asian	6	0.5
Other	3	0.2

Citizenship

	<u>Number</u>	<u>Percent</u>
U.S.A	1,264	98
Canada	4	0.3
Mexico	17	1.3
Other	11	0.9



<u>Offense</u>		
	<u>Number</u>	<u>Percent</u>
Counterfeiting	15	1
Narcotics	276	21
Embezzlement	49	4
Forgery	101	8
Immigration	40	3
Kidnapping	11	1
Larceny/Theft	262	20
Robbery	152	12
Assault	17	1
Homicide	50	4
Other	323	25
TOTAL	1,296	100

Committing Judicial District by BoP Region

	<u>Number</u>	<u>Percent</u>
<u>NERO</u>	345	27
<u>D.C.</u>	152	12
<u>N.Y.</u>	92	7
<u>SERO</u>	248	19
<u>NCRO</u>	200	15
<u>SCRO</u>	233	18
<u>WRO</u>	237	18
<u>Ca.</u>	157	12
Other	34	3
TOTAL	1,297	100

<u>Highest Grade Completed</u>			
	<u>Number</u>	<u>Percent</u>	<u>Cum. Percent</u>
Second	8	0.62	100.00
Third	3	0.23	99.38
Fourth	6	0.46	99.15
Fifth	18	1.39	98.69
Sixth	41	3.16	97.30
Seventh	50	3.86	94.14
Eighth	119	9.18	90.28
Ninth	196	15.12	81.10
Tenth	156	12.04	65.98
Eleventh	145	11.19	53.94
Twelfth	554	42.75	42.75

<u>Age</u>		
	<u>Number</u>	<u>Percent</u>
21 and under	84	6
22 - 29	581	45
30 and over	630	49

Marital Status

	<u>Number</u>	<u>Percent</u>
Single	517	40
Married	333	26
Widowed	46	4
Divorced	183	14
Separated	217	17

Sentence Procedure and Length of Sentence

	<u>Less than 1 year</u>	<u>1 - 2.5 years</u>	<u>2.5 - 5 years</u>	<u>5 - 10 years</u>	<u>10 + years</u>
Regular Ad.	160	207	214	142	114
4205 (B1)	0	5	2	10	1
4205 (B2)	2	26	53	53	42
YCA	0	0	0	130	6
JJDPA	1	1	-	-	-
NARA	-	-	1	7	6
State	-	-	1	7	9

ESTIMATED RELEASE RESIDENCES FOR ALDERSON INMATESRelease Destinations in Northeast Region

<u>State</u>	<u>Number</u>
DC	112
NY	46
MD	24
VA	10
NJ	7
PA	7
V.I.	3
CT	3
MA	2
RI	2
P.R.	2
WV	2
DE	1
	<u>221</u>

Other Residences

Ohio	24
Florida	20
Michigan	20
Alabama	14
North Carolina	14
Missouri	13
Texas	13
Tennessee	10
Illinois	10
Georgia	9
California	8
Indiana	8
Kentucky	8
Louisiana	8
Colorado	5
Minnesota	3
Iowa	3
Kansas	2
Oklahoma	2
South Carolina	2
Washington	1
Oregon	1
New Mexico	1
Nevada	1
Mississippi	1
Idaho	1
Arkansas	1
Arizona	1
	<u>204</u>

No Release Residence = 8

## APPENDIX C

## FEMALE INMATES BY SECURITY LEVEL BY REGION

FEMALES BY SECURITY LEVEL NEED AND PHYSICAL CAPACITY						
		1	2/3	4/5	6	Total
NERO	Population	182	110	28	-	320
	Capacity	-	-	-	-	554*
SERO	Population	114	69	17	-	200
	Capacity	404	-	-	-	404
NCRO	Population	114	69	17	-	200
	Capacity	-	-	-	-	-
SCRO	Population	175	82	21	-	238
	Capacity	296	-	-	-	296
WRO	Population	128	78	20	-	226
	Capacity	-	-	-	-	223*
TOTAL	Population	673	408	103	-	1184
	Capacity	700	-	-	-	1477

\* Administrative capacity, not including MCCs

7/28/80 Female institution based population of 1184 and physical capacity of 1477

SECURITY LEVELS OF D. C. CODE VIOLATORS BY INSTITUTION

	<u>Alderson</u>	<u>Pleasanton</u>	<u>Lexington</u>	<u>Ft. Worth</u>
Security Level 1	51 (41.8%)*	0	28	0
Security Level 2	26 (21.3%)	0	0	0
Security Level 3	37 (30.0%)	2	0	1
Security Level 4	8 (6.5%)	3	0	0
<u>Security Level 5</u>	<u>0 (0.0%)</u>	<u>1</u>	<u>0</u>	<u>0</u>
TOTAL	122	6	28	1

D. C. Code Violators in Total Federal Population by Security Level

Security Level 1:	79 (50.3%)
Security Level 2:	26 (16.6%)
Security Level 3:	40 (25.5%)
Security Level 4:	11 (7.0%)
<u>Security Level 5:</u>	<u>1 (0.6%)</u>
TOTAL	157

\* Only Alderson figures are presented in percentages because of the infrequent placement of D. C. women in the other facilities.

NOTE: This figure reflects the percentage of D. C. Code Violators at each Security Level.

WOMEN IN DISCIPLINARY SEGREGATION

	<u>Alderson</u>	<u>Pleasanton</u>	<u>Lexington</u>	<u>Ft. Worth</u>
Number of (1) Women	92	61	1	4
Average Stay (2)	14.6	9.5	71*	10
Number for Co-Correctional (3)	N/A	1	0	0
Disciplinary Transfers to Alderson from Disci- plinary Segregation (4)	N/A	5	0	7
Total Disciplinary Transfers (5)	N/A	6	78	12

- 1) Each of the institutions reported the total number of women who were held in disciplinary segregation status for July 1, 1979 through June 30, 1980.
- 2) The average length of stay for the same reporting period is recorded in days.
  - \* This seems extraordinarily high, but this figure is based on the case of Sarah Jane Moore only and presents a distorted picture of FCI, Lexington's disciplinary segregation status..
- 3) These figures reflect the number of women placed in disciplinary segregation status as a consequence of a violation of the physical contact code in a co-correctional environment.
- 4) These figures only reflect the number of women who were transferred to FCI, Alderson directly from disciplinary segregation status. In most cases, inmates received disciplinary transfers from administrative detention or room restriction.
- 5) There were 96 disciplinary transfers (Codes 307 and 309) to FCI, Alderson during the period of August 24, 1979 through August 25, 1980.

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APPENDIX DSURPLUS FACILITY SITE INVESTIGATIONS

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## ON-SITE REVIEW

- ° AIR FORCE STATION, WATERTOWN, NEW YORK  
Location is too isolated.
- ° AIR FORCE STATION, SARATOGA SPRINGS, NEW YORK  
Location is too isolated.
- ° AIR FORCE STATION, HIGHLANDS, NEW JERSEY  
Location is near an impacted beach resort area.  
Congressional representative recommended against  
BoP's use as a camp.
- ° NAVAL CONSTRUCTION BATTALION BASE, DAVISVILLE,  
RHODE ISLAND  
Navy objected to BoP use because base is  
maintained in constant readiness.

## REVIEW (NOT ON-SITE)

- ° AIR FORCE STATION, ROANOKE RAPIDS, NORTH CAROLINA  
Not in the Northeast Region where a camp is needed.
- ° AIR FORCE STATION, ST. ALBANS, VERMONT  
Location is too isolated, near Canadian border.



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APPENDIX E  
CAPITAL COST ESTIMATES 1/

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<u>OPTION 1</u>	<u>P.C.</u>	<u>COST</u> (Millions)
FCI, Alderson	500	0.0M
Danbury S.C.	100	0.0M
ARC	150	0.2M
TOTAL	750	0.2M
<u>OPTION 2</u>		
FCI, Alderson	500	0.0M
Danbury S.C.	100	0.0M
TOTAL	600	0.0M
<u>OPTION 3</u>		
FCI, New	350	20.0M
S.C. New	150	3.0M
TOTAL	500	23.0M
<u>OPTION 4</u>		
FCI, Alderson	500	0.0M
CTC	100	0.0M
TOTAL	600	0.0M
<u>OPTION 5</u>		
FCI, Alderson	500	0.0M
Federal Prison Camp	250	0.8M
ARC	150	0.2M
TOTAL	900	1.0M
<u>OPTION 6</u>		
FCI, Alderson	500	0.0M
State Placement	100	0.0M
TOTAL	600	0.0M

1/ Source: Office of Facilities Development

APPENDIX F  
OPERATING COST ESTIMATES

<u>OPTION 1</u>	<u>P.C.</u>	<u>COST</u>
FCI, Alderson	(500)	5,672,180
ARC	(150)	1,336,234
Danbury S.C.	(100)	518,131
		<u>7,526,545</u>
Per Capita Per Day	(750)	27.49
<u>OPTION 2</u>		
FCI, Alderson	(500)	6,272,123
Danbury S.C.	(100)	518,131
		<u>6,790,254</u>
Per Capita Per Day	(600)	31.01
<u>OPTION 3</u>		
FCI, New Facility	(350)	4,963,158
S.C. New Facility	(150)	954,453
		<u>5,917,611</u>
Per Capita Per Day	(500)	32.43
<u>OPTION 4</u>		
FCI, Alderson	(500)	6,272,123
CTC Placement	(100)	812,855
		<u>7,084,978</u>
Per Capita Per Day	(600)	32.35
<u>OPTION 5</u>		
FCI, Alderson	(500)	5,672,180
ARC	(150)	1,336,234
Federal Prison Camp	(250)	2,536,119
		<u>9,544,533</u>
Per Capita Per Day	(900)	29.05
<u>OPTION 6</u>		
FCI, Alderson	(500)	6,272,123
State Placement	(100)	812,855
		<u>7,084,978</u>
Per Capita Per Day	(600)	32.55

ASSUMPTIONS:

Staff average salary = 19,070 = GS-8.5

Staff represent 70% costs = Conversion Factor 1.43

CTC & State placement costs = 22.77 per day

## STAFFING REQUIREMENTS FOR OPTIONS

OPTIONS	Food Serv.	Medic Serv.	Inst. Secur	Unit Mgmt.	Educ.	Leis.	Relig	Psych	Exec Offic	Finan Mgmt.	Pers.	Admin Syst.	Safety	Staff Trng.	Maint	TOTAL
OPTION 1																
FCI, Alderson	9	12	91	25	11	3	1	3	6	15	3	7	2	1	19	208
ARC	4	-	28	10	1	1	-	1	2	1	-	1	-	-	1	49
Danbury	2	1	5	5	1	0	0	0	2	0	0	1	0	0	0	17
																<u>274</u>
OPTION 2																
FCI, Alderson	10	14	103	31	10	3	2	3	5	11	3	3	3	1	28	230
Danbury	2	1	5	5	1	0	0	0	2	0	0	1	0	0	0	17
																<u>247</u>
OPTION 3																
FCI- New Facility	8	11	73	20	14	2	1	2	5	13	3	7	2	1	20	182
S.C. New facility	3	-	17	5	1	1	0	1	2	2	0	1	0	0	1	35
																<u>217</u>
OPTION 4																
FCI, Alderson	10	14	103	31	10	3	2	3	5	11	3	3	3	1	28	230
																<u>230</u>
OPTION 5																
FCI, Alderson	9	12	91	25	11	3	1	3	6	15	3	7	2	1	19	208
ARC	4	-	28	10	1	1	-	1	2	-	-	1	-	-	1	49
Fed. Prison Camp	6	6	36	10	3	1	1	1	2	13	2	6	1	1	4	93
																<u>356</u>
OPTION 6																
FCI, Alderson	10	14	103	31	10	3	2	3	5	11	3	3	3	1	28	230
																<u>230</u>

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528

1.B.

CENTER FOR WOMEN POLICY STUDIES

SUMMARY REPORT

CRIMINAL JUSTICE PROGRAMS FOR  
WOMEN OFFENDERS

by

Jane Roberts Chapman

2000 P STREET, N.W., SUITE 508  
WASHINGTON, D. C. 20036

PROJECT TEAM

Jane Roberts Chapman  
Project Director and Principal Author

Esther Heffernan  
and  
Rhoda Schulzinger  
Contributing Authors

Jennifer Kurrus  
Research Assistant

Anne P. Watts  
Editor

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## CRIMINAL JUSTICE PROGRAMS FOR WOMEN OFFENDERS

## THE CWPS STUDY

Purpose of the Study

This report summarizes the findings of a 15-month study of needs, policies and practices in the field of correctional programming for women. The report begins by examining data on the nature and extent of crime among women in the most recent period for which data is available compared with past trends. It also provides a profile of the major characteristics of the female offender based on recent survey.

Based on these findings the report identifies major factors of need affecting correctional programs for women and desirable program elements to meet the needs of women offenders for personal development and economic independence.

Legal parameters for programs and services and legal challenges to the treatment of women offenders in the criminal justice system are identified and discussed with a view towards legal and legislative actions and policy decisions necessary for making desirable programs and services universally available.

Finally, existing programs for vocational development, parenting and independent living are examined in detail. Based on the results of this examination and the nature and extent of needs, the report concludes with policy analysis and recommendations.

The report stands as an appraisal of the correctional system's response to the women who pass through it as offenders. It documents those programs and tactics of the mid-1970s that are most innovative or promising, particularly in the light of the growing incidence of economic crime among women.

Decisions about how, why, and whether to undertake programs for women have consistently been tied to conventional views of appropriate roles for women in society rather than to their financial and economic status. Policy and planning decisions have been further influenced by the small numbers of women in the criminal justice system and by perceptions of female criminality and the ways in which it may be changing. Because these perceptions and related factors in the decision-making process determine correctional planning and program operation, they are discussed at the outset of the report and addressing them is considered an integral part of the policy and planning process.

### Focus of the Study

The report presents an analysis of the most recent research on female crime and corrections coupled with first-hand examination of a selected group of corrections programs. The report covers programs for adult women at every stage of the criminal justice process, pretrial to postincarceration. The primary focus is on the programs and services themselves, but the examination is made with reference to the criminal justice system and legal parameters within which the programs operate.

The programs studied were selected because they were specifically designed for women. Programs available generally to both men and women offenders were not included. Some 200 programs were identified initially. Over 70 programs were surveyed by telephone, and 38 programs identified as the most viable were visited. Of the 38 programs, the majority were in the community rather than in penal institutions. Most women offenders are located in the community, because most are on probation.

In order to examine programs and services in the criminal justice system, it was necessary to examine the conditions determining their availability and to take notice of particular legal challenges to conditions for incarcerated women. Including those related factors allowed the examination of programs in the light of needs of women offenders, in the light of relevant features of the criminal system, and in the light of changing involvement of women in social and economic activities.

Because only 15 percent of those arrested and an estimated 4 to 5 percent of the prison population are women, it is not only easy for the women to be ignored but also for the small numbers to be used as a justification for that neglect. The small numbers can even prevent the gathering of certain criminal justice statistics on women offenders, since where there are only one or two women in a given category, the publication of information about them violates confidentiality requirements.

The small number of women offenders has been the justification used for providing just a single prison for women in a state that may provide a range of institutional settings for men; for restrictive practices in jails; for the limited availability of community-based facilities; and for the absence of even minimally adequate vocational, educational, and release programs for women.

Most convicted women are, however, neither in jail nor in prison, but on probation and parole. While activities in the community could potentially touch the greatest proportion of them, there are few such programs. Those that do exist live under the shadow of precarious funding. Vocational training has been pointed to as a means of reducing women's financial dependency and getting them permanently out of the criminal justice system. Yet there are few community-based programs that can provide work experience and training.

In addition to their small numbers, other factors contribute to the neglect of women in the criminal justice system. Women are perceived as passive, therefore unthreatening to institutional security. The possibility of publicity or an investigative committee following a prison riot provides a bargaining tool that both inmates and wardens can use with correctional administrators and funding bodies. Women's institutions, however, have not been targets of riots, and the violence present within them, with few exceptions, has been either self-destructive or between the women themselves. The fact that administrators do not generally fear riots in women's institutions has contributed to the invisibility of the female offender.

Writ-writing, although not as dramatic as a riot, has probably had a more significant role in recent inmate and client-initiated change in the correctional system. Both as a result of court orders and in administrative anticipation of them, a whole range of inmate and client rights, including those concerned with censorship, visitation, and treatment programs, have been secured. While such decisions have affected the lives of women offenders, until relatively recently women have not been the ones who pursued remedies through litigation. As a consequence, conditions more specific to women (i.e., custody of and contact with their children, differential health needs, equal access to programming) have been brought less often to the attention of the courts. The situation is changing, but less as a consequence of actions of the women themselves than under the outside impetus of the general legal concerns of the women's movement.

#### Findings and Recommendations of the Study

##### 1. Legal Parameters for Programs and Services for Women Offenders.

The legal framework for the provision of programs and services for women offenders has grown out of precedents created by complaints and challenges to conditions at each level of the criminal justice system--arrest, detention, sentencing, and incarceration. The fact of a woman's involvement in the criminal justice system sets specific restrictive conditions within which her needs for education, training, and social support services can be met.

Offenders are not automatically entitled to participate in rehabilitative programs in exchange for loss of liberty. However, the courts have decreed that enforced idleness during incarceration is unlawful. In addition, it has been established that incarcerated persons are entitled to basic services, including health care and the maintenance of minimum standards for space, nutrition, recreation, and the like. Furthermore, the Constitution guarantees the rights of women to receive programs, services, and facilities equal to those available to male offenders.



Women offenders face gender-based discrimination in the various phases of the criminal justice system, including arrest procedures, detention policies, sentencing laws, and treatment and conditions during incarceration. Since "separate but unequal" policies and practices affecting male and female offenders are more common than integration of the two groups, an equal protection argument is the most usual method of challenging the inequities. Ratification of the Equal Rights Amendment may change the situation, but it is not known what standard of review the Supreme Court might use when assessing gender-based discrimination under the ERA.

When comparing the treatment of men and women by the criminal justice system, the numerical disparity between the groups is a major factor to consider. A side effect of that disparity is the increased cost per person: with fewer women, there are higher expenses. States allege that cost considerations justify their dissimilar treatment of female and male offenders who are similarly situated. However, in cases in Alabama and Arkansas, the courts have said that financial hardship is not a defense of unconstitutional conditions in prisons.

Similarly, it may be argued that inadequate funding will not excuse gender-based discriminatory practices in the criminal justice system. The standard of review for a gender-based discrimination case requires that the contested policy or practice be substantially related to the achievement of an important government purpose. To meet an equal protection analysis, the state must prove that cost effectiveness is an important governmental purpose, justifying disparate treatment for women offenders from that of male offenders similarly situated, and that a substantial relationship exists between the curtailment of services and programs for the women and the cost considerations. This will require the courts to balance the current lives and future opportunities of female offenders against the state's interest in cost efficiency.

A substantial body of case law is cited in the full text of the report, documenting constitutional challenges to differential treatment of men and women (under the Fourteenth Amendment) and to cruel and unusual punishment (under the Eighth Amendment). The cases cited deal with pretrial judicial processes; indeterminate sentencing; and institutional facilities, services, and conditions.

## 2. Characteristics of Female Crime and the Woman Offender

For the sake of its analysis the study grouped the standard categories of crime used in the Uniform Crime Reports under two major headings: 1. Economic Crime includes property, forgery, and counterfeiting, fraud, embezzlement, stolen property, prostitution and commercial vice and vagrancy. 2. All other categories are summarized under the heading of Behavioral Crime. Because of the high degree of interest and speculation about it, violent crime is summarized under a third heading whereas it might otherwise be included under "Behavioral Crime."

The study found that based on arrest data, female crime in the most recent period has been increasingly concentrated in economic categories. Based on historical series, arrests as a percent of female population have increased dramatically since 1930. Comparing arrest data with labor force data shows that the greatest increases in female crime have occurred during periods of economic recession. While arrest data by category of crime are not available for earlier periods on comparable bases, increases in the most recent period have been accounted for entirely by increases in economic crime.

That female economic crime is associated with economic distress is also indicated by characteristics of offenders. In the recent period, based on studies of convicted offenders, the average adult female offender is young, poor, black, with limited education and skills, the head of a household and the mother of several children.

Some recent studies have suggested that there is a direct connection between "women's liberation" and the increasing incidence of female crime--the emergence of a "liberated" female offender. However, the current study tends to cast doubt on such a connection. Where women's liberation is defined in economic terms as constituting increasing employment of women. While grounds for establishing a causal relationship between increased female participation rates in the labor force and participation in criminal activity are found in initial analysis of the data, when the data are corrected for bias and error that argument no longer appears feasible and quite different relationships are suggested instead.

But the argument that women's liberation might result in higher crime rates for women and for particular types of crime is weakened by simple circumstances. Regardless of liberation and higher employment rates, the women, at least the ones being caught committing crime are still the poor, uneducated, and unemployed. Although the incidence of arrest for fraud may be up, it is still, mainly, fraud related to welfare programs.

Analysis of trends suggest that if women's "liberation" affects the incidence of women's crime it probably is a longer run phenomenon than has been claimed. Secondly, the effect of women's liberation would, in that case, probably be indirect and not direct as has been claimed. Indirectly, the changing role of women may have affected the incidence of crime in the economic sector by raising expectations, redistribution of opportunities (for the worse as well as the better), changing family relationships and responsibilities, and the like.

### 3. Program and Research Needs.

Program resources currently available are meagre at best and most programs whatever their value are constantly over extended and tenuous, temporary measures. There are indications that increasing efforts will be made to develop the legal basis to challenge the provision of programs and services for men and not for women.

Such challenges will have the most immediate effect on the availability of vocational education and training, especially in "nontraditional" occupations and work/training release, for incarcerated women offenders. However, as mothers and victims of a particular type of economic discrimination, women offenders have additional needs not shared by men. They require additional efforts in parenting and independent living. But, for example, there has been little litigation brought on behalf of women offenders where state codes have completely done away with living-in arrangements and severely limited child visitation. Ways will have to be developed to change the system's approach, which has come to rely on supplanting the mother and her child with social services, foster care, and, in many cases, more dubious arrangements.

As great as the challenge may be to provide meaningful developmental programs for the incarcerated woman offender, providing for the majority who are sentenced into the community through the probation system is an even greater challenge. In many ways the probation system provides punishment without cure by sending the offender back into the community where she had failed with restrictions on her behavior that limit her ability to survive. Such offenders have the most immediate need to improve their survival skills. The courts realize this and, where possible, assign them to community programs designed to help.

However, community programs are, by and large, overextended and undersupported, experimental, project-by-project operations, lacking continuity and permanent support. Whatever their value to the courts and their clients, they are given limited recognition by funding sources and often less by the agencies that they are dedicated to serve. Site visits and the telephone survey revealed that often the programs were not the outcome of criminal justice planning at either the state or local level but were developed and funded through the determination of one or a few people. There is little evidence of planning, policy development, or systematic attention of any sort for the female offender in the criminal justice system.

Questions surrounding the funding of programs were found to be the major source of management concern in the CWPS study. Many are started with three-year experimental and demonstration funds. However, few of the programs are institutionalized when the grants end. The result is the closure of programs just as they have matured. Several of the programs studied closed between the time of the on-site visit and the writing of the report.

Even established programs and experienced managers have difficulty surviving in the women's correctional field. The seemingly best established and most comprehensive program, the Pennsylvania Program for Women and Girl Offenders, closed in 1978 after 10 years of operation. It could not raise the funds to continue. Correctional experts have cited the lack of systematic resource allocation as one outcome of the lack of

planning and an enormous barrier to program development and survival.

This study did not specifically examine the usefulness of incarceration in dealing with violent and behavioral crime. In the case of economic crime, however, examination of economic development activities supports the conclusion that prisons are the least appropriate institutional arrangement for such programs. This is not to deny the value of the prison programs studied or the contributions they have made towards developing program resources. The best prison programs, however, have close ties with the local community, and the most effective program is comprehensive and community-based. The model program exists in the community where the client can most easily keep in touch with her family, attend school, be employed, and receive counseling in conjunction with daily activities in the community where she must learn to survive, to improve her status, and to become independent.

There appear to be three major areas of need if programs for women offenders are to be upgraded.

1. Research needs

- a. Better definition of categories and data collection methods to aid in preparing more adequate statistical series.
- b. New statistics, such as annual data showing the proportion of offenders in various stages of the criminal justice process and a historical series showing lags in the process and trends in sentencing.
- c. Data on family status of women in parts of the system, not just those in prison.
- d. Consistent comparative state and local series to evaluate the impacts of policy, economic, social, or other changes in the incidence of arrests and sentencing.
- e. Data on incidence of homicide, physical abuse, incest, and other aspects of family violence in the background of female offenders.
- f. Descriptive studies of the characteristics and status of the children of female offenders, including types of arrangements for their care, social service gaps, and costs to society.
- g. Comparative study of women offender programs in other countries, including arrangements for children living in and visitation.

- h. Comparative cost structures for women's prison programs, community programs, decriminalization, jail programs, alternative sentencing.
- i. Demonstration studies of arrangements for children living in, the use of existing noncorrectional women's programs to provide offender services, and decriminalization of victimless crimes.

## 2. Program Needs

- a. Program research, such as (1) policy analysis of economic rehabilitation, (2) legal analysis of the basis for rehabilitation programs in the criminal justice system, (3) study of requirements for vocational programs for juvenile offenders, and (4) development of program evaluation instruments.
- b. Program development, including (1) analysis of necessary levels of support for program continuity, (2) use of noncorrectional programs for women offenders, and (3) use of coeducational programs.

## 3. Related changes in the criminal justice system.

Research and program development efforts listed above support administrative and program changes as well as capital additions and changes in physical plant which would ultimately be necessary throughout the criminal justice system to accommodate greater female participation in programs formerly reserved for men, the addition of special programs for women, and strengthening of community program resources in conjunction with the jails, courts, prisons, and probation system. Changes could include:

- (a) Decriminalization of victimless crimes.
- (b) Pretrial diversion into programs.
- (c) Physical and administrative changes in institutions that will permit extensive child visitation and live-in arrangements.
- (d) Administrative and program changes to permit extensive use of work/study release.
- (e) Establishment of community-prison liaison.
- (f) Administrative changes in probation to facilitate use of community programs.
- (g) Administrative and program changes to provide greater postrelease follow-through through community counseling programs.

The recommendations focus on the need to strengthen policy analysis and program resources. It is necessary to understand the nature and extent of the problems and needs associated with

improving the economic status and independence of the woman offender, and how her needs relate to her crimes. It is necessary to consolidate in permanent comprehensive programs what has been learned from the efforts of the projects that have been initiated so far. And, it is necessary to explore through policy and planning, research, and development the resources and relationships that already exist in the criminal justice system in order to more effectively facilitate the provision of developmental services for the woman offender under its supervision.

## THE NATURE AND INCIDENCE OF CRIME AMONG WOMEN

1. Trends in Female Crime

The study identified and examined available data sources and analyses of crime among women for the recent periods and historical trends. Comprehensive data on women and crime have been notably incomplete and insufficient for the purpose of policy-making. In addition, definitional and reporting problems have made interpretation of data on women and crime somewhat difficult. Finally, there have been few studies based on national crime statistics.

The study's findings on the increase in economic crime were based on Uniform Crime Report data. The trends in female arrests were corroborated to some degree by data on victimization derived from Census surveys. It was also found to be in agreement with other relevant sources such as Canadian data on a comparable basis for women convicted of indictable offenses. A technical appendix to the report describes and compares these sources and the data controversy related to the problem of anticipating levels of crime and program needs.

To assess the relative importance of economic crime, categories of crime were organized under the three headings shown in Table 1. The data for 1960 and 1975 are separated from 1968 and 1977 since they are not entirely comparable series. However, examination of trends in the distribution of number of arrests in the broad categories when the two series are placed in chronological order suggests that resulting differences in values may not be unacceptably great.

If the resulting trend estimates can be relied on, Table 1 shows that during the period 1960-1977 the incidence of economic crime among women grew dramatically while the incidence of behavioral crime fell and violent crime remained constant. The data also indicate that economic crime which grew from 25 percent of total offenses in 1960 to 51 percent in 1977 became the largest category of crime in the process, the incidence of behavioral crime having fallen from 67 percent to 40 percent.

In addition to economic crime under specifically related types of offense, much of behavioral crime is associated directly with economic need and, therefore, economic crime. In sum, the data show rather conclusively, even when error and definitional differences are taken into account, that the major types of offenses charged to adult women especially, are in the area of economic crime. And it is economic crime which is the focus of the report and the area in greatest need of policy, planning, and programming.

Robbery is the one offense listed as a violent crime in which there has been a continued increase in women's participation. It is the crime responsible for keeping the Part I Violent Crime rates for women fairly steady rather than declining. Since robbery is also a property offense, its increase is more easily understood as an aspect of the increase in crimes involving

TABLE 1

Offenses Charged to Women for Violent, Behavioral,  
and Economic Crimes  
1960, 1968, 1975, and 1977

Offenses Charged	1960	1975	1968	1977
	(1)		(2)	
Total**	307,587	588,127	367,394	609,629
Economic Crime				
Property	38,526	205,209	99,644	220,465
Forgery and Counterfeiting	3,606	10,539	5,276	10,996
Fraud	5,111	30,076	9,481	29,043
Embezzlement	+/-	+/-	780	807
Stolen Property	837	6,924	1,874	6,263
Prostitution and Com.Vice	18,247	31,814	21,762	36,093
Vagrancy	10,770	4,249	6,893	4,861
Total	77,097	288,811	145,710	308,528
Percent of Total Offenses	25%	49%	40%	51%
Behavioral Crime				
Sex (except rape and prost.)	7,902	2,347	4,407	3,894
Drug Abuse	3,733	41,509	17,730	46,785
Gambling	9,990	3,448	3,586	2,872
Offenses against family and children	3,487	3,372	3,348	2,668
Driving under influence	9,026	34,725	15,076	43,119
Liquor laws	12,863	18,807	17,002	26,297
Drunkenness	104,060	48,971	70,749	46,684
Disorderly conduct	54,489	82,260	54,023	67,628
Weapons possession	1,806	7,063	3,617	6,725
Total	207,356	242,502	189,538	246,672
Percent of Total Offenses	67%	41%	51%	40%
Violent Crime	10,139	25,937	12,498	21,501
Other assaults	12,995	30,877	19,648	32,928
Total	23,134	56,814	32,146	54,429
Percent of Total Offenses	8%	10%	9%	9%



Source: Table 4, full report.

\*The concepts "Economic Crime" and "Behavioral Crime" used here have not been statistically defined by FBI Uniform Crime Reports, which is the data source for this table. Definitions are based on field studies of the phenomena used in this report and considered to be roughly equivalent to categories of offense included in Uniform Crime Reports and a valid source of verification of the general categories introduced here.

\*\*The following types of offense, which amounted to a total of less than 20 percent in any given year, have not been included in the three major categories presented above: all other offenses, suspicion, runaways, curfew and loitering, arson, and vandalism. Since the total has remained fairly constant for the years included, their exclusion does not significantly alter percent distributions for categories included. See Table 4 for further exposition.

†Not included as a separate item in 1960-1975 when it was included under "Fraud":

Column (1) 2,726 agencies; 1975 estimated population, 96,428,998 (cf. footnote 1, Table 2-a).

Column (2) 3,161 agencies; 1977 estimated population, 99,895,000.

property than as an increase in violent behavior by women. And there is some evidence that when a woman is arrested for robbery, she is often an accessory or a partner of a male.

Analysis of arrest statistics and of additional studies makes it clear that the "suddenly violent woman" described in some recent literature is a myth. In the context of planning programs for women, what may be most pertinent is that crimes of violence represented only 2.8 percent of all of the arrests of women in 1977 (compared with 3.0 percent in 1975).

There is no question that in absolute numbers and in proportion to male offenders, women are increasingly involved in property offenses. Larceny/theft arrests make up almost 22 percent of all the arrests of women and only 9 percent of the male arrests.

Studies indicate that the type of offense actually represented under the category larceny/theft is usually shoplifting, and that the goods stolen are frequently of little value. Many of the women involved are amateurs, who cease their activity after one arrest. Changes in the categories of the Uniform Crime Reports and in apprehension rates, as well as actual changes in behavior, may be involved in the rather dramatic increase in arrests. Also, the increased use of private security personnel and the adoption of a policy of automatic reporting and prosecution of shoplifters by many retail outlets and business firms make this offender more vulnerable to arrest than in the past.

Women make up 36 percent of total male and female arrests for fraud, although fraud accounted for only 5 percent of their total arrests in 1977. While some associate increased fraud arrests, which rose steadily from about 15 percent of the total male and female combined to 24 percent in 1968 and 36 percent in 1977, with embezzlement and other offenses related to the entrance of women into responsible white-collar positions, other evidence indicates that most of such arrests were for passing bad checks. Passing bad checks is not associated with any particular occupational level or, for that matter, with employment at all.

Occupation would seem to play a role, however, in the proportionate increase in arrests for embezzlement. According to data cited by one study, women's share grew from 20.8 percent in 1967 to 34.8 percent in 1976 (although embezzlement accounted for only .2 percent of all women's arrests). Whether the drop of approximately 46 percent between 1976 and 1977 is the beginning of a downward trend in the crime or in arrests is impossible to predict. The question is whether the higher arrest rate between 1967 and 1977 is a result of women "making it" or whether, because of lower job status and less ability to offer restitution, the woman offender is more likely to get caught. Again, it has generally been found that after one arrest an embezzler is unlikely to commit a second offense.

In reflecting on the fact that property crime accounted

for about 25 percent of all arrests for women, as opposed to 16 percent for men, it appears that women's criminality may be rather closely related to the position of women in the socioeconomic order.

## 2. Women and Economic Crime

Table 2 compares long-term trends in female population, labor force and persons arrested for the period 1930-1970. In order to examine the relationship between the incidence of arrests and labor force participation by women, percentages were calculated for female labor force as percent of female population and females arrested as percent of female population. Finally, ten-year rates of change were calculated for female labor force and arrests.

Three aspects of the data in table 2 are of particular interest regarding the liberation and crime controversy.

(1) Female arrests as a percentage of female population are an extremely small element compared with female labor force as a percentage of population. Although the arrest data may be somewhat understated depending on the number of reporting agencies from which it was obtained; even if that amounted to as much as a factor of three in the number of persons arrested, the resulting totals would still be extremely small by comparison with total population and labor force.

(2) Ten-year rates of increase were consistently higher for females arrested than for female labor force and female population. Female labor force also grew faster than female population as a whole. That the increases in the number of arrests were consistently so much greater than increases in the female labor forces does not argue strongly that increases in female labor force participation could result in increases in female participation in crime. In fact, the opposite would appear more likely; that is, that crime pushes labor force participation--or, that criminal activity results from demand for employment greater than the number of jobs available.

(3) This later suggestion, criminal activity as an alternative to employment, receives some additional support when variations in ten-year increases are examined. The largest increases in the number of arrests came during periods of substantial economic decline, 1930-1940 and 1950-1960. These were also periods of slower labor force growth. On the other hand, the smallest increases in the number of arrests came during periods of increased economic activity, 1940-1950 and 1960-1970. These were also periods of faster labor force growth.

Women, historically and in the present day, have had to struggle with social definitions of who they are and what their place is. Their "destiny" has been seen as a sexual and reproductive one; their role as passive and dependent, within the family rather than in the "masculine" areas of thought, politics, and production.

TABLE 2

Female Population, Female Labor Force and  
Females Arrested, 1930-1970

	Popula- tion	Labor Force	Persons Arrested	Female Labor Force as % of Female Population	Female Ar- rests as % of Female Population
	000 (1)	000 (2)	000 (3)	(4)	(5)
1970	104,309	30,756	947	29.5	00.90
% increase	15	37	133	20	100
1960	90,992	22,410	406	24.6	00.45
% increase	20	35	427	13	350
1950	75,864	16,553	77	21.8	00.10
% increase	16	27	48	10	43
1940	65,608	13,007	52	19.8	00.07
% increase	8	22	174	13	133
1930	60,638	10,632	19*	17.5	00.03

(1) Census data for total population Table No. 24, Historical Statistics.

(2) Census data for persons 15 years old and older, 1930; 14 years old and older, 1940-1966; 16 years old and older, thereafter (Series 049-62 Historical Statistics).

(3) FBI Data: Series H999-1011 Historical Statistics.

(4) Col. 2  $\div$  Col. 1.

(5) Col. 3  $\div$  Col. 1.

\*Estimated by simple extrapolation of estimates of 1932-34.

To the degree that those views are accepted, they tend to affect explanations for the pattern of women's criminality and the programs that are developed for women offenders.

It is the gap between the perceived nature of women and their role in the family and the reality of women's lives that has so deeply affected the world of the woman offender. Studies of trends in prison admissions for women have found that they peak in recessionary periods, as they do for men. Also, women in prison are increasingly found to be mothers who are heads of households.

Unfortunately, the correctional system's recognition of the economic needs of women has often been filtered through a view of "appropriate woman's work." A public relations release from the women's addition to the Colorado State Penitentiary, completed within the last 10 years, stressed the work training it provides in cooking, sewing, cleaning, laundry, and beauty care, precisely the types of low-status and low-paying positions from which prostitutes were recruited in the mid 1800s.

Historically, women have played a vital role in bringing about penal reform. Determined women with a realistic assessment of women's status fought to remove women from the workhouses, jails, and penitentiaries and place them in separate institutions.

In the first part of this century, women's reformatories, with their cottage architecture, absence of obvious security, openness to the community, and family-like relationships between staff and inmates, became the models for similar changes in male institutions.

However, the founders had no illusions about the fact that they were able to develop their institutions precisely because women were seen as less dangerous and not threatening to the status quo.

As a consequence of the context in which they were developed, the strengths of the women's institutions were also their weaknesses. The able women who founded the institutions became so identified with them that they sometimes remained in charge far beyond their innovative years; and staff women remained for years at the same institution, or moved within the limited orbit of the other women's institutions.

The "home and family" atmosphere that was the mark of the early reformatory movement tended to become as oppressive as the bars and military discipline of the more typical male institution, as rules piled up and as the racial and ethnic backgrounds of the staff and inmates became increasingly divergent. The absence of walls sometimes led to a more rigid and direct staff control than found in the more secure institutions where more freedom existed within the walls. Because of their smaller size, the per capita costs of just meeting operating expenses were higher in women's institutions. Additional money for programming

became difficult to justify and, despite valiant creative efforts by staff members, the educational, recreational, and work programs in the institutions were severely limited.

As policy making and staff appointments increasingly became functions of central correctional system offices, awareness of the founding philosophies or particular needs of the women's institution decreased. Decisions to close women's institutions and move the women, or to add a male population to the single women's institution, were viewed simply as efficient ways to solve cost or space problems, rather than as thoughtful new policies of equality in response to the women's movement.

Why, therefore, have women offender suddenly become visible again, after almost disappearing from the correctional scene? Why, particularly, is this visibility associated with an image of a woman, gun in hand? Headlines have stressed a "zooming 202 percent rise in serious crimes" by women. Respected leaders in the criminal justice field have been quoted in the press as asserting that the desire of females for equality with their male counterparts is reflected in anti-social behavior as much as it is in gains in business, politics and the arts.

The situation is doubly ironic. The media's use of percentage increases which are often sensational but based on a relatively small number of actual arrests, means that the same small totals responsible for the invisibility of women offenders are now reinterpreted to show "sudden dramatic increases" in female crime. Lumping together all crimes committed by women has obscured the fact that the level of women's involvement in violent crime has decreased slightly. The gap between the perception of women's status in the economic world and the actual reality of her place remains.

While the percentage of women in the labor force increased from about 20 percent in 1900 to about 46 percent in 1977, women moved for the most part into low-paying jobs in the clerical, service, and operative fields. Although there was a significant increase in the percentage of managerial positions held by women, there was actually a slight decrease in the proportion of women in the professions during the same period--from 35.2 percent in 1900 and 41.3 percent in 1940 to 40.4 percent in 1974. The new managerial positions that have been the focus of media coverage were held by only 5 percent of the working women in 1974. In addition, the rise in arrests for serious crime for the woman offender may be an artifact of inflation. The small scale theft that may previously have been classified as a misdemeanor has now become the serious Index Crime of larceny--the crime that accounted for 24 percent of all female arrests in 1975.

While female arrests as a percent of female population (column 5, Table 2) is not a significant number, the total number arrested is substantial. In addition, the increase in the percentages shown from .03 in 1930 to .30 in 1970 (and probably over 1 percent if this trend has continued), represents substantial growth. It is quite possible that these increases may continue into the future. If so, this trend also strongly supports the need for more planning and better programs for female offenders.

The significance and implications of the rising number of arrests of women are currently points of controversy. A consideration of the issues involved raises more questions than any existing data can answer definitively. However, it is quite clear that the ways in which the questions are answered may affect policy and that policy decisions may have a significant role in determining the number of women who enter the criminal justice system and what happens to them while they are there.

The data show that by far the greatest and an increasing number of arrests have been in the category of economically related crimes. The increase comes at a time when women are also increasingly involved in lawful economic activity (employment) and are often (especially in the case of offenders) heads of households. Careful attention to the data suggests that if proper interventions are to be made, they should acknowledge the economic responsibilities of women offenders and the economic nature of their crimes.



## PROGRAM NEEDS FOR ECONOMIC INDEPENDENCE

### 1. Factors Affecting Correctional Programs for Women.

Although claims have been made that female crime is related to female employment, examination of the data shows that there is little basis for such a claim and that, to the contrary, female crime is probably related to unemployment and economic declines.

Women are represented in every criminal activity, they commit violent as well as property crimes, and some return to prison over and over for their crimes. But, though it has been suggested that patterns are changing, there continues to be a far lower incidence of violent crime compared with small property crime. These patterns must be borne in mind in planning for the female offender.

Information developed on women offenders shows they are likely to be members of minority groups, usually poor, with lower than average education. Most (up to 80 percent) are mothers, heads of households, and current or past recipients of welfare, with limited work experience or skills.

That the general economic status of women is poor is a fact repeatedly documented in government and private studies, as well as congressional hearings. Poverty has become predominantly a female condition in recent years. In 1960, there were 40 million poor people in the United States. By 1972, after substantial efforts by Federal antipoverty programs, this number had fallen to 24.5 million, but virtually the entire decline was accounted for by improvements in the economic status of male-headed families.

During the last two decades, the proportion of households headed by women has increased substantially. Nevertheless, women continue to face a job market characterized by discrimination. While more women are entering the job market, they do so by accepting the low-paying jobs that are increasingly being abandoned by men who are continuing to improve their over-all economic position. While the average income of women has risen along with the income of men, the differential between them has continued to widen, so that women, although somewhat better off are relatively poorer in relation to men. Department of Labor data show that in 1978 average earnings for women were 48 percent of men's.

These trends have resulted in a squeezing action: greater participation by women in economic activities with less than satisfactory results. That situation is reflected in their increasing participation in welfare programs. It is also reflected in their increasing participation in economic crime.

During the period that the number of poor people was being reduced from 40 to 24.5 million, the Federal government invested several billion dollars in antipoverty programs. Now, when the population of poor people is predominantly female, most of such aid is gone. While the female offender population closely coincides with the poor, female family head, the correctional administrator is operating without the network of social programs that were available to this group in the 1960s and early 1970s.

Few services are available to aid poor women in improving job skills or attaining economic independence. For a woman with children, public assistance or criminal activities may provide a better living than working at minimum-wage jobs. If a woman earns the Federal minimum wage of \$2.90 an hour, her full-time, year-round earnings will total only \$5,568. Supporting a household, especially one that includes several children, on that amount is challenging at best, and many women heads of families have even less. Women who headed families had an unemployment rate of 10 percent in 1976, and 26 percent of the poor women family heads were unemployed. (Comparable rates for male family heads were 5.0 and 16 percent.)

Perhaps the most compelling needs of families caught up in the criminal justice system are those of the children. If a woman is incarcerated, her children lose their mother, probably their home, possibly their brothers and sisters. They may become wards of the state and, in some jurisdictions, may be put up for permanent adoption without their mother's consent. They may never see her during her incarceration, or, if they do, it may be only through a screen in the presence of guards. While her parenting abilities may be poor, affectional ties are usually strong, and maintaining the original mother-child family can be argued to most often be in the interest of the children, the mother, and society. The program needs of female offenders are greatly affected by the fact that up to 80 percent of them have children. Most are responsible for the care and support of their children.

Because most offenders are under 30, their children are likely to be young, requiring an enormous amount of the custodial parent's time and money. But the impact of motherhood on the offender's vocational plans, for example, is not always taken

into account. If job-related programming does not consider the implications of parental responsibilities, it may be substantially less likely that the client can even acquire skills and establish herself in a job. If she cannot establish her economic independence, society may become a form of surrogate parent, providing financially for her children through public assistance, foster care, or institutionalization.

Discussions of women who are offenders regularly allude to their "lack of confidence," "poor self-esteem," or "low self-esteem"--states of mind that indicate dependent status. Women offenders are dependent on men, on public support, on substances such as alcohol or drugs, on correctional institutions. The result is a person unlikely to benefit from a specific opportunity--such as job training--if her self-perception is that she is unable to achieve anything on her own. Just as programming for economic independence is unrealistic if it doesn't take child care responsibilities into account, it is in equal danger if dependent behavior is not addressed.

Society may have made it easier and more acceptable for a woman to go on welfare or to stay in a dependent relationship with a man at any price (even physical abuse) than to prepare herself for a self-sufficient life. But the price that society must pay is the support of a permanently poor and dependent class of people. In most general terms, findings about the status of women offenders suggest that the focus of women's programs in the correctional system should be on social and economic rehabilitation. Because of the complex nature of the problem, which involves the most basic aspects of her survival as an economic unit (employment, education, parenting, living skills), programs directed to the woman offender must be basic, comprehensive, and directed to achievement of results to be measured in terms of socioeconomic status and independence.

Many of the program directors interviewed for this report emphasized the need to reduce the dependence and develop and reinforce the independence of their clients. That goal was stressed even when the overall objective of the project was something quite specific, such as job placement.

All of the above factors were taken into account in the kinds of programs and services ultimately selected for study. The objective of the programs described is social and economic rehabilitation--improvement of the capability of the offender to cope with her life as a mother, head of household, and individual.

The programs identified in this study were those found most innovative and promising in providing rehabilitative services for women offenders. Thirty-eight programs were selected for on-site study out of 200 identified. Most of the programs were in the community, reflecting the fact that most women offenders are on probation. Although most of the community-based programs derive the major part of their funding

from public sources, they are, essentially, private nonprofit organizations. All of the programs studied were initiated on the basis of a perceived need and project-by-project support. The system of support for specific projects for limited periods did not usually change, even when a program was demonstrably successful. Such a system gives most programs an indefinite, hand-to-mouth aspect which is augmented by their necessary reliance on volunteers and high staff turnover.

Programs tended to relate strongly to the women offenders' major areas of need, including vocational development, education, job readiness counseling, placement services, parenting, and independent living activities.

## 2. Program Elements for Vocational Development.

Although vocational rehabilitation programs are the most developed of the rehabilitation programs studied, an ideal or model program does not now exist for emulation. However, many programs have had experience from which sound and useful judgments can be drawn. Twenty-eight such programs were examined in the current study; all of them have undertaken some aspect of vocational rehabilitation in a manner especially designed for and directed to the needs of women offenders. The activities they offer have been derived not only from study of the characteristics of the population to be served, but also from analysis of labor markets and identification of economic opportunities.

For the most part, the types of program offerings examined do not represent new basic concepts. Most of their features have existed in the past both in and out of correctional settings. There is, therefore, a body of literature, as well as manuals, technical aids, and demonstration projects, from which planners and administrators can draw insight and instruction. The program discussion and recommendations in this report are not intended as "how to" guides for setting up correctional programs. They are intended as a guide to (1) selection of programs for women and (2) the specific or unique aspects of women's programming. The promising or innovative projects whose experiences have been cited are so designated not necessarily because their basic concepts are new, but because they have applied those concepts to the needs of women offenders in new and particularly effective ways.

The programs visited offered one or both of two types of vocational aid--training or work experience and employment services. The training or work experience types of projects included various activities. Eight programs included an education component; ten referred clients to training programs; 15 provided their own training programs; and five offered actual work experience. The types of employment services offered were counseling (21 programs), placement (23 programs), needs assessment (two programs); job readiness (four), followup (one), referrals (three), job development (two), pre-employment workshops (two), and prison industries (one).

The combination of unfamiliarity with employment procedures, low skill levels, and poor self-esteem commonly found among women offenders means that, in addition to vocational training itself, most need substantial orientation to the work world as well as employment support services during placement and the early stages of employment.

Even when a program may have been developed to focus on a single aspect of the vocational process, the tendency has been to expand the program's scope and attempt to address other problems in order to succeed with the first objective. Thus a training program will add a job readiness component; a placement program will work with the offender's parenting/child care problems.

While staff of many programs expressed the need for a comprehensive approach, they acknowledged their own difficulty in stretching resources to provide it. Therefore, continuum of services, all vital to the vocational upgrading of the female offender, does not in fact exist in a single program, a single institution, even a single city.

What appears to be most crucial to the successful program was found lacking in all of them--adequate financial and administrative continuity. This is particularly the case for the community-based programs. Of the 28 programs identified for field study in the vocational field, 16 were private, nonprofit operations that, however successful in achieving short-run goals, found it necessary to operate from grant to grant with little or no security in their support. Low pay scales, limited opportunities for recognition or advancement, and inadequate working conditions were found to characterize the circumstances under which most programs were conducted. Cash flow problems resulted in operating discontinuities and rapid staff turnover, and loss of funding ultimately led to the rapid turnover of programs as well. Under the circumstances it is difficult to evaluate the effectiveness of resulting efforts or to characterize them for the most part as more than experimental.

It has been repeatedly observed that vocational programs do not lend themselves to an isolated, artificial environment. The lack of accessibility of women to education and training provided to male offenders is more extreme in the prison system than in the community at large.

The particular needs of women are especially evident in designing support aspects of vocational programs. "The use of job readiness, training, and child care planning are examples. Equally important, however, is accessibility to the full range of education and vocational training otherwise available to men. Making education and training available to women offenders may require introduction of more broadly based, "non-traditional" offerings in female institutions, provision of work-study release, or even provision of work/study sentences as an alternative to incarceration for certain types of offenses.

Sites Visited That Have Vocational Rehabilitation Services

Federal Correctional Institution, Pleasanton, California  
Prison industries

Project Esperanza, San Jose, California  
Inhouse and referrals to training/work experience  
Job placement  
Counseling  
Work readiness  
Job development

Career Planning Center, Inc., Inglewood, California  
Work experience  
Counseling  
Placement

Women's Residential Center, San Jose, California  
All residents employed or in school  
Placement

Women's Justice Services, Sacramento, California  
Referral to training  
Counseling  
Placement  
Job preparation  
training and work experience workshops

Vocare House, Oakland, California  
Work experience  
Counseling  
Placement

Women's Reentry Program, Los Angeles, California  
Training/work experience referrals  
Placement  
Counseling

Washington Halfway House for Women, Washington, D.C.  
Training/work experience referrals  
Counseling  
Placement

Wider Opportunities for Women, Washington, D.C..  
Job readiness  
Counseling  
Placement

New Horizons Treatment Center for Women, Atlanta, Georgia  
Community resource referral  
Counseling  
Placement

Project Reentry, Atlanta, Georgia  
Public service work experience  
Counseling  
Placement

Maryland Correctional Institution for Women, Jessup, Maryland  
Training in welding, marine electrical  
Placement (through Baltimore Labor Council)

New Directions for Women, Baltimore, Maryland  
Training  
Referrals  
Counseling  
Placement  
Pre-employment workshops

Maryland Correctional Pre-Release Unit for Women,  
Baltimore, Maryland  
Community training programs  
Placement through community resources

Female Offender Resources Center, Boston, Massachusetts  
Referrals  
Education and vocational training  
Counseling/placement  
Assessment

Minnesota Correctional Institution for Women, Shakopee, Minnesota  
Off-grounds training program (on-job training)

Project Elan, Minneapolis, Minnesota  
Referrals to training/work experience and to employment services

Genesis II, Minneapolis, Minnesota  
Counseling  
Job readiness training  
Placement

Operation De Novo, Minneapolis, Minnesota  
Referrals to community agencies for training/work experience  
and employment services

All-Craft Foundation, New York, New York  
Training in construction and crafts  
Counseling  
Placement

Green Hope Residence, New York, New York  
Private on-the-job training  
Counseling  
Placement  
Job development

New York Correctional Institution for Women,  
Bedford Hills, New York

Training in auto mechanics, clerical  
College  
Art workshop  
Problem solving  
Postrelease referral or placement

Hopper Home, New York, New York

Clerical training  
Academic education  
Counseling  
Placement

Women Offenders Resource Center, Oklahoma City, Oklahoma

Training referrals  
Counseling  
Placement

Job Options, Inc., Harrisburg, Pennsylvania

"Hands on" skill building in nontraditional fields  
Needs assessment  
Counseling  
Placement  
Job readiness  
Followup

Project Step-Up, Arlington, Virginia

Counseling  
Placement

Purdy Treatment Center for Women, Gig Harbor, Washington

Training in cosmetology, clerical, cleaning services  
Counseling

Women's Community Center, Seattle, Washington

Community placement for training  
Counseling  
Placement



### 3. Elements of Parenting Programs

The majority of women offenders are mothers, and they are usually single parents. When the mother is sentenced, her children may essentially be sentenced as well. If she is responsible for them, the improvement of her economic status must be accomplished in the context of her family.

While program interventions that are aimed at the offender mother and her children are dealt with in the report, similar programs might be appropriate for offender fathers. The concentration on women is not an endorsement of the idea that the mother should be the only responsible parent, but a recognition that there is a high probability that an offender/mother or a female substitute (such as grandmother or foster mother) is the primary parent. The question of what interventions are appropriate to reduce the difficulties and pain experienced by offender/mothers and their children, and to meet the responsibilities of society toward the children, is unresolved. There is dispute over whether small children ought to live with their mothers in prison, or even in halfway houses. There is the question of the proper time and place for state intervention; there remains disagreement about what is in the best interest of the children, the mothers, and society. The situation is complicated by the fact that when a mother is a convicted offender, the child/parent relations cut across so many systems--criminal justice, child protection and welfare, public assistance, family policy, domestic and family law, individual and parental rights. Because the children do not always fit into the usual social service categories (neglected, abused, retarded, psychotic, or delinquent), they often fall into the gaps between programs and may never benefit from social services. However, when they do become entangled in the child welfare bureaucracy, it is difficult to disengage them, and that is one of the sources of the mother's anxiety. If, for example, they are placed in foster homes, it may be very difficult to move them out of foster care when their mother is again free.

Inmate mothers responding to a survey by the National Council on Crime and Delinquency suggested three areas of needed service: family programs and services, such as parent education or counseling; expanded child visitation rights; and such supporting services as legal aid in custody cases and postrelease readjustment counseling.

Correctional officials surveyed emphasized the need for community involvement in the correctional environment, plus programs to sensitize staff members to inmates' family concerns.

The projects visited offered several types of family support: provision for children to live in full or part time (eight programs); seminars, parenting education, or parent readiness training (seven programs); counseling (six); advocacy, assistance, sponsorship, and referral (five); nursery school (three); day care (two); visitation (one).

Parenting programs are the most difficult and crucial aspect of economic rehabilitation to develop. The model parenting program provides living-in or extensive visitation arrangements for children. But that aspect of a parenting program is apparently most unacceptable to prison administrators. It is hard to imagine realistic parenting training taking place in the absence of children or away from the community.

Community programs are the most appropriate form for parenting activities. Therefore, it is increasingly being suggested that offender/mothers who are heads of families should be diverted from prison to community programs. There are indications that courts are becoming increasingly reluctant to sentence mothers to prison terms. However, the inadequate number of community programs for such women and the difficulty of maintaining quality standards with inadequate administrative and financial support remain formidable problems.

#### Sites Visited That Have Parenting Programs

Project Esperanza, San Jose, California  
Children can live at residence

Women's Residential Center, San Jose, California  
Children live in  
Day care program  
Recreation  
Counseling

Vocare House, Oakland, California  
Children live in  
Counseling  
Research  
Family counseling

Women's Reentry Program, Los Angeles, California  
Parent readiness training

New Horizons Treatment Center for Women, Atlanta, Georgia  
One-to-one sponsors

Women, Inc., Dorchester, Massachusetts  
Up to 10 children can live in

Female Offender Resources Center, Boston, Massachusetts  
Day care referrals

Minnesota Correctional Institution for Women  
Children live in on week-ends  
15-week seminars  
Counseling

Project Elan, Minneapolis, Minnesota  
Children live in  
Counseling  
Family counseling

Genesis II, Minneapolis, Minnesota  
Nursery school  
Parenting classes  
Counseling

Operation De Novo, Minneapolis, Minnesota  
Provided by public health services

Green Hope Residence, New York, New York  
Counseling  
Intensive parenting education  
Advocacy with foster agencies

New York City Foundling Hospital, Abusing Parents and Child Unit,  
New York, New York  
Children live in  
Therapeutic  
Nursery school  
Intensive parenting education

Hopper Home, New York, New York  
Counseling  
Assistance with public services

Purdy Treatment Center for Women, Gig Harbor, Washington  
Four-month course  
Visitation  
Counseling  
Nursery school

Women's Community Center, YWCA, Seattle, Washington  
Classes  
Referral  
Children live in

#### 4. Elements of Independent Living Programs.

If an ex-offender is unprepared for the practical demands of everyday life, then the mechanics of heading a household in an urban, inflationary, credit-based, bureaucratic society may defeat her attempts to establish herself in a job and become financially independent. Such a defeat, in fact, may have contributed to her original criminal behavior. The lack of the most rudimentary power necessary to control their lives is the condition of many women offenders. The young offender may have the survival skills for street life, but be ignorant of elementary matters outside that life, such as how to rent an apartment, maintain her own and her children's health, or administer the legal and contractual requirements that come up in everyday life. Independent living programs teach the woman offender how to do things for herself, rather than providing services for her. The programs studied offered three kinds of education: survival skills, such as assertiveness, personal budgeting, establishing and using credit, banking procedures, obtaining housing, and using community resources; health education; and legal rights and procedures training in criminal and domestic law.

Independent living programs are the least structured and least developed of the rehabilitative programs considered.

The model independent living program plays a supporting role to vocational rehabilitation and parenting. Since individual clients have been subjected to varying degrees of dependency conditioning as women, the effect of the program should be to raise each woman's consciousness about that phenomenon and to liberate her from its hold. Thus, independent living programs should help the offender to consider nontraditional occupations in the light of their possible contribution to improving her economic status. It should also help her to come to grips with the responsibilities she must bear as head of a household.

Traditional prisons and social welfare programs tend to increase rather than decrease dependencies by institutionalization and provision of services. The model program is, therefore, oriented toward community life if it is not in fact in the community. While several prison-run programs have successfully presented information dealing with the needs of daily life, the ex-offender may have the greatest needs just when she is released. Considering, too, the number of offenders who are on probation, assistance toward independent living should be provided through community programs as well as in institutions.

#### Sites Visited That Have Independent Living Programs

Project Esperanza, San Jose, California  
Assertiveness training

Career Planning Center, Inc., Inglewood, California  
Survival skill counseling

Women's Residential Center, San Jose, California  
House council  
Counseling

Women's Justice Services, Sacramento, California  
Counseling  
Emergency services

Vocare House, Oakland, California  
Highly structured living  
Housekeeping assignments

Women's Reentry Program, Los Angeles, California  
Assertiveness training

The Just Community, Niantic, Connecticut  
Self-government by residential unit

New Horizons Treatment Center for Women, Atlanta, Georgia  
Assertiveness training

Maryland Correctional Pre-Release Unit for Women,  
Baltimore, Maryland  
Supervised residential living

Female Offender Resources Center, Boston, Massachusetts  
Life skills training

Minnesota Correctional Institution for Women,  
Shakopee, Minnesota  
Classes required for those in vocational programs

Genesis II, Minneapolis, Minnesota  
Classes

Operation De Novo, Minneapolis, Minnesota  
Survival skills group  
Women's support group

Green Hope Residence, New York, New York  
Workshops  
Budgeting  
Housing

New York City Foundling Hospital, Abusing Parents and Child Unit,  
New York, New York  
Supervised residential setting

Hopper Home, New York, New York  
Life Skills classes

Women's Community Center, YMCA, Seattle, Washington  
Structured living  
Classes

## CONTENTS OF FULL REPORT

## Foreword

Section I

## Chapter 1. Introduction

- A. The Invisible Offenders
- B. The Emerging Offenders
- C. Methodology
  - 1. Literature review
  - 2. Field survey
  - 3. Telephone survey
  - 4. Site visits
  - 5. Analysis

## Chapter 2. Women and Crime

- A. Data on Women and Crime--Implications for Policy and Planning
- B. Changes in the Status of Women and Their Involvement in Crime
  - 1. Analysis of "skyrocketing" women's crime
  - 2. Resolving the liberation and crime controversy: assessing the data
  - 3. Resolving the liberation and crime controversy: who are the women criminals
  - 4. Resolving the liberation and crime controversy: trends in female crime
    - a. Trends in crimes of violence
    - b. Trends in property crime
    - c. Trends in incidence of victimless crime
  - 5. Sex-related differences in the criminal justice process
  - 6. Historical trends in women's participation in socioeconomic activity and crime
- C. Conclusions

## Chapter 3. Legal Parameters for Programs and Services for Women Offenders

- A. The Constitutional Basis for the Rights of Women Offenders
  - 1. Fourteenth Amendment--equal protection
  - 2. Eighth Amendment--cruel and unusual punishment

- B. Legal Challenges to the Treatment of Women Offenders in the Criminal Justice System
  - 1. Pretrial judicial processes
  - 2. Trial and Sentencing procedures
    - a. Indeterminate sentencing
    - b. Possible effects of a determinate sentencing
  - 3. Institutional facilities and services for incarcerated offenders
    - a. Availability of facilities
      - 1) Institutions
      - 2) Libraries
    - b. Medical care
      - 1) General medical services
      - 2) Abortion
      - 3) Childbirth
    - c. Privacy
    - d. General treatment and conditions
      - 1) Jails
      - 2) Prisons
    - e. Application of an equal protection standard--an illustration

#### C. Conclusions

### Chapter 4. Factors Affecting Correctional Programs for Women

- A. Criminal Behavior of Women Offenders
- B. Economic Status
- C. Parenthood and Women Offenders
- D. Dependency and Women Offenders
- E. Conclusion--Program Choices for Economic Rehabilitation

## Section II

### Chapter 5. Introduction

### Chapter 6. Program Elements for Vocational Rehabilitation

- A. Program Needs
  - 1. Education
  - 2. Job readiness training
    - a. Introduction to jobs
    - b. Pretraining
    - c. Job search methods
    - d. Development of assertiveness and self-confidence
    - e. Parenthood counseling
  - 3. Vocational training
    - a. Training/work release
    - b. Facilities and funding
    - c. Source of instruction

- 4. Job development and placement
- 5. Followup services
- B. Conclusions

#### Chapter 7. Elements of Parenting Programs

- A. Program Needs
  - 1. Visiting and residential arrangements for children
    - a. Alternatives to incarceration
    - b. Children living in prison
    - c. Visitation
  - 2. Parenting training
    - a. Courses
    - b. Counseling
    - c. Residential experience
  - 3. Support services
    - a. Crisis interrention
    - b. Legal and social services counseling
- B. Conclusions

#### Chapter 8. Independent Living Programs

- A. Program Needs
  - 1. Survival skills training
    - a. Banking
    - b. Money management and budgeting
    - c. Housing
    - d. Establishing and using credit
    - e. Utilization of community services
  - 2. Health education
    - a. Taught by outside clinicians brought to the program for the classes
    - b. Developed and taught "in-house by program staff
    - c. Prepackaged and taught by staff, volunteers, or clinicians
  - 3. Legal rights and procedures training
    - a. Criminal law
    - b. Domestic law
- B. Conclusions

#### Chapter 9. Policy Analysis and Recommendations

- A. Administrative and Financial Support
- B. Conclusions
  - 1. Women and Crime
  - 2. Program Choices for Economic Rehabilitation



## APPENDICES

- A. Job Readiness Materials: World of Work Workshops
- B. Tables: Incarcerated Mothers' Needs
- C. Case Histories Involving Children of Mother/Offenders
- D. Independent Living Materials
- E. Medical Care Standards for Women in Correctional Institutions
- F. A Program Evaluation System
- G. Annotated Bibliography

## LIST OF TABLES AND FIGURES

## Tables

1. 1978 Site Visits to Women's Correctional Projects
2. Arrest Trends by Sex
  - a. 1960-1975
  - b. 1976-1977
  - c. 1968-1977
3. Total Arrests, Distribution by Sex
  - a. 1975
  - b. 1977
4. Offenses Charged to Women for Violent, Behavioral, and Economic Crimes, 1960 and 1975
5. Breakout of Part I Crimes: Arrests for Violent Crimes and Property Crimes, 1960-1975
  - a. Total Arrests and Total Female Arrests
  - b. Arrest Trends by Sex, 1960-1975
  - c. Arrest Trends by Sex, 1970-1975
6. Female population, labor force and persons arrested, 1930-1970
7. Total Number of Persons Held by Federal and State Authorities on December 31, 1976, by Region, State and Sex
8. Socioeconomic Characteristics of Women Offenders

## Figures

1. Projected levels of prison population for California, 1976-1982, resulting from major policy alternatives
2. Major elements in the criminal justice process

# Prisoners of Their Sex: Health Problems of Incarcerated Women

Judith Resnik \*

Nancy Shaw \*\*

## INTRODUCTION

The central theme of this article is the health of incarcerated women. <sup>1</sup> The topic is not a simple one. It is made complex by two factors: we speak about prisoners and about women.

Our interest involves people who are incarcerated by the state, as pretrial detainees or as sentenced inmates. They are housed in total institutions, designed either to insure their presence at trial or to punish past criminal behavior. They are entrusted to the care and custody of the state, which has vast authority to decide the forms and conditions of their detention. However, the state is also obliged to provide inmates with a secure and safe environment. Since current practice does not permit detained individuals free and direct access to health services in the community, they are totally dependent upon the state for medical services. <sup>2</sup> The government's duty to provide health care and the particular problems of the delivery of care arise and cannot be separated from the context in which they are found—penal institutions.

While several of the issues that we discuss affect all inmates, the particular concern here is the health of women inmates. For a variety of

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\*Assistant Professor of Law, University of Southern California Law Center; former Acting Director, Guggenheim Program in Criminal Justice, and Supervising Attorney, Yale Law School. B.A., Bryn Mawr College; J.D., New York University.

\*\*Assistant Professor of Community Studies and Sociology, University of California at Santa Cruz; former Postdoctoral Fellow, Department of Sociology, Yale University; author, *Forced Labor: Maternity Care in the United States*. A.B., Wellesley College; M.A., Ph.D. (Sociology), Brandeis University.

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reasons, including their relatively small numbers, women in jails and prisons have received less attention than have men. The common images of prison life, and the majority of encounters that most people have with prison, involve institutions for men. Further, because the majority of prisoners, attorneys, sociologists, doctors, administrators, correctional personnel, and professors are men, the routine health needs of women may not be part of their personal experience.

To illuminate the distinct needs of incarcerated women, we offer a brief sketch of women's jails and prisons, and describe how these institutions differ from those that house men. We include details on the physiological and sociological differences between the sexes, and describe how some of these differences affect women's health. Further, because incarcerated women are a demographically select group, we include a survey of their particular health status at the time of entry and during incarceration.

The fact of incarceration, the conditions and practices in women's jails and prisons, and the medical needs of women in such institutions—as distinguished from the needs of women in the world at large and from those of male inmates—provide definition of our issue. The problems posed by this issue have been considered by several agencies. In efforts to improve health care, prisoners have brought their complaints to courts, legislatures, and the media. At the behest of inmate-plaintiffs, judges have reviewed health care in jails and prisons, and have ordered changes.

Recently, other entities have become involved in prison health care. Most prominent is American Medical Association (AMA), which, with funding from the Law Enforcement Assistance Administration (LEAA), has developed a set of standards for health care in jails and has begun an accreditation program by which jails can obtain AMA certification. In addition to the AMA, several other professional associations have promulgated standards about health care and other conditions of confinement in jails and prisons. One, the American Correctional Association (ACA)—which is the national association of correctional administrators—has issued standards that its offspring, the Commission on Accreditation, uses in an accreditation program for correctional facilities.

The growing involvement of diverse public institutions and private associations in altering health conditions in jails and prisons is an important and intriguing phenomenon. Both courts and private organizations have great potential power, and their decisions can have widespread impact. In some instances, their intervention has caused dramatic changes and altered institutional procedures. Substantial public funds have been spent, either because the state has been a participant in litigation or has directly subsidized the involvement of private organizations in jail and prison health care. Large amounts of public funds are currently committed to ongoing projects, and future grants are contemplated. Finally, the people

confined in jails and prisons are in desperate need of help; thus far, courts and professional associations are the only two institutions that have taken a large role in addressing inmates' health problems.<sup>3</sup>

What are we to make of the involvement of courts and professional associations in the delivery of health care in jails and prisons? What are the processes by which decisions are reached in these forums? Does either present opportunities for female inmates to obtain better care? To answer these questions, we trace the history of federal court intervention in prison health care, and examine in depth one case—*Todaro v. Ward*—in which the entire health care system of a women's prison was at issue. To provide an understanding of the growing role of standards written by the professional associations, we describe the formulation of standards and the accreditation procedures of the AMA Jail Project; we then compare its standards to those of other groups, including the American Public Health Association and the American Correctional Association. Further, because the creation of standards, the commencement of voluntary accreditation programs, and the incorporation of private standards into government codes, regulations, or court orders are not novel with prison health issues, we compare the history of other accreditation programs in medicine. Finally, we offer our views as to what are the essential components of adequate health services for women inmates.

## INSTITUTIONS FOR WOMEN

The fact of incarceration is basic to the discussion of women's health in jails and prisons. The rules and procedures of the institutions that house women shape the problems that arise. Since practices at facilities for women often differ substantially from those at men's institutions, we begin by outlining some of the salient features of women's institutions.<sup>4</sup> Our sketch is anecdotal and general; our interest is not to create definitive portraits of all women's prisons and jails, but rather to provide a context in which to evaluate current health practices.

### Prisons

The differences between men's and women's institutions are most apparent in long-term facilities—prisons. The buildings that serve as women's prisons, like many used for men, are often very old. However, unlike the outmoded fortresses for men, the facilities for women are typically small, separate units, called "cottages," set upon large tracts of land, or "campuses." Many women's institutions were located in rural areas, now overtaken by urban and suburban sprawl.<sup>5</sup> Some women's facilities are still

## 322 PRISONERS' RIGHTS

referred to as "farms," reflecting their ancient mission of providing a "wholesome" environment for urban "girls" who had been led astray.<sup>6</sup> These "reformatories" were intended to correct errant ways by offering the clean life, in which the "girls" lived in home-like settings, prepared meals, cared for farm animals, gardened, and sewed.<sup>7</sup> Infants and young children were frequently permitted to stay with their mothers in institutions, so as to encourage the "girls" to learn, under supervision, caretaking and home-making behaviors.<sup>8</sup> "Treatment for women meant inculcation of certain standards of sexual morality with preparation and training in the duties of wife and mother."<sup>9</sup>

While modern prison administrators are slowly disengaging from out-moded practices, many old policies linger. "Correctional programs for the female offender are still heavily steeped in the myths of appropriate female behavior and traditional sex roles."<sup>10</sup> In 1952, women who entered "Clinton Farms" in New Jersey were given grey dresses. Once they demonstrated conforming behavior, they were promoted to white dresses. If they violated disciplinary rules, they were returned to grey garb.<sup>11</sup> As recently as 1977, inmates at New York City's House of Detention for Women on Rikers Island had to bring a lawsuit to obtain the right to wear slacks<sup>12</sup>; the Superintendent had argued that permitting women to wear such "masculine" clothing promoted inappropriate sexual behavior.<sup>13</sup>

Because fewer women than men are incarcerated, women's institutions tend to be smaller in size. In the 1967 survey of thirty women's prisons, two-thirds housed fewer than 200 inmates.<sup>14</sup> Smaller numbers may make management easier, and lead to the general informality of tone found by visitors to a number of women's institutions. Another major factor contributing to the apparent informality is that women are viewed as less threatening than men, and are therefore permitted greater freedom of movement.<sup>15</sup> Women are often permitted to move without obvious supervision among the several buildings that comprise their "campuses."

Inside the buildings, women's cells may be called "rooms," and the inmates encouraged to decorate them by sewing draperies and bedspreads. Women may be permitted to cook their own meals in their housing units. They may also be allowed to wear their own clothes and to spend time washing and ironing, sewing, or beautifying themselves. Another way of passing time is in the "dayrooms," in which women watch television, knit, crochet, or play cards. In sum, female inmates are encouraged to play house.<sup>16</sup>

Smaller size, greater informality, and less blatant control mechanisms make life appear to be easier in women's institutions than in men's facilities, where larger numbers, deplorably small living spaces, and elaborate security measures often create a sense of tension and imminent violence.<sup>17</sup> Women's prisons, however, are penal facilities. While physical movement

may not be as controlled as in men's institutions, behavior is as regulated; the mechanisms simply differ from those commonly found in men's institutions.

Because incarcerated men are perceived as potentially dangerous, they are often housed under extremely restrictive conditions. Bars, cell blocks, gates, and heavy gauge steel are the dominant visual images of many prisons for men.<sup>18</sup> This perception of threat is, in one sense, an ironic compliment. Male inmates are given credit for being sufficiently powerful so as to be capable of inflicting harm. In this context, they are peers or equals to their custodians. In contrast, women inmates, like women in many other settings, are simply not taken seriously. They are treated as "girls," as children. Infantilization and paternalism, the dominant features of all women's institutions that we have visited, provide tremendous possibilities for social control. Women who have spent time in prison describe the decompensation, the loss of ability to perform routine personal tasks, the diminution of a sense of self.<sup>19</sup> Of course, the loss of autonomy is in no way unique to women.<sup>20</sup> However, the means by which women inmates are lowered to a disabled status differ from those applied to men. Telling adult women to "walk like ladies," punishing them for "cursing," and having them spend their time sewing draperies for the governor's mansion or planting flowers suggest that these individuals are not considered to be functioning adults, and that dependency and infancy are their roles for life. While the surroundings may appear to be more benign, behind the decorative facade remain the shackles, isolation cells, and maximum security facilities like those found in men's institutions.

A few other common attributes of women's prisons round out the description. Because there are fewer women inmates, many states have a single institution in which they place all female offenders.<sup>21</sup> In the federal system, there are only four facilities throughout the country for sentenced female inmates.<sup>22</sup> While not all prisons are situated in isolated areas, women inmates are often at great distance from their homes and families, and are themselves isolated.<sup>23</sup> The physical distance may be compounded by a frequently reported phenomenon: women prisoners receive fewer visits than do men inmates. Thorough analysis of the comparative rates must await collection of information on the distance of inmates from family, the duration of sentence, the transportation available, and other variables. Impressionistic explanations, by us and others, include the different roles women and men have played in families. While women have a tradition of "keeping the home fires burning" and "staying by their man," men have no such history,<sup>24</sup> and, therefore, may visit infrequently. Others may also not come because the social stigma that attaches to an imprisoned female may be greater than that for a man. The inmate, her

## 324 PRISONERS' RIGHTS

friends, or her family may discourage visits to avoid experiencing the shame or witnessing the incarceration.<sup>25</sup>

The paucity of facilities for women within a given jurisdiction has another effect. The government's ability either to classify women into many different categories or, once classified, to place them in facilities designed for their needs is limited. In the federal system, where there are more than forty institutions,<sup>26</sup> male inmates might be placed at "minimum security" facilities.<sup>27</sup> No comparable settings for women exist within the system.<sup>28</sup>

Another important difference between women's and men's prisons is the selection of activities for inmates. While the availability of education, work, recreation, and services provided by specialists varies enormously from prison to prison, some generalities about the options at women's institutions can be made. Women inmates often complain of minimal education opportunities. Administrators may explain the problem by noting the distance of many women's prisons from universities or schools, as well as the lack of motivation and the limited academic background of inmates. Where courses are available, however, the offerings may reflect stereotypic expectations of women's interests. In the prisons that offered courses in academic subjects, according to one survey, "[t]he most frequently listed courses were in English literature, psychology, and sociology."<sup>29</sup> Other common adult education courses included child development, family life education, and personal grooming.<sup>30</sup> As for vocational education, "[a]lmost all of the prisons offered vocational training in clerical skills, cosmetology and food services."<sup>31</sup>

Work opportunities for women also reflect a pattern based upon traditional expectations. Of the institutions surveyed by Glick and Neto, only 2% of the inmates were occupied in tasks described as "other" than "food services, sewing, housekeeping, clerical, laundry, medical or maintenance."<sup>32</sup> Further, while "women have been spared the hard labor and work crews which still survive for male convicts . . . [.] for women the nearest counterpart is the sewing industry."<sup>33</sup> Finally, as for opportunities outside prisons, both the 1976 survey of women's prisons and jails and the 1967 survey of women's prisons reported the same percentage of women permitted to leave facilities on work release—3%<sup>34</sup>

Recreational opportunities for women are similarly tied to female stereotypes. In our visits to women's prisons, we routinely found little athletic equipment. Our questions concerning its availability were often met with the explanation that "the women were just not interested" in using such items. Gymnasiums were also described as places in which dances and social events were held; rarely were team sports or organized athletic events reported.<sup>35</sup> Institutional support appeared to be directed



towards those activities in which women are expected to be more interested—arts and crafts, music, and dramatics.

In summary, women prisoners are seen as needing instruction in those activities that have traditionally been women's lot—caring for children, taking care of the home, improving their personal appearance. Whether these perceptions are accurate descriptions of what female inmates desire or need is unknown. However, it is clear that these perceptions shape the opportunities available for women in prison.

### Jails

It is more difficult to provide a general description of jails for female detainees than it is to describe the prisons. First, many states have a single facility for women, in which both pretrial inmates and sentenced felons are placed.<sup>36</sup> In such cases, the characteristics ascribed to women's prisons apply.<sup>37</sup> Second, when women are placed in special, pretrial facilities, they frequently share those institutions with men, and women often comprise only a small fraction of the population.<sup>38</sup> In those cases, the problems of limited opportunities for activities, recreation, and services are often exacerbated.<sup>39</sup> Glick and Neto report that, in the forty-six jails they visited, "television was [often] the only recreation available."<sup>40</sup>

Lack of activity is not the only problem. As described by the staff of the General Accounting Office of the United States,

one detention center . . . offered only the barest of physical necessities. It consisted of a large "cage" or holding area that doubled as a day room, a series of regular cells, and two isolation cells for solitary confinement . . .

The women spend most of each day, including meals, in the cage, which can hold 20 to 23 inmates . . . There is nothing for them to do all day.

Each cell where the women sleep holds six to eight inmates. In full view of cellmates and adjoining cells each cell has a single washbasin and toilet stand. Bunks are bare mattresses, without sheets or pillowcases : . . .<sup>41</sup>

The average stay at this facility is eight days, but legal complications could result in a woman remaining sixty to one hundred days in such surroundings.<sup>42</sup>

Before concluding our description of the facilities in which women are incarcerated, we wish to make express one point, fundamental to our work. We aim neither to raise nor to debate the question of which group—women or men inmates—suffers more from incarceration. Rather, our goal is to document and discuss the problems that, for a variety of reasons, female inmates suffer differently than do male inmates, and that the distinct needs of incarcerated women must be understood and addressed.

## INCARCERATED WOMEN'S HEALTH NEEDS

The health and medical problems of incarcerated women, like the institutions in which they are housed, have received little attention. The principle factors that predict and shape these women's considerable medical needs include the demographic composition of the incarcerated population, the paucity of medical services for women in correctional institutions, and the illnesses that incarceration causes or exacerbates. We begin with a review of the problems and needs that women are likely to bring to jail or prison. Because systematic research has not yet been done, however, we caution against reliance upon the studies we cite as definitive; rather, the data illustrate the separate and distinct health concerns of women.

### Demographic Factors

#### *Sex and Gender*

As women, female inmates have some biologically-based health and medical needs that differ from those of men. The most obvious physical differences between the sexes are in their reproductive systems. Each has a unique structure, physiology, endocrinology, and function.<sup>43</sup> Women have menstrual cycles; they can become pregnant, abort spontaneously or intentionally, give birth, and nurse. In addition to minor diseases and complications of normal functions, major diseases and physical injury to the female reproductive system can cause sterility and death. To care adequately for female patients, medical personnel must have special training in and sensitivity to women's distinctive biological and physiological needs.<sup>44</sup>

A second difference between women and men is that some diseases occur more frequently and in different forms in one sex or the other. For example, due to the presence and amount of certain hormones during women's reproductive years, they are less susceptible to developing arteriosclerosis; however, perhaps due to the same hormones, they are also more likely to have varicose veins than are men.<sup>45</sup> Genetic factors are key to other differences. Women carry and may transmit hemophilia, while men are more likely to have the illness itself.<sup>46</sup> Other diseases may appear differently in women and men because of their respective anatomies. One example is gonorrhea, which women have without symptoms more frequently than do men.<sup>47</sup>

In addition to physiological differences that distinguish women's health needs from men's, social organization, attitudes towards women, and the attitudes of women towards themselves shape and define their medical needs. Differential sociologization according to sex begins in infancy.

Female and male babies are treated differently even as newborns; boys tend to be bounced, thrown about, and encouraged to engage in greater physical activity than are girls.<sup>48</sup> Throughout childhood, differing expectations of girls and boys support their choice of pursuits. Boys are generally more involved in active sports. The greater frequency of obesity found in American girls<sup>49</sup> may be related to a generally lower level of physical exercise, which in turn results in a less healthy physical condition.<sup>50</sup>

Role differentiation according to sex results in adult women and men engaging in different behaviors and occupations, and expressing ideas and feelings in different manners. These differences affect both the health problems they are likely to have and how health providers are likely to treat them. For example, for many years, women had lower rates of lung cancer than did men, one reason being that fewer smoked. As smoking has become more socially acceptable for women, more women are reported to have lung cancer.<sup>51</sup>

The fact that men and women tend to engage in different occupations also affects their health. Some jobs expose workers to unhealthy environments. Laundry workers, for example, a significant proportion of whom are female, have a high rate of certain skin diseases; coal miners, most of whom are male, are more likely to have black lung disease than the population at large.<sup>52</sup>

Social patterns, too, expose women and men to selected risks. Rape and "spouse abuse" are overwhelmingly female problems.<sup>53</sup> Further, some role expectations lead women or men to act in ways viewed as pathological. Some behaviors typically associated with females, such as dependence and passivity, are often described as signs of emotional illness in healthy individuals.<sup>54</sup>

One additional impact of gender on health problems is noteworthy. Women and men patients tend to be treated differently by medical personnel. A recent study presents evidence that doctors are less concerned when told by women of medical complaints. As a result, physicians may treat women's symptoms, but probe less extensively for sources of underlying pathology.<sup>55</sup> Such practices could leave serious problems undetected.

In sum, although women and men have numerous medical needs in common, women have a significant number of distinct health needs, as well as some unique problems.

#### *Income*

In addition to the special problems women inmates have because they are women, many are more likely to have certain illnesses because incarcerated women are a demographically select population. A prime feature of the group is that a disproportionate number are poor.

A study of women's correctional programs in fourteen states reports

## 328 PRISONERS' RIGHTS

that more than half of the inmates had, at some point, received welfare payments.<sup>56</sup> More than 90% of those surveyed had worked during their adult years, and almost half had been employed in the two months prior to incarceration. The majority held low paying jobs, in semi and unskilled occupations.<sup>57</sup> Further, imprisoned women's incomes often had to be used to support not only themselves but also their children. More than 50% of those incarcerated had dependent children living with them at the time of their arrest.<sup>58</sup>

Being poor, like being female, has implications for health.

[R]ecent statistics, gathered mostly through national health surveys, evidence the comparatively poorer health status of lower-income people. Sixty percent of the children coming from families defined as poor have never seen a dentist. Thirty percent of their parents have one or more chronic diseases. Incidence of all forms of cancer is inversely related to income. Heart disease and diabetes are more prevalent among the poor. The poor have four times as many heart problems, six times as many cases of hypertension, arthritis, and rheumatism, eight times as many visual impairments, and far more psychiatric illnesses, especially schizophrenia, than the more affluent.

Death rates from tuberculosis, influenza, syphilis, pneumonia, and vascular lesions of the central nervous system are twice as high among poor blacks as among middle-class whites. The poor are troubled with liver and stomach problems at a rate of two to one over the more affluent. There are nearly four times as many cases of emphysema in the poverty groups as among persons where annual family income is \$15,000 or more. And there exists twice as much disability from accidents among the poor when the two groups are compared. Infant mortality rises considerably as income decreases; and the poor's risk of dying under age twenty-five is four times the national average.

These figures clearly document the fact that by national standards the health status of the poor is far below that of other income groups in the United States.<sup>59</sup>

### *Ethnicity*

A disproportionate number of incarcerated women, like incarcerated men, are members of minority groups. Although only 11% of American women are of African descent, more than 50% of the women imprisoned in the federal system and 48.8% of those in the states are black.<sup>60</sup> In Glick and Neto's sample, blacks comprised 50.2% of the total population; whites, 35.7%; Hispanics, 9.1%; and Indians, 3.2%.<sup>61</sup> Wherever the sites and whatever the sizes of women's correctional institutions, urban or rural, north or south, a disproportionate number of the inmates will be women of color.<sup>62</sup>

Minority identity, like poverty, has direct consequences for health. Some diseases are genetically transmitted. Sickle cell anemia is one example which, because of heredity, blacks are more likely to have than are whites.<sup>63</sup> While heredity is not always the cause, other ailments are also found with greater frequency and severity among certain ethnic groups. For example, higher rates of dental disease, diabetes, certain heart ailments,

and hypertension are reported among blacks than among whites.<sup>64</sup> When such illnesses are present, death is also more likely in non-white populations.<sup>65</sup> In addition to being susceptible to the illnesses described above, women in minority groups have higher rates of mortality when giving birth than do white women.<sup>66</sup>

Table 1

Dental Needs	Health Indicators	
	Black <sup>a</sup>	White
Adults needing care soon (1966-62)	62%	38%
Tooth decay: age 12-17 (1960-70) <sup>b</sup>	3.2	1.5

<sup>a</sup> Negro and other nonwhite.

<sup>b</sup> Average number decayed teeth per person.

Sources: NCHS, *Need for Dental Care Among Adults, U.S. 1960-62*; *Vital and Health Statistics*, Series 11, No. 36, Table 2, p. 12; NCHS, *Health, United States, 1975, 1976*. Adapted from Newman, *supra* note 64, at 221.

Table 2

Incidence of illness and death from diabetes, heart disease, and hypertension in 45-64 year olds, 1972.

Disease	Illness			Death		
	Rates <sup>a</sup>			Rates <sup>a</sup>		
	B <sup>b</sup>	W	Ratio: Black to White	B <sup>b</sup>	W	Ratio: Black to White
Diabetes <sup>c</sup>	70	40	1.8:1	54	18	3.0:1
Heart Disease	92	88	1.1:1	561	395	1.4:1
Hypertension	197	119	1.7:1	15	2	7.5:1

<sup>a</sup> Rates per 1,000 population.

<sup>b</sup> Negro and other nonwhite races.

<sup>c</sup> Data for 1973.

Sources: NCHS, *Prevalence of Chronic Circulation Conditions, U.S., 1972*; NCHS, *Health, U.S., 1975, 1976*; NCHS, *Vital Statistics of the U.S., 1972*, Vol. 2, Mortality, Pt. A; NCHS, *Vital Statistics of the U.S., 1973*, Vol. 2, Mortality, Pt. B; *Estimates of the Population of the U.S. by age, sex, and race, 1970 to 1975*. Adapted from Newman, *supra* note 64, at 227.

## 330 PRISONERS' RIGHTS

Understanding the relationship between ethnicity and illness is difficult. Sex, income, and race are not the only factors that affect disease patterns. Other significant variables include exposure to risks, access to and utilization of medical services,<sup>67</sup> and social customs and attitudes. Although the causes of differential susceptibility to disease are not always clear, one consequence is known: minorities, and women among them, have a greater statistical chance of being in poor health than do whites.

*Arrest and Conviction Patterns*

Studies of women inmates report that a relatively high percentage are detained for drug offenses, drunkenness, prostitution, and vagrancy.<sup>68</sup> All of these crimes expose participants to health risks. Hepatitis, addiction, endocarditis and respiratory problems, including pneumonia and tuberculosis, are frequently found among narcotics users.<sup>69</sup> Alcoholics and barbiturate users may have serious withdrawal problems requiring close medical supervision.<sup>70</sup> Prostitutes may be victims of violence, as well as subject to exposure to venereal disease.<sup>71</sup> Those arrested for vagrancy may be so poor as to have been unable to meet their basic needs for nutrition, clothing, and shelter, and may, therefore, be subject to a variety of diseases, both chronic and acute.<sup>72</sup>

**Incarceration**

*Health on Admission*

Studies of women upon admission to jails provide specific evidence that the population enters with many illnesses. A review of admissions to New York City jails in 1975 found that 72% of the women had, upon arrival, at least one current medical problem.<sup>73</sup> The four most frequently found were drug addiction (23%), psychiatric illness (10%), hypertension (10%), and respiratory problems (6.7%).<sup>74</sup> Seventeen percent of the women were also listed as having "new trauma"—recent physical injuries.<sup>75</sup> Additional and more recent data from the Rikers Island Health Service indicates that 7% of the incoming women are pregnant, 10% suffer from untreated syphilis, and 8% from untreated gonorrhea.<sup>76</sup> Although percentages vary in other studies, venereal disease is commonly reported in 5% to 10% of the women admitted to jails.<sup>77</sup>

Table 3 provides a description of the specific health problems of females admitted to the New York City Correctional Center for Women in 1975. In comparison to male admittees, the women more often arrive with signs of recent physical injury. In addition, they have higher rates of asthma, drug abuse problems, seizure disorders, hypertension, diabetes, hepatitis, heart disorders, gastrointestinal problems, and genitourinary disorders.<sup>78</sup>

Table 3

Percent of Individuals Admitted to New York City  
Correctional Facilities with Specific Diagnosis  
or Problems Listed by Examining Physician.

Problem	Total, %	Female, %	Male, %	Male, %
			16-21 yrs	21 yrs & over
Drug abuse	16.3	23.3	12.5	17.1
Alcohol abuse	4.8	4.2	0.3	6.8
Psychiatric disorder	12.7	10.0	5.4	7.2
Trauma	5.6	5.8	7.4	4.8
Asthma	2.8	5.8	3.8	2.0
Upper respiratory infection	0.4	0	0.3	0.6
Other respiratory disorder	1.3	6.7	1.5	0.6
Seizure disorder	1.8	3.3	3.1	1.0
Other neurologic disorder	1.3	0.8	1.0	1.5
Hypertension	3.3	10.0	0.8	3.7
Diabetes mellitus	0.6	2.5	0	0.6
Allergy	0.9	3.3	1.2	0.4
Hepatitis	0.4	1.6	0	0.6
Heart disorder	1.0	2.5	1.0	0.8
Gastro-intestinal disorder	1.4	4.2	0.8	1.3
Musculoskeletal	2.6	1.6	2.5	2.8
Eye disorder	1.3	1.6	3.1	0.4
Genitourinary disorder	1.6	4.2	2.0	1.1
Skin disorder	2.0	0.8	4.6	1.0
Gynecological disorder	0.3	3.3	—	—
Pregnancy	0.3	3.3	—	—
Other	2.6	11.2	2.3	1.5

Note: The total number of individuals reporting was 1,420; the total number of females was 120; the total number of males 16-21 years old was 391; and the total number of males 21 years old and over was 909. An individual may have none, one, or more than one diagnosis or problem listed by the examining physician. Source: Novick, *supra* note 73, at 214.

In its study of 51 women jailed in seven states, the AMA found that 14.6% reported breast lumps, 42% had unusual vaginal discharge, and 4.2% had unusual vaginal bleeding; 12.8% said they were pregnant. As part of the study, 32% of the women received internal pelvic examinations. Of these, 56% had abnormalities of the vulva or vagina, 38% had abnormal cervixes, and 37% had abnormal uteri or ovaries.<sup>79</sup>

#### *The Availability of Medical Services*

Once incarcerated, women are exposed to new risks. First, since women comprise less than 8% of the total population of jails and prisons,<sup>80</sup> the

## 332 PRISONERS' RIGHTS

medical services provided are often staffed by physicians accustomed to and primarily concerned with men.<sup>81</sup> As a result, some of the most basic medical services for women—such as gynecological examinations—either may not be provided,<sup>82</sup> or are provided less frequently.<sup>83</sup> Gynecologists or obstetricians may not be on the staff or under contract for part-time consultancy, and rarely is there anyone specifically charged with overseeing the delivery of health services for women.<sup>84</sup> The frequent lack of gynecological expertise is particularly problematic, since it is generally agreed that the most common medical problems of incarcerated women are gynecological.<sup>85</sup>

That women are in need of such services is demonstrated by the response of medical staffs when women report illnesses. In November 1978, for example, medical personnel in the clinic for women housed in New York City's pretrial detention center on Rikers Island requested that 26.3% of the women whom they saw return for follow-up visits. In contrast, only 11.8% of the men were asked to return for additional appointments.<sup>86</sup> Nor are the women's complaints spurious. When the Rikers Island Health Service's Pharmacy Audit Committee reviewed the medications prescribed as treatment for the physical complaints of the women, the committee concluded, on the basis of the diagnoses and laboratory reports, that the drugs were therapeutically justified.<sup>87</sup>

### *The Pains of Imprisonment*

#### Mortification of the Body

Incarceration itself is frequently both a source and exacerbation of problems. Immediately upon entering most facilities, inmates are searched. Female inmates are checked in a particularly intrusive and humiliating mode. Many institutions require them to undergo an internal pelvic examination<sup>88</sup> each time they enter or leave the secure areas of the facility—for trips to court, furloughs, work release, or merely to visit.<sup>89</sup> Where internal pelvic examinations are not required, visual inspections of the genitals and anus may be.<sup>90</sup> Such examinations are intrusive, laden with sexual symbolism, and conducted without the possibility of voluntary consent.<sup>91</sup> Internal pelvic examinations done without medical justification are also unwise, because they increase the possibility of vaginal and cervical irritation and infection, without any health benefit.<sup>92</sup> Further, for pregnant women who are in the last trimester of pregnancy, such exams are medically inappropriate unless performed under sterile conditions. Although infection presents a special danger at this time due to changed conditions of the cervix,<sup>93</sup> many jails and prisons apply the same search procedures to pregnant women as to others.

In addition to being subjected to searches, inmates are placed in close



contact and suffer a general loss of privacy.<sup>94</sup> Events that are private for those outside jails and prisons are, for those inside, observed and supervised. Such supervision can affect health. For example, sexual activity is usually banned in correctional institutions, and when discovered, it is punished.<sup>95</sup> Women who become pregnant while incarcerated may fear that reporting pregnancy will result in punishment, and, therefore, delay in obtaining medical attention.<sup>96</sup> These delays can be harmful to a growing fetus,<sup>97</sup> or make a safe abortion more difficult.<sup>98</sup>

So far-reaching is the invasion of prison life into one's personal world that even routine feminine hygiene may be controlled and reorganized. In some institutions, for example, women receive sanitary napkins free of charge, but must pay for tampons.<sup>99</sup> A second example is douching, which some women do for personal hygiene. Correctional institutions have a wide range of rules about douching—varying from banning it, charging for the equipment, limiting its use, requiring sign-ups for it, or providing it free of charge to all incoming inmates.<sup>100</sup> At the NYCCIFW, women are required to sign up with a correctional officer to receive permission to buy a 48¢ douche packet. According to regulations, a pretrial detainee who keeps her packet after using it is confined for a week in punitive segregation; a sentenced woman loses a week's good time.<sup>101</sup> In contrast, at F.C.I. Lexington, the practice is to provide free douche kits to all incoming female inmates.<sup>102</sup> Further, it is difficult to earn money in jails and prisons, and there are often limitations on how much can be spent at an institution's commissary. At NYCCIFW, the pay rate ranges from 15 to 25 cents per hour, and the maximum that can be spent in the commissary per week is fifteen dollars.<sup>103</sup> A person employed by the Federal Prison Industries System can make from 32 to 80 cents per hour.<sup>104</sup> Finally, in many institutions, some inmates work without pay or are ineligible for paying jobs.<sup>105</sup> Therefore, charging women for hygiene items may be a substantial imposition on small budgets. As a result, an inmate may be forced to learn new, unwanted, and perhaps unsanitary ways of caring for bodily functions and needs.<sup>106</sup>

Because incarceration involves forced proximity to others, inmates are in close contact, and, therefore, exposed to contagious diseases and epidemics. Further, conditions such as overcrowding, poor sanitation, and inadequate medical attention<sup>107</sup> make contagion more likely. These dangers, faced by men as well as women, place inmates at risk of contracting such illnesses as tuberculosis, measles, lice, scabies, influenza, and venereal disease. For example, AMA researchers report that, in the jails they surveyed from 1974 until 1977, they found "outbreaks" (but not epidemics) of lice, scabies, and influenza.<sup>108</sup> When such diseases are discovered in institutions, stress among inmates, who are fearful of contracting the illnesses, rises.

## 334 PRISONERS' RIGHTS

## Loss of Reproductive Freedom

Reproduction is another important aspect of their lives over which women in prison lose control. Many institutions do not permit the use of contraceptives while women are confined. While some prisons do provide birth control for women leaving for furloughs and upon release, they may limit the options available. For example, although the explicit policy of the United States Bureau of Prisons is to permit various birth control methods to be prescribed,<sup>109</sup> diaphragms, intrauterine devices, and other mechanical means of contraception are generally not given.<sup>110</sup> As far as we could ascertain from our informal survey of the federal prisons in which women are placed, only oral contraceptives are provided as birth control. Women for whom pills are medically inappropriate or who do not wish to assume the risks associated with oral contraceptives<sup>111</sup> thus have no viable means by which to protect against pregnancy.<sup>112</sup>

For the woman who is either pregnant upon entry or becomes pregnant after incarceration, two options exist—to abort or to maintain the pregnancy. Although abortion is a constitutional right,<sup>113</sup> opportunity for an early safe procedure may quickly pass in institutions where pregnancy tests upon admission are not routine,<sup>114</sup> or where there are long waits for medical evaluation.<sup>115</sup> While some correctional facilities do allow women to have abortions,<sup>116</sup> others may make it difficult or require the woman to pay for the procedure herself.<sup>117</sup>

Should a woman desire to maintain her pregnancy and deliver a child, other problems are presented. To safeguard the health of both the pregnant woman and the fetus, medical norms indicate that visits to doctors should be made at monthly intervals during the first two trimesters, bimonthly during the seventh and eighth months, and weekly during the ninth month.<sup>118</sup> Pregnant women should have a high-protein diet, fresh vegetables and fruits, and take folic acid and prenatal vitamins.<sup>119</sup> But such services, foods, and vitamins are often unavailable in jails and prisons.<sup>120</sup> Some women have difficulty with pregnancy; work accommodations may have to be altered, eating patterns disrupted, meals rescheduled.<sup>121</sup> Pregnant prisoners, however, are dependent upon the state to provide medical assistance and to permit such special arrangements for diet, exercise, and work schedules. While some institutions permit reduced work schedules for pregnant women,<sup>122</sup> there are no uniform arrangements to safeguard their health.<sup>123</sup>

Several other facets of imprisonment may be particularly difficult and hazardous to the health of the pregnant woman and the fetus. First, isolation for administrative or punitive reasons is a common feature of jails and prisons. Where pregnant women are placed in such cells, they may lose access to prompt emergency care and to opportunities for exercise.<sup>124</sup> Second, inmates may be transferred between facilities; the transfer makes

continuity of care more difficult. Finally, as noted above, many institutions do not have an obstetrician under contract to attend to the needs of the pregnant women.<sup>125</sup>

At the time of childbirth, many women inmates are permitted to deliver in community hospitals.<sup>126</sup> However, they are rarely permitted to attend the hospital's prenatal classes or to obtain training for natural childbirth prior to delivery.<sup>127</sup> Where such education is unavailable, the inmates may be uninformed about different childbirth methods or uses of anesthesia, and consequently are dependent upon the medical practices at the facility to which they are sent.<sup>128</sup> Second, while some institutions once permitted women to return to prisons with their newborn babies,<sup>129</sup> current practice is to separate the mother and child, usually within several days of birth, and to exclude the child from the institution except if permitted to enter when visitors attend under general visiting rules.<sup>130</sup> A few model projects have recently begun to change this pattern.<sup>131</sup> At one of the women's institutions in the federal system, opportunities exist for mothers to deliver babies outside of prison and stay with their babies. However, only women eligible for furloughs may participate.<sup>132</sup> For those not within this highly select group, immediate separation from the infant is inevitable. Thus, most women who give birth while incarcerated must place their newborns with relatives or in foster care. The separation makes nursing, which can provide important health benefits for both mother and child,<sup>133</sup> impossible. In addition, separation makes almost impossible the development of early social bonding, which is one basis for strong parent-child relationships and emotional stability of children.<sup>134</sup>

### Physical Deterioration

Weight gain by women prisoners has been described since the early 1900s,<sup>135</sup> and is reported by inmates, health workers, and correctional staff as common among incarcerated females today. Weight gain could be a positive sign, indicating that inmates are being properly fed; many World War II concentration camp survivors lost more than 40% of their body weight while incarcerated.<sup>136</sup> However, there is reason to believe that the weight gained by women inmates in American prisons today makes most of these women overweight, and, therefore, in poorer health and at greater risk for various illnesses.<sup>137</sup>

Data collected at the Connecticut Women Detention and Prison Facility, (CCI Niantic) establishes that female inmates there were at average or near average weight upon entrance to Niantic and gained weight after incarceration. Sixty women—39% of the population—were weighed over the course of a week, when they arrived at scheduled medical appointments or came to morning sick call. Their current weights were compared to their weights upon admission.<sup>138</sup> On the average, women incarcerated

## 336 PRISONERS' RIGHTS

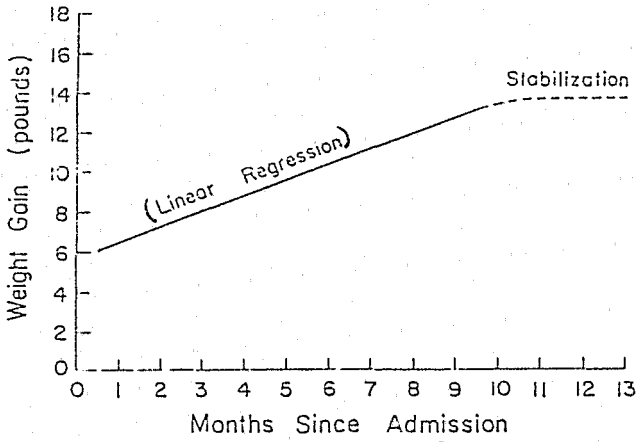


Figure 1: Weight Gain of  
CCI Niantic Prisoners

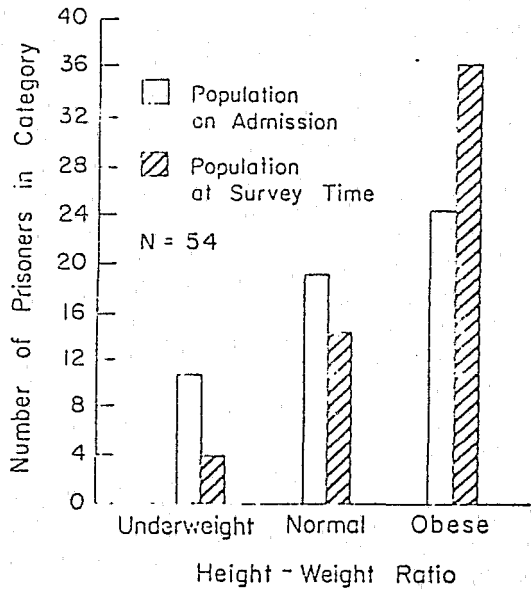


Figure 2: Height - Weight Ratios of  
Inmates, CCI Niantic, 1979

for three months or more had gained nearly fourteen pounds. Figure 1 illustrates the pattern of this change in schematic form. Further, since upon entry the women's weights were average or above average, when compared to those of the general population, the added pounds placed the majority of women into the obese category.<sup>139</sup> These changes are presented graphically in Figure 2.

Explanations for such weight gains stem from many factors of institutional life. Inmates are often required to attend meals whether or not they want to eat. The food is frequently high in calories but repetitive in content. Inmates may be given limited amounts of proteins or fresh vegetables and fruits, but permitted large quantities of starches.<sup>140</sup> Prison commissaries often do not stock nutritious, low calorie items; the foods that may be purchased are often restricted to those not likely to spoil, such as baked goods. When these factors are combined with boredom, lack of exercise or of organized sport activity,<sup>141</sup> and the distress experienced upon incarceration, the frequent reports of "fat" women in jails and prisons are not surprising.<sup>142</sup>

#### The Use of Psychotropic Medication

Women inmates are more likely to receive psychotropic medication than are men. One illustration comes from Rikers Island. From January until June of 1978, the percentage of women on psychotropic medication fluctuated between 11.9% and 17.7%. During the same period, from 1% to 6% of the men were given prescriptions for such drugs.<sup>143</sup> Interviews with members of the mental health staff revealed that they believed that incarcerated women had greater need for medication, because prison was more difficult for them. Staff members also said that the women requested drugs more frequently than did men. Finally, the staff justified the greater prescription rate for women as "only duplicative of the patterns of the general medical community," which reportedly also prescribed psychotropics at a higher rate for women.<sup>144</sup>

Surveys conducted by researchers of state systems<sup>145</sup> and by the United States Bureau of Prisons reveal similarly greater rates of prescription of psychotropic drugs for female inmates than for males. A recent study provides an example. On two days during the month of June 1978, approximately 10.5% of the female inmates—in contrast to only 3.7% of the male inmates—were given psychotropic medication.<sup>146</sup> Table 4 below provides a list of the institutions surveyed and the medication rates in each; there were striking differences in medication rates between the sexes at the same institution. Regional differences are also apparent, with higher prescription rates at facilities in the Northeast and at institutions for pretrial detainees.

## 338 PRISONERS' RIGHTS

Per capita expenditure for psychotropic medication also varies widely among the institutions.<sup>147</sup>

Table 4

Percentage of federal inmates in surveyed institutions receiving psychotropic medication on two days, 1978.

Institution	June 11, 1978		June 14, 1978	
	Males	Females	Males	Females
MCC's	%	%	%	%
MCC*Chicago	6.5(23) <sup>a</sup>	35.7(5)	6.2(23)	29.4(5)
MCC San Diego	2.7(17)	11.8(10)	1.7(10)	18.0(16)
MCC New York	16.9(85)	62.5(25)	14.2(71)	52.8(19)
Other				
Co-Ed				
FCI**Ft. Worth (Tex)	8.6	10.1	9.8	8.3
FCI Lexington (Ky)	4.7	5.8	4.9	5.3
Female				
FCI Pleasanton (Ca)		13.7		14.9
FCI Alderson (W. Va)		6.5		6.3
Male				
USP***Leavenworth (Ka)	2.3		2.1	
FCI Oxford (Wisc)	.3		.3	
FCI El Reno (Okla)	2.2		1.9	
FCI Texarkana (Tex)	1.7		1.8	
FPC****Safford (Ariz)	.0		.0	
FPC Allenwood (Pa)	6.7		6.9	
FCI Danbury (Ct)	6.0		6.8	
FCI Ashland (Ky)	1.3		1.4	
FCI Tallahassee (Fla)	.7		.7	
Total (all institutions)	3.7	10.6	3.5	10.5

Source: adapted from Division of Health Services, Bureau of Prisons, "Federal inmates receiving psychopharmacologic medication," June 16, 1978 (mimeo).

<sup>a</sup> Figure in parenthesis is the number of cases that the percentage represents.

\*Metropolitan Correctional Center

\*\*\*United States Penitentiary

\*\*Federal Correctional Institution

\*\*\*\*Federal Prison Camp

Data about high prescription rates of psychotropic medication are a source of concern. The drugs given include what physicians describe as "minor" tranquilizers and "major" anti-psychotic and anti-depressant agents. While they may be helpful where appropriate, these drugs may have powerful side effects, alter cognitive ability, and impair physical functioning. Long-term administration of certain psychotropic medicines can cause permanent damage to the nervous system. Further, since their effects upon developing fetuses are generally unknown, their use for pregnant women is acknowledged to be questionable.<sup>148</sup>

How many of the women who receive such drugs are genuinely in need of them is not known. While further research is certainly needed, information currently available suggests that these psychotropic medications may be overused. First, although a segment of the women in jails and prisons are certainly in need of psychiatric care, the proportion suffering from psychosis, severe depression, and other acute mental illnesses is generally considered to be small.<sup>149</sup> Second, it is reported to be common practice in correctional institutions to give medication, without psychotherapy, and to medicate inmates for complaints such as anxiety, nervousness, insomnia, mild depression, or as a "cure" for "behavior problems."<sup>150</sup> Some staff members prescribe psychotropic medication without undertaking comprehensive evaluations of the patients.<sup>151</sup> In contrast to these correctional procedures, current psychiatric opinion recommends that psychotropic medication be administered in combination with other modalities of treatment, such as group or individual psychotherapy or structured group interactions.<sup>152</sup> Given the small numbers of women reportedly in need of intense psychiatric treatment, the descriptions of overreliance and liberal prescription practices in correctional facilities, and the serious medical implications of such drugs, research on drug use and procedures to protect against abuses are needed.

#### *Inmates Responses*

Despite the unhealthy environment, lack of control, and inadequate medical care, women in prison do make attempts to meet their own health needs. First, they utilize available services, and make verbal complaints when dissatisfied.<sup>153</sup> Second, women devise home remedies. At Rikers Island, lemon and honey, both of which are not supposed to be in the housing units, are collected to make teas to treat colds.<sup>154</sup> Prisoners at the California Institution for Women arranged for an "herb lady" to come to the prison and teach home medicine.<sup>155</sup> At Alderson, inmates make their own tampons from sanitary napkins.<sup>156</sup> They have also organized their own health fairs, to which they have invited outside speakers to discuss topics including preparation and use of wholesome foods, self-examination of breasts, and the need to adopt regular exercise habits.<sup>157</sup>

## 340 PRISONERS' RIGHTS

In sum, incarcerated women face a pattern of limited services, often in the context of an unhealthy environment. In jails and prisons, their bodies are frequently exposed and examined, while their choices about contraception, pregnancy, childbirth, abortion, and personal hygiene are nonexistent or greatly restricted. Because they are women, few in number, low in status, and with little outside support, their problems are often ignored, and they are left to fend for themselves.<sup>158</sup>

## THE COURTS AND THE EMERGENCE OF STANDARDS

### The Courts

Awareness of the health problems faced by women in jails and prisons is growing among those who administer correctional institutions and those who monitor and critique prison management.<sup>159</sup> In addition, increased attention is being paid to the general problems of women offenders.<sup>160</sup> Part of this interest includes concern that health needs of women are not being adequately met.

The attention that political and professional organizations are now beginning to pay to the health problems of women has been foreshadowed, and perhaps prompted, by judicial findings that medical care in prisons has been so lacking as to violate the constitutional rights of the incarcerated.<sup>161</sup> Among the many complaints<sup>162</sup> that prisoners brought during the 1960s and 1970s to the courts was the problem of health care. Numerous opinions have furnished descriptions of the absence of trained medical staff,<sup>163</sup> the paucity of psychiatric treatment,<sup>164</sup> the lack of adequate food and sanitation,<sup>165</sup> and the existence of unhealthy environments.<sup>166</sup> While most lawsuits attacking prison conditions were brought at men's institutions, one major case documenting primitive women's health care is *Todaro v. Ward*,<sup>167</sup> a class action lawsuit that charged that the entire health delivery system in a women's prison worked constitutional deprivation. In *Todaro*, the United States Court of Appeals for the Second Circuit affirmed a district court's conclusion that New York State had failed to provide the entire population of the Bedford Hills prison with access to adequate medical care or with the delivery of treatment prescribed by physicians for inmates.<sup>168</sup>

By the time the Second Circuit decided the *Todaro* case in 1977, the Supreme Court had ruled that the government is obliged to provide health services to prisoners, and had addressed the issue of what level of services is mandated by the Constitution. In *Estelle v. Gamble*,<sup>169</sup> the Court announced that the government is under an "obligation to provide medical care for those whom it is punishing by incarceration,"<sup>170</sup> because the



eighth amendment prohibition on government imposition of cruel and unusual punishment results in an affirmative duty to give medical treatment to inmates.<sup>171</sup> However, constitutional protection extends only so far as to prohibit "deliberate indifference" to known medical needs.<sup>172</sup> Because the Texas prison employed medical personnel who had examined Gamble and prescribed medicine for him, the state had not been "deliberately indifferent." Therefore, although Gamble had alleged that he had a serious back injury, had been required to work despite his pains, had been given inappropriate medication, and had been seen by medically inexperienced staff, his complaint failed to set forth the elements of a constitutional cause of action.<sup>173</sup> Once Texas had established that it met the minimum requisites of the Supreme Court test, the courts had no authority, under the Federal Constitution, to inquire about the value or sophistication of the care given.

In reaching its decision in *Estelle v. Gamble*, the Supreme Court drew a sharp distinction between medical injury that rises to the constitutional level and that which, while perhaps indicative of poor medical practice, does not establish a deprivation of constitutional dimensions. By allowing only a small range of "constitutional" claims, the Court limited its—and lower federal courts'—involvement in prisoner complaints of inadequate medical treatment. As is demonstrated by the dismissal of the *Gamble* case upon its remand to the Fifth Circuit, a state prisoner who does not allege sufficiently egregious circumstances cannot successfully bring a claim to federal court. When such dismissals occur, state prisoners may, if not civilly disabled or barred by procedural requirements, be able to sue under state law. The remedies available depend upon statutory or common law. As the Supreme Court wrote in *Gamble*, if "it is medical malpractice, . . . the proper forum is the state court under the Texas Tort Claims Act."<sup>174</sup>

The *Estelle v. Gamble* test of health care in prison governed the Second Circuit's opinion in *Todaro*. Under even the limited mandate of the *Gamble* ruling, the Second Circuit affirmed District Judge Robert Ward's orders that New York State drastically alter its arrangements for the care and treatment of women in Bedford Hills.<sup>175</sup>

As of the summer of 1974, Bedford Hills had no full-time physician to treat the almost 400 women incarcerated at the institution. At the time of trial—1976—continuous medical coverage was unavailable<sup>176</sup>; the X-ray machine used was "inadequate and potentially dangerous"<sup>177</sup>; and there was a "serious lack of communication and medical observation in sick wing [the infirmary]."<sup>178</sup>

The lack of care was responsible for much physical pain suffered by inmates at Bedford Hills. One woman returned from the hospital after having received forty-four stitches on her head and arm. Placed in the sick

## 342 PRISONERS' RIGHTS

wing, unobserved and without access to aid, she went to the bathroom and was found later, fallen to the floor, injured and unable to move. She was again left unattended in the sick wing.<sup>179</sup> A second woman, in the midst of suffering from "either hysteria or a seizure," was similarly placed in sick wing—locked away from any assistance.<sup>180</sup> A third woman had sharp pains in her stomach, and was seen by a nurse in January 1975, but was not seen by a doctor until April.<sup>181</sup> Documented and significant delays—from two weeks to two months—in obtaining access to a physician's services supported Judge Ward's conclusion that screening for medical treatment was "inadequate."<sup>182</sup>

The court reported that delay was not the only impediment to medical treatment. The physical structure of the clinic also precluded adequate screening of complaints: a single nurse was locked inside a small room, which served as a medication dispensary as well.<sup>183</sup> An inmate seeking treatment could not speak privately to, nor be physically examined by, the nurse; she had to convey the details of the medical problem through a barred window, while a corrections officer stood nearby.<sup>184</sup> Judge Ward concluded, because of the physical structure of the clinic, "the nurse *cannot* conduct any meaningful evaluation of an inmate's medical complaint."<sup>185</sup>

The failures of Bedford Hills to deliver treatment to women in its custody were not limited to those women in the sick wing or to problems of access and screening. In a thirty-two page opinion, Judge Ward described the "grossly inadequate" system for keeping medical records,<sup>186</sup> repeated failure to perform laboratory tests that had been ordered,<sup>187</sup> long delays in the return of laboratory results, and insufficient follow-up procedures in cases in which abnormal test results had been reported.<sup>188</sup>

On the basis of such evidence, Judge Ward concluded that defendants' "deliberate indifference" to the known medical needs of the inmates had been shown, and constitutional violations established. To remedy these conditions, the judge ordered four changes. First, the administrators of Bedford Hills were required to provide those in the sick wing with better access to medical staff. Second, those seeking medical attention were to receive "nurse screening and reasonably prompt access to a physician." Third, the prison staff had to devise a system to "insure" that ordered laboratory work was reported, followed-up, and medical reappointments scheduled. Finally, prison personnel had to evaluate the medical care delivery system periodically and keep adequate records so as to facilitate such audits.<sup>189</sup>

Issuing an opinion that requires comprehensive changes does not, in itself, bring about change. When adjudicating comprehensive cases that challenge medical procedures, and when ordering alteration in health-care delivery, courts become involved in complex and time-consuming litigation. The procedural history of *Todaro v. Ward* provides an example of the

stamina required by the court and the parties to translate remedies ordered by a judge into actual reform inside the prison. The *Todaro* litigation is described in depth because it is an illustration of a system-wide attack on a prison health service. Further, it is one of the few cases that have been brought on behalf of women prisoners. Finally, since its litigation and appeal were concluded in 1977, data for eighteen months of post-decision enforcement efforts are available. *Todaro's* history demonstrates the difficulties encountered in implementing comprehensive changes. To comply with the court order, the state had to hire additional staff, contract for construction to renovate facilities, and develop procedures for supervision and record-keeping. The outline of the events in the lawsuit gives some sense of the intense, practical, and mundane activity needed to alter daily routines of a prison.

The complaint in *Todaro v. Ward* was filed on October 18, 1974. On March 10, 1975, the case was certified as a class action on behalf of "all persons who are or will be confined at Bedford Hills Correctional Facility." Defendants included the Commissioner of New York State's Department of Correctional Services, those in charge of health care, and members of the staff of Bedford Hills. Judge Ward began to take evidence on January 12, 1976; the trial lasted for sixteen days.<sup>190</sup> More than a year later, on April 26, 1977, he issued an opinion finding much of the health care system to be unconstitutional, and ordering change.<sup>191</sup>

After the litigation over Judge Ward's findings ended and the parties submitted their drafts for the judgment, the court issued its final order on July 11, 1977. However, a caveat was included: the court would

retain jurisdiction over this action for any further orders or action which may be appropriate or necessary for the implementation or enforcement of this judgment or any provision thereof . . . .<sup>192</sup>

Within two weeks of the entry of judgment, Judge Ward delayed its force so as to permit the defendants an opportunity to request that the Court of Appeals stay implementation until a full appeal could be heard. Soon thereafter, the Second Circuit granted the stay. The district court's order was held in abeyance until the Court of Appeals affirmed the district court's opinion on October 31, and then denied defendants' motion for rehearing a few weeks later.<sup>193</sup>

The Court of Appeals decision did not terminate litigation over the judgment. Defendants' request for a rehearing on the frequency of physicians' rounds resulted in additional delays. The judgment did not go into effect until December 5, 1977. In the end, three years had elapsed from the summer of 1974—when plaintiffs' attorneys began preparation of the 164 paragraph complaint on behalf of the some 400 women at Bedford Hills Correctional Facility, alleging persistent and repeated deprivation of medi-

## 344 PRISONERS' RIGHTS

cal care—to the time that the court pronounced that change was in fact required. During that period, two attorneys of New York Legal Aid Society's Prisoners Rights Project, who represented the plaintiffs, had spent more than 2,200 hours working on the lawsuit. To prepare for trial, they had reviewed more than sixty medical records, in depth, and had consulted with numerous experts on medical services, correctional procedures, and architectural design. The trial and appellate work described above is that typically expected of lawyers. However, it represents only two-thirds of the effort that the attorneys and the court have had to undertake in the case.

As part of its decision, the court ordered that periodic audits of the changes in Bedford's medical system be conducted.<sup>194</sup> Such audits are conducted by the Office of Health Systems Management of the New York State Department of Health. The first audit, in March 1978, revealed lack of compliance with the court order. Soon thereafter, plaintiffs moved to hold defendants in civil contempt for failing to obey the judgment. Plaintiffs alleged that medical and correctional rounds were not performed regularly, and that inmates were locked into sick wing without medical attention or access to staff for long periods of time. Further, a nurse's station had not been constructed; no sound system to ring for attention had been installed; emergency equipment was unavailable. Sick call and screening procedures remained inadequate, and follow-up care was generally unavailable. Doctors were still not reviewing the results of diagnostic tests; patients were not told of results. According to plaintiffs, as of April 11, 1978, "medical care at Bedford Hills continue[d] to be delivered in a chaotic manner."<sup>195</sup>

Defendants submitted information indicating that steps had been taken to begin compliance, but argued that progress was slowed by the administrative work involved. Authorization for additional personnel had to be obtained from the New York State Department of Correctional Services, and bids had been solicited from contractors. Defendants

acknowledge[d] that this Department is not in full compliance with the court order. In view of the applicable State law and regulations which are binding on this Department, namely the bidding process required for all State contracts and the approval of the Division of the Budget for all expenses, this Department has been unable to meet, at this time, each and every requirement of the court order.<sup>196</sup>

In late May and early June, Judge Ward held hearings on plaintiffs' request that defendants be held in contempt. In three trial days, some seven witnesses for plaintiffs and six for defendants presented information. The hearing was then adjourned for a month, in order to give the parties an opportunity to work together on implementation. On June 7th, plaintiffs transmitted a series of specific requests for alteration of the

functioning of the health system to the Commissioner of New York State's Department of Correctional Services.<sup>197</sup> When a further exchange of letters failed to resolve all the disputes, plaintiffs renewed their request for a contempt citation.<sup>198</sup> In a thirty-seven page memorandum, plaintiffs described the outstanding controversies, which included the defendants' practice of permitting healthy inmates to be housed in the sick wing as "boarders," and the failure of the medical staff to make or keep daily records of doctors' rounds. In addition, defendants allegedly had not been providing the results of medical tests to patients.<sup>199</sup> Finally, plaintiffs requested that they be permitted to monitor compliance by examining health records.

On July 17, 1978, Judge Ward helped to negotiate a settlement of the issues raised by the motion for contempt. The parties entered into a stipulation that described the intensified efforts of defendants to comply with the court order.<sup>200</sup> Further, the parties agreed to a partial modification of the judgment.<sup>201</sup> The court permitted the motion for contempt to be withdrawn without prejudice to its renewal, and granted plaintiffs' request that, periodically and for a limited period of time, they be given direct access to records of sick wing rounds and of medical screening.

From December 1977, when the district court ruling went into effect, until July 1978, the parties continued to litigate the issue of how to change the health delivery system at Bedford Hills. In those nine months, the process of moving the focus of activity from the federal courthouse in lower Manhattan to the prison in Westchester County began. But, as reflected in the papers submitted to the court, movement was slow. Several efforts towards implementation were undertaken only after plaintiffs brought a contempt motion and Judge Ward reentered the case in an active and forceful fashion. Soon thereafter, a bell system, by which patients in sick wing could call for help, was installed and the nurses' stations renovated.<sup>202</sup>

As provided in the July 1978 stipulation, the plaintiffs' attorneys began inspection of medical logs. In October 1978, plaintiffs submitted their first report, which described improvements that had occurred, as well as some problems that remained. While the records of doctors' visits were being made, for example, rounds were still not being performed as regularly as had been required, and some inmates were not being seen by nurses on the same day as medical care was requested.<sup>203</sup>

The foregoing discussion of what transpired after plaintiffs had "won" in the district court demonstrates the difficulties of transforming a court order into new institutional procedures. All that we describe above are procedural events—the requests by the parties that the judge intervene, the transformation of complaints and discussion between the parties into written accusations, and then into negotiated settlements. We have not

catalogued the many hundreds of hours of investigation and oral communications. Finally, our summary suggests, but cannot fully convey, the suffering of the women incarcerated at Bedford Hills—the many times sick prisoners had asked to see a nurse or a doctor and had not gotten assistance, the times that patients so ill as to be placed in an infirmary were left without a buzzer by which to call a nurse for help, the times that those with infections were given neither the results of laboratory tests nor the medicine needed to alleviate their pain.

Considering the time consumed by the *Todaro* litigation and the intensive efforts required by all parties to bring about even slow improvement, one can understand why many people, including some Justices of the Supreme Court of the United States, believe that the judiciary is not the institution best suited to improve inadequate health care or other conditions in prisons.<sup>204</sup> The *Todaro* case stands as one among many in which it appears that litigation achieves only incremental improvement, at enormous cost, and by inefficient means.<sup>205</sup>

### The Emergence of Standards and of Accreditation Procedures

#### *The Limits of the Courts*

The understandable desire of federal courts to decrease, limit, or avoid involvement with prisons can be and is expressed in several ways. First, courts may conclude that the problems described by prisoners do not constitute constitutional violations, and send the issues to state courts.<sup>206</sup> Second, courts can require that administrative remedies be exhausted before plaintiffs raise claims in the judicial forum.<sup>207</sup> By relocating the controversy in an administrative agency, a judge may hope that the issues will be resolved, and that the parties will not return to the court with the problem. Finally, when required to intervene, courts may try to avoid original action and to insulate themselves from frequent contact with the problems. They may look to experts to inspect and evaluate conditions.<sup>208</sup> They may press the parties into resolving issues with minimal, or even without, court intervention.<sup>209</sup> And, they may appoint masters or special monitors to oversee compliance efforts.<sup>210</sup>

When courts are prompted—either by their own exhaustion and frustration with institutional problems or by Supreme Court indications that judicial involvement in prison administration is a disapproved phenomenon—to look to others to regulate health care in prisons, assistance is increasingly available. Within the past fifteen years, several professional groups have become involved with prison medical problems, and have articulated their views on what constitutes adequate or minimal care.

*The Growth of  
Private Organizations' Interest*

Professional societies, like courts, have entered the field of prison reform. One major impetus for their activity in prison health has been the availability of funds for such work. In 1968, when enacting the Omnibus Crime Control and Safe Streets Act of 1968, Congress created the Law Enforcement Assistance Administration (LEAA), and empowered it to distribute funds to local law enforcement agencies and to support research projects on crime and corrections, as well as other work.<sup>211</sup> In a two-year grant in 1975, LEAA awarded to the American Medical Association (AMA) approximately \$450,000<sup>212</sup> to begin the development of model health care delivery systems for jails, to create a set of minimal standards for jail medical care, to start accrediting medical services in jails, and to establish a national clearinghouse for information on health care in jails.<sup>213</sup>

The AMA Jail Project has not been the only recipient of LEAA support. Federal grants designed to involve professional organizations in the evaluation of jail and prison practices have also been given to other groups, including the American Correctional Association (ACA) and its offspring, the Commission on Accreditation for Corrections (Commission on Accreditation), the National Advisory Commission on Criminal Justice Standards and Goals (NAC), the National Sheriffs' Association (NSA), and several states and counties.<sup>214</sup> With the assistance of such grants, these organizations have begun to formulate statements of principles about conditions in jails and prisons. All have issued standards specifically related to health care in correctional institutions.<sup>215</sup>

It should be noted, however, that the professional societies are not creating standards where none had previously existed. Many states have had statutory standards for years. For example, the ten states surveyed by General Accounting Office staff for its study on prison health care all had standards regulating health care in prisons. Yet these statutory standards were not always met. Furthermore, while most states were aware of the AMA standards for jail health care, "few states planned to implement them."<sup>216</sup>

In addition to these statutory standards, correctional associations have had statements of principles for more than a century. The forerunner of the ACA, the American Prison Association, published a "Declaration of Principles" in 1870 that set forth some minimum guidelines for humane prisons. A 1954 update urged the implementation of standards.<sup>217</sup> However, while government and private organizations have had standards for some time, extensive financial support for the development and application of standards in corrections is a new phenomenon.

The second important event is the commencement of programs to evaluate jails and prisons. The standards promulgated by the different

organizations are beginning to be used as the basis for "accreditation," a public certification that an appropriate organization has evaluated the services and policies of an institution and found that these programs are in compliance with that organization's standards. As of June 1979, the AMA had accredited fifty-five jails in fifteen states.<sup>218</sup> On May 15, 1979, the first United States prison for adults was certified by the Commission on Accreditation to be in compliance with the ACA Standards.<sup>219</sup> Many other facilities, both state and federal, are currently involved in the accreditation process and,<sup>220</sup> as was the case with the development of standards, are receiving substantial federal financial assistance.<sup>221</sup>

### *The Impact of Standards*

What are we to make of the popularity of standards and the accreditation phenomenon? Is their currency a fad that has found funding for a brief period of time, or has an enduring system begun? What does the promulgation of standards and the accreditation of jails and prisons mean for courts, legislatures, inmates, and corrections' personnel? And, most important from the perspective of this article, will the implementation of current or similar standards improve health conditions for women in jails and prisons?

To answer these questions, we look to several sources. First, an analysis of court and legislative responses offers some insight into the legal status of standards and the potential import of a certificate of accreditation. In addition, by comparing the reliance of courts and legislatures upon accreditation in other health areas, such as the funding of hospitals and the licensure of doctors, we can better understand what possible functions accreditation can serve in correctional settings. Finally, by gathering information from those who live in and are most profoundly affected by conditions within jails and prisons—correctional and medical staff, administrators, and inmates—we can learn of some of the impetus for and weaknesses of the accreditation movement.

### *Judicial Interpretations of Standards*

Definitive statements about what weight courts will place upon correctional institutions' compliance with standards are not possible, primarily because standards are only beginning to be applied to jails and prisons. However, in its first decision about the rights of pretrial detainees, *Bell v. Wolfish*, the Supreme Court did comment upon the meaning of an institution's compliance with standards.

In *Wolfish*, pretrial detainees, housed in New York City's Metropolitan Correctional Center (MCC)—a recently constructed federal pretrial facility operated by the United States Bureau of Prisons—had challenged many of the conditions of their confinement. Agreeing with many of the inmates' complaints, the district court and the Court of Appeals for the Second



Circuit ordered numerous changes in MCC practices.<sup>222</sup> The United States Department of Justice requested that the Supreme Court review five of the appellate rulings. Included were the lower courts' requirement that no more than one inmate be kept in cells designed for single occupancy, that inmates be permitted to receive books from sources other than publishers, and that strip searches, in which inmates had to display intimate portions of their bodies to correctional officers, be limited.<sup>223</sup> The inmates argued to the Supreme Court, among other things, that the Bureau of Prisons' practice of placing more than one inmate in a cell was not in accordance with the draft standards published by the Bureau's own parent, the United States Department of Justice.<sup>224</sup> Mr. Justice Rehnquist, for the Court, responded:

[W]hile the recommendations of these groups [the American Public Health Association, the American Correctional Association, the National Sheriffs' Association, the Department of Justice] may be instructive in certain cases, they simply do not establish the constitutional minima; rather, they establish goals recommended by the organization in question.<sup>225</sup>

As in *Wolfish*, plaintiffs in *Todaro v. Ward* invoked American Bar Association Standards<sup>226</sup> to persuade the district court to order admission examinations within one week of an inmate's arrival at Bedford Hills. Although Judge Ward acknowledged the ABA's recommendations, he concluded that—absent proof of infection or harm to the population—delayed examinations did not violate constitutional rights.<sup>227</sup>

A third example of plaintiffs' reliance upon standards comes from the litigation over conditions in Rhode Island prisons. Again, District Judge Pettine was not prepared to make standards the *sine qua non* of constitutionality. However, he wrote that

[f]ailure to meet the minimum standards set by professional bodies is a factor to be considered in determining whether constitutional requirements have been met.<sup>228</sup>

Thus, courts have not been persuaded by inmate-plaintiffs to deduce constitutional violations from non-compliance with standards. Whether defendants will be more successful in asserting compliance with standards or the fact of accreditation as a defense is not yet known. The AMA does advertise the potential for such a defense as an incentive to participation in its programs:

The trend in court decisions has been to respond positively to systems which are attempting to improve health care delivery even though they have not substantially met minimum standards.<sup>229</sup>

Regardless of how the court response is characterized, we believe it likely that, at the least, plaintiffs will have more difficulty proving that a correc-

## 350 PRISONERS' RIGHTS

tional facility that has committed funds and other resources to changing health care delivery is being "deliberately indifferent" to inmates' medical problems. Thus, while plaintiffs' invocations of professional society standards have not enshrined them as constitutional requirements, and while courts are likely to guard their prerogatives to decide constitutional claims, the existence of standards and an institution's involvement in accreditation will influence court decisions about health care in jails and prisons.<sup>230</sup>

Further, although courts in the past have been unwilling to permit standards to determine the question of liability, they have relied upon standards when remedying conditions that have been found to be unconstitutional. In the Rhode Island prison litigation, for example, Judge Pettine ordered:

Defendants shall within six months from the entry of this order bring the health care delivery system into compliance with the minimum standards of the American Public Health Association, the United States Public Health Service, and the Department of Health, State of Rhode Island.<sup>231</sup>

Finally, turning from litigation about constitutional failures to that premised upon non-constitutional grounds, such as statutory violations or tortious conduct, the weight courts place upon standards is more apparent. Courts rely upon both legislative pronouncements of required behavior, embodied in statutes, and professional associations' standards, whether codified and published or expressed by individual experts testifying in person. In both instances, courts do not themselves define the behavior that is required, but instead enforce policies authored by others.

One example of judicial reliance upon state statutes is provided by a recent Third Circuit case, *United States ex rel. Walker v. Fayette County*.<sup>232</sup> In *Walker*, a prisoner alleged that a Pennsylvania statute that mandated that any person sentenced to that state's jails or prisons be given a medical examination within forty-eight hours of admission<sup>233</sup> had been violated. Because of this statutory standard, the Third Circuit reversed the district court's dismissal of the case, and ordered that the complaint be entertained. Court reliance upon professional association rules is a similarly common occurrence. Standards are the expressions of the level of care required by the particular profession involved; violations of such standards may result in proof of negligence or other tortious conduct.<sup>234</sup> The AMA expressly states its hope that its standards in jail health care will have such import:

Standards reflect the viewpoint of organized medicine regarding the definition of adequate medical care and health services . . . . They are considered minimal.<sup>235</sup>

#### Legislative Reliance Upon Standards

While Congress has, via LEAA, financed the drafting of many of the

standards, it had not, until recently, taken an active role in improving health services in jails and prisons. Two events, however, signal increased congressional interest in the issue.

First, Congress requested that the Comptroller General investigate medical care, as well as other conditions in correctional institutions. Thus far, two reports have been published by the General Accounting Office.<sup>236</sup> Noteworthy are the conclusion that "[h]ealth care delivery systems of most prisons and jails are inadequate,"<sup>237</sup> and one of the proposed solutions: that LEAA help governments bring prison and jail care into "compliance with standards promulgated by the American Correctional Association and the American Medical Association."<sup>238</sup>

Second, several pieces of proposed legislation currently before Congress feature standards—although not necessarily those already drafted by the professional associations—as an important mechanism for improving conditions in jails and prisons. For example, Title I of H.R. 256, "the Omnibus Penal Reform Act,"<sup>239</sup> calls for the creation of the "National Prison Standards Administration" to develop and promulgate standards for prisons. This "Administration" would create its standards in compliance with the many principles set forth in the bill and thereafter revise them as future needs dictate.

Another bill before Congress is H.R. 177, the "Correctional Services Improvement Act."<sup>240</sup> Section 4024 of this proposal would authorize the Attorney General of the United States to "prescribe minimum standards concerning . . . the construction, operation, personnel training, and programs of jails and other correctional facilities . . . owned or operated by a State . . ." A breach of such standards by a state under contract to the federal government would entitle the United States to seek return of funds paid.<sup>241</sup> Finally, the "Correctional Health Care Services Act of 1979," H.R. 5052, sets forth its own standards for health care in correctional facilities under the authority of the Attorney General, as well as incorporating standards of the Joint Commission on Accreditation of Hospitals where applicable.<sup>242</sup>

#### The Responses of Correctional Personnel to the Promulgation of Standards and the Accreditation Movement

Standards and accreditation do not have impact only because of the treatment given them by courts and legislatures. The receptivity among administrators and staff of the institutions for which the standards are developed is crucial. Within the past few years, leading correctional administrators have evidenced great enthusiasm for both standards and voluntary accreditation.

There are several reasons for this warm reception. First, correctional

## 352 PRISONERS' RIGHTS

executives describe pride in achieving self-regulation.<sup>243</sup> Adhering to standards, they believe, will demonstrate that the much criticized correctional industry can improve and monitor its own institutions without outside supervision.

Viewing current standards as regulation of corrections by corrections is appropriate; employees of various correctional agencies have been central figures in the formulation of the various standards. For example, at the two AMA-sponsored conferences on improving medical care in jails and prisons, the majority of non-AMA speakers held part- or full-time jobs within the corrections industry.<sup>244</sup> The chief medical officers of many prisons are also involved in the formulation of standards. Eighteen medical directors and administrators of statewide prisons systems were the founders of the American Correctional Health Services Association (ACHSA), which is affiliated with the ACA and cooperated in the development of the AMA's Third Conference on Health Care, held in 1979.<sup>245</sup> A current goal of the ACHSA is the nationwide implementation of AMA standards.

Knowledge of jail and prison practices is important when generating standards for health care within them; the involvement of correctional employees is both logical and appropriate. However, dominance of correctional officials in the development of standards could result in an emphasis that is skewed towards custodial concerns. Further, such influence may result in diminishing the role of others, such as public health officials and inmates, who also have expertise and experience to contribute.

A second, and very practical, reason why correctional administrators are interested in the accreditation process is that volunteering for such evaluations brings both financial and technical assistance to their institutions. Both LEAA and the National Institute of Corrections have given grants to agencies to help them begin to comply with accreditation procedures.<sup>246</sup> Moreover, accrediting agencies such as the AMA do more than evaluate jails to assess their compliance with standards. The AMA also employs technical advisors to assist jails in achieving compliance.<sup>247</sup> Thus, accreditation becomes a management tool, by which administrators can obtain advice from expert consultants to help them resolve logistical problems and restructure daily operations.

There is a third reason that both the promulgation of standards and the accreditation of institutions serve the interests of correctional personnel. Standards and accreditation play important roles in the creation of "professions." By convincing the public and governing authorities of the special status of their members, "professions" attempt to gain power over entrance to and training of their trades, and exclusive control over the practice and regulation of the occupations. Two of the many attributes of those occupations that the public already denominates "professions"—such as medicine and law—are the promulgation of standards and self-

regulation by way of accreditation.<sup>248</sup> Thus, the increased attention paid by correctional personnel to standards and accreditation must be recognized, at least in part, as an effort to transform a traditionally lower status job<sup>249</sup> into an occupation acknowledged to require special knowledge, training, and skill.

Thus, adopting standards and accrediting facilities may not only improve the conditions within these institutions, it may also raise the status of correctional work in the eyes of the public. Such improvement, at least for doctors and paraprofessionals working in prisons, has already been reported by the AMA.<sup>250</sup> If a parallel enhancement in prestige occurs for the security personnel in jails and prisons, formerly called "guards" and now described as "correctional officers," and for the "civilian" personnel, including social workers, clerical staff, and executives, then the correctional industry will gain in power, influence, and political clout.<sup>251</sup> Increased respect for the people who work in jails and prisons may also lead to increased acceptance of such institutions as permanent and appropriate features of the society.

#### The Reaction of Inmates

We know very little about what inmates think of standards and accreditation. Those confined within correctional institutions have not been included in the formulation process. One poll of their views was solicited by the editors of the *Prison Law Monitor*. The inmates and inmate-advocates who reviewed portions of the health care standards promulgated by the AMA and the American Public Health Association were intrigued by the concept of using standards to improve conditions. Many responded that compliance with standards would be desirable and would vastly improve the facilities within their states, but, in their view, was unlikely to be achieved. While some of the reviewers criticized certain of the standards as too vague to improve particular problems, most expressed approval of the principles.<sup>252</sup>

#### The Use of Standards and Accreditation in Medicine and the Quality of Care

Are the issuance of standards and the commencement of accreditation procedures positive events that presage the improvement of health care in jails and prisons? Since both standards and accreditation have long been associated with organized medicine, and the AMA has modeled its jail program upon its earlier work in hospitals and medical schools,<sup>253</sup> a review of standardization and accreditation in noncorrectional settings will further the analysis of their effect upon health care in correctional facilities.

Medicine, one of America's foremost "professions," first used standards and accreditation when reviewing training programs for doctors.<sup>254</sup> In

1904, the AMA founded and formed a Council on Medical Education, and adopted "ideal" and "minimum" standards for medical college curricula. The Council began medical school inspections and rankings in 1906.<sup>255</sup> In 1908, after representatives from the AMA met with staff members of the Carnegie Foundation, a comprehensive investigation of medical schools was undertaken. In 1910, the resulting report by Abraham Flexner exposed the extent of poor medical training and wide variation in medical school curricula.<sup>256</sup> As a consequence of the Flexner report, of continuous pressure from the AMA, and of selective funding decisions by private foundations, numerous medical schools closed,<sup>257</sup> medical college and state licensing requirements rose, and some of the university-based schools became entrenched as the elite training institutions.<sup>258</sup>

The AMA was not only concerned with the places of training; it also began evaluation programs for the work place of many doctors—the hospital. Review of hospitals began in 1912 with the formation of a committee by the College of Surgeons and the AMA.<sup>259</sup> This committee grew into an organization that evaluated and ranked hospitals on the basis of their surgery services. Eventually, a distinct organization, the Joint Commission on Accreditation of Hospitals (JCAH), emerged. The JCAH is composed of representatives of the American College of Surgeons, the American College of Physicians, the American Hospital Association, and the AMA. In 1952, the JCAH officially began to evaluate both surgical and non-surgical aspects of hospital care. It describes its standards as "necessary to insure the quality of medical care in hospitals [that it] can faithfully recommend to the public."<sup>260</sup> In its reviews, the JCAH places emphasis upon record keeping, medical staff organization, procedures of hospitals for review and analysis of professional services, and adequacy of facilities for clinical, laboratory, and x-ray work. On the basis of inspections, hospitals are accredited for one or three years, depending upon the quality of the institution. As of 1976, the JCAH had a field staff of forty-nine full-time and twenty-nine part-time employees, who inspected 2,600 hospitals annually.<sup>261</sup>

JCAH accreditation benefits a hospital by providing a positive marker for additional decisions by public and private organizations. For example, the Social Security Act uses JCAH accreditation as one indication that the Act's requirements are met.<sup>262</sup> States also rely upon JCAH accreditation; New York State's Department of Health accepts JCAH survey results as evidence of conformity with the state's hospital standards.<sup>263</sup> Insurance companies and educational institutions similarly have linked their reimbursement and licensing schemes to JCAH-accredited institutions.<sup>264</sup> In most states, interns and residents cannot receive medical licenses unless they are trained at JCAH accredited hospitals.

Thus, accreditation is relied upon by a number of agencies as proof that

an institution's performance complies with certain standards. However, because the JCAH standards set forth nonspecific minimums and the accreditation process may take place as infrequently as once every three years, accreditation has only limited informational value. The status of a given facility as an "accredited" institution does not necessarily guarantee that quality care is being provided.<sup>265</sup>

There are several reasons for the imprecision inherent in accreditation. First, in the case of JCAH—as well as most reviewing agencies—staff and resources for inspections are limited.

Because of insufficient manpower, JCAH is generally unable to make periodic followup visits to the hospitals once they have been accredited. Followup visits are made when the institution appeals the JCAH decision, or to investigate substantial, documented complaints about accredited facilities.<sup>266</sup>

Second, there is not absolute agreement among either the primary regulators of health care—physicians—or among secondary regulators—such as governmental agencies and critics—about how to evaluate facilities to insure quality care, or even what constitutes quality care.<sup>267</sup> Without clear criteria for accreditation, its import is limited. Finally, even if all persons could agree upon what components, procedures, and structures were required for the delivery of quality care, the presence of those items would not insure the provision of such care. Outlining the form does not guarantee the content, which depends largely upon the interactions of medical personnel and their patients.

Although hospitals and prisons have much in common,<sup>268</sup> they are not the same. Thus, we cannot simply assume that the ways in which accreditation has functioned in hospitals will be duplicated in correctional institutions. The example of professional and community reliance upon standards and accreditation in medical schools and hospitals, however, provides some reference points for consideration as this process emerges in jails and prisons.

First, professions undertake standardization for specific reasons, including the desire to improve services, to respond to public criticism, and to protect against public regulation.<sup>269</sup> Second, accreditation provides only a loose definition of the practices and structure at a given facility; because of its nonspecific nature, accreditation does not guarantee quality. Third, accreditation has been used primarily by organizations, either professional or governmental. Although individual consumers may be indirect beneficiaries of the general improvements brought about by accreditation, they have not played large roles either in fashioning standards or in evaluating institutions. In the model of accreditation in hospitals, there has been little evidence of its use by private citizens to enforce their rights.

*A Prediction of Longevity*

Despite the somewhat unclear legal status of standards and accreditation of jails and prisons, and the setbacks that may occur because of actions taken in courts<sup>270</sup> and the legislature,<sup>271</sup> interest and enthusiasm by all relevant parties suggest both survival and endurance. The response of funding agencies and correction officials makes likely the permanence of standards and accreditation as features of United States jails and prisons. Moreover, if experience in other fields permits prediction,<sup>272</sup> there will be great temptation to rely upon standards and accreditation to resolve many issues of health care in correctional facilities.<sup>273</sup> However, before such reliance operates to divest the courts of their role in prison health problems, or to influence legislatures or correctional agencies to use standards as a primary solution to prison reform, we must examine the process by which the standards have been developed, the specificity of the standards themselves, and the potential mechanisms to enforce them.

We thus ask: What do the standards say about women's health needs in jails and prisons? What will accreditation do for female inmates?

### **The Current Standards and Women's Health Needs**

#### *The American Medical Association's Standards for Health Services in Jails*

The most prominent standards concerned with health care are those of the AMA.<sup>274</sup> Within a relatively short time after receiving its LEAA grant, the AMA promulgated its "Standards for the Accreditation of Medical Care and Health Services in Jails," and began its accreditation process. By 1979, the AMA had developed sixty-nine items by which it would assess local jails.<sup>275</sup> Full accreditation by the AMA is possible only if all of the "essential standards," and 85% of the remaining standards, are met.<sup>276</sup> Our analysis and critique of these standards are addressed to both the 1978 Standards, which have formed the basis for accreditation awards thus far, and the recently issued 1979 Standards, which will govern future evaluations. We will focus primarily upon those standards that expressly address the needs of women; with occasional exceptions, we will not discuss the adequacy of the standards either in general or as they relate to any problems which are unique to men.<sup>277</sup>

Few of the 1978 or 1979 Standards<sup>278</sup> directly discuss women's health; the occasional references that are made are noticeably vague.<sup>279</sup> Requirements in the 1978 Standards—such as providing "appropriate equipment" for women to receive medical services in jail (AMA #1009), screening for "health problems . . . specific to women" (AMA #1011), and furnishing "feminine hygiene supplies when required" (AMA #1038)—do not pro-



vide any test by which to measure what is actually required for the health service, or what kind of care is necessary to provide for individuals. Further, the 1978 Standards do not discuss several serious medical concerns of women. Omissions include special dietary needs related to menstruation, pregnancy, and childbirth, the medical advisability of nursing for mother and child, the propriety of prescribing hormonal therapies or particular kinds of contraception for women, and the inadvisability of giving certain medications to pregnant women.

Although the 1979 edition contains some improvements, many of the vagaries of the 1978 Standards remain. Once again, "appropriate equipment . . . for pelvic examinations" is mandated but not described in the Discussion section of Standard #107. Neither the "Receiving Screening" (#148) nor the "Health Appraisals" (#150) Standards contains requirements for making inquiry into specifically female health problems or for the performance of pregnancy tests or pap smears. In addition, the Standards would permit delay in completing the initial health appraisal for as long as two weeks. Such a delay in pregnancy screening can significantly affect the possibility of a safe abortion.<sup>280</sup>

Health needs of women are specifically mentioned in only seven of the seventy 1979 Standards. Standard #157, "Detoxification," includes in its Discussion that patients posing "special risks," including those who are pregnant, require "special attention." The Discussion in Standard #161, "Preventive Care," states that health education topics may include "self-examination for breast cancer." The Discussion of Standard #165, "Nutritional Requirements," notes that: "[c]onditions such as pregnancy and obesity require individualized attention." Standard #170, "Personal Hygiene," states that sanitary napkins be provided "when required." Finally, a new Standard, #164, discusses "Pregnant Inmates" and states:

Written policy and defined procedures require that comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children, whether desiring abortion, adoption service, or to keep the child.

The Discussion, however, speaks only to the advisability of obtaining "a formal legal opinion as to the law relating to abortion . . ." It does not analyze the applicability of routine correctional practices to pregnant women. For example, can pregnant inmates be placed in disciplinary lock-up for weeks or months? Are special exercises, or access to health personnel, required? Should pregnancy be a factor in the timing of a transfer of an inmate? Should a woman be given a furlough at the time of delivery? Is nursing important enough for physical or mental health to require either an extended post-natal maternity leave or the return of newborn children

## 358 PRISONERS' RIGHTS

to institutions? The AMA Jail Standards neither discuss nor answer any of these questions.

Another weakness permeating the standards created by the AMA is that they reflect an inappropriately sanguine view of prisoners' lives. For example, the 1979 AMA Standard #134<sup>281</sup> states that all examinations, treatments, and procedures for which informed consent is required by community standards can likewise be performed in prison only with informed consent. No mention is made, however, in either the Standard or the Discussion, of the host of problems presented by the attempt to obtain "informed consent" in an institutional setting. Whether such voluntary and knowing agreement is even possible in total institutions has been the subject of serious doubts expressed both by courts and commentators.<sup>282</sup> One area for which informed consent concepts are critical for women is that of sterilization. The Department of Health, Education, and Welfare has issued regulations to deal with some of these questions,<sup>283</sup> but the Standards do not discuss either the specific question of sterilization or the general problem of informed consent for the institutionalized.<sup>284</sup>

The 1979 Standard #161 provides another example of how lack of attention to the current structure of prison detracts from the expressed goals of the drafters. In its Discussion, Standard #161 urges instruction in self-care and maintenance.<sup>285</sup> Health education and self-care have been vital to women<sup>286</sup>; without more guidance, however, the AMA recommendations will not provide health education for women in prison. Neither the Standard nor its Discussion gives details about how an institution should provide such education. There is no commentary about how correctional practices might have to be altered to permit self-care.

The overwhelming fact of most institutional life is that adults are taken from a position of self-reliance to the status of perpetual adolescence or childhood. They are frequently not permitted to perform routine tasks of daily life—making meals, selecting foods, deciding when or whether to take an aspirin, choosing garments to wear, structuring their own time, or owning possessions.<sup>287</sup> Thus, urging self-care without discussing how such procedures might be permitted and implemented in an institution ignores how most correctional facilities are administered and what opportunities for personal maintenance are available to inmates.

Another example of the AMA's unwillingness to confront certain distasteful issues inherent in the topic of jail health care is its failure to mention the common correctional practice of using weapons, such as tear gas, mace, and billy clubs, to subdue inmates. The AMA Standards should evaluate whether jails afford prompt medical treatment for inmates injured during riots or disturbances. Whatever the cause of or justification for bodily harm, the AMA should provide its expertise on ways to minimize the physical injury. Further, since the correctional industry receives much

advice and propaganda from those who sell weapons and poisons,<sup>288</sup> it could benefit from input by physicians on the impact of such items upon people's health. While the 1979 AMA Standards do require that there be "written policy and defined procedures" for a health plan in the event of either a "man-made or natural disaster,"<sup>289</sup> the AMA does not evaluate the kind of weaponry deployed nor does it set forth what arrangements are necessary to insure immediate access to medical treatment for those injured.

*The American Public Health Association's  
Standards for Health Services  
in Correctional Institutions*

The second major group to address health standards in prisons is the American Public Health Association (APHA), a multidisciplinary organization of individuals concerned with public health issues. The APHA reports that its concern about health in prisons was sparked by the prison uprisings in the early 1970s. In 1972, the APHA appointed a Task Force to develop health care standards. The Task Force divided itself into committees, which addressed the following topics: personal health services, mental health, environment, nutrition, dental care, medical records, and women's health. In 1976, the Task Force published its official report, entitled *Standards For Health Services in Correctional Institutions*.<sup>290</sup>

The APHA Standards contrast with the AMA Standards in several respects. The APHA begins with a strong statement of goals:

inmates should be allowed unimpeded access . . . to health care services. . . . Access to health care . . . must not be compromised by detention . . . .

As health care professionals, we believe that all health care service units in correctional institutions should ultimately be accountable to a governmental agency whose primary responsibility is health care delivery . . . .<sup>291</sup>

The AMA has no such comprehensive uninhibited definition of a distinct role for health services in jails. Although it places some emphasis on medical autonomy,<sup>292</sup> the AMA stresses the need to "work with corrections."<sup>293</sup> The APHA Standards address health care in both jails and prisons; thus far, the AMA has final standards only for jails.<sup>294</sup> Moreover, the APHA Standards are more detailed than those of the AMA. Finally, the APHA addresses the health needs of women in a more unified manner. In its Introduction, the APHA states that:

in some prison systems women offenders have received less adequate health services than the prison population as a whole . . . . It is therefore necessary for correctional administrators and health providers to give special focus to the assurance of the provision of health care to women offenders.<sup>295</sup>

## 360 PRISONERS' RIGHTS

Consistent with the APHA philosophy that female inmates need special consideration, several standards address particular treatment needs of women. For example, under the chapter entitled "Primary Health Care Services," a general principle is stated that, upon entrance to an institution, physical examinations should be given.<sup>296</sup> A subsection of the chapter explains what procedures are required for women.<sup>297</sup> In contrast to the AMA's more general statement that special equipment be available for examination of women, the APHA standard instructs that women's entrance examinations must be done by persons who are clinically trained in gynecology and obstetrics.<sup>298</sup> The APHA Standards further specify that the initial health assessment is to include inquiry concerning the menstrual cycle, contraception, breast conditions, and pregnancy. Both pelvic and breast examinations are required, and specimens for a gonorrhea culture, a Pap smear, and a blood test for syphilis are to be taken. Pregnancy tests, however, are not required either upon admission or if requested by an inmate.<sup>299</sup>

In addition to mentioning women's health issues in its chapter on general care, the APHA devotes another short chapter to the subject. The principle framing this second chapter is:

Incarcerated women['s] . . . needs will be different from those of men. The particular health needs of female offenders should be specifically recognized. . . .<sup>300</sup>

Here, the APHA includes its views on what services are required after admission.<sup>301</sup> These include the use of gynecologically trained clinicians, access to family planning, abortion services, prenatal care and health education, the availability of contraception during detention, and the regular performance of procedures for health maintenance, including Pap smears, tests for venereal disease, and breast examinations. Taking confinement into consideration, the APHA emphasizes the importance of helping mothers cope with the consequences of separation from their children. The APHA also recommends the use of community facilities for abortion counseling and procedures. Finally, the Association requires the provision of pediatric services for those infants whose mothers are permitted to and desire to keep their infants with them in prison.<sup>302</sup>

While the APHA recommendations improve upon those of the AMA in perspective and detail, some, like those of the AMA, are so vague in some areas that they do not adequately describe the kind of care required. For example, although the APHA requires that methods of contraception be made available during detention, the standards do not specifically state that various options must be available. Consequently, a practice such as that of the Federal Bureau of Prisons, which only provides for one technique—oral contraceptives—would be in compliance with the standards but would not protect the health needs or rights of women prisoners who

could not, or choose not to, use pills.<sup>303</sup> Moreover, while acknowledging that "incarceration may create or intensify the need for health care services,"<sup>304</sup> the APHA does not provide a comprehensive analysis or critique of the effect of an institution upon inmates' health.

#### *Health Standards of Other Groups*

Medical associations are not the only organizations that have adopted and published requirements for minimally adequate health care systems in detention facilities. The American Bar Association (ABA), the National Advisory Commission on Criminal Justice Standards and Goals (NAC), the American Law Institute (ALI), the National Sheriffs' Association (NSA), and the American Correctional Association (ACA) have all codified requirements for health systems in jails and prisons. Most recently, the United States Department of Justice entered the field by publishing a Draft of its *Standards for Corrections*, released in the summer of 1978 and soon to be revised.<sup>305</sup> While it is not addressed solely to the issues of health care, the Justice Department Draft does include forty standards related to medical treatment.<sup>306</sup> These standards were evidently heavily influenced by those of the AMA. Language at several points is virtually identical.<sup>307</sup> Like those of the AMA, the Justice Department's Draft provides little definition of how female inmates should be treated.<sup>308</sup>

The standards of the ABA, NAC, ALI, NSA, and ACA are similarly vague. Where women's needs are mentioned at all, the language is so general as to make compliance almost meaningless.

The ABA has devoted a section of its Tentative Draft of Standards Relating to the Legal Status of Prisoners to "Medical Treatment." While these Standards evidence far greater awareness of the needs of the incarcerated than do those of the AMA, the ABA draft, like the others chronicled here, provides little guidance about women's health needs. Only one section in the Medical Treatment chapter makes any reference to women. Section 5.2 (vi) requires that institutions provide

accommodations for all necessary pre-natal and post-natal care and treatment . . . [and that] [n]ursing infants should be allowed to remain in the institution with their mothers, and provision should be made for a nursery staffed by qualified persons.<sup>309</sup>

While the inclusion of the recommendation about nursing distinguishes the Draft ABA Standards from the others reviewed here and is praiseworthy, no further details or commentary on women's health are provided in the ABA's twenty-six pages of discussion about medical standards.<sup>310</sup>

In the National Advisory Commission's (NAC) Standards and Goals, women's health needs are not directly mentioned at all.<sup>311</sup> The American Law Institute's (ALI) Model Penal Code likewise does not discuss women's

## 362 PRISONERS' RIGHTS

health.<sup>312</sup> The National Sheriffs' Association's (NSA) handbook, *Inmates' Legal Rights*, states that "[p]risoners have a right to a healthful environment," but once again, no details about women's health are given.<sup>313</sup>

Finally, the standards that have met with the most enthusiasm from jail and prison administrators, and which are the basis for accreditation by the Commission on Accreditation, are those of the ACA. Like those of the Justice Department, the ABA, the ALI, the NAC, and the NSA, the ACA's Standards for Adult Corrections are comprehensive, and include a section on "Medical and Health Care Services." But of the twenty-seven standards related to health, women are mentioned only once. Standard #4273 states:

In institutions for women, there are medical services to meet the special health care needs of women. (Essential).

DISCUSSION: Obstetrical, gynecological, abortion, family planning, health education and child placement services should be available as needed.<sup>314</sup>

Apart from this general language, there are no details about what an institution must provide for women's health, in order to be in compliance with the standard.

The standards of all the groups—including those of the AMA and APHA—reveal two common failings: they pay minimal attention to issues related to women's health,<sup>315</sup> and the statements about women's health tend to be so general as to provide little or no guidance.

## The Accreditation Process

### *The Procedures*

The AMA Jail Project was funded not only to create standards; another major goal was to encourage the adoption of those standards by jails throughout the country. To accomplish this task, the AMA devised an accreditation system, through which it determines whether a facility provides health care in compliance with its standards. Once such compliance is found, the institution is "accredited."

Accreditation is not the invention of the AMA Jail Project. For many years, various organizations have accredited institutions such as schools and hospitals, and accreditation has been relied upon by both public bodies and private citizens. Nor is the AMA alone as an accrediting agency in the correctional field; the ACA has developed its own procedures and, as noted, recently accredited its first facility.<sup>316</sup> Since both the AMA and ACA have very similar procedures,<sup>317</sup> but the AMA is exclusively concerned with health, we shall use the AMA's procedures as an example of an accreditation process.

Initially, the "legally responsible" administrator of a jail files an "Application for Accreditation" with the AMA.<sup>318</sup> The applicant then receives

a "self-evaluation questionnaire," which is reviewed by the AMA. If the questionnaire demonstrates "sufficient compliance," the jail becomes a "Candidate for Accreditation." If the standards are not "sufficiently" met, then a critique and technical assistance are offered. Within six months, the jail staff fills out a second questionnaire.

Once a jail achieves the status of "Candidate," it is visited by an AMA survey team, which includes both doctors and non-physicians. The team conducts interviews of correctional personnel, "health care providers," and inmates, and then compiles a field report, which is sent to the AMA National Advisory Committee. The Committee reviews all documents, including reports from the state medical association, and then either grants or denies accreditation. The Committee makes a full report to the jail of any action taken. If accreditation is not granted, the jail can obtain a review of that decision.<sup>319</sup>

As described by the AMA,

[i]n all facets of the accreditation process a confidential relationship is established between the jail and organized medicine, represented by AMA and the state medical society.<sup>320</sup>

The AMA advertises that the accreditation program will "serve all" in the corrections system. "[T]he sheriff whose jail has been accredited can defend his institution against attacks from the legislature, press and public."<sup>321</sup> Further, correction personnel will have a role in formulating the standards, which will be "fairly, realistically and honestly developed, with the major voice in each group of standards being that of the profession to which the standards relate."<sup>322</sup> The AMA hopes that, in the future, correctional authorities, who now pay a fraction of the evaluation cost, will provide all the funds needed to support the project.<sup>323</sup>

The assessment and accreditation of jail facilities is well underway. As of June 1979, fifty-five facilities in fifteen states had been accredited by the AMA via state medical societies.<sup>324</sup> Funding for accreditation is also available. LEAA allocated more than \$3 million for fiscal 1979 to increase the number of institutions participating in either AMA or Commission accreditation.<sup>325</sup>

The fact that thirty jails are AMA-accredited facilities may mean that health care has improved in those institutions and is better than in institutions denied accreditation.<sup>326</sup> Preliminary research by the AMA supports such a conclusion.<sup>327</sup> Moreover, the AMA reports that improvement is gained without a significant increase in the proportion of a jail's budget expended on health care.<sup>328</sup> However, for women inmates, the value of AMA accreditation is questionable, for, as described above, AMA standards do not address some of the most important health needs of women

inmates.<sup>329</sup> Whatever the benefits of the movement towards accreditation, it has not begun to "solve" the problems of women.

*The Limits of Accreditation*

Our distrust of reliance upon accreditation stems from several factors. Most importantly, the current set of standards, which are the criteria by which institutions are assessed for accreditation, do not provide sufficient guidance to insure even minimally adequate care for incarcerated women.<sup>330</sup> The standards drafted for women's medical care are debilitingly vague<sup>331</sup>: compliance with these generalities tells very little about the adequacy or quality of care in a given facility.

Second, as demonstrated in the case of the medical profession, professional societies may use the accreditation process for their own ends—as a means of gaining authorization from legislatures to accredit facilities, to become the principal arbiters of the issues so as to increase their own power, authority, prestige, and financial stability. The funding already available for the accreditation process necessitates consideration of the entrepreneurial motivations for and economic consequences of entering into the standards business.<sup>332</sup> Caution dictates that we note the self-interest of the professional societies involved and monitor its expression.

Third, we do not yet know whether accreditation will be used as a shield to inhibit outsiders from making independent evaluations. Once accreditation is achieved, facilities may hide behind it as a badge and defense to criticism or lawsuits. While we are aware that the Supreme Court has recently instructed that noncompliance with standards does not decide cases,<sup>333</sup> the use of accreditation as a defense has not yet been addressed by the Court.

Fourth, we also do not know how an institution, once accredited, could lose accreditation. Experience with JCAH accreditation suggests that accrediting agencies do not have the capacity adequately to monitor facilities, and are reluctant to take away accreditation. Moreover, decreditation is a slow, cumbersome, and drastic sanction.<sup>334</sup>

Fifth, the fact or absence of accreditation is of little or no value to the individual who complains of receiving inadequate treatment. None of the accreditation processes we have reviewed provides procedures for inmates to address the accrediting agencies about individual complaints or to receive assistance for personal problems.<sup>335</sup> Grievance procedures have not been created.<sup>336</sup> Nowhere are there suggestions that individuals have rights by virtue of the standards, or that private persons might bring suit to require accredited institutions to provide the facilities, equipment, and care specified by the accrediting agency.<sup>337</sup> In fact, in the Introduction to the Department of Justice's Draft Standards, such intent is expressly disa-



vowed. The standards "confer no rights, and state no legal course of action."<sup>338</sup>

This failure to evolve mechanisms for inmate input or enforcement of standards after accreditation brings us to a final criticism of the accreditation movement. Thus far, the standards of the AMA and its procedures for accreditation have been formulated by a particularly narrow process. Only those within organized professional societies have had voices in the creation, and the group of people involved is select and small. Those most glaringly absent are the recipients of the care and custody—the inmates. The AMA does not formally acknowledge input from inmates or groups that represent them,<sup>339</sup> and, although inmates had been questioned initially about existing care, they were not polled concerning priorities, ideas for improving care, or views on mechanisms for monitoring.<sup>340</sup>

The standards by which institutions are accredited represent the negotiated decisions of the organized correctional and medical associations. Correctional administrators and physicians have used the formulation of standards as a mechanism to resolve their conflicts and structure an environment in which each can work and accomplish their own goals.<sup>341</sup> While inmates may benefit as a result, their gains are not necessarily the only—or even primary—impetus for accreditation. Therefore, despite the laudable and honest efforts of these groups, their standards and accreditation procedures must be recognized as the product of only one segment of those involved in prison health care—the providers.

We should not be heard as urging the disengagement of the AMA, ACA, APHA, ABA, or any other group from efforts to improve conditions in detention facilities. Expertise is needed and involvement of these groups is of great assistance to efforts toward improved care. Due in large part to these organizations, physicians and others are paying increased attention to the health needs of inmates.<sup>342</sup> As commendable as their work has been, however, these groups bring a limited perspective to the issues.

### A Reappraisal of Litigation

In contrast to the standards produced by the professional societies, the rules created by courts are shaped by inherently divergent points of view. A judge is required to hear from both sides of a lawsuit. In a prison health case, both administrators and inmates have opportunities to present their claims. Unlike current standard-making procedures, litigation provides an opportunity for inmates to have a role in altering conditions of their confinement.<sup>343</sup>

Consequently, we return to the *Todaro* litigation to review it in another light. The earlier pictures drawn of *Todaro v. Ward* detailed the ways in which a court became involved with medical treatment for women in one

facility. Emphasis was deliberately placed upon the lengthy work required to enforce the court's decision that alterations were constitutionally required. From our summary—which could be repeated in many other institutional cases and in class actions of all kinds—one is tempted to characterize as slow and limited the capacity of courts to respond to complaints of inadequate health care. To many, expert professional intervention in health care issues is perceived to be more efficacious. Looking at the sequence of events in *Todaro* from another point of view, however, the capacity of the court to respond appears to be significant. Women at Bedford Hills began to write to attorneys at the New York Legal Aid Society's Prisoners Rights Project in the early 1970s. As the catalogue of complaints grew, an attorney at the Project drafted a questionnaire that he sent to inmates, to learn of the extent of problems at the institution. The answers revealed systemic inadequacies. At the behest of several inmates, the attorneys agreed to bring a class action suit, challenging the health delivery system of the entire institution. The complaint was filed in 1974, the trial occurred in 1976. Comprehensive problems were raised by plaintiffs, who alleged that admission examinations were delayed, access to medical personnel was inadequate, bedridden patients received little attention or care, results of laboratory tests were not reported, follow-up procedures were not undertaken, and records were not kept.<sup>344</sup> As a result of these and other structural and systemic failings, many relatively minor medical complaints had gone untreated and developed into serious and life-threatening problems.<sup>345</sup>

Given the breadth of the problems described, the lapse of time from December 1977, when the district court opinion went into effect, until the fall of 1978, when reports of improvement were made,<sup>346</sup> may not be so egregious. Even if substantial advancements were not undertaken until the state was threatened with a contempt citation,<sup>347</sup> progress has been achieved. Within a few months, the medication and screening clinics were separated, inmates in the sick wing were visited quite regularly by nurses and corrections officers, a health care supervisor was appointed,<sup>348</sup> and additional nurses were hired. By October 1978, screening for medical complaints no longer occurred through a barred window, the results of normal and abnormal laboratory tests were being given to inmates, and a bell system, by which those in sick wing could call for help, was installed.<sup>349</sup> The winning of a court victory did not end the plaintiffs' attorneys' tasks or provide instant relief for the plaintiffs. However, the court decree did produce substantial improvements in the medical treatment of women at Bedford Hills. Litigation provided a catalyst for change, a mechanism for overseeing the delivery of health care, and a means by which inmates could voice their needs.

Could current procedures of professional associations have accom-

plished as much? In contrast to the enforced and coerced change resulting from court orders, only if institutions volunteer to participate in the accreditation process are their procedures judged by comparison with an organization's standards. Since there is no current legal requirement that correctional services be accredited, either to perform their functions or to receive funds, the fact or absence of accreditation does not bring legal rewards or sanctions.<sup>350</sup> Further, if correctional personnel are concerned about possible adverse effects, they may withdraw their facilities from accreditation procedures at any time. Finally, accreditation is generally given for a substantial period, during which the accrediting agency does not routinely return for follow-up visits or inspections.<sup>351</sup> Thus, even if accreditation by private organizations like the AMA and the JCAH were required for jails and prisons, the generality of the criteria used and the infrequency of the inspections provide no adequate mechanisms by which to monitor health services in jails and prisons.

One illustration of the limits of professional organizations can be found in the *Todaro* litigation itself. In 1973, the JCAH did evaluate the Bedford Hills health care system, and informed Bedford Hills administrators that the institution's procedures, by which nurses prepared individual prescriptions, were unlawful. More than a year passed before a pharmacist was hired—and then only because the nurse administrator refused to continue to do the work of a pharmacist. After that, there was a period during which the pharmacist lacked facilities in which to work. Three years later, the part-time pharmacist was unable to meet the demands of the institution.<sup>352</sup> Thus, during a four-year period, practices in filling prescriptions were first illegal under New York State law and then inadequate. The evaluation by the JCAH, while of relevance, did not produce change.

One reason that JCAH had so little impact at Bedford Hills is that it is solely an advisory body; it has no enforcement powers in New York State.<sup>353</sup> The limited sanctions of the JCAH are to give or take away accreditation or to make no comment on a facility's system. Since Bedford Hills did not need JCAH accreditation for its own purposes, the JCAH had no way to compel compliance with its standards of care. In contrast, the powers of the federal court are particularly impressive. Judge Ward was able to make the state speed up its own slow practices—to undertake the construction, and hire the personnel required to comply with the court order. Although he did not exercise his authority, Judge Ward had the dramatic power to levy fines or jail defendants who refused to obey him.<sup>354</sup> He had the tools with which to fight delays that he found unreasonable and to insist upon performance. In addition, his authority proved to be a lubricant for compromise, for modifying judgments and orders when they were found to be impracticable, and for requiring the parties to work together to accommodate their interests. Thus, while court proce-

dures may be characterized as slow and cumbersome—which they are—the *Todaro* court was able to respond to intransigence and to produce change.<sup>355</sup>

Further, the combativeness of a lawsuit should not be overstated. It is inaccurate to characterize litigation simply as an adversarial contest. Technical legal rules often require plaintiffs, when filing suit, to allege the worst against defendants. Defendants, when answering, deny categorically. Then, negotiations begin. The judge functions as mediator and facilitator, often seeking to find areas of compromise for both parties.

A striking example of litigation as a conduit to negotiation is provided by a series of lawsuits claiming unconstitutional conditions of confinement at New York City's detention facilities. In six cases,<sup>356</sup> the parties were able to resolve differences by developing detailed stipulations on the treatment of inmates. In contrast to the unspecific vagueness of standards developed by many professional societies, the stipulations provide clear directions on what kinds of environment must be provided. And, unlike popular imagery, the conclusion of these lawsuits was not an order mandated from on high, but rather a solution jointly proposed by the parties and approved by the court as a fair and reasonable resolution.

A description of the settlement of one of these cases, *Forts v. Malcolm*,<sup>357</sup> provides an example of the kinds of environmental issues that affect women's health in prison<sup>358</sup> that are of concern to inmates. The agreement that was fashioned illustrates one possible balancing of the interests of inmates and administrators of correctional facilities.

In *Forts*, plaintiffs, on behalf of some 200 women pretrial detainees, brought a class action lawsuit in 1976 against New York City's Correctional Institution for Women, located on Rikers Island. Among the many institutional practices challenged were several related to health, including: (1) alleged failures to provide outdoor physical recreation, (2) the lack of adequate sanitation, (3) poorly prepared and unappetizing food, and (4) inadequate ventilation.<sup>359</sup>

After discovery, but before trial, the parties negotiated a settlement of many of the claims.<sup>360</sup> To improve environmental health, New York City agreed to undertake a "comprehensive inspection and evaluation of the environmental quality of the institution." Health code violations are to be corrected, and a "plan for maintaining the environmental quality of the institution" is to be developed and shared with plaintiffs' attorneys. The Stipulation also calls for the creation of a new position within the institution, that of "environmental health officer," who must inspect the jail weekly and make records of improvements and problems. This officer's records must be made available to plaintiffs' attorneys. The City's Department of Health will also monitor environmental issues by making inspections of NYCCIFW at least once every month.<sup>361</sup>

To obtain better sanitation, the Stipulation details procedures for housekeeping, refuse disposal, vermin and insect control, plumbing maintenance, and food preparation, service, and storage. The Stipulation also describes the institution's role in helping inmates to maintain personal hygiene. Staple items, such as soap and toothpaste, must be provided and replenished at no cost to inmates. The Department of Corrections will provide, at its expense, a "choice of sanitary napkins or tampons."<sup>362</sup> Finally, the Stipulation states that each inmate is to have access to daily showers, shaving, depilatories, and hair cuts or styling of her personal choice.<sup>363</sup>

The Stipulation also addresses the adequacy of inmates' diet. The three meals provided daily must, with adjustments for sex and age, meet the Recommended Daily Dietary Allowances of the United States Food and Nutrition Board. In addition, raw fruits and vegetables must be served at least once per week. To decrease the typical overdoses of sugar in institutional food, coffee and tea must not be pre-sweetened, but free sugar is to be available for individual use. A trained nutritionist must plan menus; special diets are to be available for inmates whose medical needs or religious beliefs prohibit certain foods.<sup>364</sup>

Throughout the agreement, the fact of imprisonment is considered, and, in certain areas, routine practices that are convenient for staff but either unnecessarily intrude upon or create undue hardship for inmates are altered. To illustrate, institutions frequently forbid women to use tampons. The NYCCIFW Stipulation explicitly permits it. Food is often used as a vehicle for punishment in prisons. Under the Stipulation, however, NYC-CIFW cannot "withhold food nor vary the standard menu as a disciplinary sanction or as a reward for good behavior."<sup>365</sup> Perhaps most importantly, the Stipulation corrects some administrative arrangements, which—often made without concern for inmate health or comfort—negatively affect health in prison. For example, a frequent practice in prisons is to serve an early evening meal; dinner or supper may be given at 3:00 P.M. For a prisoner who, for health reasons, needs to eat frequently, this spacing of meal times can pose health problems. For the rest of the population, the long interval between the conclusion of dinner one day and breakfast the next may be uncomfortable and unpleasant. And, those away from an institution at meal times—for court appearances or for other reasons—may be forced to miss meals altogether. The NYCCIFW Stipulation addresses all of these problems. "In no event shall the last meal of the day be served before 4:30 P.M." The institution "shall provide to detainees returning or admitted to the institution after the last regularly scheduled meal has been completed, the same meal as was provided to all other detainees."<sup>366</sup>

In many ways, the NYCCIFW Stipulation sets forth a series of standards quite comparable to those announced by the AMA, the APHA, and the

Department of Justice. Because the Stipulation is a negotiated document, it also represents a statement of accommodations which all sides believe they can "live with." But the Stipulation varies in two crucial aspects from the standards and accreditation procedures of professional associations. First, the Stipulation was formulated with inmate input. Over the course of the pendency of the lawsuit, the women at Rikers Island voiced their concerns, complaints, and priorities. Attorneys from the Prisoners Rights Division met regularly with these women to learn the current practices and to know what, from inmates' points of view, needed change. Before the compromise was finally agreed upon, all inmates were given English or Spanish translations of the Stipulation, which explained it in everyday language. Several meetings with groups of inmates were held before plaintiffs' attorneys were able to report to the court that their clients had agreed to settle.<sup>367</sup>

Second, the Stipulation provides a mechanism for its own implementation and for continual monitoring of conditions at Rikers Island. A schedule of times by which the various provisions are to become effective is part of the entered judgment.<sup>368</sup> Further, as previously noted, the agreement requires that a correctional employee make weekly inspections of the environmental conditions of the jail and file reports, which are to be available to the inmates' attorneys. New York City's Department of Health will make monthly inspections to insure that sanitary conditions, once achieved, are maintained.<sup>369</sup> If disputes arise, the parties are obliged to attempt resolution; if unsuccessful, the issue is to be presented to New York City's Board of Correction, an independent "watch-dog" agency. Finally, because the Stipulation has been signed by a judge, it has the force of a court order. Should its terms not be met, the court has the authority to require compliance, and inmates have a forum for their complaints.<sup>370</sup>

As in the example provided by *Todaro v. Ward*,<sup>371</sup> a caveat must be placed upon any conclusions that might be drawn from the consent decree in *Forts*. It may well be that New York City provided a unique environment for such an agreement. First, the defendants, New York City authorities and particularly then-Deputy Mayor for Criminal Justice Herbert Sturz,<sup>372</sup> had long been concerned about improving conditions in the jails, and were sympathetic to the problems expressed by the lawsuit. Second, prison health care on Rikers Island has, since 1972, been provided with the assistance of the Montefiore Hospital and Medical Center, a private hospital that contracts with the City to deliver some of the medical services for detained inmates. This atypical arrangement may evidence an unusual commitment by the City to decent health care. Third, New York City's Board of Correction had promulgated "Minimum Standards for New York City Correctional Facilities," which in turn contributed to the context in which the negotiations occurred.<sup>373</sup> Fourth, New York City had been defending,

generally unsuccessfully, lawsuits against its correctional facilities for some eight years.<sup>374</sup> Having already been required by court order to alter conditions in many cases, including *Forts*,<sup>375</sup> the City may have been more willing to settle. Thus, an unusual confluence of events helped produce the *Forts* agreement. And, of course, implementation is still to come. Despite all these factors, however, *Forts* still provides an example of how rules, evolved with prisoners' input, look different from those developed by professionals alone.

In conclusion, given the advantages of court-ordered change and the limitations of other alternatives, we believe that courts and lawsuits cannot yet be abandoned by inmates who seek better health care in prisons. An additional factor shapes our views. As noted earlier, women are a small minority in jails and prisons,<sup>376</sup> as well as in the correctional<sup>377</sup> and medical professions.<sup>378</sup> Because of this underrepresentation, problems that have particular relevance to women are less visible, less discussed, and less redressed. Our description of the failure of health standards to discuss women's needs presents but one example of systemwide ignorance of issues that are of particular concern to female offenders.<sup>379</sup>

While attention has begun to be focused upon women prisoners,<sup>380</sup> their small numbers will continue to mean that they will have difficulty in competing for health services in a world of limited resources. It is not only the size of the female offender population that limits women's clout; women prisoners, like women on the outside, are differently socialized than men. Women are expected and required to fulfill stereotypic behaviors of passivity, submissiveness, and subservience. In accordance with these expectations, incarcerated women have proven to be less litigious than their male counterparts.<sup>381</sup> Since, at present, litigation provides a unique opportunity for inmates to gain access to power, it is particularly important that lawsuits be used by women offenders who are even less powerful and less involved in political and legal processes than are men.

We do not wish to enshrine litigation as the best vehicle for improvement of health care in prisons. Nor do we wish to deprecate the efforts of professional societies that are establishing standards for jail and prison health services. Rather, we wish to demonstrate that, currently, the professional societies have both a narrow perspective and the potential for large authority. If the processes of the AMA, ACA, and APHA are broadened so that others—including inmates—might help to shape their deliberations, then their decisions might deserve greater stature. Further, the standards promulgated by these groups must be made sufficiently specific so that compliance is meaningful and enforcement by inmates possible. Finally, once accredited, institutions must be continually monitored to insure the maintenance of standards. Only when these criteria are fulfilled will it be proper to attach legal significance to the fact of accreditation.

## THE COMPONENTS OF A HEALTH PROGRAM FOR INCARCERATED WOMEN

### Introduction

We cannot conclude our criticism of current standards for health care of women in correctional facilities without providing some suggestions for improvement. Therefore, set forth below are what we believe to be some of the components of a minimally adequate health care system for incarcerated women.

Our list is selective; we discuss areas that are of particular concern to female inmates. Because we have not attempted to describe a comprehensive health care system, several items which would be important are not detailed. We wish to draw attention, however, to four basic elements, not outlined below.

First, the general health care system must be one of quality, which protects the health of incoming inmates and which prevents deterioration while incarcerated. Second, all inmates need access to medical care, and women must have access equal to that of men for all services, including emergency treatment and specialists. Third, in areas in which either women or men—because of gender identification or socialization—have less information and tradition, remedial education should be provided. For example, women may not understand the value of exercise and sports; men are often less knowledgeable about nutrition. Fourth, there must be a mechanism by which the health services can be monitored, in order to insure that improvements made are sustained and quality care provided. Records must be kept to permit evaluation, and monthly audits must be prepared. Further, in-person inspections of the services should be made often, and should include interviews with both inmates and health personnel. Such means of implementation and enforcement are essential.

Finally, we must explain the context in which we write. We are not inmates. Like those whom we have criticized, we too have a limited perspective. In addition, our views are shaped by current medical opinions about health. For both of these reasons, our proposals must be read as a beginning, and not as a final product.

However, we differ from others who have discussed health needs in correctional institutions in three fundamental respects. First, we address directly the health needs and problems of inmates and only indirectly the interests of staff; our focus is the patient rather than the provider. Second, we discuss primarily a topic that others have neglected—the health needs of women. Third, most of the standards for correctional institutions apply different requirements to short-term facilities—jails—than to long-term facilities—prisons. For many incarcerated men, such a division may have



meaning. However, as pretrial and sentenced women are so often detained in the same facilities or placed in a section of an institution designed for men, the distinction between jails and prisons has little relevance for them. Therefore, while some of our suggestions—such as those about child-care or health maintenance—are more critical when women are confined for long periods, we believe that all institutions that house women should comply with these guidelines.

## Health Care Proposals

### 1. Intake Screening and Initial Health Appraisal

#### a. Intake Screening (to be conducted immediately upon entry to a facility)

##### (1) General

In addition to the general health interview and observation, the intake screening should include specific inquiry about an inmate's use of oral contraceptives or intrauterine devices (IUDs), history of pregnancy and current likelihood of venereal disease, and use of drugs.

If blood is drawn at this time, a test for syphilis should be included; if urines are collected, a pregnancy test should be done at this time. Routine prenatal care should be initiated immediately for pregnant women (see Section 4, "Reproductive Choice," below). Pregnant women who are chemically addicted to narcotics or barbiturates should be closely observed, perhaps in an infirmary, until a supervised detoxification routine can be arranged and begun.

*Comment:* The procedures recommended above are needed to insure that an inmate entering a facility does not have either a major health problem, which needs immediate attention, or a disease that is easily communicable to others.

As noted in this section and those listed below, we suggest delaying certain tests and procedures until a full health examination is done. By that delay, both inmates who are released soon after entry and the institution will be saved unnecessary examinations, and the full health appraisal can be performed under appropriately private circumstances.

##### (2) Pelvic and Breast Examinations

Unless the initial admission screening can be done in a dignified and private manner, pelvic and breast examinations should be delayed until the complete health appraisal is performed by a physician or by medical personnel trained in gynecology and obstetrical care.

##### (3) Chemical Dependency Evaluation

A chemical dependency evaluation, including interview and observation, should be included in the initial screening. Inmates who, prior to incarceration, participated in methadone maintenance programs should be continued on their current dosage until they can be evaluated by a specialist and, if appropriate, detoxified under a medically sound and humane schedule.

Any pregnant inmate who is also chemically addicted should receive evaluation by an obstetrician trained in the treatment of pregnant women with addictions. Treatment of the chemical dependency should not be undertaken without consideration of its impact upon the maintenance of the pregnancy and upon the fetus.

b. Health Appraisal

All women confined for more than twenty-four hours should receive a complete health appraisal within the next four days. This appraisal should be conducted under the supervision of a physician who is trained and experienced in the treatment of women. A gynecological examination, including a pelvic examination, a breast examination accompanied by patient education, a Pap smear, a gonorrhea culture, and a serology for syphilis, if not already performed, should be done at this time.

c. Examination and Laboratory Test Results

Positive and negative laboratory results and diagnostic conclusions should be communicated to patients promptly. If a woman is released prior to the completion of laboratory reports, either the test results should be forwarded to her at her mailing address or the health service should contact the woman to arrange to discuss the results in person.

2. Health Maintenance

a. Yearly Checkups

In accord with current gynecological opinion, a yearly Pap smear should be taken. At the same time, instruction on breast self-examination techniques should be repeated and an overall health examination given.

*Comment:* The general poor health and frequent weight gains reported among female prisoners make such annual examinations appropriate. Details of daily health maintenance procedures for women are presented in Section 5, "Daily Aspects of Health Affected by Detention," below.

b. Access to a Gynecologist

Every institution in which women are detained should provide them with access to a gynecologist for treatment of emergencies and for routine care and consultation. A gynecologist should also make periodic reviews of the health services available to women.

c. Walk-In Clinics

A walk-in clinic should be available on a daily basis, so that a member of the health staff with a training level at least equivalent to that of a Registered Nurse can make an in-person evaluation of any perceived health problems reported by inmates. Guaranteed access to a physician within twenty-four hours of the prisoner's request or upon staff referral should be one component of this service.

*Comment:* Even where women are few in number, they, like male prisoners, require direct daily access to noncorrectional health care staff. Complaints and concerns should not have to be reported through the correctional staff, nor should correctional staff have to give permission to inmates to go to medical clinics. Inmates who are not permitted to leave their cells should also have daily access to licensed medical personnel.

d. Emergency Services

A health care staff member with training at least equivalent to that of a Registered Nurse should be available for emergencies on a twenty-four hour basis. Prompt access to hospital services and to a fully-equipped ambulance are also necessary.

3. Mental Health Services

a. Psychotropic Medication

(1) General

Psychotropic medication should be prescribed only by physicians, and primarily by psychiatrists. Because standing orders for psychotropic medication are both inappropriate and subject to abuse, they should not be allowed.

(2) Psychotropics and Pregnancy

Many psychotropic medications, including phenothiazines, tricyclic anti-depressants, lithium, and most minor tranquilizers, have not been proven safe for use during pregnancy, and should be prescribed only where they have been documented to be essential to the mental health and well-being of the patient.

(3) Psychotropic Audits

The rates of prescriptions of psychotropic medication should be audited at least twice yearly by a health review committee, comprised of health specialists unaffiliated with the institution. To protect against abusive medication patterns, this committee should receive data on the rates of psychotropic medication prescribed for men within the same correctional system and compare the data to that of prescription rates for women.

b. Staffing

The services of a psychiatrist, a psychotherapist, and a social worker should be made available to each inmate.

c. Restraints and Isolation

## 376 PRISONERS' RIGHTS

No mentally disturbed inmate should be locked for extended periods in an isolation cell. Shackles or forced medication should not be administered by corrections personnel. If an inmate's mental problems are severe, she should be transferred to a mental health facility.

## 4. Reproductive Choice

## a. Contraception

## (1) Upon Admission

If a woman is using oral contraceptives, she should be permitted to complete the sequence of her pills; no other brand or type should be substituted.

If a woman has an IUD, it should not be disturbed.

*Comment:* Oral contraceptives prevent pregnancy by altering a woman's hormonal pattern. Interference with this alteration is both detrimental to the resumption of the natural menstrual cycle and may also reduce the efficacy of the current contraceptive technique. Further, there are several different brands of pills, each with its own level of estrogen or progesterone. To avoid altering dosages, substitution of brands should not be permitted.

Intrauterine devices are objects placed inside a woman's uterus. Placement and removal of IUDs are uncomfortable, and expose a woman to risk of infection. Such procedures should not be undertaken without medical justification.

## (2) While Incarcerated

Women should be permitted to use contraceptives of their choice while incarcerated; such devices should be provided at any time upon request.

*Comment:* All fertile women are at risk of pregnancy. Incarceration may, by force of rule, diminish the likelihood of conception, but it does not prevent pregnancy. Since legislatures obviously have not imposed pregnancy as part of the criminal sanction, women who desire to use contraception while in jails or prisons should be permitted to do so.

There are several different methods of contraception available. Included for women are oral contraceptives, IUDs, diaphragms, jellies, and foams. Each method has associated advantages and risks. Any inmate requesting contraception should be informed of and educated on all the alternatives, and permitted to choose the form that she prefers. Institutions may require women to sign statements indicating that they accept responsibility for their choices.

## b. Abortion

Incarcerated women should be permitted to have abortions whenever such procedures are possible under applicable law. Since abortion is a medical procedure, its expense, like other expenses incurred in the

care of the prisoner, should be financed by the appropriate governmental agency.

A woman should be told of the results of pregnancy tests as soon as the results are available. At that time, the facility should provide information on its procedures for prenatal care and for abortion.

If a woman expresses an interest in obtaining an abortion, she should immediately be referred for counseling to family planning services provided in the community, rather than to those of the facility in which she is detained. Should a woman desire to consult with friends and family, access should be made available. Where an institution's rules limit visiting, such procedures should be altered so as to permit prompt, frequent, and repeated consultation.

If a woman elects to have an abortion, it should be performed at a community facility and be independent of the woman's access to funds.

If she is required to acknowledge in writing that she is responsible for choosing to abort, the statement should be co-signed by the community counselor who provided the woman with information about abortion.

A record of all abortions should be kept, and be reviewed twice yearly, by a committee of medical and non-medical health specialists. See Section d., "Hysterectomies," below.

c. Sterilization

Sterilizations should be prohibited.

*Comment:* The fact of incarceration so diminishes the possibility for informed and voluntary consent for this elective and irreversible medical procedure that it is appropriate to ban it from the prison setting. We recognize that this proposal restricts an individual's choice, but have concluded that the potential for abuse mandates its prohibition.

d. Hysterectomies

Hysterectomies should not be performed unless the inmate gives voluntary and informed consent, and the procedure is approved by a committee, composed of medical and non-medical women's health specialists, unaffiliated with the institution.

*Comment:* A hysterectomy is the removal of a woman's uterus. Like voluntary sterilization, it is an irreversible medical procedure. Unlike elective surgery, however, there may be medical reasons, such as the existence of a malignant tumor, that dictate that a hysterectomy be performed within a certain time period.

To protect against the possibility, historically documented, that hysterectomies might be performed without medical justification, a pre-operative review of the recommendation for surgery is appropriate. To insure the independence of such reviews, a committee of medical and non-medical experts should be formed. This committee should also

## 378 PRISONERS' RIGHTS

undertake twice yearly reviews of hysterectomies and abortions performed within that period. A pathology report of the results of any hysterectomies must be provided to the patient, placed in each patient's record, and made available for the twice yearly audit.

## e. Pregnancies

## (1) Upon Admission

As described in Section 1a, "Intake Screening and Initial Health Appraisal," above, all women who enter a facility should be given a pregnancy test, and pregnant women should be immediately placed under special supervision.

## (2) While Incarcerated

Prenatal care must be provided. The components of this care include examinations by an obstetrician, the provision of appropriate diet, vitamin and mineral supplements, flexible meal schedules, exercise, reduced work schedules whenever needed, and education about pregnancy and the various methods of delivery, childbirth, and nursing.

## (a) Obstetrical Examinations

A pregnant woman has distinct physical needs and potential medical problems. To safeguard her and the fetus' health, regular monitoring by trained specialists is required. During the first two trimesters, a pregnant woman should be examined monthly by an obstetrician. During the last trimester, when the risk of premature delivery and complications increases, a woman should be examined twice monthly and, in the last month, weekly.

## (b) Diet

A nutritious diet is essential during pregnancy. Fresh milk, high protein foods, and prenatal vitamins should be provided daily. During the last trimester, when edema and toxemia are more likely, a low salt diet is important. Finally, since many women experience nausea while pregnant, meal times and diet should be flexible.

## (c) Exercise

Pregnant women must keep fit, in order to avoid circulatory problems, decrease the likelihood of edema, and maintain general good health. Access to exercise must not be compromised by disciplinary or other procedures.

## (d) Work Schedules

Pregnant women have a wide range of energy levels. Those who are able should be permitted to continue to work; for others, the times, amount, and nature of work assignments may have to be altered. Arrangements for income-producing work

should be made, however, and women should not be financially penalized because of their pregnancy.

(e) Education

Pregnancy causes many physical and emotional changes in a woman. The process and the changes as they occur need to be explained. Counseling about pregnancy by knowledgeable individuals should be made available to women who desire it.

There are several techniques for childbirth, and the various options expose the woman and fetus to different risks. A pregnant woman should be informed of the medically approved alternatives and have the opportunity to select the community facility at which to give birth. Should certain techniques be chosen, such as natural childbirth, sessions for practice of exercises should be made available. Finally, in advance of delivery, a woman should be informed about the possibility of nursing, and its benefits and risks.

Whenever possible, pregnant women should receive such education at community facilities.

(f) Childbirth

(i) Women should be permitted to deliver babies at community facilities. If they desire, they should be permitted to nurse their infants, either by taking maternity leaves or by being allowed to return to correctional institutions with their children.

(ii) If a woman wishes to have others care for her child, she should, either by furlough or with escort, be permitted a leave during which to arrange for placement in advance of birth and a second leave after birth to bring the baby to its home. If a woman is without funds to travel, grants or loans should be made available.

(iii) Post-partum medical care, including an examination by an obstetrician at four to six weeks after the birth, must be provided. If the woman leaves the institution before this date, she should be informed about how to obtain post-partum care.

(iv) If children are allowed to live at the institution, pediatric care must be provided.

*Comment:* Nursing has long-lasting physical and emotional consequences for both mother and child. When incarcerated women give birth, the decision of whether to nurse an infant must remain that of the mother. Further, where women who are nursing are admitted to institutions, they, too, should have the opportunity to bring their

## 380 PRISONERS' RIGHTS

children into the institution, or incarceration should be delayed until nursing is concluded.

## 5. Daily Aspects of Health Affected by Detention

## a. Personal Hygiene

## (1) Menstruation

Women should have private access to either sanitary napkins or tampons, as desired. These supplies and medically approved pain medication to alleviate menstrual discomfort should be made available, free of charge, in the units in which women are housed.

## (2) Douching

Commercial douches should be inexpensively available in the commissary for purchase. Educational materials and counseling concerning their use should also be made available.

*Comment:* While the wisdom of non-medical douching may be questioned, it is inappropriate to deny incarcerated women access to douche kits.

## b. Diet and Exercise

## (1) Food

The propensity of many women to gain weight while incarcerated requires that special diets be made available and individualized plans developed after consultation with a qualified nutritionist.

Unless medically justified, attendance at meals should not be required.

## (2) Exercise

Exercise opportunities and equipment and sports education programs should be made available in all institutions in which women are confined. Participation in physical education programs should not compromise a woman's ability to work or engage in other activities.

## c. Privacy

Non-medical male personnel should not guard, touch, or observe women who are not fully dressed.

## d. The Distinction Between Health and Custodial Services

## (1) Discipline in Health Areas

Correctional officers, if present in health delivery areas of an institution, should not interfere with the delivery of health care, and should act to impose order only at the request of health services personnel.

## (2) Medical Test Results

As part of the separation of medical care from security and discipline functions, results of tests for pregnancy and venereal disease should be communicated by medical personnel to inmates, and the results kept confidential.



The inmate should have the responsibility for informing correctional authorities of the existence of any medical condition necessitating special arrangements.

The only circumstances under which doctors should violate their obligation to maintain patient confidentiality are when objective danger to the patient's life or the lives of others exists.

(3) Vaginal and Rectal Searches

Because the risk of infection is increased by multiple inspections, vaginal examinations for non-medical reasons should be performed only if there is a documented probability that a woman might have hidden dangerous contraband. Whenever a vaginal search is performed, a written report of justification, providing the facts leading to the conclusion of probable contraband, should be submitted to the gynecologist of the facility. To prevent physical injury, any procedure that involves intrusion into the body should be performed only by medically trained personnel.

*Comment:* Frequent vaginal and rectal searches are not part of health care. Policies and practices that involve medical staff in routine vaginal or rectal examinations should be carefully scrutinized for their medical necessity.

(4) The Right to Refuse Treatment

Every prisoner has the right to refuse any medical procedure. She should be informed of that right upon encountering the health service. Unless there are documented grounds for believing that she poses a danger to others in the institution, she should not be denied access to programs and facilities if she refuses a procedure.

e. Medical Experimentation

No medical experiments should be performed in women's jails or prisons. Experimental procedures include those in which medication is dispensed for purposes other than those for which the drugs are FDA-approved.

*Comment:* As many people who are concerned with this matter have noted, the possibility of voluntary consent for the incarcerated is so diminished that experimentation cannot be safely countenanced.

f. Family Separation

Every attempt should be made to continue the relationship between parents and children.

Options that should be considered include extended visiting, flexible visiting schedules, day-care for pre-school children, special housing for visiting, extended stays or live-in arrangements, and furloughs.

g. Health Education Needs

Special education programs in the area of women's health are need-

## 382 PRISONERS' RIGHTS

ed for all persons within the institution, including correctional staff, medical personnel, and inmates.

(1) Correctional Personnel

Ongoing workshops should discuss women's general health needs, as well as the special health problems of incarcerated women.

(2) Medical Personnel

Medical personnel may require similar education about women's health needs; they may also need to discuss issues related to the delivery of health care in a correctional institution.

(3) Inmate Education

Topics such as the following should be considered as subjects of inmate education programs:

- (a) breast cancer;
- (b) menstrual problems and their solutions;
- (c) contraception;
- (d) hypertension;
- (e) selected diseases and illnesses of concern to the population;
- (f) psychotropic medication;
- (g) first aid;
- (h) cardio-pulmonary resuscitation;
- (i) vaginitis and its treatment; and
- (j) menopause.

The specific programs should be chosen by a health committee composed of inmates, in consultation with women's health professionals from inside and outside the institution.

h. The Need for Review

(1) Health Agency Authority

(a) Responsibility

Health services for incarcerated women should be under the jurisdiction of the local, state, or federal health agency responsible for health services in the area.

*Comment:* Health care delivery is a highly technical and specialized area, and should be supervised by professionals in the field.

(b) Review

The prison health staff should be required to submit regular reports, at least twice yearly, to this authority. These reports should cover all jail or prison procedures appropriate to the maintenance of inmates' physical, mental and social well-being.

The responsible health authority should perform, at least twice yearly, medical audits of all facets of the care provided

to women. A specialist in women's health issues should be a member of the audit committee. The agency should be responsible for the strict enforcement of all local ordinances or state laws regarding public health within the institution. It should have the authority to close down an institution that does not meet local or state health laws and standards.

(2) Citizens' Committee

A citizens' health committee should also be empowered by local, state, or federal authority to investigate and review care and conditions in the facility. Regular audits of women's medical care, with particular attention paid to obstetrical and gynecological matters and psychotropic medication, should be made by the committee.

(3) Inmates' Health Committee

An inmates' health committee should perform a variety of functions, including:

- (a) receiving health grievances and suggesting ways to resolve them;
- (b) polling inmates for their suggestions for education programs;
- (c) developing contacts with medical and women's health professionals and organizations;
- (d) providing in-prison education with the help of these professionals; and
- (e) educating the outside community concerning the health needs of incarcerated women and of the conditions affecting them and their children.

All inmates in an institution should be able to communicate directly with the responsible health authority and the citizens' and inmates' health committees.

## CONCLUSION

The concerns listed above are only suggestions of where to begin. To know if the issues we have highlighted and the policy decisions we advocate are the pertinent and proper ones, much more information is needed. First, more systematic research on the current health problems of incarcerated women is necessary. Inmates, medical staff, women's health specialists, and custodial personnel must be questioned, and independent evaluations of the health needs and the services available should be undertaken. Second, data about the correctional practices that affect women's health should be collected, so that the security justifications for certain routines can be informed by knowledge of procedures in other facilities. Only after

more is known about the health problems and their relation to correctional practices will it be possible to determine what health regulations are needed and how they could be fashioned so as to be both sufficiently specific to be meaningful, and yet adequately flexible to be applied to highly disparate institutions.

Then, a second issue must be addressed. Once an institution is found to meet the minimum requirements established, some mechanism for continual monitoring of care must be created. Sanctions less drastic than decreditation should be devised; methods less dramatic than lawsuits must be created, to insure the delivery of quality care to individuals. At all times, we must remember that the problems of health care are particularly and poignantly those of individuals—who often are anxious, in distress, and frequently frightened by their human vulnerability. These individuals must have some means by which to voice their concerns and complaints, and to receive prompt responses.

While the formulations of standards and voluntary accreditation programs hold much theoretical promise, they can bring improvement to imprisoned women's health care only if and when they reflect and respond to the problems that exist. While some of the changes we and others have suggested may require considerable funds and institutional reorganization, without such changes, incarcerated women will continue to be subjected to inadequate and potentially damaging care. Until current proposals include mechanisms by which the beneficiaries of the health care can have on-going input, certain needs will undoubtedly go unredressed. The health guidelines advanced thus far by the professional organizations do not meet this standard.

## NOTES

<sup>1</sup> As far as we are aware, there have been no comprehensive surveys in the United States of women's jails or prisons or their health care systems. While we provide citations to some studies, much of the material for this article comes from our own interviews, observations, and data collection, obtained from visits, joint and several, to many correctional facilities. When references to such information are made, we provide the name of the facility, and the date of the visit. Further information about any unpublished data may be obtained by writing either one of us.

The research for the article was done primarily during the academic year of 1978-1979, when both authors were associated with Yale University—Professor Resnik as Lecturer in Clinical Studies, Supervising Attorney, and Guggenheim Fellow at the Law School, and Professor Shaw as a Postdoctoral Fellow, Department of Sociology. Professor Shaw did most of the collection and analysis of sociomedical data, and drafted the proposed guidelines for health care. She spent some seven months at different facilities to obtain new data. Her research at the New York City Correctional Institution for Women on Rikers Island (hereinafter, Rikers Island or NYCCIFW) and at the Connecticut Correctional Institution at Nian-

tic (Niantic) is the principle source for our references to those facilities. Professor Resnik joined Professor Shaw for visits to the Federal Correctional Institutions at Alderson, West Virginia (Alderson); Lexington, Kentucky (Lexington); and the Federal Metropolitan Correctional Center in New York City (MCC New York). During the fall of 1978, she taught a seminar, "Federal Courts/Federal Prisons," at Yale Law School. The course investigated the process of federal courts' involvement in prison conditions and the implementation of court ordered change. In addition, she supervised students providing legal services to inmates incarcerated at the Federal Correctional Institution at Danbury, Connecticut. Professor Resnik is primarily responsible for the description of women's institutions, and the analysis of legal materials and of the standards of the various professional organizations. The two authors wrote the final draft together.

The assistance of the staff and the inmates at the institutions we visited was invaluable. In addition, we wish to thank those whom we interviewed, at the Washington Office of the United States Bureau of Prisons and at other agencies, for sharing information and time with us. Finally, several people read drafts and provided helpful comments. We thank B. Jaye Anno, Susan Fiester, Nina Fortin, Daniel J. Freed, Cynthia Mann, Albert J. Reiss, Jr., Jamie Robins, Joe Rowan, and especially Dennis E. Curtis, for analytic and editorial assistance.

This article was written with the support of grants, Professor Resnik's from the Daniel and Florence Guggenheim Program in Criminal Justice at Yale Law School, and Professor Shaw's from the United States Public Health Service.

<sup>2</sup> See *Estelle v. Gamble*, 429 U.S. 97 (1976), discussed at notes 168-74 *infra* and accompanying text.

Although the status of inmates as either pretrial detainees or sentenced inmates affects their legal rights and the state's obligations towards them, *see* *Bell v. Wolfish*, 99 S. Ct. 1861 (1979), our concern is with the effect of incarceration upon women's health. Because female detainees and prisoners are often housed in the same facilities and experience similar difficulties while incarcerated, *see* GENERAL ACCOUNTING OFFICE, *FEMALE OFFENDERS: WHO ARE THEY AND WHAT ARE THE PROBLEMS CONFRONTING THEM* 21, 31-49 (1979), we do not distinguish between them in much of our discussion. However, where the duration of confinement becomes an important dimension, or custodial arrangements particular to jails or prisons are relevant, we do treat separately the detained and the imprisoned.

<sup>3</sup> While there is some evidence that legislators are increasingly aware of and interested in conditions in jails and prisons, *see, e.g.*, H.R. 256, 96th Cong., 1st Sess., \_\_\_\_\_ CONG. REC. \_\_\_\_\_ (1979) (bill to create a "National Prison Standards Administration," discussed in note 239 *infra* and accompanying text), the legislature has not, thus far, been a prominent forum in which health issues of the incarcerated have been raised. The obvious reasons include the limited political power of the inmates and the numerous other concerns of legislators, which result in making penal reform a low priority.

<sup>4</sup> To our knowledge, no comprehensive survey of all correctional institutions for women exists. For the major attempts to gather data at several locations and to provide comparative information, *see* J. CHAPMAN, *CRIMINAL JUSTICE PROGRAMS FOR WOMEN OFFENDERS* (1979) [hereinafter cited as CHAPMAN]; R. GLICK & V. NETO, *NATIONAL STUDY OF WOMEN'S CORRECTIONAL PROGRAMS* (1976) [hereinafter cited as GLICK & NETO]; E. LEKKERKERKER, *REFORMATORIES FOR WOMEN IN THE UNITED STATES* (1931); K. STRICKLAND, *CORRECTIONAL INSTITUTIONS FOR WOMEN IN THE UNITED STATES* (Doctoral Dissertation, University Microfilms 68-5494, 1968) [hereinafter cited as STRICKLAND].

The most recent compilation about women in the criminal justice system comes from the General Accounting Office of the United States, in its study, *FEMALE OFFENDERS: WHO ARE THEY AND WHAT ARE THE PROBLEMS CONFRONTING THEM* (1979) [hereinafter cited as *FEMALE OFFENDERS*]. It is that Office's "first effort" to gather information about women offenders. *Id.* at i. Further, the task is difficult:

## 386 PRISONERS' RIGHTS

Until recently, the female offender has been a shadowy figure, the subject of few comprehensive sociological studies or standardized criminological reporting.

*Id.* at 6.

Of the three recent surveys, Strickland collected data from 30 women's correctional facilities that were administratively separate from men's institutions. Glick and Neto's report is based on information from 16 state prisons, 46 county jails, and 36 community-based programs located in 14 states. Chapman surveyed 70 programs by telephone and visited 38 programs, the majority of which were community-based, rather than penal, institutions. Glick and Neto describe their effort as the "first comprehensive examination of programs and services provided for women in correctional institutions. . . ." GLICK & NETO, at xii.

<sup>5</sup> GLICK & NETO, *supra* note 4, at 11-12.

<sup>6</sup> We have some girls ignorant of letters, of manners, of morals, of the decencies of life, of truth, of honor; some not ignorant, but defiant and without hope because they have done wrong; some with false knowledge of their physical natures, developed beyond their years by a harmful environment; some with no habits of self-control, accustomed to gaining their ends by exhibitions of violent passion; some deficient mentally; and some forced by circumstances into situations in which they were in danger of becoming depraved.

1904 Report of the Reformatory School for Girls at Hudson, New York, *quoted in* Barrows, *The Reformatory Treatment of Women in the United States*, in PENAL AND REFORMATORY INSTITUTIONS 132 (RUSSELL SAGE, 1910).

<sup>7</sup> See, e.g., First, Fourth, and Tenth Annual Reports of THE MANAGERS OF CLINTON FARMS (1914, 1917, 1923); STRICKLAND, *supra* note 4, at 40-51; Schweber, *Women and Federal Crime in the Early Twentieth Century*, THE LAW AND AMERICAN SOCIETY: NEW HISTORICAL PERSPECTIVES AND RESOURCES (1979).

<sup>8</sup> C. Schweber, *The Alderson Movement: Women and Prisons and Penal Reform in the 1920's* (presented at the Berkshire Conference on Women's History, June 11, 1976). See also H. BARNES & N. TEETERS, NEW HORIZONS IN CRIMINOLOGY 396-414 (1959); J. Alkire, *The Pregnant Woman in Connecticut Prisons* (unpublished, 1970). But see *Appar v. Beauter*, 75 Misc.2d 439, 347 N.Y.S.2d 872 (1973) (interpretation of N.Y. CORR. L. § 611(2), which permits an infant to return to jail with its mother).

<sup>9</sup> STRICKLAND, *supra* note 4, at 158.

<sup>10</sup> GLICK & NETO, *supra* note 4, at xxiv. See also FEMALE OFFENDERS, *supra* note 4, at 38 ("many jail employees consider female inmates contemptible human beings—'fallen women'. . .").

<sup>11</sup> Notes from Meetings of the Disciplinary Committee of Clinton Farms, (unpublished Journal, 1952-1953).

<sup>12</sup> *Forts v. Malcolm*, 426 F. Supp. 464 (S.D.N.Y. 1977).

<sup>13</sup> Intra-departmental Memorandum from the Superintendent of NYCCIFW to the Commissioner of Corrections Regarding Institutional Inmate Dress, Nov. 13, 1973 (unpublished).

<sup>14</sup> STRICKLAND, *supra* note 4, at 79.

<sup>15</sup> The image of women as non-aggressive people persists, despite the fact that there have been "disturbances" or "riots" at many women's prisons. See GLICK & NETO, *supra* note 4, at xxix.

<sup>16</sup> Strickland's description is typical of the popular image of women's institutions: women's prisons are more often "small home-like living units as opposed to the traditional cell blocks." STRICKLAND, *supra* note 4, at 238. See also R. GIALLOMBARDO, SOCIETY OF WOMEN: A STUDY OF A WOMEN'S PRISON (1966); D. WARD & G. KASSEBAUM, WOMEN'S PRISON: SEX AND SOCIAL STRUCTURE (1965); J. BROWN, A FIELD STUDY OF TWO SUBDIVISIONS IN A WOMEN'S PRISON (unpublished Doctoral Dissertation, Rutgers University, May 1979).

17 We may also experience less tension in women's facilities because we are women and find it personally less threatening to be in women's institutions.

18 We speak in only general terms and about popular conceptions of prison. We are aware, of course, of the many minimum security institutions for males that have comparatively few restrictions.

19 Lecture by Jane Kennedy, former inmate at F.C.I. Alderson, delivered at Alderson, Apr. 25, 1979. See also FEMALE OFFENDERS, *supra* note 4, at 39-40.

20 See M. FOUCAULT, DISCIPLINE AND PUNISH: THE BIRTH OF THE PRISON (1977); E. GOFFMAN, ASYLUMS (1961); N. MORRIS, THE FUTURE OF IMPRISONMENT (1974); G. SYKES, THE SOCIETY OF CAPTIVES (1958); H. TOCH, LIVING IN PRISON: THE ECOLOGY OF SURVIVAL (1977).

21 STRICKLAND, *supra* note 4, at 2.

22 The two institutions that are exclusively for women are F.C.I. Alderson, in West Virginia, and F.C.I. Pleasanton, in California. The two "co-correctional" facilities, for men and women, are F.C.I. Lexington, in Kentucky and F.C.I. Fort Worth, in Texas. U.S. BUREAU OF PRISONS, FACILITIES '78 [hereinafter cited as FACILITIES '78].

23 Glick and Neto describe this as "remoteness in terms of families." GLICK & NETO, *supra* note 4, at 12. See also FEMALE OFFENDERS, *supra* note 4, at 35. See generally *Armstrong v. Ward*, 529 F.2d 1132 (2d Cir. 1976); *Black v. Saxbe*, Civil No. 74-20-BL (D. W. Va. 1976); *Park v. Thompson*, Civil No. 72-3605 (D. Hawaii 1972); *State ex rel. Olson v. Maxwell*, 259 N.W.2d 621 (N.D. 1977) (all involving the transfer of female inmates to detention facilities distant from their homes).

24 After all, Penelope wove the tapestry while Ulysses roamed the world. HOMER, THE ODYSSEY.

25 Glick and Neto report that "less than one-fifth of all female inmates were married at the time of incarceration, and almost half of these married women were not actually living with their husbands." GLICK & NETO, *supra* note 4, at 115. The United States Bureau of Prisons provides some comparative data. As of 1978, 32.1% of their male inmates were married; 17.1% of the female inmates were married. U.S. Bureau of Prisons, Conference on Confinement of Female Offenders, March 28-30, 1978 (unpublished paper).

26 The number of federal prisons in use fluctuates. As of 1978, thirty-eight separate federal institutions were operating. Three were principally for pretrial detainees and confined both men and women. Two prisons housed both men and women, and two prisons were exclusively for women. The rest of the facilities were for men. FACILITIES '78, note 22 *supra*.

27 None of the women's institutions is described as a "camp," which is the lowest security classification for a federal prison. Twelve "camps" for men are listed. FACILITIES '78, note 22 *supra*.

28 Some people believe that female inmates benefit in one respect from the lack of diversified institutions. Because all women are placed in a single facility, some inmates may avoid confinement in the most restrictive buildings designed. Further, as Glick and Neto noted, of the sixteen women's prisons they surveyed, only one was classified as "maximum security." GLICK & NETO, *supra* note 4, at 25.

In our visits, however, we found that women who might have been sent to restrictive settings, had such been available, were often housed in total confinement within a generally less secure institution. For example, at F.C.I. Alderson, some women are segregated in "Davis Hall," a special building surrounded by razor wire. Women in this unit may not move about the rest of the "reservation," nor may they freely circulate inside Davis Hall. Rather, they are continually locked in cells, much like those found in maximum security prisons. This kind of special maximum security facility exists in most women's prisons. Thus, the impact of few facilities for women works to disadvantage those who would be eligible for less restrictive confinement, but does not prevent the woman labeled a "management problem" from being placed under maximum security. See also *Chesimard v. Mulcahy*, 570 F.2d 1184 (3d Cir. 1978); *Bukhari v. Hutto*, Civil No. 79-0497 (E.D. Va. 1979) (woman challenging Virginia correction-

## 388 PRISONERS' RIGHTS

al authorities' decision to place her in segregation for twenty-six months; trial date set for fall, 1979); FEMALE OFFENDERS, *supra* note 4, at 39-40; Singer, *Women and the Correctional Process*, 11 AM. CRIM. L. REV. 295, 300-1 (1973).

29 GLICK & NETO, *supra* note 4, at 74.

30 *Id.* at 75. See also Singer, *supra* note 27, at 300-1.

31 GLICK & NETO, *supra* note 4, at 77.

32 *Id.* at 80.

33 *Id.* at 81. The domination of the sewing industry may be declining. In the federal system and state facilities, increasingly varied work programs are beginning. While the numbers of women participating are small, opportunities to work in factories making electric cables, apprenticeships in skilled trades, and expanded clerical work such as data processing are now available. See, e.g., UNITED STATES DEPARTMENT OF JUSTICE, UNICOR: FEDERAL PRISON INDUSTRIES, INC. (1978). See also Potter, *Women's Work? The Assault on Sex Barriers in Prison Job Training*, 5 CORR. MAG. 43 (Sept. 1979).

34 Glick and Neto state that 2% of the women in prisons and 1% of those in jails were permitted to be on work release. GLICK & NETO, *supra* note 4, at 84. Strickland states that approximately 3% of the women in the prisons that she researched were active in work release programs during 1965-1966. STRICKLAND, *supra* note 4, at 230. See also Dodge v. Herschler, Civil No. C77-005-K (D. Wyo. 1977); Taylor v. McDonald, Civil No. C-73-0415 SC (N.D. Cal. 1974) (both involving female inmates' requests to participate in work release programs).

35 "[M]ost administrators indicated that the special needs of female offenders concern their children and family and their emotional problems and related low self-esteem." GLICK & NETO, *supra* note 4, at 38. And even those needs are not met. As reported by the GAO:

with few exceptions, neither type of correctional facility [jails or prisons] today does more than warehouse its female inmates . . . .

FEMALE OFFENDERS, *supra* note 4, at 31.

36 Connecticut's Institution for Women at Niantic is one example.

37 "In our visits to city jails, we observed that detainees often share cells with convicted offenders under the same conditions, regulations, and privations." FEMALE OFFENDERS, *supra* note 4, at 21.

38 In small rural areas which jail few females in a year, the women may be placed in virtual solitary confinement. In urban areas, women may be confined to their cell block and denied use of dining, recreation, and program areas to avoid fraternizing with the men. . . .

Limited housing for female inmates also means that they cannot be separated from each other. . . . Thus, while the jail may have a program for classifying inmates . . . the program may affect only the male inmates.

FEMALE OFFENDERS, *supra* note 4, at 32.

39 "Frequently the detainee's pretrial status is a lot worse than that of her sentenced roommate. Because she has not been convicted, she is denied access to the few inmate programs or resources the jail may offer, so most of her time is spent in idleness." FEMALE OFFENDERS, *supra* note 4, at 21, 45-46.

40 GLICK & NETO, *supra* note 4, at 95. When we visited the federal pretrial detention facility in New York City, we found that hair dryers had been installed in the recreation area for the forty or so women housed on one floor. In the recreation spaces on the floors for men, exercise machines and pool tables were provided. (Visit of November 1978).

41 FEMALE OFFENDERS, *supra* note 4, at 22.

42 *Id.*

43 A non-technical introduction to the health and diseases of women is provided in



BOSTON WOMEN'S HEALTH BOOK COLLECTIVE, *OUR BODIES, OURSELVES* (2d ed. 1976) (available in Spanish as *NUESTROS CUERPOS, NUESTROS VIDAS* (1978)). For a review of current gynecological practice, see L. PARSONS & S. SOMMERS, *GYNECOLOGY* (2d ed. 1978) [hereinafter cited as PARSONS & SOMMERS].

<sup>44</sup> The specialty in medicine that is exclusively concerned with women's health needs is gynecology. The health needs that gynecologists treat range from assistance in the normal functioning of women's reproductive cycles and the care of minor illnesses, such as vaginitis, to the treatment of major and life-threatening diseases, such as cancers of the uterus, cervix, or breast. PARSONS & SOMMERS, note 43 *supra*. See also HARRISON'S PRINCIPLES OF INTERNAL MEDICINE (8th ed. G. Thorn, R. Adams, E. Braunwald, K. Isselbacher & R. Petersdorf 1977) [hereinafter cited as THORN].

<sup>45</sup> THORN, *supra* note 44, at 1327, 1303.

<sup>46</sup> *Id.* at 1720.

<sup>47</sup> PARSONS & SOMMERS, *supra* note 43, at 833. See also THORN, *supra* note 44, at 825.

<sup>48</sup> See generally E. MACCOBY & C. JACKLIN, *THE PSYCHOLOGY OF SEX DIFFERENCES* (1974). See also K. ANDERSEN, J. REUTENFRANZ, R. MASIRONI & V. SELIGER, *HABITUAL PHYSICAL ACTIVITY AND HEALTH* 27-35 (1978).

<sup>49</sup> One study found that 12% of American school girls, as compared with 8.6% of American school boys, were obese. Johnson, Burke & Mayer, *The Prevalence and Incidence of Obesity in a Cross Section of Elementary and Secondary School Children*, 4 AM. J. CLINICAL NUTRITION 231-38 (1956).

<sup>50</sup> Fat children are significantly less active than are thinner children. Bullen, Reed & Mayer, *Physical Activity of Obese and Non-Obese Adolescent Girls Appraised by Motion Picture Sampling*, 14 AM. J. CLINICAL NUTRITION 211-14 (1964). See also J. Parizkova, *Body Composition and Exercise During Growth and Development*, in *PHYSICAL ACTIVITY, HUMAN GROWTH, AND DEVELOPMENT*, ch. 5 (G. Garick ed. 1973), cited in K. ANDERSEN, *supra* note 48, at 36.

<sup>51</sup> J. HORTON & G. HILL, *CLINICAL ONCOLOGY* 319-20 (1977). See also Kleinman, Feldman & Monk, *The Effects of Changes in Smoking Habits on Coronary Heart Disease Mortality*, 69 AM. J. PUB. HEALTH 795 (Aug. 1979).

<sup>52</sup> D. HUNTER, *DISEASES OF THE OCCUPATIONS* (1975); J. STELLMAN, *WOMEN'S WORK, WOMEN'S HEALTH* 66, 121 (1977). See also CALIFORNIA BUREAU OF HEALTH, *OCCUPATIONAL HEALTH IN CALIFORNIA* (1965) (analysis of the differing occupational hazards to which women and men are exposed).

<sup>53</sup> D. MARTIN, *BATTERED WIVES* 10-15 (1976).

<sup>54</sup> See, e.g., Weisstein, *Kinder, Küche, Kirche as Scientific Law: Psychology Constructs and the Female*, in *SISTERHOOD IS POWERFUL* 205 (R. Morgan ed. 1968). See also Shainess, *A Psychiatrist's View: Images of Women—Past and Present, Overt and Obscured*, 23 AM. J. PSYCHOTHERAPY 77 (1969).

<sup>55</sup> Armitage, Schneiderman & Bass, *Response of Physicians to Medical Complaints in Men and Women*, 24 J.A.M.A. 2186 (1979). See also Lennane & Lennane, *Alleged Psychogenic Disorders in Women—A Possible Manifestation of Sexual Prejudice*, 288 N. ENG. J. MED. 288 (1973).

<sup>56</sup> GLICK & NETO, *supra* note 4, at 121.

<sup>57</sup> *Id.* at 134.

<sup>58</sup> *Id.* at 116-17.

<sup>59</sup> R. KANE, J. KASTELER & R. GRAY, *THE HEALTH GAP: MEDICAL SERVICES AND THE POOR* 6 (1976).

<sup>60</sup> Wyrick & Owens, *Black Women: Income and Incarceration*, in *BLACKS AND CRIMINAL JUSTICE* 85 (C. Owens and J. Bell eds. 1977) [hereinafter cited as OWENS & BELL]; GLICK & NETO, *supra* note 4, at 104-6.

<sup>61</sup> GLICK & NETO, *supra* note 4, at 104-6.

<sup>62</sup> OWENS & BELL, *supra* note 60, at 85.

<sup>63</sup> One in 500 black infants suffers from sickle cell disease; approximately two million

## 390 PRISONERS' RIGHTS

people (mostly black) carry the trait. Scott & Castro, *Screening for Sickle Cell Hemoglobinopathies*, 241 J.A.M.A. 1145 (1979).

64 D. NEWMAN, N. AMIDEI, B. CARTER, D. DAY, W. KRUVANT & J. RUSSELL, *PROTEST, POLITICS AND PROSPERITY: BLACK AMERICANS AND WHITE INSTITUTIONS, 1940-1975* (1978), at 226-27 [hereinafter cited as NEWMAN].

65 NATIONAL CENTER FOR HEALTH STUDIES, *VITAL STATISTICS OF THE U.S., 1971, MORTALITY* (Vol. II, Part A, 1975), Table 2-1, at 2-3, cited in NEWMAN, *supra* note 64, at 190.

66 National Academy of Sciences, Institute of Medicine, Panel on Health Services Research, *Infant Death: An Analysis by Maternal Risk and Health Care* (1973), described in NEWMAN, *supra* note 64, at 189.

67 For example, of inmates surveyed by the American Medical Association in 1972, 9.4% had never been treated by a doctor, 15.2% had never had a physical examination, 16% had never been seen by a dentist, and 26% had never had an eye examination prior to incarceration. B. ANNO, *ANALYSIS OF INMATE/PATIENT PROFILE DATA* (American Medical Association's Program to Improve Medical Care and Health Services in Jails 1977), at 38 [hereinafter cited as INMATE PROFILE].

68 See GLICK & NETO, *supra* note 4, at 141-56. See also FEMALE OFFENDERS, *supra* note 4, at 17-20.

69 See J. PLATT & C. LABATE, *HEROIN ADDICTION* ch. 6 (1976).

70 See THORN, *supra* note 44, at 707-13, 724.

71 Parsons and Sommers report that 65% of the prostitutes they surveyed had trichomonas infections, while the rate of infection for other adult females studied was 10-50%. PARSONS & SOMMERS, *supra* note 43, at 765.

72 Where charges of vagrancy are lodged, the problems of health that are associated with the impoverished may exist. As with all criminal charges, however, knowing the crime alleged does not provide precise information about the behavior of the defendant. For example, many whom the police suspect to be prostitutes may be arrested on charges of vagrancy.

73 Novick, Della Penna, Schwartz, Kemmlinger, & Lowenstein, *Health Status of the New York City Prison Population*, 15 MED. CARE 205 (1977) [hereinafter cited as Novick].

74 *Id.* at 214. If these figures are accurate for women inmates in general, the hypertension rate for women reported here is significantly above the national average for persons under thirty, the age group of many people in the jail population.

75 *Id.* at 212.

76 Rikers Island Health Service, *Monthly Report* (Nov. 1978) (unpublished).

77 Ris & Dodge, *Gonorrhea in Adolescent Girls in a Closed Population*, 123 AM. J. DISEASES OF CHILDREN 135 (1972). These rates are similar to those found in surveys of non-incarcerated young adult females. See, e.g., R. MATTINGLY, *TELINDE'S OPERATIVE GYNECOLOGY* 260 (1977).

78 Novick, *supra* note 73, at 214.

79 INMATE PROFILE, *supra* note 67, at 73. In contrast to the high rates of abnormalities in the women, only 8.9% of the men had abnormalities of the penis, scrotum, or testes. *Id.* at 73-74.

80 The percentage of women who are detained is generally reported to be higher than the percentage who are incarcerated after conviction. While estimates vary, all agree the percentage of women imprisoned both before and after trial is under 10%. See CHAPMAN, *supra* note 4, at 2; GLICK & NETO, *supra* note 4, at 141.

81 For example, in the New Mexico State Penitentiary, where fifty women shared medical services with 1100 men, the two physicians, a surgeon, and a general osteopath "felt limited" in dealing with the gynecological concerns, which comprised 50% of the female medical problems. Williams, *Health Care for Women Inmates in the New Mexico State Penitentiary* [hereinafter cited as Williams], in *PROCEEDINGS, SECOND NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICE IN CORRECTIONAL INSTITUTIONS* (1978) [hereinafter cited as NATIONAL CONFERENCE].

Even at prisons that are exclusively for women, physicians who are experienced in treating gynecological problems may not be available, either because of a general lack of services or because the medical staff is shared with men's institutions.

82 See, e.g., *Cooper v. Morin*, 50 App. Div.2d 32, 375 N.Y.S.2d 928 (1975).

83 See Williams, note 81 *supra*. See also UNITED STATES BUREAU OF PRISONS, FEMALE PSYCHIATRIC UNIT TASK FORCE REPORT (1979) [hereinafter cited as TASK FORCE REPORT]; Note, *The Sexual Segregation of American Prisons*, 82 YALE L.J. 1229, 1237 nn.37-38 (1973) (reporting that 87% of women's prisons that had been surveyed, as compared with 27% of the men's institutions, had no full-time physicians).

84 See, e.g., *Todaro v. Ward*, 431 F. Supp. 1129 (S.D.N.Y.), *aff'd*, 565 F.2d 48 (2d Cir. 1977).

85 Glick and Neto found these to be the "most frequent medical problems" as perceived by the medical staff in their sample of ninety-eight correctional programs. GLICK & NETO, *supra* note 4, at 66. Williams reports that 50% of the health problems of women in the New Mexico State Penitentiary relate to gynecologic or obstetric pathology. Williams, note 81 *supra*. The AMA found similarly high rates in its 1972 study of fifty women in six states. INMATE PROFILE, *supra* note 67, at 74.

86 Analysis of Monthly Reports, Rikers Island Health Service, Nov. 1978 (unpublished).

87 Interview, Pharmacy Director, Rikers Island Health Service (Mar. 1979). That treatment was considered appropriate is somewhat ironic, because some members of the Rikers Island health staff informed Professor Shaw that they believed that women inmates often complained about illness even when they were not ill. The audits, however, substantiate that the decisions to treat the women as sick were valid.

88 When an internal pelvic examination is undertaken for medical reasons, the external genitalia are inspected and a metal or plastic instrument, called a speculum, is inserted inside the vaginal walls so that the examiner may view the interior and, if tests are taken, scrape off cells from either the vaginal wall, the cervix, or the endocervical area. A "bi-manual" vaginal examination involves the insertion of two fingers of one hand in the vagina. With gentle pressure exerted by the other hand, the examiner feels the size, shape, and consistency of the uterus, fallopian tubes, and ovaries. A "recto-vaginal" examination is one in which the examiner inserts one finger into the rectum and another into the vagina to obtain information about the alignment of pelvic organs and the condition of the rectum. A "rectal" examination involves the insertion of fingers into the rectum. See generally OUR BODIES, OURSELVES, note 43 *supra*.

89 As of June 1979, internal pelvic examinations were required of inmates at each entry and return to Niantic (Shaw, Interviews and Observations, May-June 1979). At NYCCIFW, the medical staff is technically forbidden by the New York City Department of Health to participate in "body searches" for security purposes. (Department of Health Directive, July 27, 1978). However, women serving intermittent sentences or those returning from furloughs are tested for gonorrhea upon each re-entry to the institution. RIKERS ISLAND HEALTH SERVICE, POLICY AND PROCEDURE MANUAL (1977). The test requires that a culture of cells from a woman's cervix be taken; the culture cannot be taken unless a speculum is inserted into a woman's vagina.

90 See, e.g., *Bell v. Wolfish*, 99 S. Ct. 1861 (1979). See also *Sala v. County of Suffolk*, \_\_\_ F.2d \_\_\_, slip. op. 4285 (2d Cir. Aug. 17, 1979) (prearrest detainee strip searched); *United States v. Lilly*, \_\_\_ F.2d \_\_\_, No. 77-5468 (5th Cir. July 10, 1979) (no right to notice of body cavity search prior to release on furlough).

91 Should an inmate refuse, the alternative may be punitive segregation, administrative detention, or the denial of visiting or release opportunities. Under such circumstances, "choice" is a euphemism.

92 See PARSONS & SOMMERS, *supra* note 43, at 762 (describing common vulvar, vaginal, and cervical infections). The high incidence of vaginal discharges found among women inmates,

## 392 PRISONERS' RIGHTS

see INMATE PROFILE, note 67 *supra*, may be attributable in part to such frequent examinations. Further investigation is warranted.

93 D. DANFORTH, *OBSTETRICS AND GYNECOLOGY* 311 (3d ed. 1977) [hereinafter cited as DANFORTH].

94 See generally E. GOFFMAN, *ASYLUMS* (1961).

95 Interviews with inmates at F.C.I. Alderson and F.C.I. Lexington (Apr. 1979).

96 For example, according to the policy statement of the "co-correctional" federal prison in Lexington, Ky., when a woman reports that she is pregnant, the staff must

make some determination as to the inmate's further suitability for remaining in a co-correctional setting. If it is determined, for example, that the pregnancy was accomplished in the institution, appropriate disciplinary action should be taken, *e.g.*, normally transfer to a more secure institution for the female as well as the male(s) involved is required.

U.S. Bureau of Prisons, Policy Statement LEX 60.70.1 (Aug. 19, 1977).

97 "There is little question that the most critical time for fetal damage is during the period of organogenesis, up to about the tenth week of pregnancy." DANFORTH, *supra* note 93, at 421.

98 OUR BODIES, OURSELVES, *supra* note 43, at 223.

99 Interviews at F.C.I. Alderson (Apr. 1979). Charging for tampons was also the practice at NYCCIFW prior to the Partial Stipulation for Entry of Judgment in *Forts v. Malcolm*, Civil No. 101 (S.D.N.Y. 1979), discussed in notes 357-75 *infra* and accompanying text.

100 Interviews and Observations at F.C.I. Lexington, F.C.I. Alderson, Niantic, and NYC-CIFW (Dec. 1978-Apr. 1979).

101 Interviews and Observations, NYCCIFW (Dec. 1978-Feb. 1979).

102 Interviews and Observations, F.C.I. Lexington (Apr. 1979).

103 Interviews, NYCCIFW (Jan.-Feb. 1979).

104 Federal Prison Industries, Inc., "UNICOR," (1979), at 7. Incentive pay of up to 20% of the salary may also be available.

105 At NYCCIFW, women must be medically cleared to work. In addition, inmates in segregation cannot work. Interviews and Observations (Jan.-Mar. 1979). Many correctional systems do not permit pretrial detainees to work. GLICK & NETO, *supra* note 4, at xvi, 83-84.

106 For example, some female inmates make their own tampons out of sanitary napkins that the institutions provide. Since the materials are not sterile, infection is possible.

107 Only 20% of the inmates surveyed by the AMA had received a physical examination upon intake. INMATE PROFILE, *supra* note 67, at 108.

108 B. ANNO & A. LANG, *ANALYSIS OF PILOT JAIL POST-PROFILE DATA* 55 (1978) [hereinafter cited as JAIL POST-PROFILE].

109 "Medical staff shall provide an inmate with advice and consultation about methods for birth control and, where medically appropriate, prescribe and provide methods for birth control." U.S. Bureau of Prisons Regulation, 28 C.F.R. § 551.21, 44 Fed. Reg. 38,252 (June 29, 1979).

110 See, *e.g.*, Local Policy Statements of F.C.I. Alderson, ALD # 7300.28, ch. 2 (Mar. 15, 1978), issued pursuant to U.S. Bureau of Prisons Policy Statement #7300.110A, "Birth Control, Childbirth, Child Placement and Adoption," (May 10, 1977). See also UNITED STATES BUREAU OF PRISONS, *MANUAL, DIVISION OF HEALTH SERVICES* 20-21; Interviews with Chief Medical Director of the U.S. Bureau of Prisons (June-July 1979).

111 Oral contraceptives are medically inadvisable for women with poor circulation, hepatitis or other liver disease, undiagnosed abnormal genital bleeding, cancer of the breast or of the reproductive system, and sickle cell anemia. Conditional use of birth control pills under close medical supervision is indicated for women over thirty-five, for those with diabetes or who are pre-diabetic, and for those who have migraine headaches, epilepsy, asthma, mental retardation, hypertension, mild varicose veins, cardiac or renal disease,

chloasma, or any serious psychiatric problems. *OUR BODIES, OURSELVES*, *supra* note 43, at 193. See also *PARSONS & SOMMERS*, *supra* note 43, at 573-98.

112 Prior to August 1979, F.C.I. Alderson's policy permitted the use of the intra-muscular (I.M.) injection of progesterone, a hormone that is sometimes used by physicians to test the endocrinological basis of amenorrhea, the absence of menstruation. The Alderson policy reads as follows:

# 2. PROGESTERONE INJECTION. In a patient with a normal menstrual pattern who is leaving for furlough in the mid-late first stage of the cycle, an injection of 50 mg of Progesterone in oil may be given in an effort to delay the onset of ovulation until after this period of leave. Although experience with this technique has been seemingly effective in a high proportion of cases, the offender is informed as to its equivocal effectiveness and the possibility of withdrawal bleeding.

"Birth Control, Pregnancy, Child Birth, Child Placement and Abortion," ALD #7300.28, ch. 2 (Mar. 15, 1978). Despite the implications of the policy statement, I.M. progesterone has not been approved by the Food and Drug Administration as a contraceptive. Yale University Medical School, Drug Information and Library Reference Services, July 1979.

According to the Medical Director of the Bureau, while a review of the propriety of progesterone's use is underway, it is not being given to inmates. Letter of Dr. Robert Brutché to Professor Shaw (Aug. 15, 1979).

113 *Roe v. Wade*, 410 U.S. 113 (1973).

114 Because amenorrhea is common among prisoners and has many causes, pregnancy screening should be part of the admission examination.

115 An illustration of the importance of prompt and competent diagnosis is provided by a story told to us by inmates, correctional staff, and the chief physician at one institution we visited. A woman who had complained of amenorrhea over the course of several months was seen by medical students, but was never given a pregnancy test. Finally, while at work, she gave birth to twins of eight months gestation. One twin was stillborn.

116 See, e.g., U.S. Bureau of Prisons Regulation, "Abortion," 28 C.F.R. § 551.23, 44 Fed. Reg. 38,253 (June 29, 1979), which states:

(a) The inmate has the responsibility for deciding to have an abortion or to bear the child.

(b) The Warden shall provide medical, religious, and social counseling to aid the inmate in making the decision to have an abortion or bear the child.

(c) An inmate shall sign a statement of responsibility for the decision to have an abortion or bear the child.

(d) At the inmate's request, medical staff shall arrange for the abortion to take place at a hospital or clinic outside the institution.

Most institutions that permit abortions arrange for the women to leave the facility for the procedure.

117 In three recent cases, courts have ruled in favor of the plaintiff's right to abortion. In *Lett v. Witworth*, #C-1-77-246 (S.D. Ohio, May 6, 1977), the court ordered that the prisoner be allowed to go to a hospital for a second trimester abortion. Although the court expressed no opinion on payment, the procedure was financed by the county welfare department. In both *Doe v. Jennings*, Civil Action No. 79-681D (W.D. Pa., May 13, 1979) and *Commonwealth v. Aldridge*, Civ. No. \_\_\_\_\_ (Cir. Ct., Arlington Cty., Va. Feb. 27, 1979), the courts ordered that abortions be allowed, but that the expenses not be paid by the counties involved.

118 *DANFORTH*, *supra* note 93, at 311.

119 *Id.* at 313-14. In recognition of the nutritional needs of pregnant women, the United States Department of Agriculture recently promulgated regulations for a Special Supplemen-

## 394 PRISONERS' RIGHTS

tal Food Program for Women, Infants, and Children. 7 C.F.R. § 246.1, 44 Fed. Reg. 44,441 (July 27, 1979).

<sup>120</sup> PENNSYLVANIA PROGRAM FOR WOMEN AND GIRL OFFENDERS, PROPOSED PENNSYLVANIA CRIMINAL JUSTICE GOALS AND STANDARDS FOR WOMEN 34 (1975) [hereinafter cited as PENNSYLVANIA PROGRAM].

<sup>121</sup> DANFORTH, *supra* note 93, at 314.

<sup>122</sup> See, e.g., F.C.I. Alderson Local Policy Statement, ALD #7300.28, ch. 2, *supra* note 112, at 2-4.

<sup>123</sup> Our informal survey revealed no institution in which flexible meal schedules were available, except for patients in infirmaries. While diets in some institutions are adjusted for pregnant women to give them food that is low in salt content—a factor now considered to be of less importance than was formerly thought in prenatal care—some facilities do not provide special diets, fresh fruit, or vegetables for anyone. PENNSYLVANIA PROGRAM, *supra* note 120, at 34.

<sup>124</sup> Again, an anecdote serves to illustrate these problems. At Niantic, a pregnant woman with a history of third trimester miscarriages was placed in punitive segregation, the "dungeon"—an area of the institution that is completely isolated from the rest of the facility. No one could observe her; her only access to assistance was a one-way intercom, by which an officer two floors away listened to her. That officer, however, was not always within earshot of the intercom speaker. After several days, she was transferred to a punitive segregation cell within the infirmary. There she was to be confined around the clock for thirty days. She had no opportunity to exercise, and could leave her cell only to use a toilet and to shower.

<sup>125</sup> See note 81 *supra*. See also *Hunter v. Keegan*, Civ. No. 75-624 (D.N.J. 1979) (settlement in which a woman received a monetary award because she had a miscarriage while detained and without medical care).

<sup>126</sup> See, e.g., U.S. Bureau of Prisons Regulation, 28 C.F.R. § 551.22(c), 44 Fed. Reg. 38,253 (June 29, 1979), which states that "medical staff shall arrange for the childbirth to take place at a hospital outside the institution."

<sup>127</sup> No mention of such opportunities is made in the federal regulations. *Id.*

<sup>128</sup> Cf. N. SHAW, FORCED LABOR: MATERNITY CARE IN THE UNITED STATES ch. 4 (1974).

<sup>129</sup> C. Schweber, note 8 *supra*.

<sup>130</sup> See, e.g., U.S. Bureau of Prisons Regulation, "Child Placement," 28 C.F.R. § 551.24(a), 44 Fed. Reg. 38,253 (June 29, 1979), which states:

The Warden may not permit the inmate's newborn child to return to the institution except in accordance with the Bureau of Prisons policy governing visiting.

<sup>131</sup> Eight full- or part-time live-in parenting programs are described in CHAPMAN, *supra* note 4, at 29.

<sup>132</sup> See United States Bureau of Prisons' Task Force on the Woman Offender, Report (1979) (unpublished); United States Bureau of Prisons, *Monday Morning Highlights* (July 23, 1979). See also Local Policy Statement, PLE #7300.100A, "Pregnancy, Childbirth, Child Placement, Abortion and Temporary Placement for Expectant Mothers," (Sept. 20, 1978), which permits pregnant women at the federal facility at Pleasanton who are eligible for community release to be placed in a halfway house two months prior to the child's birth and to remain there, with the child, for two months after the birth. If at the end of that time, however, the woman has to be returned to prison, she may not take the child with her. Similar programs are described at institutions in New York and Pennsylvania. See Note, *On Prisoners and Parenting: Preserving the Tie that Binds*, 87 YALE L.J. 1408, 1423 n.74, 1424 n.79 (1978), [hereinafter cited as *On Prisoners and Parenting*].

<sup>133</sup> See E. TAYLOR, BECK'S OBSTETRICAL PRACTICE AND FETAL MEDICINE 252 (1976); OUR BODIES, OURSELVES, *supra* note 43, at 295.

134 See J. BOWLBY, ATTACHMENT AND LOSS (1969); Ainsworth, *The Development of Infant-Mother Attachment*, 3 REV. CHILD DEV. 1 (1973).

Women who are already mothers when they enter detention also have substantial difficulties in maintaining parent-child ties. More than half had children living with them at the time of incarceration. See GLICK & NETO, *supra* note 4, at 116. Although many women are able to arrange for family-based childcare, a substantial number of the children of women in prison are placed with strangers in foster care arrangements. Prolonged foster care and separation can also result in the severance of parental rights. See *On Prisoners and Parenting*, note 132 *supra*. Women's concern and responsibility for their dependents not only have an effect on their emotional state, but also divert their attention and affect their ability to handle various legal, medical, and social problems that are inevitable upon incarceration. A study of Pennsylvania jail inmates found that, when making their first phone calls, men are more likely to contact a lawyer, while women are three times as likely to make calls relating to their children and other family members. PENNSYLVANIA PROGRAM, *supra* note 120, at 20.

135 Fourth Annual Report, THE MANAGERS OF CLINTON FARMS, *supra* note 7, at 17.

136 NORWEGIAN CONCENTRATION CAMP SURVIVORS 27-28 (A. Strom ed. 1968).

137 K. ANDERSEN, R. MASIRONI, J. REUTENFRANZ, & V. SELIGER, HABITUAL PHYSICAL ACTIVITY AND HEALTH 95 (1978).

138 Data concerning height, race, drug use, current medications, date of admission, length of stay, and reason for attending the clinic, were taken from records. (Shaw, unpublished).

139 This conclusion assumes a balanced distribution of body types, and that all inmates were of medium build. See, e.g., H. GUTHRIE, INTRODUCTORY NUTRITION 583 (1979).

140 In New York City, the same meal is served to all of the 10,000-15,000 inmates in the system. The meals are made according to standardized menus, ingredients, and recipes, and presented on a three week cycle. Women at NYCCIFW must attend all meals other than the 5:30 A.M. breakfast. Although some of the dishes have attractive names—e.g., "jambalaya," "O'Brien potatoes"—they lose their appeal when seen and tasted. Further, an analysis of lunch and dinner menus served in October 1978 documents that potatoes were served at more than 75% of the meals; the remaining menus listed rice or macaroni. Interviews, Observation, and Menu Analysis. Shaw, NYCCIFW (Feb. 1979).

141 FEMALE OFFENDERS, *supra* note 4, at 43; GLICK & NETO, *supra* note 4, at 95.

142 At virtually every institution for women that we visited, inordinate weight gain was discussed. See also S. ORBACH, FAT IS A FEMINIST ISSUE (1978).

An additional factor in weight gain for some women is that some are placed on psychotropic medications. See notes 143-52 *infra* and accompanying text. Weight gain and edema—swelling from retention of water in the tissues—are common complaints of patients receiving phenothiazines. Phenothiazines and other similar drugs include Thorazine, Trilafon, Stelazine, Mellaril, Haldol, and Prolixin. See 31 PHYSICIANS DESK REFERENCE 1504 (1977) [hereinafter cited as PDR].

143 Data from Pharmacy Department, Rikers Island Health Service, Monthly Pharmacy Activity Reports and Psychotropic Medication Surveys (1978) (unpublished). The percentage of men receiving psychotropic medication varies with age. Three percent to 6% of those confined in the unit for adolescent males and 1% to 3% of those in the adult unit were given psychotropic medication. *Id.*

144 Interviews by Shaw, Jan.-Feb. 1979.

145 GLICK & NETO, *supra* note 4, at 69. See also PENNSYLVANIA PROGRAM, *supra* note 120, at 35.

146 U.S. Bureau of Prisons, Division of Medical and Services, *Federal Inmates Receiving Psychopharmacologic Medication* (June 16, 1978) (mimeo).

147 U.S. Bureau of Prisons, Division of Medical and Services, *Medical Report 78-211* (Mar. 26, 1979). The exact amounts spent for psychotropic drugs are difficult to ascertain, because

## 396 PRISONERS' RIGHTS

of acknowledged coding errors at the institutional level. Memorandum of Warden Neagle (Aug. 31, 1979).

148 See generally PDR, note 142 *supra* (including descriptions of phenothiazines and tri-cyclic antidepressants).

149 See GLICK & NETO, *supra* note 4, at 66. See generally INMATE PROFILE, note 67 *supra*. See also TASK FORCE REPORT, note 83 *supra*, which reported that only twenty women (out of a then total female population of approximately 1500) in the federal prison system were in need of in-patient treatment for psychosis or severe behavioral problems. Nine were primarily management problems. It should be noted that the researchers did not independently evaluate the mental health of the inmates, but instead relied upon reports of others. A more recent report states that, were a facility available for mentally disturbed women, Bureau staff estimates that fifty women a year would be sent. In response, the Bureau has established a twenty-eight bed in-patient psychiatric facility for women at F.C.I. Lexington. See United States Bureau of Prisons, *Monday Morning Highlights* (Aug. 13, 1979), at 2.

150 See PENNSYLVANIA PROGRAM *supra* note 120, at 36.

151 Data from Niantic. (Shaw, unpublished).

152 See A. FREEDMAN, H. KAPLAN & B. SADOCK, MODERN SYNOPSIS OF PSYCHIATRY/II (1977), at 954.

153 While women inmates may use formal grievance mechanisms less frequently, see note 381 *infra*, Glick and Neto report a high frequency of face-to-face complaints registered by women. GLICK & NETO, *supra* note 4, at 178.

154 Interviews and Observations (Feb. 1979).

155 Interviews and Observations (June 1975).

156 Interviews (Apr. 1979).

157 Self Rising, A Women's Seminar, F.C.I. Alderson, Apr. 26-28, 1979.

158 Studies made by the U.S. Bureau of Prisons indicate that female prisoners receive fewer visitors than do men, regardless of the distance from home to institution. TASK FORCE REPORT, note 83 *supra*. A similar pattern is reported anecdotally at other institutions. Such abandonment is reflected nationally. See, e.g., GENERAL ACCOUNTING OFFICE, A FEDERAL STRATEGY IS NEEDED TO HELP IMPROVE MEDICAL AND DENTAL CARE IN PRISONS AND JAILS (1978) [hereinafter cited as A FEDERAL STRATEGY].

159 Several organizations, including the American Correctional Association, the United States Bureau of Prisons, and the National Prison Project of the American Civil Liberties Union, have formed special task forces to evaluate the distinct interests and difficulties of incarcerated women. See, e.g., TASK FORCE REPORT, note 83 *supra*. During the fall of 1979, the House Judiciary Committee, which has oversight responsibility for the U.S. Bureau of Prisons, held hearings on the services available for females incarcerated in the federal system.

160 See, e.g., FEMALE OFFENDERS RESEARCH CENTER, FEMALE OFFENDERS, PROBLEMS AND PROGRAMS (1976); CHAPMAN, note 4 *supra*; FEMALE OFFENDERS, note 4 *supra*.

The popular media has also recently displayed interest in female inmates. See Bird, *The Women in Prison: No Escape From Stereotyping*, N.Y. Times, June 23, 1979, at A14, col. 1; Moyers, *Women Inside* (film documentary offered for television viewing on June 18, 1979).

While still sparse, there is growing social science and legal commentary about the problems of women offenders. See, e.g., K. BURKHART, WOMEN IN PRISON (1913); K. DIMICK, LADIES IN WAITING: BEHIND PRISON WALLS (1979); J. EYMAN, PRISONS FOR WOMEN: A PRACTICAL GUIDE TO ADMINISTRATION PROBLEMS (1971); E. HEFFERNAN, MAKING IT IN PRISON: THE SQUARE, THE COOL AND THE LIFE (1972); R. SIMON, WOMEN AND CRIME (1975).

For law review materials discussing women inmates, see Singer, *Women and the Correctional Process*, note 27 *supra*; Tate, *Title VII. A Remedy for Discrimination Against Women Prisoners*, 16 ARIZ. L. REV. 974 (1974); Note, *On Prisoners and Parenting*, note 132 *supra*; Note, *The Sexual Segregation of American Prisons*, 82 YALE L.J. 1229 (1973); Comment, *The Prisoner-Mother and Her Child*, 1 CAP. U.L. REV. 127 (1972); Comment, *Women's Prisons: Laboratories for Penal Reform*, 1973 WIS. L. REV. 210.



For historical accounts of women in prison, see M. HARRIS, *I KNEW THEM IN PRISON* (1937); F. MONAHAN, *WOMEN IN CRIME* (1941); E. O'BRIEN, *SO I WENT TO PRISON* (1938).

161 See e.g., *Estelle v. Gamble*, 429 U.S. 97 (1976); *Today v. Ward*, 565 F.2d 48 (2d Cir. 1977), both discussed *infra*. See generally Hart, *Warning: Prison Medical Care May be Hazardous to Your Health*, 5 CORR. MAG. 4 (Sept. 1979).

162 See generally H. HOFFMAN, *PRISONERS' RIGHTS: TREATMENT OF PRISONERS AND POST-CONVICTION REMEDIES* (1976); S. KRANTZ, *THE LAW OF CORRECTIONS AND PRISONERS' RIGHTS: CASES AND MATERIALS* (1973).

163 See, e.g., *Newman v. Alabama*, 503 F.2d 1320 (5th Cir. 1974), *cert. denied*, 421 U.S. 948 (1975); *Gates v. Collier*, 349 F. Supp. 881 (N.D. Miss. 1972).

164 *Bowring v. Godwin*, 551 F.2d 44 (4th Cir. 1977); *Negron v. Ward*, 458 F. Supp. 748 (S.D.N.Y. 1978); *Battle v. Anderson*, 376 F. Supp. 402 (E.D. Okla. 1974).

165 *Finney v. Arkansas Bd. of Correction*, 505 F.2d 194 (8th Cir. 1974); *Landman v. Royster*, 333 F. Supp. 621 (E.D. Va. 1971); *Laaman v. Helgemoe*, 437 F. Supp. 269 (D.N.H. 1977). Despite the *Finney* decision in 1974, a recent consent decree published attestation to the continuing lack of proper diet. Item #9 provides that:

[e]ach inmate in punitive segregation will receive a proper diet daily. Gruel will no longer be served as a punitive measure.

*Finney v. Mabry*, 458 F. Supp. 720, 721 (E.D. Ark. 1978).

166 See, e.g., *Gates v. Collier*, 501 F.2d 1291 (5th Cir. 1974), *on remand*, 423 F. Supp. 732 (N.D. Miss. 1976); *Pugh v. Locke*, 406 F. Supp. 318 (M.D. Ala. 1976), *aff'd in relevant part sub nom. Newman v. Alabama*, 559 F.2d 283 (5th Cir. 1977), *cert. denied in relevant part sub nom. Alabama v. Pugh*, 438 U.S. 781 (1978); *Palmigiano v. Garrahy*, 443 F. Supp. 956 (D.R.I. 1977). See generally Walker & Gordon, *The Role of Environmental Health Services in Correctional Institutions*, 1 PRIS. L. MONITOR 282 (1979).

167 565 F.2d 48 (2d Cir. 1977).

168 431 F. Supp. 1129 (S.D.N.Y. 1977).

169 429 U.S. 97 (1976).

170 *Id.* at 103.

171 *Estelle v. Gamble* was brought by a convicted inmate. The applicability of this case to those jailed pending trial has been assumed by courts drawing analogies between eighth amendment protections and those of the due process clause in the fifth and fourteenth amendments. See, e.g., *Loe v. Armistead*, 582 F.2d 1291 (4th Cir. 1978); *Adams v. Mathis*, 458 F. Supp. 302 (M.D. Ala. 1978); *Palmigiano v. Garrahy*, 443 F. Supp. 956, 984 (D.R.I. 1977).

However, as described above, the reasoning of the Court in *Estelle v. Gamble* depends upon a convicted prisoner's right, under the eighth amendment, to be free from cruel and unusual punishment. That constitutional protection does not extend to those not yet convicted. See *Bell v. Wolfish*, 99 S. Ct. 1861 (1979). While presumably the protection of liberty that pretrial detainees obtain from the due process clause entitles them to parallel levels of medical care, that issue has not yet been addressed directly by the Supreme Court.

172 "We therefore conclude that deliberate indifference to serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain' . . . proscribed by the Eighth Amendment." 429 U.S. at 104 (citation omitted).

173 The Supreme Court remanded the case to the Fifth Circuit, which concluded that *Gamble's pro se* complaint, describing his back injury and the subsequent four months of unsuccessful treatment, failed to state a cause of action under the Supreme Court's "rigorous" guidelines. *Gamble v. Estelle*, 554 F.2d 653, 654 (5th Cir. 1977). In the Fifth Circuit's original opinion, which was the one reviewed by the Supreme Court, *Gamble's* medical problems has been described as follows:

## 398 PRISONERS' RIGHTS

As we read the pleading here, the State not only failed to diagnose Gamble's lower back injury which he suffered while in the performance of work required by it, but the State has totally failed to provide adequate treatment of that condition.

516 F.2d 937 at 941 (5th Cir.), *reh. en banc denied*, 521 F.2d 815 (5th Cir. 1975); *cf.* West v. Keve, 571 F.2d 158 (3rd Cir. 1978).

174 429 U.S. at 107 (footnote omitted). *See also* Baker v. McCollan, 99 S. Ct. 2689 (1979) (constitutional deprivation distinguished from state tort claim).

Of course, federal courts must accept federal prisoners' statutory suits for malpractice, which federal prisoners can bring under the Federal Torts Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2671-2680, or, if injured at work, under the Prison Industries Fund. *See* 18 U.S.C. § 4126 (Inmate Accident Compensation); 28 C.F.R. § 301 *et seq.* (1978). *See generally* Thompson v. United States, 495 F.2d 192 (5th Cir. 1974); Davis v. United States, 415 F. Supp. 1086 (D. Kan. 1976); Saladino v. Federal Prison Indus., 404 F. Supp. 1054 (D. Conn. 1975). Section 4005 of Title 18, U.S.C. (Medical Relief) authorizes the Attorney General to employ medical personnel, and might provide a statutory basis for a review of the adequacy of care. *Cf.* Davis v. Passman, 99 S. Ct. 2264 (1979) (implied cause of action). *But see* Owens v. Haas, slip. op. 3647 (2d Cir. July 9, 1979) (no private right of action under 18 U.S.C. § 4002). The Supreme Court has recently accepted certiorari in a case alleging that failure to treat an inmate caused his death. The issue presented is whether the FTCA is an exclusive remedy, or whether a constitutional cause of action may be implied. *See* Carlson v. Green, 581 F.2d 669 (7th Cir. 1978), *cert. granted*, 99 S. Ct. 2880 (1979). *See also* Ray v. United States, 426 F. Supp. 512 (D. Pa. 1977).

Both the FTCA and the Prison Industries Fund, however, require that administrative relief be requested first, whereas exhaustion of administrative remedies is not, as yet, an absolute requirement for constitutional claims. *But see* City of Columbus v. Leonard, 99 S. Ct. 3097 (1979) (Rehnquist, J., dissenting from denial of certiorari). In sum, *Estelle v. Gamble's* holding that only a narrow category of complaints can support constitutional review limits the federal judiciary's involvement in both state and federal cases.

For a comprehensive review of the evolution and application of federal constitutional law to prisoners' medical claims, see Neisser, *Is There a Doctor in the Joint? The Search for Constitutional Standards for Prison Health Care*, 63 VA. L. REV. 921 (1977). *See also* Klein, *Prisoners' Rights to Physical and Mental Health Care: A Modern Expansion of the Eighth Amendment's Cruel and Unusual Punishment Clause*, 7 FORDHAM URB. L.J. 1 (1978); Comment, *The Rights of Prisoners to Medical Care and the Implications for Drug Dependent Prisoners and Pretrial Detainees*, 42 U. CHI. L. REV. 705 (1975).

For a discussion of the causes of action available for individual complaints about health, see Alexander, *The Captive Patient: Treatment of Health Problems in American Prisons*, 6 CLEARINGHOUSE REV. 16 (1972); Koren, *Criteria for the Decision to Bring a Law Suit for Damages: A Guide for Practitioners and Prisoners*, 1 PRIS. L. MONITOR 283 (1979). For a recent description of health needs of the inmate population in general, see King, *Public Policy and Administrative Aspects of Prison and Jail Health Services*, 1 PRIS. L. MONITOR 265 (1979). *See also* L. NOVICK & M. AL-IBRAHIM, *HEALTH PROBLEMS IN THE PRISON SETTING* (1977).

175 565 F.2d 48 (2d Cir. 1977).

176 431 F. Supp. 1129, 1135.

177 *Id.* at 1139.

178 *Id.* at 1140.

179 *Id.*

180 *Id.*

181 *Id.* at 1141-42.

182 *Id.* at 1143.

183 *Id.* at 1143-44. Judge Ward observed that the institution's practice of placing those

in need of medical screening with those awaiting medication contributed to a system that was unable to respond to emergencies or to recognize priorities. *Id.* at 1143.

184 *Id.* at 1144.

185 *Id.* at 1145 (emphasis in original).

186 *Id.* at 1146.

187 *Id.* at 1148.

188 *Id.* at 1148-49.

189 *Id.* at 1160. See also Judgment and Order, entered July 11, 1979 (unpublished).

190 Docket Sheet, *Todaro v. Ward*, 74 Civ. 4581 (S.D.N.Y. 1977).

191 431 F. Supp. 1129 (S.D.N.Y. 1977).

192 Judgment and Order (unpublished). All of the quotations from and references to the *Todaro* litigation come from the docket sheet and records of the case. The only published documents are the decisions of the district and appellate courts.

193 565 F.2d 48 (2d Cir. 1977).

194 That provision appears in the Judgment as a requirement that audits be conducted four times during the first year after judgment, twice in the second year, and once in the third year. Defendants are required to fund the audits, which must consist of qualified experts' inspection of medical facilities at Bedford Hills, interviews with staff, and a review of twenty randomly selected inmate patients' charts. Paragraph VB of the Judgment, July 11, 1977.

195 Memorandum of Law in Support of Plaintiffs' Motion to Hold Defendants in Civil Contempt for Failure to Obey the Court's Judgment, filed Apr. 11, 1978, at 9.

196 Affidavit of Lewis L. Douglass, Executive Deputy Commissioner for the State of New York's Department of Correctional Services. Apr. 20, 1978, ¶8. See also Affidavit dated Apr. 28, 1978.

197 Letters from plaintiffs' attorneys, Nancy Lee and Ellen Winner, to Commissioner Benjamin Ward (June 7, 1978). See also Letter from plaintiffs' attorneys to defendants' attorney (June 27, 1978).

198 Plaintiffs' Supplemental Memorandum in Support of their Motion to Hold Defendants in Civil Contempt, July 14, 1978.

199 Also described were the potential agreements by the parties on several issues, including training for screening nurses, prompt access to medical screening upon request, the use of a bell system to call for assistance, and the staffing of nurses' station. *Id.* at 4-5.

200 Contemporaneous to the litigation about contempt, the state adjusted its plans for installing a call system in the sick wing. Instead of the three months that had been anticipated for construction, the alterations were completed in three weeks.

201 The application of the Judgment to psychiatric care was not clear, for that issue had not been before the trial court. In the Modified Judgment, the exclusion of the psychiatric services from the relief ordered was made express.

202 Interviews with attorneys for plaintiffs, Ellen Winner, Nancy Lee, and Michael Mushlin of the Prisoners Rights Division; discussions with the Honorable Robert J. Ward of the Southern District of New York; visits in the fall of 1979 by students in the seminar "Federal Prison/Federal Courts" to Bedford Hills and interviews with staff and inmates.

203 Plaintiffs' Attorneys First Report Pursuant to the July 1978 Stipulation (Oct. 1978). Plaintiffs' attorneys' subsequent reports to the court continue to chart both improvements and persistent problems. A fourth report, filed in April 1979, describes progress in the regularity of the correctional officers' half-hour rounds and the doctors' rounds to those in the sick wing, but notes the "serious failure of the nursing staff to regularly perform the required midday round." Plaintiffs' Attorneys' Fourth Report of their Review of Defendants' Sick Wing and Screening Records, at 2-5 (Apr. 1979). This report, like its predecessors, is accompanied by several charts detailing the specific times when nurses make rounds and the access of inmates to the nursing staff. Because of the apparent need for monitoring, plaintiffs'

## 400 PRISONERS' RIGHTS

reports on compliance continued through the summer of 1979; the health experts' audits authorized by the Judgment will continue until December 1980.

204 See, e.g., *Bell v. Wolfish*, 99 S. Ct. 1861 (1979) (majority opinion).

205 The history of the difficulty in implementation in four prison cases is described in M. HARRIS & D. SPILLER, *AFTER DECISION: IMPLEMENTATION OF JUDICIAL DECREES IN CORRECTIONAL SETTINGS* (1976). See also Robbins & Buser, *Punitive Conditions of Prison Confinement: An Analysis of Pugh v. Locke and Federal Court Supervision of State Penal Administration Under the Eighth Amendment*, 29 STAN. L. REV. 893 (1977). For description of the difficulties of implementation in mental hospital cases, see Note, *The Wyatt Case: Implementation of a Judicial Decree Ordering Institutional Change*, 84 YALE L.J. 1338 (1975). For the problems of implementation in school desegregation litigation, see UNITED STATES CIVIL RIGHTS COMMISSION, *DESEGREGATION—1976, TWENTY YEARS AFTER* (1976). See also *Discrimination in Education*, in POLITICAL AND CIVIL RIGHTS, ch. 18 (4th ed. N. Dorsen, P. Bender, B. Neuborne, & S. Law 1979). See generally *Special Project: The Remedial Process in Institutional Reform Litigation*, 78 COLUM. L. REV. 784 (1978); Chapter 7 *supra*. In retrospect, the 1960s can be seen as the decade in which rights of the institutionalized were articulated. During the seventies, the difficulty of implementing those rights has been demonstrated.

206 See, e.g., *Bell v. Wolfish*, *supra*; *Estelle v. Gamble*, *supra*.

207 See generally *McKart v. United States*, 395 U.S. 185 (1969); Zacharias, *Exhaustion of Administrative Remedies—A Synthesis of the Law and a Proposed Statute for Federal Prison Cases*, 4 NEW ENG. J. PRIS. L. 5 (1977).

208 See, for example, the reliance upon the New York State Office of Health Systems Management of the New York State Department of Health in *Todaro*.

209 For example, the plaintiffs' motion for contempt in *Todaro* was resolved not by a court ruling, but rather by stipulation.

210 See generally Nathan, *The Use of Masters in Institutional Litigation*, 10 TOL. L. REV. 419 (1979).

211 42 U.S.C. §§ 3701–3750.

212 Data on the amount of money that the AMA has received from LEAA was obtained by telephone interview with B. Jaye Anno, a member of the AMA staff working on its programs for correctional facilities.

In addition to the first nearly half million dollar grant, the AMA received \$454,235 from LEAA in March 1977, and \$655,862 in April 1978. As detailed in note 221 *infra*, in May 1979 the AMA was given an additional \$1.4 million. Finally, in July 1979, the National Institute of Corrections gave the AMA \$10,000 to review medical care provided by facilities under contract with the U.S. Marshal's Services. Telephone Interview (Aug. 1979). See also United States Bureau of Prisons, *Monday Morning Highlights* (July 30, 1979), at 3.

213 See Modlin, *Overview of the AMA Program to Improve Medical Care and Health Services in Correctional Institutions*, NATIONAL CONFERENCE, note 81 *supra* [hereinafter cited as Modlin]. See also PROGRAM TO IMPROVE MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS, AMERICAN MEDICAL ASSOCIATION, STANDARDS FOR THE ACCREDITATION OF MEDICAL CARE AND HEALTH SERVICES IN JAILS (1978) [hereinafter cited as 1978 AMA STANDARDS]; AMERICAN MEDICAL ASSOCIATION, AMERICAN MEDICAL ASSOCIATION STANDARDS FOR HEALTH SERVICES IN JAILS (1979) [hereinafter cited as 1979 AMA STANDARDS]. For a description of ten jails that participated in the AMA accreditation program and how each was affected, see B. ANNO & A. LANG, *TEN JAIL CASE AND ANALYSIS* (1979) [hereinafter cited as TEN JAIL STUDY].

The AMA's interest in health care in jails began with requests from the American Bar Association (ABA) Commission on Correctional Facilities. In 1971, the AMA met with representatives from the ABA, the National Sheriffs' Association (NSA), and the American Correctional Association (ACA). Subsequently, the AMA sent a questionnaire to sheriffs around the country to obtain information about medical care in local jails. The 1975 LEAA

grant enabled the AMA to expand its investigation, and to begin formulating standards. Modlin, *supra* note 213, at 1-4.

214 ABA Standards were drafted with funding obtained from the Grant Foundation. See American Bar Association, Joint Committee on the Legal Status of Prisoners, *Tentative Draft of Standards Relating to the Legal Status of Prisoners*, 14 AM. CRIM. L. REV. 377, 378 (1977) [hereinafter cited as ABA DRAFT STANDARDS].

215 Seven prominent groups have formulated standards about conditions in jails and prisons. See ABA DRAFT STANDARDS note 214 *supra*; AMERICAN CORRECTIONAL ASSOCIATION, *MANUAL OF STANDARDS FOR ADULT CORRECTIONAL INSTITUTIONS* (1977) [hereinafter cited as ACA STANDARDS]; AMERICAN LAW INSTITUTE, *Model Penal Code—Part III, "Treatment and Corrections"* (1962) [hereinafter cited as ALI STANDARDS]; 1978 and 1979 AMA STANDARDS, note 213 *supra*; AMERICAN PUBLIC HEALTH ASSOCIATION, *STANDARDS FOR HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS* (1976) [hereinafter cited as APHA STANDARDS]; NATIONAL SHERIFFS' ASSOCIATION, *INMATES LEGAL RIGHTS* (1974) [hereinafter cited as NSA STANDARDS]; NATIONAL ADVISORY COMMISSION ON CRIMINAL JUSTICE STANDARDS AND GOALS, *REPORT ON CORRECTIONS* (1973) [hereinafter cited as NAC STANDARDS].

In addition, the United States Department of Justice is soon to release a revision of its standards for detention centers and prisons, first circulated in draft form in 1978. UNITED STATES DEPARTMENT OF JUSTICE, *DRAFT FEDERAL STANDARDS FOR CORRECTIONS* (1978) [hereinafter cited as DOJ DRAFT STANDARDS].

Some of the standards that have been issued are currently being reviewed. The AMA released a new version of its 1978 standards in May and July 1979. Our references are to the May 14, 1979 Standards. The Commission on Accreditation began a reevaluation of its standards in the summer of 1979. See 10 CORR. DIG. 4 (May 25, 1979). Finally, then Attorney General Griffin Bell promised that the Justice Department would promulgate final standards by the fall of 1979. See Address by Attorney General Bell at the A.L.I. (May 18, 1979), reported in 10 CORR. DIG. 9-10 (June 8, 1979).

216 A FEDERAL STRATEGY, *supra* note 158, at 38. See also *Arias v. Wainwright*, No. TCA 79-792 (D. Fla. 1979), filed by the National Prison Project of the ACLU and alleging that correctional authorities in Florida have failed to enforce applicable health regulations in that state's jails.

217 See Sechrest, *The Accreditation Movement in Corrections*, 40 FED. PROB. 15 (Dec. 1976). Nor is the movement towards promulgation and codification of standards a uniquely American phenomenon. The "Standard Minimum Rules for the Treatment of Prisoners" was adopted in 1956 by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders. See del Russo, *Prisoners' Right of Access to the Courts: A Comparative Analysis of Human Rights Jurisprudence in Europe and the United States*, 13 J. INT'L L. & ECON. 1 (1978).

218 Memorandum of Myron P. Nidetz, Associate Director of the AMA Jail Project (May 17, 1979) (unpublished) [hereinafter cited as Nidetz Memorandum].

219 See 10 CORR. DIG. 1 (May 25, 1979).

220 Five federal prisons are "well into the accreditation process." The U.S. Bureau of Prisons' Director, Norman Carlson, has expressed his intention that, by 1984, all federal institutions will be accredited. See 10 CORR. DIG. 3 (May 25, 1979). Three hundred forty state or county facilities or services are also currently in process for accreditation by the Commission on Accreditation. *Id.* at 3-4.

Recently the Bureau appointed an "Administrator of the Bureau of Prisons' Community Programs and Correctional Standards and Accreditation Branch." United States Bureau of Prisons, *Monday Morning Highlights*, (June 25, 1979), at 1.

221 In 1979, the AMA received a \$1.2 million LEAA grant to provide technical assistance to jails seeking accreditation. Technical advisors, stationed at state medical societies, will be hired in twenty-four states to help ten jails in each of those states improve their health

## 402 PRISONERS' RIGHTS

delivery systems. Letter and subsequent telephone interview with C. J. Wilmer, LEAA Grant Coordinator (summer 1979).

The AMA is not the only recipient of funds. The National Institute of Corrections gave the Michigan Department of Corrections in Lansing \$40,000 for the implementation of proposed jail standards. Florida's Department of Corrections in Tallahassee received a \$15,078 grant for accreditation training. United States Bureau of Prisons, *Monday Morning Highlights*, (June 25, 1979), at 3. See also 10 CORR. DIG. 4-5 (May 25, 1979).

The availability of federal funds is reflective in part of LEAA's enthusiasm about the accreditation programs. The Administrator of LEAA, Henry S. Dogin, has described his commitment to accreditation and characterized such programs as a "priority." See 10 CORR. DIG. 1-2 (May 25, 1979).

222 *Wolfish v. Levi*, 573 F.2d 118 (2d Cir. 1978), *aff'g in part and rev'g in part*, 439 F. Supp. 114, 428 F. Supp. 333 (S.D.N.Y. 1977).

223 *Bell v. Wolfish*, 99 S. Ct. 1861, 1866-69 (1979).

224 Brief for Respondents in *Wolfish*, at 42 n.42.

225 99 S. Ct. at 1876 n.27.

226 See AMERICAN BAR ASSOCIATION, COMMISSION ON CORRECTIONAL FACILITIES AND LEGAL SERVICES, MEDICAL AND HEALTH CARE IN JAILS, PRISONS, AND OTHER CORRECTIONAL FACILITIES 7, 16, 19 (3d ed. 1974); Chapter 16 *infra*.

227 431 F. Supp. at 1138.

228 *Palmigiano v. Garrahy*, 443 F. Supp. 956, 980 n.30 (D.R.I. 1977), *appeal dismissed as not ripe*, No. 79-1021, 599 F.2d 17 (1st Cir. June 6, 1979).

229 Preface to 1979 AMA STANDARDS, *supra* note 213, at 1.

230 An analogous situation is presented by the case of *Cooper v. Lombard*, 64 App. Div. 2d 130, 409 N.Y.S.2d 30 (1978). In *Cooper*, the appellate court affirmed a lower court decision that pretrial detainees at Monroe County Jail had failed to establish constitutional violations under the eighth amendment. In reaching its decision, the court was impressed by the favorable findings of a survey, conducted four years prior to the court's decision, by the American Correctional Association. As the court reasoned:

There has been no demonstration that any aspect of [the plaintiffs'] incarceration offends the cruel and unusual punishment clause of the Eighth Amendment. Indeed, according to a study done by a jail consultant of the American Correctional Association, the Monroe County Jail is a "well operated and managed facility in which there is total effort to meet the needs of the prisoners."

64 App. Div. 2d at 133 (footnotes omitted).

231 *Palmigiano v. Garrahy*, 443 F. Supp. at 988. Judge Pettine's action accords with one commentator's prediction:

Once the corrections field and/or the federal government announces specific standards, the judiciary is going to start relying on those standards and be relieved of trying to articulate very detailed kinds of standards in a court order.

Kay Harris, Director of the Washington Office of the National Council on Crime and Delinquency, quoted in *Prison Reform: The Judicial Process*, A BNA Special Report on Judicial Involvement in Prison Reform, Supp. to 23 CRIM. L. RPT. No. 17 (1978), at 11.

232 \_\_\_\_ F.2d. \_\_\_\_, No. 76-2492 (3d Cir. June 15, 1979).

233 37 PA. CODE § 95.232(A)(1).

234 See, e.g., *Darling v. Charleston Community Memorial Hosp.*, 33 Ill. 2d 326, 211 N.E.2d 253 (1965); *Bing v. Thunig*, 2 N.Y.2d 656, 143 N.E.2d 3 (1957) (JCAH standards used to establish level of care required).

235 Preface to 1979 AMA STANDARDS, *supra* note 213, at 1.

236 See A FEDERAL STRATEGY, note 158 *supra*; FEMALE OFFENDERS, note 4 *supra*.

237 A FEDERAL STRATEGY, *supra* note 158, at i.

238 *Id.* at iii, 50.

239 96th Cong., 1st Sess., \_\_\_\_\_ CONG. REC. \_\_\_\_\_ (1979) [hereinafter cited as H.R. 256], introduced by Representative Dellums, Jan. 15, 1979.

240 96th Cong., 1st Sess., \_\_\_\_\_ CONG. REC. \_\_\_\_\_ (1979) [hereinafter cited as H.R. 177], introduced by Representative Chappell, Jan. 15, 1979.

241 *Cf. Owens v. Haas*, slip. op. 3647 (2d Cir. July 9, 1979) (federal prisoner placed in state facility under federal contract seeking judicial relief for allegedly inadequate conditions).

242 96th Cong., 1st Sess., \_\_\_\_\_ CONG. REC. \_\_\_\_\_ (1979) [hereinafter cited as H.R. 5052], introduced by Representative Kastenmeier, Aug. 1, 1979. *See generally* notes 259-65 *infra* and accompanying text.

243 At the ceremony at which the first adult prison received ACA accreditation, Norman Carlson, Director of the United States Bureau of Prisons and President of the ACA, stated: "We did it ourselves. The accreditation standards were developed by the profession." *See* 10 CORR. DIG. 3 (May 25, 1979). Similarly, when criticizing the Supreme Court's decision in *Bell v. Wolfish*, *supra*, Robert Fosen, Executive Director of the Commission on Accreditation, stated, "[i]t would initially appear that *Wolfish* contradicts the profession's [corrections'] decision to set high standards for itself." *See* 10 CORR. DIG. 6 (June 22, 1979).

244 Excluding AMA officials and employees, 6 out of 10 (60%) of the 1977 speakers were full-time correctional employees; in 1978, the figure was 63% (20 out of 32). If part-time employees and LEAA grant recipients are included, the figure rises to 81% for 1978.

In contrast, the proportion of speakers who represent the viewpoint of prisoners is notably small. At the 1977 AMA conference, there was one speaker identified as an ex-prisoner; in 1978, there was one lawyer who worked to increase prisoners' involvement in obtaining better medical care. PROCEEDINGS, FIRST NATIONAL CONFERENCE ON IMPROVED MEDICAL CARE AND HEALTH SERVICES IN JAILS (1977) (sponsored by the AMA) [hereinafter cited as 1ST AMA PROCEEDINGS], *passim*; NATIONAL CONFERENCE, *supra* note 81, *passim*.

245 *See* CORRECTIONAL STETHOSCOPE (the bimonthly newsletter of the AMA Committee to Improve Medical and Health Services in Correctional Institutions) (May 1979).

246 *See* note 212 *supra*.

247 *See* note 221 *supra*.

248 *See generally* Freidson, *The Formal Organization of a Profession*, in PROFESSION OF MEDICINE (1970). Other characteristics of a profession include: (a) specialized training; (b) licensure by the state; (c) control by the profession over admission, licensure, and much legislation related to it; (d) the assumption that it functions to serve the public; and (e) a general lack of lay supervision. *Id.* *See also* E. FREIDSON, THE PROFESSIONS AND THEIR PROSPECTS (1973); J. JACKSON, PROFESSIONS AND PROFESSIONALIZATION (1970); A. VOLLMER & D. MILLS, PROFESSIONALIZATION (1966).

249 The lower status of those employed in corrections stems from several factors. First, working with social outcasts—prisoners—casts a "negative halo." Second, the work places—jails and prisons—are generally bleak, depressing, noisy, unsanitary, and potentially dangerous environments. Third, as a reflection of the impression that special information and training have not been required for such work, correction jobs have generally not been well-paying.

250 JAIL POST-PROFILE, *supra* note 108, at 72. Recruitment of physicians to work in correctional institutions has been difficult, because such work is often viewed as less prestigious than that of doctors practicing in more pleasant and lucrative settings. In part, AMA involvement is an attempt to improve the image of physicians' work in correctional facilities.

Another impediment to recruitment has been fear of liability for malpractice. One of the bills now before Congress, H.R. 5052, note 242 *supra*, would solve this obstacle by having the United States assume liability for any actions "within the scope" of an individual's duty.

## 404 PRISONERS' RIGHTS

See *id.* § 4013, "Defense of Certain Suits Arising Out of Medical Malpractice"; cf. the Federal Torts Claims Act, note 174 *supra*. Special compensation provisions are also proposed by H.R. 5052. See § 4014, "Hours of Service for Medical Personnel."

251 The potential for such power is recognized in some forums as undesirable. For example, some Oklahoma legislators are reported to believe that the Commission on Accreditation is a "dangerous" movement by state corrections departments who wish to increase their strength and obtain greater financing from the state. See 10 CORR. DIG. 10 (May 11, 1979).

252 Messale, *Prisoners Forum: Medical Care, Education and Compliance with Minimum Standards of Health Care*, 1 PRIS. L. MONITOR 266, 274-76 (1979).

253 The long-range objective of the program is the development of a national accreditation system for jail medical programs, using approaches similar to those applied to the accreditation of hospitals and medical schools.

AMERICAN MEDICAL ASSOCIATION, TWO YEAR STATUS REPORT ON AMA JAIL PROJECT (1978).

254 R. STEVENS, AMERICAN MEDICINE AND THE PUBLIC 254 (1971) [hereinafter cited as STEVENS].

255 AMERICAN MEDICAL ASSOCIATION, A HISTORY OF THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION: 1904-1959 (1959).

256 A. Flexner, *Medical Education in the United States and Canada* (1910) (published by the Carnegie Foundation for the Advancement of Teaching, as Bulletin Number Four).

257 While there were 155 medical schools in the United States in 1908, there were only 85 by 1920—a loss of 70 schools in 12 years. STEVENS, *supra* note 254, at 68.

258 *Id.* at 68-69.

259 *Id.* at 87.

260 JOINT COMMISSION ON ACCREDITATION OF HOSPITALS, STANDARDS FOR HOSPITAL ACCREDITATIONS 1 (1957). These standards have since been revised and expanded several times.

261 See QUALITY ASSURANCE IN HEALTH CARE 66 (R. Egdahl & P. Gertmen eds. 1976) [hereinafter cited as QUALITY ASSURANCE].

262 See 42 C.F.R. § 405.1901(b) (1978). Hospitals that are currently accredited are "deemed" to meet government standards, but independent inspections may also be undertaken. 1 UNEMPL. INS. RPT. (CCH) 13,872 (1978). See also H.R. 5052, note 242 *supra*, which also incorporates JCAH standards.

263 Weinberg, *The Role of Hospital Standards in Malpractice*, N.Y.L.J. June 29, 1979, at 1-2 [hereinafter cited as Weinberg].

264 *Id.* See also H. & A. SOMERS, MEDICARE AND THE HOSPITALS 83 (1967); Hamilton, *The Role of Nongovernmental Standards in the Development of Mandatory Federal Standards Affecting Safety or Health*, 56 TEX. L. REV. 1329 (1978).

265 For example, one 1963 study of hospital care in New York City found that, despite JCAH accreditation of all but ten hospitals, the quality of care throughout the system was extremely varied. H. KLARMAN, HOSPITAL CARE IN NEW YORK CITY ch. 10 (1963).

266 Goran, Roberts & Rodak, *Regulating the Quality of Hospital Care—an Analysis of the Issues Pertinent to National Health Insurance*, in QUALITY ASSURANCE, *supra* note 261, at 67.

267 See, e.g., J. BLUM, P. GERTMAN & J. RABINOW, PSRO'S AND THE LAW (1977); R. BRIDGMAN & M. ROEMER, HOSPITAL LEGISLATION AND HOSPITAL SYSTEMS (1973); J. BROWN, THE POLITICS OF HEALTH CARE (1978); QUALITY ASSURANCE, note 261 *supra*; INSTITUTE OF MEDICINE, ASSESSING QUALITY IN HEALTH CARE: AN EVALUATION (1976).

268 See E. GOFFMAN, ASYLUMS (1961), *passim*.

269 See STEVENS, *supra* note 254, at ch. V. By 1979, the JCAH had 195 part-time and full-time surveyors to visit 5,000 hospitals; thus the ratio of surveyors to hospitals was 1 to 26. Telephone interview with Jan Schulman of the JCAH (Sept. 25, 1979).

270 Some believe that a major reason for self-imposed standards has been the threat posed



by the federal judiciary, which has ordered many facilities to upgrade conditions. If the recent Supreme Court decision in *Bell v. Wolfish*, 99 S. Ct. 1861 (1979), see note 171 *supra*, heralds the retreat of the judiciary and the return of the "hands-off" doctrine, then the pressure to comply with standards will subside and a critical bargaining tool by which to gain money from the legislatures will be lost. See generally McCormack, *The Expansion of Federal Question Jurisdiction and the Prisoner Complaint Caseload*, 1975 WIS. L. REV. 523, 526.

271 Political struggles over the existence and priorities of LEAA may affect the funds available for such programs.

272 See generally Hamilton, note 264 *supra*.

273 Rules promulgated by professional groups appear to be particularly attractive, because they have the beguiling appearance of neutral pronouncements by disinterested third parties. Further, professional societies have expertise in areas in which judges and legislatures need guidance.

274 The 1978 edition of the AMA Standards was approved by the National Sheriffs' Association, the ACA, the Commission on Accreditation, the AMA House of Delegates, and several state regulatory bodies. 1979 AMA STANDARDS, *supra* note 213, at 2.

275 In its 1978 version, forty-two items were the basis of evaluation. 1978 AMA STANDARDS, note 213 *supra*. As noted, by April 1979, thirty jails in nine states had received accreditation by meeting the 1978 Standards. Nidetz Memorandum, note 218 *supra*.

276 See 1978 AMA STANDARDS, *supra* note 213, at ii. "Provisional accreditation" is possible when 100% of the essential standards and 75% of the remaining standards are met. *Id.*

277 However, some of our critique is applicable to other standards. For example, we complain of the lack of specificity of standards in which women's needs are mentioned. Several of the general standards are also so vague as to require very little, and thus make compliance with them not very meaningful.

278 Comments are directed to both the 1978 and 1979 versions for two reasons. First, the facilities accredited thus far have been reviewed under the earlier Standards; only by analysis of those Standards can the import of accreditation be appraised. Second, the 1979 Standards demonstrate an increase in sensitivity to women's distinct health needs. That progress is described and applauded.

279 The lack of attention to women's health problems may stem, in part, from the AMA's approach to the issue. The AMA does not comprehensively or systematically discuss women's health as a discrete topic. Rather, it includes women's needs in its general sections and occasionally notes that different services—such as a particular screening technique upon admission or a special diet—may be required. This piecemeal method leaves many health problems of women unaddressed.

280 See DANFORTH, note 93 *supra*.

281 See also 1978 AMA STANDARDS, *supra* note 213, at #1008.

282 See, e.g., *Kaimowitz ex rel. Doe v. Michigan Dep't of Mental Health*, Civ. No. 73-19434-AW (Cir. Ct. Wayne Cty. July 10, 1973). See generally J. KATZ, *EXPERIMENTATION WITH HUMAN BEINGS* (1973); Heidepriem & Resnik, *Patients' Rights: Disclosure, Consent and Capacity*, 1973 ANN. SURVEY AM. L. 87 (1973).

283 See, e.g., 42 C.F.R. § 50.203 (1978). See also 44 Fed. Reg. 43,468 (July 25, 1979) (assigning to the Civil Rights Division of the Justice Department the enforcement of 42 U.S.C. § 300a-8, a statute which makes the coercion of sterilization or abortions a misdemeanor).

284 The 1979 AMA Standards do contain one improvement: the issue of medical research in prison is recognized in a separate standard, #136, "Medical Research." No substantive policy is advanced, however. Rather, the AMA states only that "[a]ny research done on inmates" be done "in compliance" with law. While the Discussion refers to "past abuses in the area of research on involuntarily confined individuals," it does not delineate what the "narrow" parameters of such research should be. 1979 AMA STANDARDS, note 213 *supra*.

## 406 PRISONERS' RIGHTS

Compare ABA DRAFT STANDARDS, *supra* note 214, 14 AM. CRIM. L. REV. at 487-92 (§ 5.8: "Experimental Programs").

285 See also 1978 AMA STANDARDS, *supra* note 213, at #1021.

286 See, e.g., OUR BODIES, OURSELVES, note 43 *supra*.

287 See E. GOFFMAN, ASYLUMS (1961), *passim*.

288 Monthly editions of magazines for law enforcement personnel include advertisements by weapons' manufacturers. See, e.g., POLICE CHIEF (Aug. 1979).

289 See 1979 AMA STANDARDS, *supra* note 213, Standard #121 ("Disaster Plan"). See also 1978 AMA STANDARDS, *supra* note 213, at #1019 (requiring that "facility personnel be trained in emergency care procedures").

290 APHA STANDARDS, note 215 *supra*. The American Public Health Association, founded in 1872, is a "non-governmental professional society representing all disciplines and specialties in public health." 69 AM. J. PUB. HEALTH 748 (1979).

291 *Id.* at vii-viii.

292 See 1979 AMA STANDARDS, *supra* note 213, at #102, "Medical Autonomy":

Matters of medical and dental judgment are the sole province of the responsible physician and dentist respectively; however, security regulations applicable to facility personnel also apply to health personnel.

293 In its brochure entitled "Orienting Health Providers to the Jail Culture," the AMA states:

Security comes first in jail. The responsibility for medical care, although delegated to medical people, is a joint effort with the jail administration . . . .

294 The AMA has begun work on standards for prisons; drafts of proposed standards are currently in circulation. See AMERICAN MEDICAL ASSOCIATION, AMERICAN MEDICAL ASSOCIATION STANDARDS FOR HEALTH SERVICES IN PRISONS (6th Draft, Jan. 1979).

295 APHA STANDARDS, *supra* note 215, at ix.

296 *Id.* at 3.

297 *Id.* at 7-8.

298 *Id.* at 7.

299 *Id.* at 8.

300 *Id.* at 21.

301 *Id.* at 21-23.

302 However, the APHA does not take a position on the importance of permitting infants to remain with their mothers.

303 See note 111 *supra*.

304 APHA STANDARDS, *supra* note 215, at vii.

305 See Address of Attorney General Bell at the A.L.I. (May 18, 1979), described in 10 CORR. DIG. 9-10 (June 8, 1979). See also 9 CORR. DIG. 1 (Sept. 8, 1978).

306 See *Medical Care and Health Services*, in DOJ DRAFT STANDARDS, *supra* note 215, at 23-24.

307 For example, the discussion appended to DOJ Standard #008 contains the same general statement as appears in the 1978 AMA Standard #1009. The Justice Department states:

If female inmates are in the facility's population, appropriate equipment should be made available for female inmates, i.e., specula, pap and special testing equipment.

DOJ DRAFT STANDARDS, *supra* note 215, at 25. The AMA version reads:

If female inmates received medical services in the jail, appropriate equipment should be available, i.e., specula, pap and special testing equipment.

1978 AMA STANDARDS, *supra* note 213, at 5. Compare also the language of the ACA and AMA Standards.

308 Some of the draft standards of the Department of Justice address health concerns of women. For example, Standard #038 states:

In facilities where women are housed, there are medical services to meet the special health needs of women including the availability of an obstetrician, gynecologist, and family planning services. Accommodations for all necessary pre-natal and post-natal care and treatment are made available. (Not applicable to Holding Facilities [defined by the DOJ, at 89, as a "temporary confinement facility" in which inmates are housed for "usually less than forty-eight hours"]).

DOJ DRAFT STANDARDS, *supra* note 215, at 33. While the availability of specially-trained physicians is important, the failure to specify what kinds of "accommodations" must be made diminishes the value of the Standard.

309 ABA DRAFT STANDARDS, *supra* note 214, 14 AM. CRIM. L. REV. at 469. The provision that permits women to nurse infants has been deleted from the 1979 Draft of the ABA Standards. See §§ 5.7, 8.6(b), in Appendix to Chapter 16 *infra*.

310 *Id.* at 466-92. A section of the Tentative Draft does address sexual discrimination in prisons. See § 6.13, at 562-65.

311 See NAC STANDARDS, *supra* note 215, at 378-80 (Standard #2.6: "Women in Major Institutions"). However, it does not discuss physical health care.

312 See A.L.I. STANDARDS, *supra* note 215, at 608, § 303.4 ("Medical Care, Food and Clothing") (discussion of health care in facilities for short-term imprisonment); *id.* at 620-21, § 304.5 ("Medical Care, Food and Clothing") (discussion of health care at institutions for long-term incarceration).

313 See NSA STANDARDS, *supra* note 215, at 13-16 (Chapter 3, "Healthful Environment"). NSA's Standards are addressed only to jail care.

314 ACA STANDARDS, *supra* note 215, at 52.

315 One reason for the lack of attention paid to women's concerns may be that few women are involved in either the groups formulating standards or the organizations approving them. The majority of the directors of the AMA projects in state jails are male, as are the majorities of the AMA executive board, its advisory committee on jail health standards development, and its speakers at yearly conferences on health care in correctional institutions. See generally 1ST AMA PROCEEDINGS, note 244 *supra*; NATIONAL CONFERENCE, note 81 *supra*. The APHA Jails and Prisons Task Force had thirty-three men and nine women. APHA STANDARDS, note 215 *supra*. The Department of Justice's proposed standards were approved by a committee of eleven, which had one female member. The committee that did the drafting also had ten men and one woman. See ACA STANDARDS, *supra* note 215, at xv.

Not only are women in small numbers, but they also tend to be clustered in committees devoted to "women's issues," such as health problems of the female prisoner. This segregation results in women having less input into decisions in general areas that also affect women, such as record keeping and the problems of delivery of care in secure facilities. In addition, female input is limited by the generally lower status of the women involved. For example, of the women working on the APHA Task Force, only one had a medical degree, while eleven of the men did.

316 See note 220 *supra*; 10 CORR. DIG. 3 (May 25, 1979).

317 See COMMISSION ON ACCREDITATION FOR CORRECTIONS, ACCREDITATION: BLUEPRINT FOR CORRECTIONS (1978) [hereinafter cited as BLUEPRINT].

318 See Keynote Address by Bernard G. Harrison, Group Vice President of the AMA, reprinted in NATIONAL CONFERENCE, *supra* note 81, at 6, 9 [hereinafter cited as Harrison Address]. That application may be withdrawn "at any time." *Id.*

319 *Id.* at 6-9.

## 408 PRISONERS' RIGHTS

320 *Id.* at 9. Whether interviews with inmates, conducted during site visits by the AMA survey team, are also confidential is not mentioned.

321 *Id.* at 10.

322 *Id.* at 11.

323 Like the AMA Jail Project, the Commission on Accreditation for Corrections has received substantial funding from LEAA. Further, while agencies that seek Commission accreditation must pay for the service, many receive LEAA grants to finance their applications. See note 221 *supra*; BLUEPRINT, note 317 *supra*. The Commission hopes to be self-supporting in the future.

324 Nidetz Memorandum, note 218 *supra*.

325 See A FEDERAL STRATEGY, *supra* note 158, at 56 (Appendix I). During fiscal year 1978, LEAA had awarded more than \$1.9 million in grants for prison health care improvements. *Id.*

326 Because fewer than half of the states have entered the AMA accreditation system, the absence of accreditation cannot be equated with poor quality health care.

327 See JAIL POST-PROFILE, *supra* note 108, at 75-77. Anno and Lang describe an overall increase of 70% in the availability of services and "[i]mprovements in both the availability and adequacy of health care." *Id.* at 76. See also CORRECTIONAL STETHOSCOPE (Feb. 1978); TEN JAIL STUDY, note 213 *supra*.

328 [T]he overall percents of the total jail budgets devoted to health care remained almost constant from 1976 to 1977 regardless of jail size. In the small jails [under 20 inmates], it rose slightly from three to four percent, while in the medium [21-249 inmates] and large-sized [over 250 inmates] jails, it remained constant at nine and seven percent respectively. Of the twenty-two jails for which data were available, four jails showed decreases in the percent of their budgets devoted to health care, nine jails showed no change, and nine jails showed percentage increases.

JAIL POST-PROFILE, *supra* note 108, at 67. Anno and Lang explained at length the difficulties of collecting accurate data about the costs of health care in jails, *id.* at 59-71, and stressed that their findings were "only the most preliminary and inconclusive." *Id.* at 67. In a later report, they stated that they had been unable to define the costs of implementation of AMA standards for a jail. While "[m]ost of the standards are procedural in nature and require only a minimum expense to achieve compliance," the expense for any given facility will vary depending upon its size, location, population, and prior health services. TEN JAIL STUDY, *supra* note 213, at 193-203, 222-23.

329 The failure of the AMA to continue to collect data on services for women in jails reflects how little attention it pays to women's needs. Three items that AMA researchers had considered in early inquiries into jail health care were "special services for females, emergency equipment and allied health services (including eye tests, glasses, hearing tests, etc.)." Data about these issues was not collected on their return "post" AMA Jail Project visits, because these issues were not "specifically a part of the AMA's standards." JAIL POST-PROFILE, *supra* note 108, at 30-31.

330 Similarly, a thorough analysis of each set of Standards may reveal additional deficiencies in other areas affecting both men and women, or men in particular. While that has not been our task, we believe it is an important activity that should be undertaken soon.

331 Likewise, the bills pending in Congress to improve prison conditions by detailing the physical and custodial arrangements made for inmates do not adequately address women's health needs. See, e.g., H.R. 256, note 239 *supra*. While the proposed legislation requires medical treatment for inmates, the only specific reference to the special needs of women is § 103(16), which requires "special accommodation for all necessary prenatal and postnatal care and treatment."

332 See *The Business of Correctional Standards*, 1 PRIS. L. MONITOR 74 (1978).

333 See *Bell v. Wolfish*, 99 S. Ct. 1861, 1876 n.27 (1979).

334 N. Fortin, *What's Up Doc: An Analysis of the Committee of Interns and Residents* (Mar. 1976) (unpublished paper) (analysis of physicians' union which, in 1975, made accredited hospitals' compliance with standards a term of its contract). See also *QUALITY ASSURANCE*, note 261 *supra*. To obtain a review of JCAH decisions to accredit, "substantial, documented complaints" are needed. *Id.* But see *Psychiatric Care at Kings County is Discredited*, N.Y. Times, Aug. 29, 1979, at B3, col. 6 (psychiatric services at a Brooklyn hospital lost JCAH accreditation for the second time in two years). In addition, one of the first jails accredited by the AMA Jail Project did lose its status when the state medical society found that care had deteriorated significantly. (Shaw Interview with B. Jaye Anno, summer 1980.)

335 Although the AMA does hope to involve "public advisory committees" in the upgrading of health care in jails, these committees are not designed to receive inmate complaints. See 1979 AMA STANDARDS, *supra* note 213, Standard #110.

336 *Cf.* H.R. 256, note 239 *supra*. Under this bill, a newly created "National Prison Standards Administration" would be empowered to inspect prisons for compliance with its standards, and the Administration could also entertain complaints from prisoners who allege violation of rules promulgated pursuant to the Act. Where violations are found, the "Administration" would have the power to issue "cease and desist" orders, and the federal courts would be given enforcement jurisdiction. Criminal penalties are also provided. *Id.* at §§ 102, 103(18), 103(27), 104.

337 *Cf.* *Cannon v. University of Chicago*, 99 S. Ct. 1946 (1979) (private right of action implied under Title IX of the Civil Rights Act).

338 DOJ DRAFT STANDARDS, *supra* note 215, at 2. Moreover, while the Department of Justice describes its Standards as "guidelines for the decent and humane operation of . . . corrections and detention facilities," and would use them as a "basis for evaluation" of its own jails and prisons, it would not require the United States Bureau of Prisons to comply immediately with the standards. *Id.* Further, the Department does not state that it would enforce compliance by refusing to fund noncomplying state or local agencies or by affirmative litigation. Rather, as an incentive for voluntary compliance with its Standards, the Department notes only that they may be used "in some cases as a defense." *Id.* at 3. See also *Bell v. Wolfish*, 99 S. Ct. 1861 (1979), in which the Department defended the failure of the Bureau of Prisons to comply with the Department's own Draft Standard on the physical space required for each inmate.

339 Its Standards were

the result of three years of deliberations by the AMA Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions, several state medical society project advisory committees, three special national task forces and AMA staff. Equally important several hundred sheriffs, jail administrators and health care providers in jails across the country contributed substantially to the Standards.

1979 AMA STANDARDS, *supra* note 213, at 1.

340 While the site visits by the AMA survey teams do include inmate interviews, the AMA does not report that it compiles information from inmates to learn of systemic problems. See *Harrison Address*, note 318 *supra*. See generally 1979 STANDARDS, note 213 *supra*; 1978 AMA STANDARDS, note 213 *supra*. Inmates may also be interviewed when research visits are made to jails that are engaged in AMA Pilot Projects. *JAIL POST-PROFILE*, note 108 *supra*; *INMATE PROFILE*, note 67 *supra*.

Similarly, pending legislation that provides for the promulgation of standards does not adequately involve inmates. See H.R. 256, note 239 *supra*. Section 103 states only that the rule-making body "shall develop and promulgate rules on the record, after reasonable opportunity for a hearing has been accorded all interested groups . . ." No definition of "all interested groups" or what kind of hearing they would receive is set forth.

## 410 PRISONERS' RIGHTS

One example of the potential for inmate involvement to improve conditions is the "Health Fair" sponsored by the Project in Ethics and Values in Science and Technology, funded by the National Science Foundation, and held at New York State's Correctional Facility at Woodburne. The Project, whose goals include exploring the legal, ethical, and social issues inherent in providing health care in prisons and jails, involved inmates, staff, and volunteer health care professionals in the planning and running of a health conference, and in conducting ongoing health education programs. See Dubler, *Educating Inmates as Effective Advocates for their Constitutional Right to Medical Care*, 1 PRIS. L. MONITOR 279 (1979).

341 See generally M. FOUCAULT, *DISCIPLINE AND PUNISH: THE BIRTH OF THE PRISON* (1977).

342 One by-product reported by the AMA is that physicians who work in correctional institutions are enjoying increased respectability, and thus better trained medical personnel are being attracted to such jobs. See NATIONAL CONFERENCE, *supra* note 213, at 116.

343 In one way, the image of a battle in court is accurate. When inmates become plaintiffs, they are empowered with a claim to authority otherwise unavailable to them. When sitting at plaintiffs' table, inmates speak as adults and as equals—at least for the moment—to those who guard them. Court furnishes a respite from the requirements of prison, where, like children, they are required to please their keepers.

The fact that courtrooms enable an adversary process that simply does not exist within the other forums is, in our view, an advantage of litigation. Until other arenas permit inmates greater access to power, litigation retains a critical position in the improvement of health care in prisons. The adversarial definition of issues, criticized by some, is to us an advantage. See Fuller, *The Forms and Limits of Adjudication*, 92 HARV. L. REV. 353 (1978). See generally R. COVER & O. FISS, *THE STRUCTURE OF PROCEDURE* (1979); cf. Note, "Mastering" Intervention in Prisons, 88 YALE L.J. 1062, 1079 (1979).

344 See notes 178–88 *supra* and accompanying text. See also Complaint, *Todaro v. Ward*, 74 Civ. 4581 (S.D.N.Y.).

345 *Id.* See also *Todaro v. Ward*, 431 F. Supp. 1129 (S.D.N.Y. 1977).

346 Plaintiffs' Attorneys Report to the District Court, note 203 *supra*; interviews by law students with inmates at Bedford Hills (fall 1978).

347 Interview with attorneys at the Prisoners Rights Project (fall 1978, summer 1979).

348 Subsequent to the appointment, the supervisor was discharged; as of July 1979, a replacement had not yet been hired. Interview with plaintiffs' attorneys (Aug. 1979).

349 Interviews with plaintiffs' attorneys (Aug. 1979). See also Memorandum of Robert Schwartz, Senior Hospital Administration Consultant, White Plains Area Office of Health Systems Management (Apr. 2, 1979) (report of survey of Bedford Hills Correctional Facility Health Unit). "The compliance with the provisions of the court order and the delivery of care is improving." *Id.* at 1.

350 As analyzed in this article, accreditation may gain legal import and be relied upon both by courts and legislatures.

351 See, e.g., QUALITY ASSURANCE, note 261 *supra*. Only "substantial" complaints will bring the JCAH back into an accredited facility, and then only if sufficient staff is available. *Id.* at 67.

352 *Todaro v. Ward*, 431 F. Supp. at 1134 n.2.

353 See Weinberg, note 263 *supra*. In New York State, enforcement power rests with the State Board of Health. *Id.*

354 See, e.g., *Arias v. Wainwright*, No. TCA 79-792 (D. Fla. 1979), filed by the National Prison Project of the ACLU, and alleging that correctional authorities in Florida have failed to enforce applicable health regulations in that state's jails. See also 18 U.S.C. §§ 401-402 (civil and criminal contempt). See generally R. GOLDFARB, *THE CONTEMPT POWER* (1963).

355 In some respects, the achievements of *Todaro* may have been "easier" to accomplish than those of other institutional cases. First, *Todaro* was not a challenge to security practices

in a prison, but rather only to a subsection of its procedures—those related to health care. Second, New York is a relatively rich state, and, when pushed, provided the funds necessary for alterations. Third, New York is a large state, with many prisons and many federal judges. The federal judge who ordered changes in the state prison was not so visible as to become the object of great attention by the media or hostility by state legislatures or local citizens. In contrast, consider Judge Pettine's position as the federal district judge responsible for ordering changes in Rhode Island's prisons, Judge Johnson's involvement in Alabama's mental hospitals and prisons, and Judge Garrity's role in Boston's school desegregation.

Sadly, the annals of prison litigation are filled with examples of court orders that years later have not produced changes. One of the best known of these cases is the litigation over conditions in Alabama's correctional institutions. See *Pugh v. Locke*, 406 F. Supp. 318 (M.D. Ala. 1976), *aff'd in substance sub nom. Newman v. Alabama*, 559 F.2d 283 (5th Cir. 1977), *cert. denied in relevant part sub nom. Alabama v. Pugh*, 438 U.S. 781 (1978). Recently, Judge Frank Johnson appointed the Governor of Alabama as receiver, so that, three years after an order mandating extensive change had been issued, compliance efforts might at last begin. A similarly egregious situation exists in Oklahoma. See, e.g., *Battle v. Anderson*, 457 F. Supp. 719 (E.D. Okla. 1978), *remanded*, 594 F.2d 786 (10th Cir. 1979). After finding "shocking cases of medical neglect" and "marked intransigence on the part of the defendants to conform to the requirements laid out by this Court more than four years ago," the district court ordered new mechanisms to attempt to ensure enforcement of its order.

See also *Jordan v. Arnold*, Civ. No. 75-1334 (M.D. Pa. 1979), *earlier opinion*, 408 F. Supp. 869 (M.D. Pa. 1976) (Warden of the Federal Penitentiary at Lewisburg found in contempt for failure to comply with court order to improve ventilation system in the disciplinary or Special Housing Unit at the institution). See generally M. HARRIS & D. SPILLER, note 205 *supra*; Nathan, *The Use of Masters in Institutional Reform Litigation*, 10 TOL. L. REV. 419 (1979); Robbins & Buser, note 205 *supra*.

356 See *Ambrose v. Malcolm*, 76 Civ. 190 (S.D.N.Y.) (Lasker, J.); *Benjamin v. Malcolm*, 75 Civ. 3073 (S.D.N.Y.) (Lasker, J.); *Detainees of the Brooklyn House of Detention for Men v. Malcolm*, 73 C. 261 (E.D.N.Y.) (Bramwell, J.); *Detainees of the Queens House of Detention for Men v. Malcolm*, 73 C. 1364 (E.D.N.Y.) (Dooling, J.); *Forts v. Malcolm*, 76 Civ. 101 (S.D.N.Y.) (Tenney, J.); and *Maldonado v. Ciueros*, 76 Civ. 2854 (S.D.N.Y.) (Pierce, J.).

357 See Stipulation for Entry of and the Partial Final Judgment, *Forts v. Malcolm*, note 356 *supra* [hereinafter cited as Stipulation], signed by District Judge Tenney, Apr. 11, 1979, and entered Apr. 19, 1979.

358 Medical services, provided by Montefiore Hospital and Medical Center pursuant to a contract with New York City, were not a focus of the litigation.

359 See Class Action Complaint, *Forts v. Malcolm*, note 356 *supra*, filed Jan. 9, 1976. Issues decided after plaintiffs moved for summary judgment are reported at 426 F. Supp. 464 (S.D.N.Y. 1977).

360 Issues that were not resolved include the availability of programs, recreation, and education for women, and the hours and frequency of visits permitted.

361 See Stipulation, *supra* note 357, at 21. Also agreed to were the provision for laundering clothing twice per week, *id.* at 4; a schedule for clean linens, *id.* at 9; and a provision that the mattresses and pillows had to be cleaned once per six months, *id.* at 10.

362 Cf. 1979 AMA STANDARDS, *supra* note 213, Standard #170 (requiring only that sanitary napkins be made available).

363 Stipulation, *supra* note 357, at 28-29.

364 *Id.* at 32-33.

365 *Id.* at 33.

366 *Id.* at 34.

367 Interview with Michael Mushlin, Director, Prisoner's Rights Project, and Clay Hiles, Staff Attorney, Prisoners Rights Division (spring 1979, Aug. 1979).

## 412 PRISONERS' RIGHTS

368 Stipulation, note 357 *supra*.

369 *Id.* at 21.

370 In an interesting procedural maneuver, the court and parties have agreed to split the *Forts* litigation into two parts. The portion settled by the Stipulation has been transferred from District Judge Tenney to another Judge in the Southern District, Morris Lasker. Judge Lasker has presided over other litigation involving New York City's detention facilities. *See, e.g., Rhem v. Malcolm*, 389 F. Supp. 964 (S.D.N.Y.), *aff'd*, 527 F.2d 1041 (2d Cir. 1975). With the approval of the parties, he has agreed to assume responsibility over the implementation of the *Forts* Stipulation. Judge Tenney retains jurisdiction over the portions of the *Forts* litigation that have not yet been resolved. Order by Consent for Severance and Transfer, *Forts v. Malcolm* (filed July 18, 1979); Interview with attorneys at the Prisoners Rights Project (Aug. 1979).

371 *See* note 355 *supra*.

372 Mr. Sturz was formerly the Director of the Vera Institute of Justice.

373 Strict adherence to all of the Minimum Standards is not required. The Board of Correction entertains applications for, and in some instances grants "variances" to New York City's Department of Corrections. Letter of Peter Tufo, Chairman of N.Y.C. Board of Correction to William Ciuros, Jr., then Commissioner, N.Y.C. Department of Corrections, July 20, 1979 (with attached "Variance Decisions," effective July 1, 1979).

374 *See, e.g., Rhem v. Malcolm*, note 370 *supra*.

375 426 F. Supp. 464 (S.D.N.Y. 1977) (summary judgment for inmates granted on rights to contact visits and to wear pants).

376 Although the number of women in prison has risen in the past few years, women still comprise only a small fraction of the prison population. As of December 1978, there were 307,384 prisoners in state and federal facilities. Four percent (12,736) were women. UNITED STATES DEPARTMENT OF JUSTICE, NATIONAL CRIMINAL JUSTICE INFORMATION AND STATISTICS SERVICE, PRISONERS IN STATE AND FEDERAL INSTITUTIONS ON DECEMBER 31, 1978 (Advance Report). According to a 1978 Jail Census, 6% of those detained were women. UNITED STATES DEPARTMENT OF JUSTICE, CENSUS OF JAILS AND SURVEY OF JAIL INMATES 1978 (Preliminary Report). *See also* UNITED STATES DEPARTMENT OF JUSTICE, NATIONAL CRIMINAL JUSTICE INFORMATION AND STATISTICS SERVICE, PRISONERS IN STATE AND FEDERAL INSTITUTIONS ON DECEMBER 31, 1977 (1978), at 5. Women comprised approximately 16% of those arrested in the Glick and Neto study. GLICK & NETO, *supra* note 4, at 6.

377 Ferris, Standards for Correctional Systems for Women Offenders (Mar. 28, 1979) (paper presented at Regional Training Seminar on Planning and Evaluating Programs for Women Offenders, conducted by the University of South Carolina, under grant by LEAA).

378 *See* M. WALSH, DOCTORS WANTED: NO WOMEN NEED APPLY: SEXUAL BARRIERS IN THE MEDICAL PROFESSIONS, 1835-1975 (1977).

379 The paucity of programs and services for women is documented in Note, *The Sexual Segregation of American Prisons*, 82 YALE L.J. 1229 (1973). *See also* Ferris, note 377 *supra*.

380 *See* notes 159 & 160 *supra*. The professional organizations are also beginning to show interest in these issues. At the ACA's 109th Congress of Corrections, held in August 1979, one workshop—sponsored by ACA's Association of Programs for Female Offenders—was entitled "Balancing the Needs of Women, Minorities, and Special Inmates With the Broader Objectives of Corrections." A "major session" was addressed to "Women in Correctional Employment: Where are They Now and Where are They Headed?"

381 Many commentators have addressed the increasing number of lawsuits filed by prisoners. *See* ALDISERT COMMITTEE REPORT, RECOMMENDED PROCEDURES FOR HANDLING PRISONERS RIGHTS CASES IN FEDERAL COURTS (Draft, 1977); ANNUAL REPORT OF THE DIRECTOR, ADMINISTRATIVE OFFICE OF THE U.S. COURTS 78 (1978); Turner, *When Prisoners Sue: A Study of Prisoner Section 1983 Suits in the Federal Courts*, 92 HARV. L. REV. 910 (1979). Little research



has been done, however, comparing male and female prisoners' filing of lawsuits, and the use of prison grievance mechanisms. Cf. G. ALPERT, *LEGAL RIGHTS OF PRISONERS: AN ANALYSIS OF LEGAL AID* (1978) (describing two studies of male inmates' attitudes towards inmate legal assistance programs). See also Nagel and Weitzman, *Women as Litigants*, 23 *HAST. L.J.* 171 (1971) (analyzing attitudes towards women in criminal, personal injury, and divorce cases).

Nevertheless, anecdotes on the comparative passivity of women inmates abound. When visiting women's institutions, it is difficult to find the "writ writers" and "jail house lawyers" who have become common features of men's prisons. When we visited institutions for women and requested to meet with inmates actively involved in litigation concerning conditions of confinement, only a few women were mentioned as falling within that description. A review of the log of the law library at F.C.I. Alderson demonstrated that, of some 350 inmates, only fourteen individuals had visited the law library a total of twenty-one times in a period of approximately five months. (Visit of Apr. 1979.)

Similarly, while there is a relatively adequate law library, and the inmates have organized an Inmate Legal Assistance Program, at the Correctional Institution for Women in Clinton, New Jersey, fewer than 300 visits were recorded as having been made to the law library by the 250 inmates during the 1978 year. In contrast, more than 5,800 passes were issued at Trenton State Prison, one of the five New Jersey facilities for men, to permit that number of visits to its law library by the 1,000 inmates incarcerated there. While sex may not be the only explanation for the difference, these figures indicate that men visited the law library at almost six times the rate that the women visited.

Of course, some cases involving incarcerated women have been filed. In addition to the cases cited throughout this article, see *Quinlan v. Estelle*, Civil No. 78-2117 (S.D. Tex. 1978) (sex discrimination suit on behalf of women housed in Texas prisons). See also *Forts v. Ward*, 566 F.2d 849 (2d Cir. 1977) (challenge by women to presence of male correctional officers in the women's housing units).

There are many factors that contribute to the absence of litigious women. Virtually no women inmates, prior to incarceration, had been trained as lawyers, paralegals, or in other professions. Because there is a small number of women's institutions, women are transferred much less frequently than are men, and thus an important mechanism for sharing information is lost. Institutions for women are often in remote places, making access to both lawyers and courts more difficult. See note 22 *supra*. The one legal services program to provide assistance to the institution at Alderson is that sponsored by the Washington and Lee Law School—in Roanoke, Virginia, more than eighty miles from the prison.

Access to legal services and education about legal rights are important issues for incarcerated women. Attention to and research about both topics are needed.

## Appendix 2--General Accounting Office

- A. GAO, Staff Study, "Female Offenders: Who Are They, and What Are the Problems Confronting Them?" (GGD-79-73) Aug. 23, 1979.
- B. GAO, Comptroller General, Report to the Congress of the United States, "Women in Prison: Inequitable Treatment Requires Action," (GGD-81-6) Dec. 10, 1980.

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STUDY BY THE STAFF OF THE U.S.

# General Accounting Office

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Female Offenders: Who Are They  
And What Are The Problems  
Confronting Them?



GGD-79-73  
AUGUST 23, 1979

## FOREWORD

Much has been written and many studies have been made of selected aspects of the criminal justice system and its ability to deal with and provide needed assistance to offenders. The work that has been done, however, has dealt primarily with the male offender population, which is probably due to the greater numbers of male offenders and the more violent nature of their crimes. As a result, the female, to a great extent, has been forgotten and her problems largely ignored by criminologists, lawyers, penologists, social scientists, and criminal justice programmers. Given this lack of attention and indications that female crime is increasing, we have completed a study of what is happening to the female offender in the criminal justice system.

This study represents the first effort of the General Accounting Office to gather information dealing strictly with the female offender's involvement in the criminal justice system. This effort was undertaken so that we could better understand the system relative to the female offender before addressing specific aspects where we feel improvements could be made.

Our work involved research of published materials, including studies made by a number of agencies, groups, and individuals knowledgeable about the subject, many of which are listed in appendix II. To get a closer view of the system we visited several local jails, two State female prisons, and two Federal institutions. We also made visits to community agencies which provide services and programs for ex-offenders.

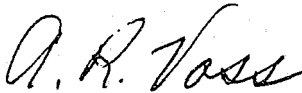
We interviewed inmates and corrections officials in an attempt to better understand the needs and problems of the female offender. We contacted many individuals who were either directly involved in research or who represented agencies that had an interest in the female offender. We also discussed the female offender with law enforcement officials, judges, probation and parole officers, and government agencies involved in assisting offenders when released from institutions.

Our efforts to understand the criminal justice system and its ability to deal with the female offender have surfaced issues which seem to have an adverse impact on the female. Among the needs that emerged during our study were:

--Adopted policy on purpose of corrections--habilitation or punishment.

- Specific, accurate, and comprehensive data on the female offender to serve as a basis for making policy decisions.
- Alternatives to incarceration and probation which will permit a more diversified and individualized approach to corrections.
- Adequate funding to provide needed services and programs which will offer opportunities for positive behavioral change.
- Diversified and relevant education and training programs in the institution which will prepare the inmate for transition back to society.
- An effective link from the institution back to society that will provide meaningful employment or training and other services necessary for an individual to make a successful transition.

Although these issues apply to the larger population of male offenders, as shown in prior reports, the female seems to be affected to a greater degree. For this reason and because the smaller population of females offers a better opportunity to try new concepts and approaches, this study is limited to a discussion of the female offender, the crimes committed, the criminal justice process, the habilitative services offered inmates, and issues which warrant the attention of criminal justice officials. We plan to follow this study with additional work which will address specific issues affecting female offenders.



Allen R. Voss  
Director

C o n t e n t s

		<u>Page</u>
FOREWORD		i
CHAPTER		
1	THE FEMALE OFFENDER: A PROFILE	1
	Data base to the composite	
	profile	5
	Who, then, is the female offender?	7
	What are the crimes?	17
2	PRETRIAL CONFINEMENT AND SENTENCING	21
	Pretrial detention	21
	Sentencing factors	25
	Sentencing: Old practices and	
	new approaches	27
3	CONFINEMENT	31
	Physical plant	31
	Staffing	38
	Services	40
	Programs	45
	Possible solutions	49
4	RELEASE	56
	Prerelease programs	57
	Parole	58
	Residential community-based	
	correctional facilities	59
	Nonresidential programs	64
	Transition programs	65
5	FEMALE OFFENDERS: THE ISSUES AND NEEDS	67
	Lack of interest	67
	The lack of an organized,	
	coordinated approach	67
	The lack of adequate, specific	
	funding	68
APPENDIX		
I	Demographic data, tables 1 to 10	69
II	List of selected studies and reports	
	dealing with the female offender	80

CHAPTER 1THE FEMALE OFFENDER: A PROFILE

The female offenders we interviewed were unique individuals in many ways, yet they shared certain characteristics. To capture the salient characteristics of the female offender, we have developed composite profiles of two hypothetical individuals, Terry Kendrick and Linda Lane. Quoted material attributed to these individuals is language recorded during interviews with inmates. The remaining part of the chapter discusses in more detail the results of experts' research efforts and statistics related to females and crime. We also discuss some of the circumstances which may have led to the criminal acts.

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Terry Kendrick is a 20-year-old black woman with three children, a seventh-grade education, no job skills, and a drug habit. Until her arrest for mail theft she had lived on welfare, supplemented by her addict-husband's sporadic earnings and "whatever I could steal to feed my kids."

Ms. Kendrick had held high expectations when she entered prison. When the judge sentenced her to 18 months at a Federal penitentiary, he told her that there she would get the drug and social rehabilitation she needed and wanted. On a methadone program at the time, Ms. Kendrick had expected to continue the treatment in prison.

However, when she got to the penitentiary no methadone program existed, and she spent 2 weeks "cold turkey." Finally, badly frightened and unable to endure withdrawal any longer, she drank some hair spray to get "high." This violation earned her a transfer to another prison, but Ms. Kendrick still received no drug therapy or any other rehabilitation. Caseworkers and counselors seemed too busy or unconcerned to help her, and the prison offered no training that she felt would lead to an economically viable job.

Ms. Kendrick is now bitter and disappointed. "The judge lied to me," she says. "I thought everything was going to be all right, but it's not. Instead, I'm getting into deeper trouble."

Her future offers bleak hope at best. With no job skills, Ms. Kendrick sees little use in entering a halfway house and no chance of supporting herself.

A man is sending her money right now, "but soon he'll get funny with his money and stop sending it." Though she would prefer to be independent when she's released, Ms. Kendrick and her children will have to rely on someone else for support, so she plans to marry a 60-year-old man who owns two cabs. She sees no other choice.

Linda Lane also plans to marry for security when she gets parole. She met her fiance through a friend while serving part of her 23-year sentence for murder at the State prison. Incarcerated for the last 5 years, Ms. Lane does not feel ready for the outside world. Though she will accept parole, "I do not want to be set free, because I need a lot of supervision."

A white woman in her late 20s, Ms. Lane has led a troubled life. Both parents were alcoholic and abused her frequently; when the family split up, she raised herself. Ms. Lane quit school in the eighth grade and, except for a stint at go-go dancing, has never worked steadily.

Her marriage at age 18 lasted no longer than one of her jobs; her husband's family has kept their son. In the rootless period that followed her divorce, Ms. Lane bore a second son; he has adjusted well to foster parents during her prison term, and she fears that now he will not want to live with her when she is released. At the time of her arrest, Ms. Lane was "just living around" with a cycle gang-- "Mainly," she says, "because I had no other place to go."

Her days are long and empty in prison, no real drug program exists, though she needs one, and her only recreation is watching a few inmates play basketball or dance with each other. Job training is limited to a few traditionally oriented courses such as cosmetology, which Ms. Lane is taking, though she does not expect to use it. She would rather see more programs in higher paying fields, like nurse's aide and carpentry.

However, coming to the State prison may be the best thing that has happened to her. "I've grown up here," she states. "I know I need help." But prison is safe, secure, and comfortable compared to freedom out there. "When I was on the street, I didn't know where my next meal was coming from. Here I'm taken care of."



These women are not unique individuals; they are two of an estimated 15,000 women incarcerated across the United States and part of the unknown numbers of female offenders who come in contact yearly with the criminal justice system. Are Ms. Kendrick and Lane typical of the women who break the law?

Today, many see the contemporary female offender as an aggressive operator, committing many more felonies than formerly, and engaging in more violent, "masculine" crimes. This view has been greatly reinforced by the news and entertainment media, as well as by several recent books. <sup>1/</sup> However, it has been nearly impossible to verify or disprove conclusively this popular concept of the female offender because, until recently, very little reliable data on her existed.

In 1972, the District of Columbia Commission on the Status of Women was moved to state:

"The paucity of data on the female offender is only slightly less disturbing than the lack of concern. Neither the criminal justice system nor the public even knows who the female offender is, much less what her needs and problems are."

Experts in the field have attributed this indifference to society's former preoccupation with the more numerous and dangerous male criminal. "Women's problems" of any sort have been widely ignored for years, and female offenders were seen as "erring and misguided creatures who need protection and help rather than as dangerous criminals from whom \* \* \* society should be protected"--who, therefore, warranted no special attention. Now, due to the woman's liberation movement, the growing public concern over the prevalence of crime in America, and the apparent increase in female violence, researchers have finally begun to study the female offender. The picture emerging from these studies fits many of society's traditional conceptions about women offenders but offers a few surprises, too.

Of the Nation's total female offenders, most come from racial or ethnic minorities: black, Hispanic, Amerind. They

<sup>1/</sup>Laurel L. Rans, "Women's Crime: Much Ado About ...?" Federal Probation (May 1978), p. 46; and Laura Crites, "Women Offenders: Myth vs. Reality," in The Female Offender, ed. Laura Crites (Lexington, Mass.: Lexington Books, 1976), pp. 35 and 36.

are, for the most part, younger than the general population--under 30--and less educated. Many have had a troubled or abused childhood, and only a small percentage have intact, functioning marriages or similar stable relationships. Their mental and physical health is much worse than that of the average American woman; involvement with alcohol or drugs is common, and personal hygiene is often rudimentary. Slightly over half of these women have children--usually more than one--dependent solely upon them, and they are poor. The majority have received some form of welfare, frequently Aid to Families with Dependent Children. For many, welfare is their sole legal source of subsistence. Most of these women are caught in a web of dependency which they do not know how to break.

These female offenders are not as unskilled and diffident as experts have supposed--nor are they as negative about themselves or about work as has widely been assumed. Instead, these women generally exhibit self-respect and a willingness to work. 1/ Nearly half the female offenders have had vocational training; in addition, most have worked at some time in their lives, often just before their arrests, and those who work generally commit the same offenses as those who do not. Despite their nontraditional outlook, however, militant feminism seems absent from their world and thought. The majority still accept the traditional importance of motherhood and continuing reliance upon men as the primary provider.

Finally, contrary to popular and media perceptions, arrest statistics show that women are not turning to violent crimes. 2/ In 1967, adult women 3/ had accounted for 10 percent of all arrests for violent offenses; in 1976 4/ this figure had crept up to 10.6 percent, which is hardly a dramatic increase. By comparison, arrests of men for violent offenses were more than 8 times greater in both 1967 and 1976. (See fig. 1-1.)

1/ Ruth M. Glick and Virginia V. Neto, National Study of Women's Correctional Programs (Washington, D.C.: U.S. Department of Justice, 1977), pp. 163, 172, 191.

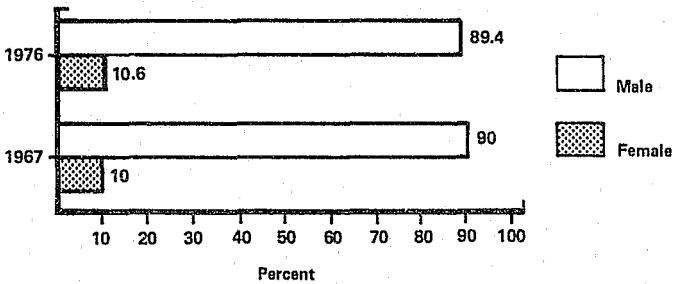
2/ Rans, pp. 45, 46; and Crites, p. 35.

3/ Throughout this study, data on women and men will be limited to discussion of adult offenders.

4/ Throughout this report we use 1976 Uniform Crime Report data because 1977 statistics were not available when the report was drafted. A subsequent review of 1977 statistics shows only minor changes in female arrest data.

FIGURE 1-1

**ARRESTS FOR VIOLENT OFFENSES: FEMALE AND  
MALE RATES IN 1967 AND 1976 (note a)**



a/ See tables 2A & B of appendix I for greater detail.

Among women themselves, in 1976 only 3.3 percent of all their arrests were on charges of violent crime. (See table 1 of app. I.) Moreover, though the number of female arrests has risen over 60 percent in the last 10 years, they still represent less than 15 percent of all adult arrests. (See table 2 of app. I.) This 60 percent increase is due mostly to a rise in drug and property offenses, rather than violent or "masculine" crimes.

In summary, the female offender includes the myriad kinds of individuals found in the rest of society, but the typical female offender bears strong resemblance to Terry Kendrick and Linda Lane.

DATA BASE TO THE COMPOSITE PROFILE

"Offender means any adult or juvenile who is confined in any type of correctional institution and also includes any individual \* \* \* assigned

to a community based facility or subject to pretrial, probationary, or parole or other stages of the judicial, correctional or probationary process where Manpower training and services may be beneficial."

--The Comprehensive Employment and Training Act of 1973

Until recently the female offender has been a shadowy figure, the subject of few comprehensive sociological studies or standardized criminological reporting. The major source of data on women offenders has been and continues to be the Federal Bureau of Investigation's Uniform Crime Reports. These reports provide arrest figures yearly on the number of women arrested for various types of crime. Though the information is fairly uniform and continuous, it is imprecise and can easily mislead the reader searching for a profile of the female offender. The Uniform Crime Reports record arrests--not crimes, convictions, acquittals, or dropped charges--so the female arrestee is often considered the female criminal. Further, Uniform Crime Report data are affected by several factors.

--The number of agencies which report their data to the Federal Bureau of Investigation varies from year to year.

--Certain crimes are underreported, and police discretionary powers affect arrest rates.

--Arrest rates are not adjusted for changes in classification of property crimes (misdemeanor to felony) due to inflation.

At the most, therefore, the Uniform Crime Report approximates the number of arrests of women, with some (unmeasured) qualifications.

In the last decade, researchers have begun intensive studies and surveys of the female offender to provide useful empirical data consistently gathered and reported. Their work has augmented the sketchy figures of the Uniform Crime Report. Dr. Ruth Glick and Virginia Neto, in particular, have completed an extensive survey of women in the prisons and jails of 14 States. Their work has yielded a definite image about the typical female offender.

However, much work remains to be done on the female offender between arrest and confinement. Women not confined after arrest represent the majority of the female offenders,

yet information about them is still meager, especially when compared to that of the arrestee and the inmate. We could find no comprehensive studies of these women. For the present, therefore, any effort to picture the female offender must be derived from the Uniform Crime Reports and such studies as Glick and Neto's, with the recognition that the final portrait may change somewhat when data on nonconfined offenders becomes available.

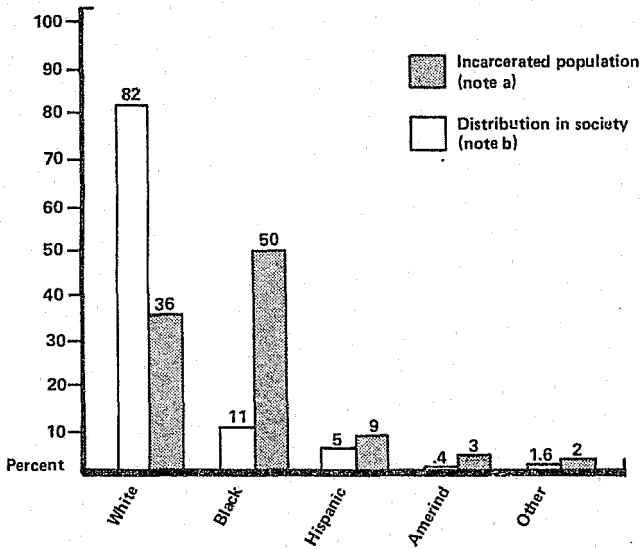
#### WHO, THEN, IS THE FEMALE OFFENDER?

As Joseph Horn and others have noted, the term "criminal" covers a greater variety of human behavior than perhaps any other description. Female offenders include rich, violent, highly educated, and professional women. They are habitual offenders and first timers--from ages 17 to 70, stable marriages and serial relationships, and broken homes and privileged backgrounds. They include lesbians, grandmothers, political activists, psychotics, teachers, and housewives. However, the majority of female offenders surveyed by researchers share particular characteristics which, taken together, make up a composite portrait of the woman offender.

#### Age and race

Studies have found female offenders to be young; most are 18 to 29 years old, (see table 3 of app. I) with a median age of 24 for unsentenced women and misdemeanants and 27 for felons. The majority of these women are from minorities; though only 10 percent of the population in selected States included in the study by Ruth M. Glick is black, a disproportionate amount--50 percent--of female inmates in some States were black. (See fig. 1-2) Indians also seem to be overrepresented.

FIGURE 1-2

ETHNIC/RACIAL DISTRIBUTION OF WOMEN  
INCARCERATED AND IN SOCIETY

a/Glick and Neto, p.104

b/1976 Statistical Abstracts, pp. 31&34.

### Education

Crimes are committed by women from all educational levels; criminals holding postgraduate degrees share courtrooms and cells with illiterate grade-school dropouts. However, as a rule, female offenders are poorly educated; both their functional knowledge and their formal education fall below national averages. (See table 4 of app. I.) Female offenders usually lack a high school diploma: 45 percent have dropped out of high school, and another 14 percent have attended only the elementary grades. Glick and Neto found that, except for those from New York and California, the older offender is most likely to have dropped out before high school. White and Indian women have the most formal education, while Hispanics are the least educated.

### Childhood

Female offenders encompass all social classes and family circumstances, but many of these women come from deprived or abused backgrounds. About a third report being poor as children, and at least one-third come from families entirely dependent on welfare. Only half seem to have come from a two-parent family, and many have had at least one parent who abused alcohol or drugs. In addition, evidence indicates that a significant number of all female offenders were victims as children of habitual physical or sexual abuse, including incest. Their childhood families also exhibit a greater than normal incidence of emotional instability and mental retardation.

### Health

With such distressing backgrounds, it is not surprising that female offenders have poor mental and physical health. Estimates show that perhaps as many as one-fourth of all female inmates have spent some time in mental hospitals, and the number of unstable women who pass undiagnosed through the criminal justice system could up these figures considerably. A sizeable number of female offenders--60 percent by one estimate, 50 percent by another--are substance abusers, and about one out of every four has emotional problems (psychosomatic illnesses, anxiety, depression) serious enough to affect her health and functioning as an adult. Moreover, Margery Velimesis, from the President's Commission on Mental Health, estimates that 20 to 30 percent have attempted suicide at least once. <sup>1/</sup>

Physical health among female offenders is generally poor; most suffer the obvious effects of substance abuse, anxiety, and inadequate hygiene. Gynecological complaints are common. The most frequent chronic diseases reported were diabetes, hypertension and drug addiction or alcoholism.

### Criminal history

This background of poverty, illness, deprivation, and childhood abuse also includes an early familiarity with crime and the courts. At least 50 percent (see table 5 of app. I)

<sup>1/</sup>Margery Velimesis, "Women Offenders" a Report to the President's Commission on Mental Health, Task Panel on Special Population, Washington, D.C.; December 1977, p. 2; and "The Mistreating of Female Offenders," p. 2. [draft].

of the women in Glick and Neto's study have had other family members who were incarcerated, and 66 percent also had friends who had been imprisoned or jailed. The study shows that one-third of the women offenders themselves have served juvenile detention, usually for status offenses (such as truancy, running away, and incorrigibility), and another 49 percent had been arrested for the first time between 18 and 24 years old.

#### Heterosexual relationships

As might be expected, the formidable pressures of her background, environment, and personal experiences overwhelm the female offender's attempts to maintain stable personal relationships. A conventional or common-law marriage would provide the woman offender with a measure of social and economic security and emotional stability, but only 1 out of every 10 manages to keep such a relationship intact. Nearly 60 percent of the inmates in Glick and Neto's study had married at least once (see table 6 of app. I), but at the time of their incarceration only 10 percent had actually been living with their husbands. About 9 percent have had only one marriage; most of the rest either engage in a series of short-lived liaisons or remain uninvolved. Whites and Indians most often turn to serial relationships, while Blacks most often stay unattached.

#### Children

The female offender may not have a man with her all the time, but she does have a family ever-present. About 56 percent of all female offenders are the sole support of their children. A third of these have one minor child at home, 20 percent have two children, and another 23 percent have three or more (see table 7 of app. I)--an average of 2.5 children, which is above the national average of 2.2. Those women with five or more children to support are overrepresented in drug, assault, and murder charges. However, if a woman has a previous record, her chances double that her children are not living with her. In such a case, if the offender must stay in jail or prison, other relatives take care of her children. In only 10 percent of these cases will the father assume care of the motherless family.

#### Economic status

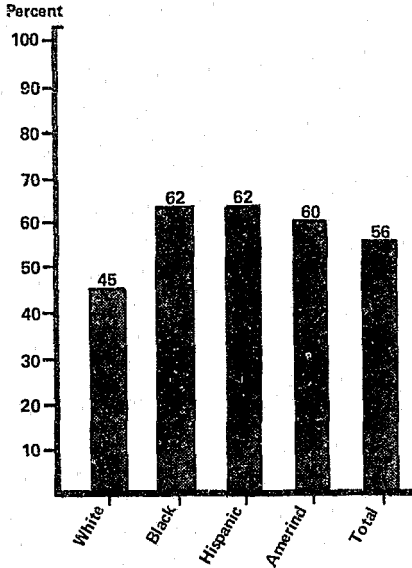
It would be unrealistic to suppose that the female offender--handicapped by her educational, ethnic, social, personal, and familial status--should be financially secure and independent. With these obstacles to viable employment, the woman offender is poor. Whether she works,



relies on a man, or depends on welfare, 1/ she has problems maintaining an existence above the poverty level.

FIGURE 1-3

WELFARE SUPPORT PRIOR TO INCARCERATION (note a)



a/Glick and Neto, p. 121.

Those offenders who worked made very little money. Ten years ago the Department of Labor, while surveying two Federal Institutions for female offenders, found that

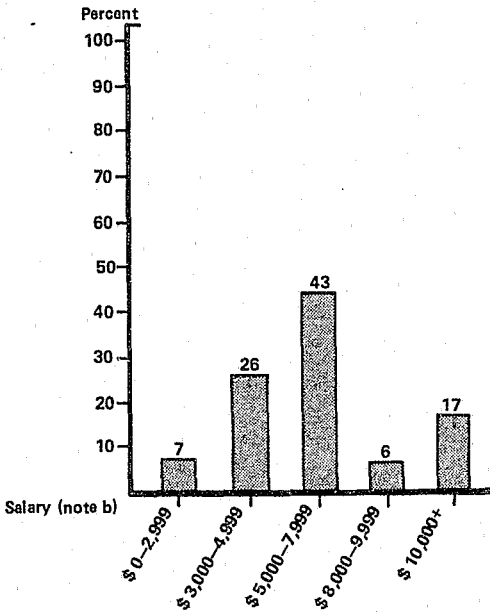
"\* \* \* one-third of the women who had worked prior to their arrest had earned less than \$60 per week, and half had earned less than \$70."

1/Glick and Neto, xviii, 122.

In essence, at least half of the inmates had made below \$3,600 a year. Since that time these women have made little if any economic progress. A Bureau of Prisons survey in 1977 shows that about 33 percent of its female prisoners who reported income had earned less than \$5,000 a year. (See fig 1-4.)

FIGURE 1-4

**SALARY OF FEDERAL FEMALE INMATES WORKING  
PRIOR TO INCARCERATION, 1976 (note a)**



a/Computed from data presented in Bureau of Prisons report entitled *Female Offenders in the Federal Prison System*, p. 8.

b/Percentages do not add to 100 due to rounding.

None of these figures compare favorably to the 1976 poverty level of \$5,815 (\$3,700 in 1969). Also, most of these women are mothers whose salaries grow even more pinched when babysitters must be paid. As Mary Ann Huckabay, a consultant with the Cleveland Foundation, points out, the female offender is caught in a classic double-bind:

"If she works, who can care for her children at a price she can afford?  
If she doesn't work, how will she and her children survive economically?"

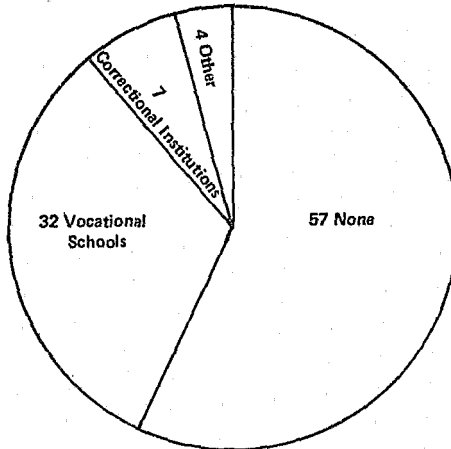
#### General dependency

Economic reliance on public funds is only one thread in the web of dependencies enveloping the female offender. As prison officials, social workers, rehabilitation agencies, and the women themselves will testify, female offenders generally lack coping skills. Their knowledge of such basics as housekeeping, birth control, nutrition, and budgeting are often scant and inadequate. Frequently these women do not know how to apply for--nor even know of--unemployment benefits or social, medical, and educational programs open to them. Instead of depending on themselves, these women have relied on their families, friends, acquaintances, a few familiar institutions--and crime. Even those who can obtain welfare or hold down a job have turned, in the end, to crime to meet their real and perceived needs. Crime lies either close to or at the center of their webs of dependency. Too few are independent and capable enough to recognize socially acceptable alternatives and turn to them.

#### Vocational training and employment

In Glick and Neto's study group, 43 percent, have received some job training before incarceration, most of it in vocational schools; only 7 percent have been trained in previous correctional institutions. (See fig. 1-5.)

FIGURE 1-5

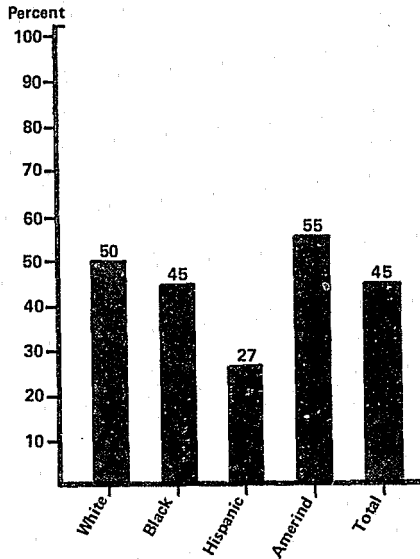
INCIDENCE OF VOCATIONAL TRAINING  
PRIOR TO INCARCERATION (note a)

a/Computed from Glick and Neto, p. 131.

However, the majority of their training concerns the traditional female occupations: clerical, cosmetology, nurse's aid, and paramed. Usually this training has led to jobs, although the women are often underemployed.

In fact, whether they are trained or not, nearly all female inmates seem to have worked at some time; almost half are working when they are arrested. (See fig. 1-6.)

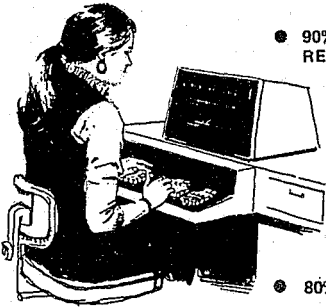
FIGURE 1-6

INCIDENCE OF EMPLOYMENT JUST PRIOR  
TO INCARCERATION (note a)

a/Compiled from Glick and Neto, p. 135.

A woman's marital status and number of children have no bearing on whether she works, but her education does. The higher her education, the more likely she is to work. The female offender with a high school diploma usually has the clerical position; without one, she is in blue-collar or service jobs. Still, in many of these occupations she does not make enough money to keep above the poverty level. (See table 8 of app. I.)

Yet the female offender wants to work, ideally at a job that will make her financially independent. The female offender believes that work is appropriate for a woman. The 1969 study of female prisoners by the Department of Labor found that:



● 90% OF THE WOMEN EXPECTED TO WORK AFTER RELEASE TO SUPPORT THEMSELVES AND OTHERS

● 85% WANTED MORE JOB TRAINING

● 80% WANTED MORE EDUCATIONAL OPPORTUNITIES

In 1972, the Women's Prison Association asked New York women inmates what assistance they would need most after release: "help getting jobs" was the overwhelming answer.

The female offender generally aspires to a higher status, white-collar job in a traditional occupation; however, she is ready to take on the higher paying male-dominated jobs in the blue-collar sector to meet her financial needs. For instance, a majority of women in Glick and Neto's study found such jobs as truck driver, carpenter, and car mechanic acceptable. In another survey, inmates requested training and listed welder, butcher, and barber among the jobs they sought.

#### Personal attitudes

The female offender's break with tradition concerning work is symptomatic of economic necessity, not of a more liberated attitude. In an era of aggressive feminism that cuts across socioeconomic borders, women offenders form a relatively conservative group. Despite their willingness to enter some male-dominated occupations, they are in favor of traditional sex roles.

Female offenders as a group believe that men should be the primary supporters of their families; women ideally should be housewives and depend upon their men. Having children is very important to these women, but they are oriented toward work also. This dual role naturally causes enormous inner conflicts, yet their self-esteem is nevertheless surprisingly high. Many female offenders believe they just "drifted" into crime by helping the men they depend on, but most feel they entered crime only because they saw no alternative means for sufficient support.

### WHAT ARE THE CRIMES?

The crimes women commit tend to support their claims of economic necessity and accessory participation, refuting the violent image of them held by many Americans. Only three percent of all female arrests concern violent crimes, and these are mostly "crimes of passion." Such crimes seem to be responses to intolerable situations and are seldom repeated by the offenders. <sup>1/</sup> Instead, the great bulk (66 percent) of women's offenses are "victimless" crimes (substance abuse and prostitution) and economic offenses against property. (See tables 2a and b of app. I.)

#### Drug offenses

Though narcotic-related offenses make up only 6 percent of all women's arrests in 1976, they account for 11 percent of the less serious crime. <sup>2/</sup> Glick and Neto found that 22 percent of female felons and 20 percent of the misdemeanants were convicted of drug offenses. Of the unsentenced women, 22 percent were charged with drug offenses. Moreover, if California figures are nationally representative, up to one-half of all adult female convictions may be for drug violations.

Too little study has been done on the female drug offender to permit more than a tentative description. She can be of any age and any racial/ethnic group. For White and Indian offenders, drug violations seem to be one of the two most common crimes; for Hispanic women, it is by far their major crime. (See table 10 of app. I.) Most violators are users, not pushers or organizers. Those women with five or more children or those who have one or a series of boyfriends are the most likely drug users and offenders, generally acting in accomplice roles rather than independently. Recidivism is very high.

<sup>1/</sup>Women's acts of manslaughter and homicide have generally been seen as arising from the frustration, subservience, and dependence of their traditional female roles. Their case histories have shown that, when their frustration and anger become intolerable, they kill the cause of their condition. When the cause is gone, so is their need to kill. See Rita J. Simon, The Contemporary Woman and Crime (Rockville, Md.: Health, Education, and Welfare, National Institute of Mental Health, 1975), p. 4.

<sup>2/</sup>Examples of less serious crimes are: prostitution, gambling, liquor law violations, and disorderly conduct.

### Alcohol offenses

As with drug offenders, few statistics are known about women who violate liquor laws and related statutes, though they constitute a sizable part of arrest totals. Unlike drugs, however, possession and use of alcohol by adults are not criminal--so abuse--although widespread among female offenders--is not reflected in liquor law violations. (In 1976, 11,487 women were arrested.) But the abuse becomes a parent when drunkenness (43,131 arrests) and driving under the influence (34,742) are added to liquor law totals. Together these three crimes account for 18 percent of all arrests and one-third of all lesser offenses.

### Prostitution

In 1976, about 32,000 women were arrested for prostitution and related sex offenses. This number represents 7 percent of the total arrests, and 12 percent of the less serious arrests, and an even larger percentage of lesser convictions. Prostitution occurs in all races and ethnic groups (see table 10 of app. I), though Blacks seem more vulnerable than others to arrest.

Studies have shown that most women enter prostitution for pressing economic reasons and see it as a viable alternative to scraping by on welfare or poverty-level wages. It also tends to be self-reinforcing. Once the woman has a prostitution conviction on her record, she finds it difficult to get a job. In addition, bail demands are often so high that the prostitute must get money from her pimp to get her freedom. Consequently, recidivism is high.

The woman incarcerated for prostitution often suffers more serious consequences than a record. She generally acquires other criminal skills during her confinement. Though most prostitutes spend little time in prison, they spend a lot in jail. Over 30 percent of the inmates in most women's jails are convicted prostitutes, and they serve longer sentences than other misdemeanants. For these women, long jail terms become schools for crime; 7 out of every 10 women imprisoned for felonies were first arrested for prostitution. <sup>1/</sup> Clearly, the prostitute is particularly vulnerable to continually being recycled through the criminal justice system and remaining a habitual female offender.

<sup>1/</sup>Marilyn G. Haft, "Hustling for Rights," in The Female Offender, ed. Laura Crites (Lexington, Mass.: Lexington Books, 1976), pp. 213-214.



### Property crimes

The most widespread of female offenses are property crimes. In 1976, property crimes alone accounted for 25 percent of all women arrested, and related crimes--forgery, fraud, embezzlement, and stolen property--added another 9 percent (See table 1 of app I.) Among the major and serious crimes, property and related offenses make up 78 percent of all female arrests. Glick and Neto found that conviction rates closely follow these arrest rates.

These are obviously the "crimes of choice" among women, starkly contrasting with the much more even distribution of male crimes. Nearly 25 percent of all arrested women are apprehended for larceny, as compared to only 8 percent of all men arrested. (See table 9 of app. I.) Fraud accounts for 6 percent of female arrests, 2 percent of male arrests. Moreover, while women make up only 11 percent of arrests for violent crimes, they account for 38 percent of arrests for fraud, 36 percent for embezzlement, and 35 percent for larceny. (See table 2 of app. I.)

All races, ages, and types of women commit property offenses--mostly shoplifting (larceny), passing bad or forged checks, and defrauding welfare programs. Among the property crime offenders, a few characteristic trends exist. For instance, larceny is most common among women under 26 and those women with boyfriends; more black women commit larceny than any other property crime. On the other hand, forgery and fraud, besides drugs, are the most common of crimes among white and Indian women. (See table 10 of app. I.) Forgery, a white-collar crime, is also a favorite of women with only one marriage, a better education, and with clerical, professional, or skilled occupations. It cannot be emphasized too strongly, however, that the female property offender comes from all ethnic, racial, educational, economic, and social groups. She represents a cross-section of the Nation's women.

From 1953 to 1976, arrests for property crimes by women, especially larceny, nearly tripled. This rapid rise is almost wholly responsible for the much-publicized increase in serious crimes by women, and it shows no signs of abating. If present trends do continue, by 1990, the rate of fraud committed by women will equal that of men; by 2010, forgery rates will be equal.

What is the cause for this bulge of crime? Well, clearly these property crimes have an economic object. They are a source of ready cash, and as such they meet the very real needs of the typical female offender, who is generally poor.

Numerous studies of these women have found a lack of money to be the motive for their crimes, and the disparity between the increase in female property crimes and the stability of violent crimes supports this economic motive. Joseph Weis, 1/ in particular, believes that female property crimes have risen because the economic pressures on women have increased (as a result of a depressed economy and unemployment). Such pressures are most certainly felt by the female offender, and since she has little chance to earn a livable wage, she returns to property crimes more often than any other offense.

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1/As quoted in Rans, p. 47. Mr. Weis is the author of several articles on criminality.

## CHAPTER 2

### PRETRIAL CONFINEMENT AND SENTENCING

When a female suspect is apprehended, she travels along a series of steps in the path of the criminal justice system: (1) arrest and booking, (2) pretrial confinement, (3) trial, (4) acquittal or sentencing and incarceration, and (5) parole or release. At nearly every step she is in a situation beyond her control; and at the end of the path she sees nothing ahead but the same road she just traveled. However, at many of the steps along the way she may be offered alternatives that can lead to new highways, new horizons for her.

#### PRETRIAL DETENTION

Several alternatives to arrest and booking already exist and are gaining wider acceptance; through diversionary programs, arrestees can often erase charges against them by overcoming such problems as the addiction or unemployment that led to their crimes. However, those women considered dangerous, unlikely to appear in court, or from other States are confined in local jails to await and stand trial.

#### The problem

Since many jails are poorly planned, funded, and staffed to hold women, <sup>1</sup>/ pretrial detention often becomes a physical and psychological punishment for women not yet convicted of any crime. Many of these women will be found not guilty or released on probation.

Most jails have not been designed or funded to hold female offenders, much less female detainees, so facilities are generally inadequate. In our visits to city jails, we observed that detainees often share cells with convicted offenders under the same conditions, regulations, and privations. (Jail conditions and inadequacies are discussed in ch. 3.) Frequently the detainee's pretrial status is a lot worse than that of her sentenced roommate. Because she has not been convicted, she is denied access to the few inmate programs or resources the jail may offer, so most of her time is spent in idleness. Shorn of any resource or distraction,

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<sup>1</sup>/Patsy Sims, "Women in Southern Jails", in The Female Offender, ed. Laura Crites (Lexington, Mass.: Lexington Books, 1976), pp. 138, 145; and Isabel Beiser, "Conditions Facing Women in Maine County Jails," a report to the Main Civil Liberties Union, March, 1978, p. 19.

she is left prey to anxieties about such things as her trial, her children, or her job. Her addiction or emotional problems are left untreated.

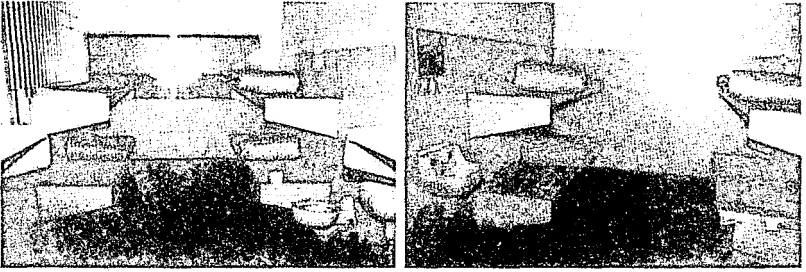
For example, one detention center we visited offered only the barest of physical necessities. It consisted of a large "cage" or holding area that doubled as a day room, a series of regular cells, and two isolation cells for solitary confinement. (See photographs on p. 23.)

The women spend most of each day, including meals, in the cage, which can hold 20 to 30 inmates. Furnishings consisted of a few benches and tables with no television, radio, books, magazines, games, or hobbies for the inmates to pass the time. Nor did the jail have any programs for these women. There is nothing for them to do all day.

Each cell where the women sleep holds six to eight inmates. In full view of cellmates and adjoining cells each cell has a single washbasin and toilet stand. Bunks are bare mattresses, without sheets or pillowcases; blankets are issued each night and collected every morning.

The isolation cells for violent detainees and those undergoing drug withdrawal contain only a bunk and a hole in the floor to serve as a toilet with no toilet paper, no sink, or light.

On the average, a woman stays in this detention center for 8 days. However, if she is fighting or awaiting extradition, she may remain 60 to 100 days without diversion or relief. The National Advisory Commission states that persons in custody have a right to healthful surroundings.



ONLY THE BAREST OF PHYSICAL NECESSITIES ARE PROVIDED.

### Recommended standards and goals

The National Advisory Commission on Criminal Justice Standards and Goals has stated that persons awaiting trial should be presumed innocent, but persons awaiting trial in most jurisdictions are considered to be in the same class as persons already convicted and sentenced. They are housed together in degrading and inhumane facilities and deprived of basic amenities. 1/ The Commission further stated:

" \* \* \* Detention before trial is based on the state's interest in assuring [why] the presence of the accused at trial. Where persons are already convicted of an offense, the state can with varying degrees of legitimacy argue that practices are motivated by concepts of punishment, retribution, deterrence, or rehabilitation. None of these rationales can be applied to justify treatment of a person not yet convicted of an offense." 2/

The Commission has outlined several measures to protect detainees' rights. Specifically, they should not be confined with convicted offenders, nor should they be placed in isolation "except in the most exceptional circumstances." They should be granted:

- Protection against physical abuse and inhumane treatment and living conditions.
- Protection against arbitrary administrative action.
- Substantial continuance of the rights of free speech and expression.
- Full access to courts and legal services.

Moreover, counseling, recreation, and various programs (educational, vocational, addiction) should be available voluntarily to the pretrial detainee. Not only would these services meet or begin to meet pressing needs, but they would

1/National Advisory Commission on Criminal Justice Standards and Goals, Corrections (Washington, D.C.: U.S. Department of Justice, 1973), p. 101. This source hereinafter is referred to as Corrections.

2/Corrections, p. 134.

also provide constructive use of the arrestee's time and improve her chances of release or probation. "What happens to an individual prior to trial may well affect [her] correctional improvement once convicted." 1/

### SENTENCING FACTORS

When a person is convicted, the law either dictates a specific sentence or permits the judge to choose from among several sentencing alternatives: probation, fines, incarceration, or a number of innovative programs. Requirements of the law and personal attitudes of criminal justice officials determine a woman's sentence.

#### Legal requirements

Laws concerning sentencing differ greatly among the Nation's many jurisdictions, but the various codes and statutes usually provide judges a range of fines and sentence lengths. In many courts, however, women are a special case. At the turn of the century, several State legislatures, believing that the nature of women justified a different manner of punishment and rehabilitation, passed special sentencing laws requiring correctional officials, rather than judges, to determine the length of a woman's sentence. Such indeterminate sentencing has frequently denied women equal protection, resulting in longer sentences being served than for males for the same crime. Many of these statutes have recently been revoked by State equal rights amendments or in response to court challenges.

#### Personal attitudes

The kind of thinking behind such indeterminate sentencing is still active in the criminal justice system. The discretionary power of judicial officials, which plays a critical role in all cases of the justice system, is determined in large part by officials' personal beliefs and attitudes toward defendants/convicts. The assumptions of individual officials concerning women too often result in differential treatment--some favorable, some not--of female offenders.

Many officials have paternalistic views toward women. A female offender may be released rather than punished or put in contact with habilitative programs, because her "place" is at home, keeping house for husband and child.

1/Corrections, pp. 136-137.

Judges are also more reluctant to send women to prison. They often believe that the female offender, though occasionally moved to a "crime of passion," seldom possesses the strong criminal tendencies of the male offender and is able to reform herself. These judges usually feel that only the truly violent or incorrigible women should undergo the entire criminal justice process and serve prison terms.

On the other hand, some officials believe crime is unnatural in women and so advocate harsher treatment for female over male offenders. A judge may sentence women to longer prison terms than a man not only as punishment for her statutory offense, but for transgressing the judge's expectations of womanly behavior.

In setting sentences, many judges depend on presentence reports for detailed information on a defendant's social, economic, and criminal background. These reports are usually prepared by a probation officer, who frequently includes a recommendation on sentencing to the judge. If the judge follows this recommendation or relies heavily on the presentencing report, the female offender's sentence can directly reflect the probation officer's attitude toward female roles.

Criminologists who have addressed female criminality most often have described the female offender as receiving more chivalrous treatment in the criminal justice system than her male counterparts. <sup>1/</sup> A few studies appear to support this notion. For example, a 1971 study by Nagel and Weitzman, using American Bar Foundation data, compared the treatment of male and female defendants. The women received favorable treatment with regard to being kept out of jail if convicted. They found unfavorable treatment of females with regard to not receiving a jury trial. Previous research has indicated that juries are less likely to convict a female. Currently, Rita Simon and Navin Sharma are studying the processing of defendants in the District of Columbia. Their conclusions which are still in draft show that:

--Prosecutors are less likely to pursue convictions of women charged with property and economic offenses than of men so charged.

<sup>1/</sup>Gail Armstrong, "Females under the Law--'Protected' but Unequal," Crime and Delinquency 23 (April 1977), pp. 109, 110; and Etta A. Anderson, "The 'Chivalrous' Treatment of the Female Offender in the Arms of the Criminal Justice System: A Review of the Literature," The Female Offender (1976), p. 350.



--Judges are less likely to dismiss the cases of women.

--Judges are more likely to convict women than men.

#### SENTENCING: OLD PRACTICES AND NEW APPROACHES

Once a person is convicted, a number of sentencing alternatives are available. In some cases, a sentence is dictated by law. In other cases, a judge may use discretion and choose from among several alternatives, such as

--probation,

--incarceration,

--required participation in community service programs, and

--fines and restitution.

#### Probation

Probation is the most frequent type of sentence handed down. For example, in California during 1977, about 11,300 females were convicted of criminal conduct: almost 4,500 received straight probation, and another 4,300 received probation after spending some time in jail. Probation is widely chosen because:

--It offers a better chance for habilitation and real change than incarceration.

--Its costs are much lower than those of incarceration.

--Offenders can earn money to pay court-assessed fines and restitution to victims. 1/

Probation is a conditional agreement between the court and the offender which allows her sentence to be served in the community. Some States prescribe general conditions of probation, which include maintaining employment, reporting monthly to a probation officer, and staying out of trouble. The court may add special conditions, such as participating in a drug or alcohol program or completing vocational training. If the offender violates any of the conditions, the court can revoke her probation and send her to an institution.

1/"State and County Probation: Systems in Crisis" GGD-76-87 (Washington, D.C.: U.S. General Accounting Office May 27, 1976), p. 8.

Some States do not systematically classify new probationers according to the amount of supervision and case-work service each needs. Such a practice would help apportion probation resources more effectively. A previous GAO report 1/ recommended using prediction models to identify offenders suited to minimum parole supervision. Probation officers would thus have more time to spend with probationers needing close supervision and support.

### Incarceration

Both misdemeanants and felons may be sentenced to serve time in a correctional institution. Women from large metropolitan areas tend to be incarcerated in local jails. In rural counties, women serving more than a few months are likely to be sent to a larger county or to a State prison far from home. Federal offenders may be contracted out to a local jail or sentenced to a community treatment center, a Federal women's prison, or a cocrrectional facility. Our observations on the situation of women in jails and prisons are discussed in chapter 3.

### Alternatives

Many in the field of criminal justice advocate the development of alternatives to incarceration and probation for several reasons. Alternative sentences can offer a variety of programs by using the resources already existing in the community. Also, a person who remains in the community can maintain family relationships. Community programs, being smaller than prisons, can deal with each person's needs and problems individually. Community-based programs are often less costly than maintaining a person in prison, and, by operating in the real world outside the prison gates, they minimize the alienation that so frequently accompanies imprisonment.

Such alternatives appear especially appropriate for women, whose crimes are usually victimless or property offenses and who therefore do not need high-security environments. Women are rarely convicted of violent crimes, so they are a small threat to the community. Indeed, officials at female institutions told us that many of their prisoners would be better served by some sort of community program.

An alternative program to incarceration or probation is the community-based halfway house that serves many kinds of clients. (See the photograph on p. 30.) It assists women

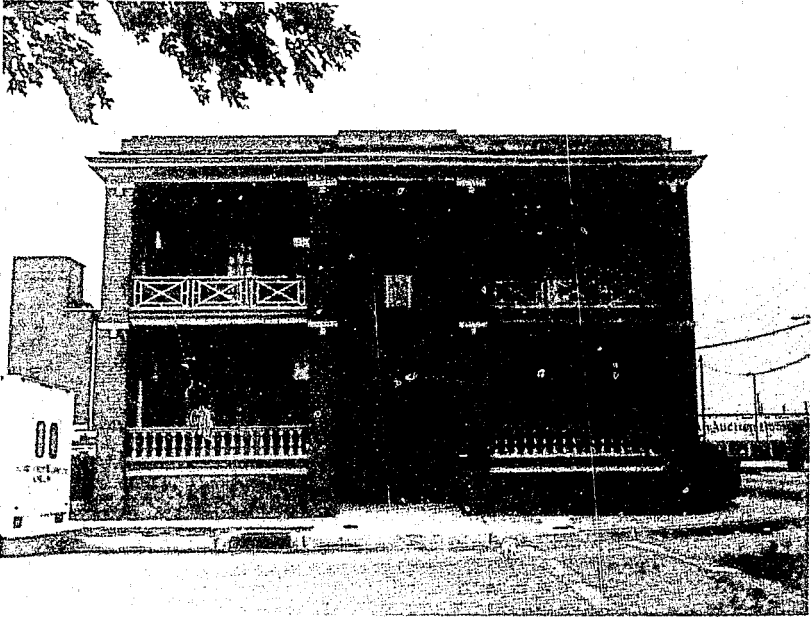
1/GGD 76-87, pp. 52, 53.

with drug or alcohol problems and those who must learn to cope with jobs and other societal demands. One such community program is Quest House in San Francisco. It accepts felons and misdemeanants referred by probation officers and the courts as an alternative to incarceration. Quest House assumes that circumstances have caused these women to commit crimes, so it focuses on teaching them basic coping skills (i.e., vocational skills, self-awareness, assertiveness, education, and such practical skills as budgeting). Participants live in the facility and work at jobs in the community. House staffers work closely with the women, using persuasion, support, and reassurance to assist them in succeeding within the system.

Another community program is the Women's Residential Center in San Jose, California. The offenders live in a county-owned apartment complex and participate in a work/study furlough program with peer-group meetings and individual counseling. The center does not provide direct services (other than housing and counseling) to program participants, but refers them to existing community agencies for any services they need.

The programs described above restrict an offender's involvement in the community to those activities considered rehabilitative. Such programs give the offender a chance to pay her debt to society and at the same time work, improve on learning new skills, and maintain family relationships.

Judges and other officials have expressed their support of community programs; they would like to see more such facilities and would sentence more women to alternative programs if they were available.



A COMMUNITY-BASED RESIDENTIAL PROGRAM IS AN ALTERNATIVE TO PROBATION OR INCARCERATION.

CHAPTER 3CONFINEMENT

The female offender sentenced to incarceration serves her time either in jail or prison. Jails are generally local facilities intended to house pretrial detainees, misdemeanants, and felons awaiting transfer. Women's prisons are penal establishments which hold felons serving various terms and are generally located in rural areas.

With few exceptions, neither type of correctional facility today does more than warehouse its female inmates; physical plant, staffing, services, and programs are needed to create an atmosphere promoting positive behavioral change, but those existing are sadly inadequate. This situation arises from the lack of money, planning, and direction afflicting most penal institutions. 1/

For the most part, inadequacies in jails and prisons differ only in degree, not in kind. A few problems are restricted to one type of institution, but most concern the physical facilities, staff, services, and programs provided to the female inmate in both penal systems.

PHYSICAL PLANT

Many jails were never planned to hold female offenders, so they are ill-equipped to deal with women in any way. Moreover, the small number of women offenders has continued to make their presence incidental to the planning and direction of local jails, despite the fact that their incarceration often exacerbates an already overcrowded situation. In many jails without regular female facilities, officials must clear a complete cell block of its male inmates to house one or two females, often for extended periods.

These facilities often deprive women of their privacy, self-respect, and safety, and according to two studies, may violate State regulations as well. (See the photograph on p. 34.) Many States now require the separation of male and female inmates, but frequently in local jails--especially rural ones--such separation does not occur. For example, a

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1/Corrections, pp. 10-14, 290, 364, 601.

Civil Liberties Union study of local jails found that in two counties access to the women's cell passed through the male section; no other way existed for a woman to get out, even in an emergency.

Separation of the sexes, when it does occur, is usually to the women's disadvantage. In small rural areas which jail few females in a year, the woman may be placed in virtual solitary confinement. In urban areas, women may be confined to their cell block and denied use of dining, recreation, and program areas to avoid fraternizing with the men. In one large county jail we visited, for example, the women's access to recreational facilities was limited, because these facilities were located in the men's unit. Guards had to lock up the men to make the recreation area available to the women. We surmised from conversations with inmates that this did not happen very often. A few State prisons housing both males and females share this problem and usually solve it in the same way--by denying women access to facilities and programs.

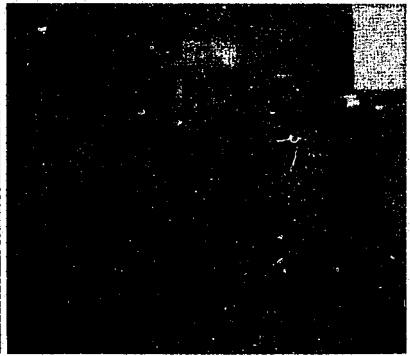
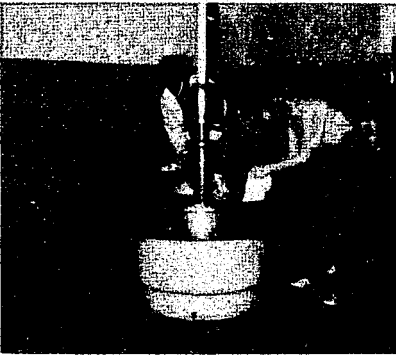
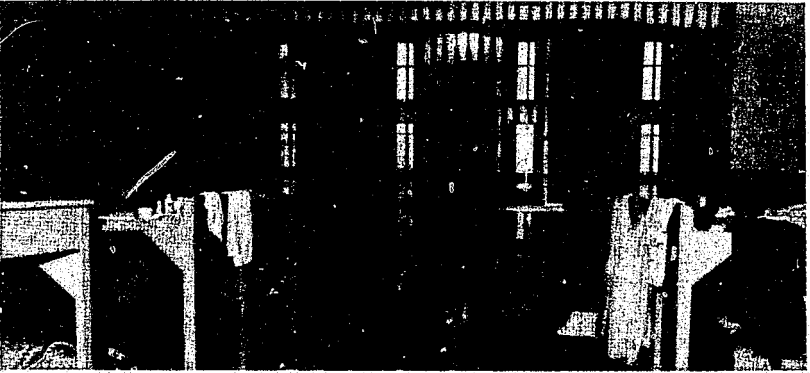
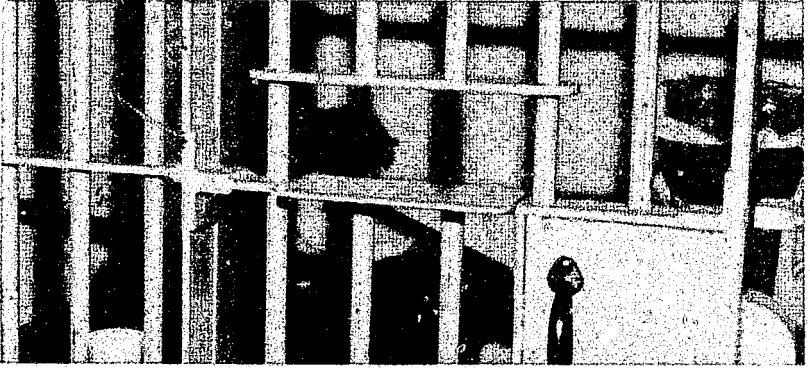
Limited housing for female inmates also means that they cannot be separated from each other. Jails house women of various ages and offense records, both pretrial and sentenced, together in the same cell block. Thus, while the jail may have a program for classifying inmates and accordingly assigning them to various sections of the jail, the program may affect only the male inmates. The prostitute jailed for her first time may learn all she needs to know about burglary or fraud from her more experienced cellmate.

Occasionally the female prisoner is in danger from her cellmate; acutely psychotic women are sometimes held with other inmates while awaiting commitment to a State mental hospital.

Penal structures have other flaws because of lack of separate facilities. Though women's prisons are generally attractive and well maintained, many jails are physically unsafe and unsanitary. In one major city, the fire marshal cited the women's facility for noncompliance with the fire code; there are no sprinklers, and the door to each cell must be opened manually and individually. In another city, female inmates are not issued clean pillows, sheets, and blankets when they enter the jail. Instead, they must use whatever previous inmates have left behind. Occasionally, unemptied slop jars must serve as toilets.

Most jails cannot adequately control the temperature or ventilation. Few jails are air-conditioned, and their small windows allow little, if any, cross-ventilation. Yet, the same buildings may be cold and drafty in winter.

Not many jails have facilities for outdoor exercise; prisons may have facilities but may lack equipment. At one State prison we visited, new tennis courts had been built, but no rackets or balls were available. Other institutions have no gymnasium, thereby limiting sports activities and indoor exercise in the winter months.



**THESE FACILITIES OFTEN DEPRIVE WOMEN OF THEIR PRIVACY, SELF- RESPECT, AND SAFETY.**



### Physical location

The location of the institution is often a serious problem for female offenders. In some instances, because local jails cannot physically cope with female inmates, they are sent to other, larger jails removed from the women's home area. Federal prisons nearly always separate people by great distances from their families and homes; the Federal Bureau of Prisons operates several institutions where women may serve time and two of these--at Alderson, West Virginia, and Pleasanton, California--are solely for women. Nearly every State has a women's prison, most of which are in insolated rural areas not easily accessible by public transportation. (See photographs on p. 37.)

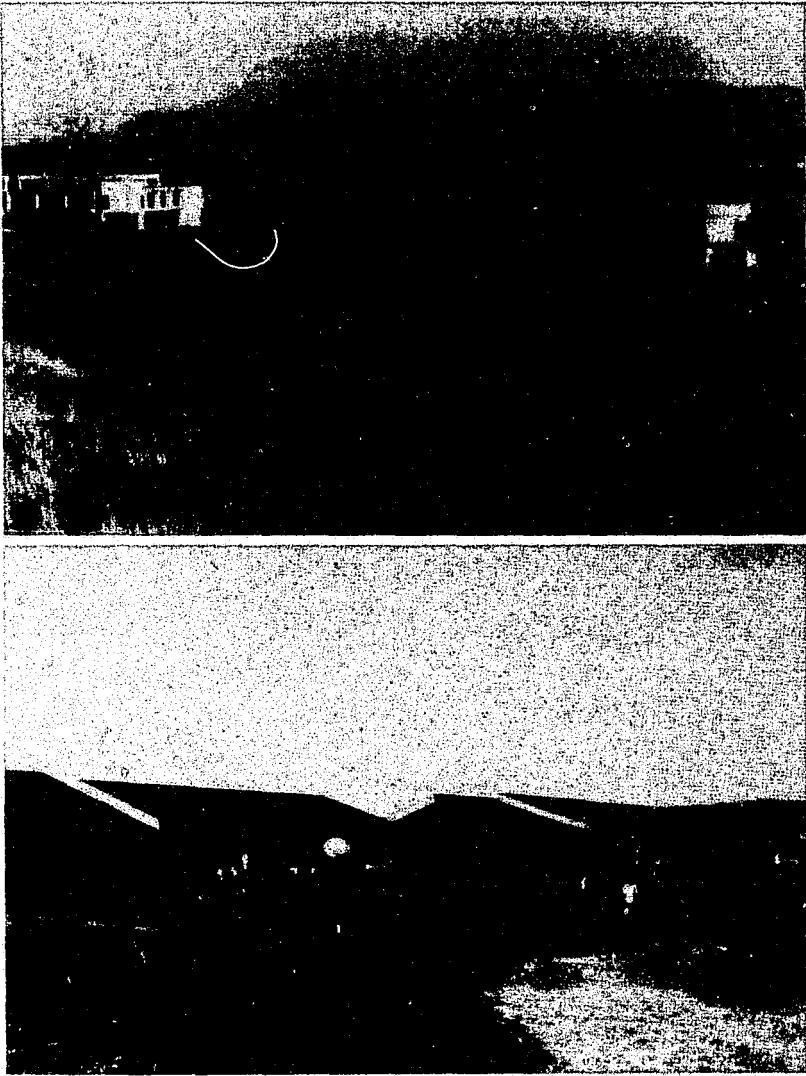
The remoteness reinforces the female offender's feelings of isolation and powerlessness in several ways:

- Although most incarcerated women are from urban areas, staffs are recruited largely from the rural area surrounding the prison. The resultant differences in staff and inmate backgrounds often make relating to each other difficult.
- The small communities surrounding rural women's institutions offer little opportunity for study or work release programs. Commuting distances to larger cities make such programs unfeasible.
- Volunteer programs in remote women's institutions are few, because volunteers are reluctant to travel so far.
- Distance and limited transportation services make family visits difficult. Separation from her children and her inability to assure herself that they are adequately cared for cause an incarcerated woman great anxiety and degrade her self-image.

The women locked up so far away from their homes are concerned about the loss of relationships with their families, particularly with infants and young children. Mothers worry that either their babies will not know them when they return home or that older children will not respect them anymore. Most of the inmates' children are cared for by relatives rather than foster parents, but the women still have a great many legal problems concerning custody, as well as divorce suits.

Since 1971, one State institution has tried to alleviate the separation problem by permitting frequent conjugal

visits. Refurbished house trailers on the grounds serve as private apartments where inmates can be with their visiting spouses and children. The institution has found this policy to be very workable and beneficial for inmates and their families. However, not all prisons permit such visits. Some prisons use furloughs in part as substitutes for conjugal visits, but these furloughs can be very restricted and infrequent. Such limited access can adversely affect her relations with her spouse and children.



PRISONS HOUSING WOMEN ARE FREQUENTLY LOCATED IN REMOTE PASTORAL SETTINGS THAT OFFER LITTLE OPPORTUNITY FOR STUDY OR WORK-RELEASE PROGRAMS.

## STAFFING

The amount of funds and planning affects not only the facilities but also the staff of a jail or prison. Inadequate staffing can deny the female offender her safety, basic services, and participation in programs.

Although States now require their correctional facilities to have matrons on duty when housing female offenders, many jails do not provide staff to deal with women inmates. In some instances these jails send their female inmates to neighboring facilities; thus a woman may await trial or serve her sentence many miles from her community and family.

Some smaller jails have no one on duty after 5:00 p.m.; many others hire "paper matrons": female dispatchers or sheriffs' wives who serve meals and perform other minor jobs but do not stand guard duty.

Other jails hire only the minimum number of matrons; strapped for funds and preoccupied with their far more numerous male inmates, jail officials feel they can justify only one matron per shift. Yet the single matron on duty is an ineffective guard. Many jails forbid a matron from entering any cellblock alone, so if a fight or a suicide attempt occurs, she must summon help and wait for it to arrive before she can intervene.

Staff shortages are often cited as the reason for many inmate complaints about jails and some prisons. Some examples are:

- Women cannot talk to their attorneys privately where there are not enough staff to supervise such arrangements.
- Female inmates cannot visit their personal physicians (a privilege often guaranteed by jail rules) because no matron is available as escort.
- Women are denied access to programs available to men because there is not enough staff (male and female) to supervise a mixed group of inmates.

## Attitudes

Many jail employees consider female inmates contemptible human beings--"fallen women"--to be degraded and exploited with impunity. Patsy Sims described her interviews with more than 50 women in Southern jails:

"\* \* \* inmate after inmate repeated virtually the same stories of what happened to them, or to the women in the next cell: the oral sex through bars; the constant intrusion of male trustees who slither in and out of the women's cells as unrestricted as the rats and roaches; the threats of 'you do, or else'; the promises of 'Girl, you got thirty days, we'll knock off ten if you take care of my friend here.'"

Nothing that we are aware of shows that most jails and prisons condone such outright physical abuse as Sims and others describe, but the dehumanizing attitude behind such abuse pervades our penal system. More subtle forms of degrading and humiliating treatment are widespread and just as damaging to the inmate's self-image and identity. When the inmates' family visits, she talks to them through a phone in a window; she is not allowed to touch them. Her clothing, except for a set of "court clothes," is taken away and replaced with an ill-fitting jail uniform and thongs--or often no shoes at all. Jail canteens frequently offer her only men's toilet articles.

Nothing we observed indicates widespread physical mistreatment. However, the basic posture toward female offenders still reflects a punishing attitude that many believe has insidious effects on the inmates.

This aspect of prisons is not always readily apparent. Women's prisons have frequently replaced the penitentiary style of building with the "cottage plan"--a series of separate dormitory-like buildings placed in pastoral settings. They look like college campuses, sometimes even dispensing with a fence around the grounds and give the appearance of enforcing only minimal security precautions. Such moderation, however, is illusory.

"One of the most serious and least understood problems of women's institutions today," writes Helen Gibson in the Wisconsin Law Review,

"is the psychological harm done to the inmates. Arguably all prisons are psychologically harmful, but the typical women's institution inflicts graver damage, in spite of its more attractive appearance. In fact, the outward attractiveness of the prison for women not only confuses the inmates, but works to deaden any impetus for changes."

While women are not subjected to the tiers of cells and iron bars, guns and guard towers, virtually every aspect of the female inmates' lives is controlled. Yet, no matter what the crime, women are subjected to rules originally designed to control only those few requiring maximum security. An inmate's freedom of movement and choice of daily activities are strictly limited; rules imposed by the prison staff guide the smallest details of her life. As a result, the inmate's opportunity--and therefore ability--to make adult choices are restricted. Yet, when she leaves prison she will have to resume responsibility and support herself and her children. Thus the institution is demanding dependence of women whose greatest need is to acquire independence.

Counselors tend to emphasize a woman's adjustment to the institution rather than to society. Little or no effort is made to identify and deal with the problems that led to her involvement with crime. Counselors' duties frequently relate to decisions about security classifications, work assignments, and such offender activities as family matters, visiting lists, and transfer of offender funds. Only coincidentally will counselors work with families or make appropriate contacts with outside agencies for women leaving prison.

Many of the inmates we talked to complained that staff members are insensitive to their needs and ignore their requests for help with personal problems. Some prison staff have told us that they see the prison's primary purpose as incarceration and punishment rather than rehabilitation. One official told us that the prison's success is measured in terms of numbers of escapes.

#### SERVICES

One penal official told us that being incarcerated is punishment enough; the institution's job, therefore, is to provide for the inmates' basic needs. He is in at least partial agreement with the National Advisory Commission on Criminal Justice Standards and Goals, which believes that adequate health care and appropriate rehabilitation programs are basic rights of offenders. Yet few such services are available to women in local jails or prisons.

### Medical care

Adequate health care in jails is rare, 1/ especially for women's specialized needs. A Pennsylvania study of jailed female offenders found a doctor's presence 12 hours a week for 100 women to be typical. Untrained matrons or paramedics determine who will see the doctor during his visits. Specialists from the community are often cited as "on call," but the decision to call those specialists, as with seeing the doctor, rests with an untrained person. Gynecological and obstetrical care are often unavailable.

Medical care in prisons is similarly poor, with inadequate staffing and facilities. 2/ Most prisons have small infirmaries of several beds, but very few have facilities for emergency care. Inmates are screened to decide who sees the doctor, and in many cases an inmate must sign up for sick call the day before if she is to get care. Little preventive medicine is practiced; with a shortage of staff, yearly physicals for the inmate population are impossible. Many women's prisons have no gynecologists.

Efforts to provide medical care in prisons are hampered by their isolated locations; the remoteness of prisons makes it difficult to recruit and retain well-qualified medical staff. A recent GAO report 3/ found nearly every prison system had problems attracting and keeping qualified health staff because of unsatisfactory salaries, facilities, job status, personal safety, and protection from potential malpractice suits.

The inmates we interviewed voiced many concerns about medical care in prison. Their major concerns were:

- Inaccessibility of the staff physician.
- Quality of the medical care received.
- Qualifications of medical staff.
- Excessive use of psychotropic drugs.
- Lack of emergency care.

1/A Federal Strategy Is Needed to Help Improve Medical and Dental Care in Prisons and Jails, GGD-78-96 (Washington, D.C.: U.S. General Accounting Office, 1978), p.6.

2/GGD-78-96, p. i.

3/GGD-78-96, pp. i,ii.

The general reaction of prisons' staffs to these complaints was that many inmates are chronic malingerers who use minor (though real) and imagined ailments to get out of work.

#### Mental health care

Some of the women we talked to in local jails and prisons expressed a need for psychiatric care. Many of these women are emotionally disturbed if not psychotic, and they have histories of psychiatric hospitalization. However, local jails rarely provide for this kind of service through the community.

A link may exist with the local mental health clinic, but female inmates presently do not receive appropriate psychiatric care, much less the benefits to be derived from a jail mental health program.

Many women in jails have problems which lend themselves to counseling. Some are losing custody of their children, some are being divorced, some do not know how or where to look for a job when their release comes, and others just need some one to talk to. Yet many jails do not have counselors on their staff; whatever counseling occurs is done hit-or-miss by existing staff. Where female inmates do get adequate counseling, it is due mainly to the dedication of the individual staffer, not to any jail policy or service.

Prisons are little better. Mental health services in State and Federal prisons, as characterized in a draft GAO study, are limited and their effectiveness often questionable. Many prisons do not routinely evaluate inmates to determine what mental health services they need, and those that do perform such evaluations do not have enough staff to provide the needed services.

One State prison's psychological staff consisted of a consulting psychiatrist (once a month) and one full- and one part-time psychologist for over 300 women. At a Federal prison we visited, the staff consisted of one psychiatrist and five full-time psychologists; but much of the psychologists' time was devoted to such activities as evaluations for courts and parole boards, unit meetings, admissions, and training and supervising correctional counselors. They have little time for one-on-one treatment of inmates.

#### Substance abuse treatment

Many incarcerated women have drug or alcohol dependencies and have been involved in related crimes, yet many jails and



State prisons offer no medical or psychological help for substance abusers. Many addicted women go "cold turkey" when they are confined. If inmates were participating in a methadone program, some jails will allow them to continue; others will not. In State prisons, substance abuse programs may exist in name only, taking the form of general counseling aimed at promoting institutional adjustment.

At Federal prisons, greater emphasis is placed on drug and alcohol programs. Inmates involved in the drug programs live in a separate dormitory and work closely with a special treatment team.

### Recreation

Most incarcerated women say that additional recreational activities are badly needed at penal institutions. Not only is recreation important to relieve the monotony of confinement, but it is also recognized as a potential resource for learning new behavior patterns. Basic to an adequate recreation program are adequate staff, equipment, and facilities, but few institutions have all these elements.

In many jails, organized recreation is nonexistent; others have such programs only when volunteers are available to run them. Those jails that do have recreation programs (often federally funded) frequently devote recreational staff time and resources to their male population and exclude women because of their small numbers or the reluctance to permit coed participation. The women are left listening to a radio or playing board games in cells or dayrooms. (See photographs on p. 44.)

Prison inmates generally have a basic recreational program. As noted earlier, however, facilities and equipment are often lacking, and the staff can be too overextended to administer an adequate recreational program. Correctional counselors and matrons usually have other duties in addition to organizing recreational activities.



IN LOCAL JAILS RECREATION IS OFTEN LIMITED TO PLAYING CARDS AND BOARD GAMES OR WATCHING TELEVISION.

## PROGRAMS

Incarceration is not just detention and punishment; it is also an opportunity to habilitate, to "normalize" the inmate, to give her the skills, abilities, and resources to successfully conduct her life within society's confines. Incarceration presents the chance to help the female offender change, to break her recycling through the criminal justice system--and thereby, perhaps, to positively affect her children and their chances of a criminal life. The "rehabilitated" ex-offender represents an immeasurable savings in human life, as well as definite fiscal savings to law enforcement and penal systems.

In order for the female offender to reform during her confinement, she must have access to programs designed to meet her educational, vocational, and other needs. The National Advisory Commission on Criminal Justice Standards and Goals considers it an offender's right, not a privilege, to receive rehabilitation programs during incarceration. However, many jails offer no such programs, and with few exceptions prisons do not provide programs and services responsive to inmate needs.

## Jails

In many local jails women are idle 75 to 100 percent of the time. They pass their days in front of a television (if available), playing cards, or staring through barred windows. Those few jails that do offer vocational, educational, or work release programs frequently deny female offenders access to them, even when Federal funds support these programs. Various reasons are given for restricting access:

- Coed training and education programs are security risks. No separate programs are provided the women because of their small numbers.
- Women must be sentenced in order to participate. This precludes participation by the larger number of pretrial and presentence detainees.
- There is no way to house separately those women who would participate in work release programs. (Such segregation from other inmates is believed necessary to control contraband.)

One metropolitan jail we visited does provide some educational courses to both male and female inmates--basic

English (grades 6-12), civics, math, psychology, journalism-- and they can take typing and reprographics (facsimile reproduction). A Prisoners' Legal Services Project provides them legal assistance. The jail also offers a work furlough program.

On occasion, women have forced their inclusion in jail programs. In 1974, female inmates of the San Mateo county jail in California sued the county Board of Supervisors for violating their rights to equal protection. <sup>1/</sup> Male inmates had been authorized work and educational furloughs and provided such facilities as honor farms and training centers, while the women had been denied these programs. The female offenders dropped their case when the Board provided them a halfway house.

### Prisons

Prisons constitute relatively stable communities and present an opportunity for more indepth programs than most jails offer. Ideally a prisoner could use her time in confinement to acquire significant skills that could provide her independence and support when she leaves prison. The time served in prison gives the inmate an opportunity to obtain education, vocational training, and to gain job experience through work release programs.

### Education

Most prisons provide basic courses leading to a high school diploma. Some prison programs include several college-level courses, frequently in conjunction with nearby community colleges, but few offer entire curricula culminating in an associate's or bachelor's degree. Also, educational programming usually leaves out inmates at the upper and lower end of the academic scale. Those who are mentally retarded are rarely identified and aided through any special program, <sup>2/</sup> while those women already possessing college degrees have no educational outlets in prison.

Women with college degrees are a small proportion of the incarcerated population (estimated at 2 percent), yet they present programing difficulties to correctional officials.

<sup>1/</sup>Taylor v. Whitmore, No. C-73-0415 SC (N.D. Cal. Sept. 1974).

<sup>2/</sup>"Prisons are not Providing Adequate Mental Health Care: More Effective Federal Involvement is Needed" (Washington, D.C.: U.S. General Accounting Office) [draft].

They are rarely allowed to teach, tutor, or otherwise use their skills at the institutions, and work or study release opportunities are limited by institutional locations. They either remain idle or enroll in available courses for something to do, taking slots which might be filled by those with less education or skill.

### Vocational training

Since the majority of female offenders lack job skills but must support themselves and their children, vocational training has long been highlighted in correctional institutions. Some type of job skill and work experience could help ex-offenders gain financial independence and perhaps avoid further crime; however, with few exceptions women's prisons are not offering training for the kinds of jobs the inmates need.

A recent GAO report <sup>1/</sup> on male correctional institutions concluded that existing academic and vocational programs do not prepare the men for viable employment. Programs in female prisons are fewer and aimed at lowerpaying jobs. The average number of programs for males is 10; for females it is 3.

Most women's prisons require an inmate to spend at least some part of her day performing institutional maintenance. In many cases this is the only "vocational training" a woman receives. Such unskilled jobs in support of the institution provide no job skills for securing gainful employment.

"I thought I could get rehabilitated here, but all I'm doing is mopping floors in the administration building, cleaning their toilets and scrubbing the steps seven days a week. Do you think I can get rehabilitated here? I'm trying \* \* \* I sing in the choir and I'm taking an English class. My back hurts a lot from scrubbing the floor." <sup>2/</sup>

Some women's institutions try to provide viable job training, but usually this training is confined to stereotyped

1/Correctional Institution Can Do More to Improve The Employability of Offenders, GGD-79-13, (Washington, D.C.: U.S. General Accounting Office, 1979), p. i.

2/An interview with a 19-year old drug addict by Kathryn Burkhart, as quoted in Helen Gibson's, "Women's Prisons: Laboratories for Penal Reform," in The Female Offender, ed. Laura Crites (Lexington, Mass.: Lexington Books, 1976), p. 115.

occupations: secretary, cosmetologist, nurse's aide, waitress, and cashier. As noted earlier, these occupations pay very poorly. Many inmates enroll in such "training" only out of boredom or because it counts toward parole; they have little expectation that it will prove useful.

Other women's prisons have institutional industries such as garment factories, in which the inmates may work. This employment is called on-the-job training, but the women seldom can get jobs in these fields when released. What is more, the training is technologically useless; prison machinery is usually outdated and no longer used commercially, so the women cannot transfer their acquired skills to a real job on the outside.

Recognizing the limitations of the usual prison vocational programs, a few institutions have begun to offer some innovative training. For example, one Federal women's prison is beginning apprenticeship programs, such as auto mechanics, electricians, plumbers, carpenters, and painters. A State women's prison has set up an upholstery shop. We noticed, however, that another State prison could provide training in a nontraditional area. The facility already operates a motor pool to care for its vehicles. Inmates having such repair skills can work there, but no training is given through the pool.

At the prisons we visited, many women who could benefit from the existing vocational programs do not participate in them for several reasons:

- They are not interested in the occupations offered.
- Those with a long time to serve feel they will forget what they learn long before their release, so they plan to wait until their sentences are nearly up.
- They do not meet eligibility criteria (e.g., a high school diploma) of some programs.
- The slots are limited.

#### Work release and work/study programs

Work release and work study programs help inmates acquire educational and vocational skills while learning how to adapt to society as independent women. They feature work in the community while still confined or supervised, but the isolated location of most prisons makes such programs difficult to establish. These programs are discussed in chapter 4.

POSSIBLE SOLUTIONS

Some correctional officials we talked to recognized the plight of women in jails and prisons. Improving of facilities, staff, programs, and services is needed; but, given such public attitudes as "we're not running a Holiday Inn," elected sheriffs and State legislators are not likely to seek additional funding. Various State rules and regulations already address these problems, but they are not always enforced.

The Bureau of Prisons has set up a task force to evaluate many of the issues concerning Federal inmates discussed in this chapter. Among these are long-range planning of women's facilities; local confinement of District of Columbia code violators, inmate medical needs, inmate management, incarcerated mothers and their children, skill training, staff selection and training, cost-effectiveness of co-corrections, and community treatment and work release centers. The task force has made recommendations to the Bureau of Prisons's executive staff on these issues. To date, action has been taken on three issues as follow:

- Modified the proposed plan for women's facilities.
- Rejected a proposal to establish a contract facility in the District of Columbia for District code violators (they are currently housed in Alderson). However, a 1-year work release plan was approved as an alternative.
- Agreed that community treatment centers are equally accessible to males and females and that current policies should be continued.

Most of the issues discussed in this chapter, however, have already been addressed by knowledgeable groups who have developed standards for each problem area. Besides the detailed, comprehensive standards proposed by the National Advisory Commission on Criminal Justice Standards and Goals, we looked at several others relevant to the women's correctional system:

- A draft of the proposed Department of Justice Standards.
- A Manual of Standards developed by the American Correctional Association.
- Standards for Health Services in Correctional Institutions, by the American Public Health Association.

Though none of these standards are yet mandatory, they represent the combined thinking of many of the country's legal, correctional, and other relevant experts. Their proposals provide, if not a blueprint, at least a starting point for rehabilitating our jails and prisons.

### Separation of inmates

Many States' rules require male and female inmates to be separated. The National Advisory Commission recommends that every jurisdiction operating local correctional institutions adopt a classification system on which to base residential assignments and program planning. Different categories of inmates should be observed, and the mentally ill should not be kept in a detention facility. Further,

"Serious and multiple offenders should be kept separate from those whose charge or conviction is for a first or minor offense.  
\* \* \* The State government should insist on the separation of pretrial and post-trial inmates, except where it can be demonstrated conclusively that separation is not possible and every alternative is being used to reduce pretrial detention."

Similar Justice standards require that the facility provide separate management for males and females, convicted and unconvicted inmates, and other classes of detainees where appropriate.

### Matrons in jails

The Maine Civil Liberties Union recommends that a facility provide full-time matron coverage and frequent cell inspections when a female is incarcerated:

"Full-time matron coverage not only insures the physical safety of the women inmates, but reduces the adverse effects of isolation. In addition, matron coverage may serve to protect the female from possible sexual abuse by male correctional personnel and may also protect male personnel from accusations of sexual abuse."

The California penal code requires counties with a population of more than 275,000 to appoint a female deputy sheriff in charge of women prisoners. When a jail has not appointed such a deputy but has female prisoners, it designates a woman to give the inmates immediate care.



Healthful facilities

The National Advisory Commission maintains that each person in custody has a right to a healthful place in which to live. Every facility should provide each inmate with:

- Her own room or cell of adequate size.
- Climate control to maintain temperature within a comfortable range.
- Natural and artificial light.
- Clean and decent installations for maintaining personal hygiene.
- Recreational opportunities and equipment; when weather permits, exercise in the open air.

Both the American Public Health Association and the Department of Justice standards contain a number of provisions concerning the healthfulness and safety of correctional facilities:

- The facility should maintain temperature at a level suitable to the prisoners' physical activity to minimize the chance of respiratory and other disease.
- The facility should have a written evacuation plan for a fire or major emergency " \* \* \* and a written procedure which specifies the means for prompt release of inmates from locked areas in case of emergency."
- All surfaces and equipment should be easy to clean and kept clean and in good repair. "All inside and outside areas should be kept neat, clean, dry and free from litter \* \* \*. A clean environment is conducive to a cheerful outlook and helps promote emotional health." Each inmate should also receive clean bedding.
- Inmates are entitled to access to recreation and equipment, including outdoor exercise. Facilities must ensure this right, and they must provide "safe, adequately sanitary and suitable indoor and outdoor recreational space, facilities, and programs \* \* \* adapted to the prevailing weather \* \* \*."

Facilities for visits

The Department of Justice standards state:

"The facility [should devote] sufficient space, time and personnel to maximize visiting opportunities for inmates. Visiting facilities should allow for physical contact between inmates and the visitors of their choice except in those specific cases where such a procedure would jeopardize the safety or security of the facility."

State of Virginia rules for local jails uphold an inmate's right to confidential visits with the following persons:

- (1) Attorney, probation officer, and authorized social worker.
- (2) Any minister, priest, rabbi, doctor, psychiatrist, or practicing psychologist.

Medical care

The various corrections standards are emphatic in their requirements for medical and dental care.

National Advisory Commission: "Each correctional agency should take immediate steps to fulfill the right of offenders to medical care. This should include services guaranteeing physical, mental, and social well-being as well as treatment for specific diseases or infirmities. Such medical care should be comparable in quality and availability to that obtainable by the general public."

Department of Justice: "Each facility [should ensure] the right of inmates to medical and dental services and treatment needed to maintain basic health \* \* \*. In facilities where women are housed, there [should be] medical services to meet the special health needs of women, including the availability of an obstetrician, gynecologist and family planning services."

American Public Health Association: "A substantial number of health needs of women require the service and sensitivity of persons clinically trained in gynecology and obstetrics. Family planning services and health education are also of particular importance to women. Teaching women about

the care of their bodies \* \* \* can be an important aspect of rehabilitation and enhancing self-respect."

The adequacy of medical care has been questioned in several lawsuits, especially in a New York case (Cooper v. Morin), 1/ which raised questions concerning the special medical problems of female offenders. A consent order awarded plaintiffs damages and required the defendants to comply with the American Public Health Association standards, which include the following requirements:

- Medical personnel must be available at least 16 hours a day.
- Consenting prisoners must be given a physical exam within 72 hours of incarceration.
- Unlimited access to outside specialist must be provided, particularly to gynecologists and obstetricians.

#### Mental health care

The American Public Health Association believes that mental health services should be available at every correctional institution to every inmate. Moreover, the Association recognizes that "the very fact of incarceration may create or intensify the need for mental health services." An institution's minimum direct mental health services should include:

- Crisis intervention.
- Brief and extended evaluation.
- Short-term therapy, both group and individual.
- Long-term therapy, also both group and individual.
- Therapy with family and significant others.
- Medication.
- Inpatient hospitalization for the severely disturbed.
- Counseling.

This last service should be open to all inmates on request.

1/50 M.S.C. 2d 32 (1975), Monroe County Jail.

### Substance abuse treatment

The standards also require medically supervised detoxification for addicted inmates. The Department of Justice standards require detoxification from alcohol or drugs to be performed at the facility under medical supervision when not provided in a community health facility. It also suggests a written policy and procedure for setting up substance abuse programs for user inmates. The National Advisory Commission recommends that medical treatment be administered to drug users as soon as they enter the facility.

### Recreation

The Department of Justice standards recommend written plans setting up a comprehensive recreational program. This program should include leisure-time activities comparable with those available in the community. The program should provide at least an hour of physical exercise every day in an area away from the cell and dedicated to recreation. Frequent opportunities to exercise outdoors should be given. Cultural activities should also be offered.

### Jail and prison programs

Department of Justice standards urge equal access for all inmates. The policies and procedures of each institution should ensure

"\* \* \* the right of inmates not to be subjected to discriminatory treatment based on race, religion, national origin, sex \* \* \*. This should include an essential equality of opportunity in being considered for various program options, work assignments, and decisions concerning classification status.

"Where male and female inmates are housed in the same facility they [should] have equal access to all available services and programs and are not denied opportunities solely on the basis of their smaller number in the population."

State laws also regulate these opportunities. California guidelines list the programs in which female inmates should be allowed to participate, including inmate employment programs, academic and vocational programs, and work and educational furloughs. Virginia rules encourage jails housing 65 or more people to furnish vocational, educational, counseling (alcoholic and narcotic), and prerelease and work release programs.

The Department of Justice standards recommend the following programs in jails and prisons:

- "[A] certified, comprehensive and continuous education program available to all inmates that extends through the high school level."
- Vocational training programs for women inmates that go beyond traditional areas of employment for women.
- "To the extent possible, inmate work assignments [providing] experience relevant to the current job market." These should not be limited to traditional women's work.
- Prerelease training. All sentenced inmates should be given the chance to participate in a prerelease program before they leave the facility.

CHAPTER 4RELEASE

When a man is released from prison, he usually has a home and family to return to; 1/ when a woman is released, she usually has to reestablish a home and family--yet this can be difficult for her meager personal and financial resources. She will have great difficulty in adjusting again to life on the street--even more in trying to make a radically different life for herself.

The woman may have many problems when she leaves the prison. Some she had before incarceration, others have been caused by her incarceration. Some situations she may be faced with include:

- Regaining custody of her children and reestablishing mother-child relationships severed and damaged by her long absence.
- Establishing a new life style or returning to an environment that has already pushed her into crime.
- Finding an apartment suitable for children but within her limited means, if she has any.
- Finding a job that will pay her sufficient income even though she probably does not have marketable skills and does not know how to obtain a steady job.

This is the plight of the typical female ex-offender--she lacks a home, money, employment, skills, practical knowledge, and hope. Many women on return from confinement suffer a severe lack of self-esteem; some feel that being in prison has marked them as worthless. The ex-offender, if she is to face and surmount her difficulties, needs understanding, acceptance, and support.

This support can be provided by transition programs. Studies have shown that such programs are vital in helping the offender to gain self-confidence and successfully reenter and function within her community, yet few transition programs exist for women. Those that are

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1/Laura Crites, "Women in the Criminal Courts," in Women in the Courts, eds. Winifred L. Hepperle and Laura Crites Williamsburg, Va.: National Center for State Courts, 1978, p. 171.

available differ widely in form and administration, but they are designed to provide the female ex-offender with some sort of structured reentry into the community.

#### PRERELEASE PROGRAMS

The Federal Bureau of Prisons and various State penal officials have recognized the importance of prerelease programs in easing an inmate's return to society. They believe that such programs should begin as soon as an offender enters a correctional institution and should address several issues:

- Family relationships.
- The offender's responsibility while on parole.
- Community organizations that help offenders on release.
- Money management.
- Information concerning employment assistance.

Many women's institutions do not offer such programs nor do many male institutions, as a recent GAO study discovered. <sup>1/</sup> In the course of this study, we found prerelease preparation to be practically nonexistent at two institutions we visited. Neither offered any formal prerelease program. Correctional counselors work with women nearing release only when they request such assistance; local parole officers told us that many parolees at one State institution are released without Social Security cards and identification documents. At another, social workers try to work with its prereleases, but they recognize the need for a more organized program that teaches coping skills and helps the women to seek employment.

On the other hand, prerelease programs for female offenders did exist at other institutions we visited. One of these institutions has a program for the short-term inmate; when she has 8 months left to serve on her sentence, she is moved into a prerelease cottage. By this time she should have completed her education and employment training and be ready to go out on job interviews. The staff is supposed to help them in this process and in obtaining a driver's license and Social Security card. At 6 months before release, a parole plan is put together and forwarded to a parole agent; it includes information on where the inmate will live, who she will live with, and whether she will have a job waiting for

1/GGD-79-13, p. 1

her. However, the program is not working as it should because of staff shortages; at present only one counselor is available for the 120 residents of the prerelease cottage. As a result, many women are released with nothing more done than their institutional paperwork.

At another institution, inmates who are nearing their release dates are advised on how to obtain a job and go through mock job interviews. Each interview is videotaped, played back, and assessed. If the inmate is scheduled to enter a halfway house or continue her education when released, she is put in contact with the appropriate facility. Local merchants provide the inmates some consumer education.

#### PAROLE

The parole officer monitors the ex-offender's conduct following her early prison release via periodic face-to-face contacts and inquiries among her family members, friends, and employer. 1/ The officer is also responsible for ensuring that any parole conditions, such as obtaining psychiatric counseling or enrolling in a drug or alcohol rehabilitation program are carried out. But perhaps his most important service is putting his parolee in touch with the community service agencies that best meet an ex-offender's needs.

The parole officers we talked to were well informed about the available community services, so they should be able to help an offender reenter society. However, many parole officers are hindered in their efforts to supervise ex-offenders by large caseloads, collateral duties, and a lack of community services. 2/

Federal probation/parole caseloads in one area we visited were about 35 cases for each of the officers. The parole officers considered this a manageable level. However, a lack of community resources, particularly for employment, and psychiatric care, limits their ability to help their clients. Several State probation and parole officers in the same area also remarked on the lack of community resources for women parolees, including:

1/Probation and Parole Activities Need To Be Better Managed, GGD-77-55 (Washington, D.C.: U.S. General Accounting Office, 1977), pp. 9-10.

2/Previous GAO reports (GGD-77-55 and GGD-76-87) have cited these problems as obstacles to parole officer effectiveness.



- Child care.
- Emergency funds for housing and food.
- Temporary housing.
- Residential treatment for alcoholics.
- Mental health services.
- Employment and vocational training.

#### RESIDENTIAL COMMUNITY-BASED CORRECTIONAL FACILITIES

Correctional facilities located in communities can provide a step halfway out of the institution; in such a facility, a woman remains in the custody of a correctional agency, lives in a supervised group setting, and works or attends classes in the community. (See photographs on p. 63.) The amount of supervision provided varies. In some cases supervision is so great that the facility is merely an extension of the prison. In other programs, however, participants have more freedom and large blocks of time for which they are responsible, thus giving them the chance to take some control of their lives.

#### Work release programs

The State of Virginia operates a work release house for women in Richmond. Inmates within 18 months of their release can participate in the program, working at jobs in the community during the day and returning at night to the supervision of house personnel. They can travel to and from their jobs by themselves but must arrive within a reasonable time. Those who earn regular wages pay them into a special account at the Center, out of which they pay \$5.00 a day for room and board and draw funds for personal items. Work release habilitation counselors advise the women in adaptive skills, such as financial responsibilities, bank accounts, credit, income tax preparation, and Social Security cards.

Another example is The Women's Employment Assistance Program in Norfolk, Virginia. This program is a community-based residential program for female prereleasees, designed to help felons reenter society. At present, all program participants are Federal offenders accepted under a contract with the Bureau of Prisons. Although the program will accept State prisoners, there have never been any in the program.

The participants do not have jobs when they come to the program; a job development counselor in the program assists them in finding employment and counsels them about job-finding techniques. Each woman also has a counselor who works with the participant on personal relationships, responsible work habits, finances, and constructive leisure pursuits.

### Halfway houses

Halfway houses are another residential means for structuring the transition of paroled ex-offenders from institutional confinement to society. Some of the halfway houses we visited are described below.

Delancy Street is a nonprofit corporation founded 7 years ago by an ex-convict. There are five Delancy Street facilities: three in San Francisco, one in Sausalito, California, and one in Sante Fe, New Mexico. At the time of our visit there were 204 residents in the 5 facilities.

Delancy Street operates according to a self-help philosophy. Residents are forced to come to terms with their behavior through group therapy sessions. They work on changing their behavior so that their lives do not follow old, destructive patterns.

About 90 percent of the residents are there on court probation; the rest are parolees and voluntary participants. Everyone at Delancy Street attends school or works, either on the outside or in one of the corporation's business enterprises: a moving company, a restaurant, an advertising/marketing firm, a construction company, an automobile service center, a procurement service, and a Federal credit union (which is a separate corporation). Profits are used to support the residents. Those who work outside the corporation donate their salaries to the Delancy Street organization.

The corporation's housing facility in Sausalito is the only one where children are allowed. There are five families living there, serving as models to the other residents.

Vocare House in Oakland, California, opened in 1972 as a halfway project on the relationship between drug addicts and their children; as a result, Vocare began to include ex-addicts and their children in its program. Women are referred to Vocare as an alternative to incarceration; referrals are also made for those in prerelease programs or who still need a structured environment after leaving prison.

The executive director, an ex-offender herself, prefers to call Vocare a treatment center. At Vocare, women participate in a series of weekly counseling sessions with the significant people in their lives. One night a month, women and their husbands/ boyfriends meet with staff to explore the changes in their relationships brought about by incarceration. Another session is spent with other family members and/or probation officers, parole officers, etc., to determine what kind of support these people can give the women. A third meeting is held between the women, their children, and the children's custodian. Through these sessions women reestablish and continue relationships with their children.

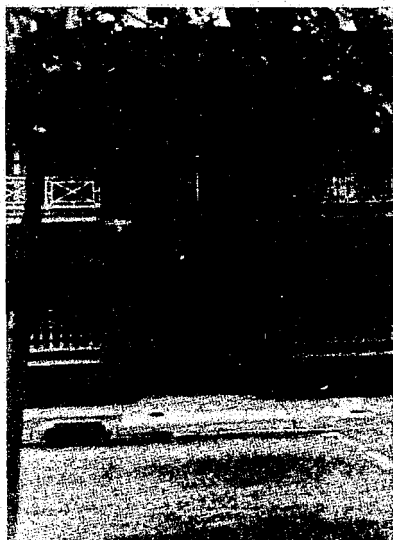
In addition to the therapy sessions, women at Vocare receive job development training. An extensive series of programmed teaching aids have recently been introduced to acquaint women with various job areas such as health, food services, child care, communications, and business administration. To give practical experience, Vocare operates a delicatessen and a child care center.

Friends Outside, in San Francisco, is a voluntary organization that provides support services to ex-offenders and to the families of incarcerated individuals. Among these services are transportation to prisons to visit incarcerated family members, a community day-care center, a thrift shop, a summer camp, and a halfway house for female offenders.

Residents of the halfway house share responsibility for maintaining their home and cooking meals, and pay a minimal amount for

room and board. There are no structured activities or treatment programs at this facility, but staff from Friends Outside are available for counseling if requested. Ex-offenders for the most part are responsible for finding their own jobs or vocational training.

Reality House West, also in San Francisco, operates a halfway house for short-term female ex-offenders (90 to 120 days). Housing is the only direct service provided; the ex-offenders are put in touch with the various community social service agencies. The program deals only with its residents' short-term needs-- jobs, medical care, and reestablishment of family ties. Most of the program's referrals come under contract with the Bureau of Prisons; it also gets some referrals from the county jail. Program personnel visit the San Francisco County Jail and Pleasanton on a regular basis to interview prospective clients.



COMMUNITY CORRECTIONAL FACILITIES CAN PROVIDE A STEP HALFWAY OUT  
OF THE INSTITUTION AND BACK TO THE COMMUNITY.

### NONRESIDENTIAL PROGRAMS

The number of nonresidential supportive programs available to ex-offenders is growing. For example, the San Francisco Sheriff's Department has an inmate reentry program which provides newly released prisoners money for emergency temporary housing and food. However, it has lost most of its funding through departmental budget cuts. Examples of other such programs follow.

Project AID-SIR (Aiding Inmate Development through Social Involvement and Research) is a prison after-care program based in Richmond, Virginia; it is Federally and State funded through the Virginia Department of Corrections and the Virginia Department of Welfare. The majority of its staff are ex-offenders. Services include prerelease counseling, family counseling, behavioral analysis, housing, career development and employment placement, parole planning, and limited job training. Since its beginning in 1972, this program has served 2,700 people, about 15 percent of whom were women.

STEP-UP (Skill Training Employment Placement-Upward Progress) was originally funded under Comprehensive Employment and Training Act Title I funds and operated throughout the State of Virginia to help female ex-offenders obtain employment in non-traditional jobs. When that funding ran out, some Virginia localities picked up the program under Comprehensive Employment and Training Act Title III. The local funding sources have insisted that the program serve males as well. This program offers job counseling and referrals, makes training placements, and gives supportive services as needed. During the 2 years the program operated statewide, 900 to 1,000 women were served. From March to July 1978, the Norfolk area counselor saw 200 women and made 35 to 40 employment placements and 15 training placements.

TRANSITION PROGRAMS

We discussed the need for transition programs with a wide cross-section of experts in the criminal justice field. They identified elements which were desirable for such programs:

IT MUST HAVE ADEQUATE FUNDING.

- THE PROGRAM MUST GAIN COMMUNITY ACCEPTANCE AND INVOLVEMENT.

- THE FACILITY SHOULD BE LOCATED NEAR TRANSPORTATION, TRAINING, JOBS, AND COMMUNITY RESOURCES.

- THE STAFF MUST HAVE STABILITY AND EXPERIENCE.

- THERE MUST BE MUTUAL TRUST AND RESPECT BETWEEN STAFF AND RESIDENTS.

- IT MUST ENSURE RESIDENT SUCCESS EARLY TO BUILD HER SELF-ESTEEM.

- CRITERIA BY WHICH PROGRAM AND RESIDENT SUCCESS ARE MEASURED SHOULD BE CLEARLY STATED.

- THE PROGRAM MUST BE FLEXIBLE ENOUGH TO MEET THE INDIVIDUAL NEEDS OF A DIVERSE GROUP.

- THE PROGRAM MUST TEACH RESIDENTS TO BE RESPONSIBLE FOR THEMSELVES.

- RESIDENTS MUST HAVE ACCESS TO QUALITY MEDICAL CARE.



Current questions about the sufficiency and appropriateness of programs to aid female offenders' readjustment to the community indicate a need for further study. In this connection, we plan to follow this initial effort by addressing specific issues that we feel are particularly important to the rehabilitation of the female who has come in contact

with the criminal justice system. The work will deal with alternatives that would permit the expansion of education, training programs, and other services. The alternatives should provide greater opportunities for employment in good paying jobs permitting the ex-offender to support herself and her family.



CHAPTER 5FEMALE OFFENDERS: THE ISSUES AND NEEDS

The preceding chapters demonstrate the plight of female offenders as they cycle through the criminal justice process. Mechanisms for diversion from the criminal justice system and opportunities for constructive change within that system are rare. The causes underlying these women's problems and their likely solutions have been addressed by a wide range of corrections officials and experts, whose opinions are summarized here. There seem to be several underlying causes for this inadequacy and ineffectiveness: lack of interest in female offenders; lack of an organized, coordinated approach to criminal justice programing; and lack of adequate, specific funding for female offender programs and facilities.

LACK OF INTEREST

Criminologists, lawyers, penologists, social scientists, and criminal justice programers have shown little interest in or concern for the problems of female offenders. Their small numbers and less violent crimes have made it easy to ignore the situation of women caught up in the criminal justice system. Further, women inmates themselves have called little attention to their situation. The serious prison riots of the 1960s and early 1970s that focused public attention on prison reform occurred in men's institutions.

Because of this lack of concern, little knowledge about the female offender and her problems exists. Hence, the understanding and awareness critical to the formulation of programs and policies have not developed.

THE LACK OF AN ORGANIZED,  
COORDINATED APPROACH

Criminal justice programing has been hampered by the lack of a clear-cut goal for corrections. Little agreement exists regarding the purpose of corrections: is it to punish, to separate an offender from society, to serve as an example, or to provide opportunities for change?

Over a century ago, the corrections profession committed itself to a habilitative rather than a punitive purpose; the Federal Bureau of Prisons and most State correctional codes today express a rehabilitative intent. Yet, as we talked with officials throughout the criminal justice system, we were told

repeatedly that rehabilitation is not considered viable; in its place is concern with custody and punishment. Existing facilities and programs reflect these conflicting purposes.

Given the lack of agreement over what corrections should accomplish, it is not surprising that no accepted set of standards exists delineating what correctional facilities should look like and what services should be provided. States may have guidelines for penal institutions and jails; however, they are vague and frequently unenforceable. Most of the standards cited in chapter 3 are only recommended; no one has responsibility for enforcing them.

#### THE LACK OF ADEQUATE, SPECIFIC FUNDING

Adequate, specific funding for female offender programming is lacking. We found few community programs specifically for women; all too frequently, programs established to serve men and women are male oriented and male dominated. Other programs which could serve both groups, such as those found in local jails, frequently deny women access.

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Fundamental to any improvement in corrections is agreement on a corrections policy. The President's Commission on Law Enforcement and Administration of Justice made the following statement regarding such policy:

"The ultimate goal of corrections under any theory is to make the community safer by reducing the incidence of crime. Rehabilitation of offenders to prevent their return to crime is in general the most promising way to achieve this end."

As the National Advisory Commission on Criminal Justice Standards and Goals stated:

"Corrections must seek ways to become more attuned to its role of reducing criminal behavior. Changing corrections' role from one of merely housing society's rejects to one of sharing responsibility for their reintegration requires a major commitment on the part of correctional personnel and the rest of the criminal justice system."

## APPENDIX I

## APPENDIX I

TABLE 1

## FEMALE ARREST TRENDS (ADULT), 1967-1976 (note a)

Offense charged	1967		1976		Change in percent of total arrests
	Arrests	Percent of total female arrests	Arrests	Percent of total female arrests	
Total	301,511	100.0	489,329	100.0	-
Major crimes (note b)	52,412	17.4	139,389	28.5	11.1
Murder and nonnegligent manslaughter	884	0.3	1,129	0.2	-0.1
Forcible rape	-	-	-	-	-
Robbery	1,414	0.5	3,751	0.8	0.3
Aggravated assault	6,872	2.3	11,227	2.3	0
Burglary	3,087	1.0	6,103	1.2	0.2
Larceny-theft	39,057	13.0	115,214	23.5	10.5
Motor vehicle theft	1,098	0.4	1,965	0.4	0
Violent crime (note c)	9,170	3.0	16,107	3.3	0.3
Property crime (note d)	43,242	14.3	123,282	25.2	10.9
Serious crimes (note b)	33,102	11.0	77,790	15.9	4.9
Other assaults	13,834	4.6	21,737	4.4	-0.2
Arson	214	0.1	527	0.1	0
Forgery and counterfeiting	3,904	1.3	8,529	1.7	0.4
Fraud	8,776	2.9	31,000	6.3	3.4
Embezzlement	801	0.3	1,996	0.4	0.1
Stolen property--buying, receiving, possessing	1,029	0.3	4,398	0.9	0.6
Vandalism	1,539	0.5	3,923	0.8	0.3
Weapons--carrying, possessing, etc.	3,005	1.0	5,680	1.2	0.2
Less serious crime (note b)	215,997	71.6	272,150	55.6	-16.0
Prostitution and commercialized vice	15,962	5.3	29,672	6.1	0.8
Other sex offenses	3,013	1.0	2,466	0.5	-0.5
Narcotic drug laws	5,316	1.8	30,719	6.3	4.5
Gambling	4,800	1.6	4,148	0.8	-0.8
Offenses against family and children	3,603	1.2	2,593	0.5	-0.7
Driving under the influence	11,830	3.9	34,742	7.1	3.2
Liquor laws	10,983	3.6	11,487	2.3	-1.3
Drunkenness	80,068	26.6	43,131	8.8	-17.8
Disorderly conduct	38,070	12.6	36,683	7.5	-5.1
Vagrancy	7,097	2.4	2,968	0.6	-1.8
All other offenses (except traffic)	35,255	11.7	73,541	15.0	3.3

a/Compiled from data presented in the Federal Bureau of Investigation's 1976 Uniform Crime Reports, p. 176; for a comparison of male and female arrest trends, see table 2 of appendix I.

b/Percentages are based on actual arrest totals and may not add to 100 due to rounding.

c/Includes murder, rape, robbery, and aggravated assault.

d/Includes burglary, larceny-theft, and motor vehicle theft.

## APPENDIX I

## APPENDIX I

**TABLE 2-A**  
**TOTAL ADULT ARRESTS, DISTRIBUTION BY SEX: 1967 (note a)**

Offense charged	Number of arrests			Percentages of total arrests		Male to female arrests
	Female	Male	Total	Female	Male	
Total	301,511	2,532,672	2,834,183	10.6	89.4	8.4
Major crimes	52,412	271,394	323,806	16.2	83.8	5.2
Murder and nonnegligent manslaughter	884	4,017	4,901	18.0	82.0	4.5
Forcible rape	-	6,197	6,197	0	100.0	---
Robbery	1,414	26,084	27,498	5.1	94.9	18.4
Aggravated assault	6,872	46,518	53,390	12.9	87.1	6.8
Burglary	3,087	66,008	69,095	4.5	95.5	21.4
Larceny-theft	39,057	95,976	135,033	28.9	71.1	2.5
Motor vehicle theft	1,098	26,594	27,692	4.0	96.0	24.2
Violent crime (note b)	9,170	82,816	91,986	10.0	90.0	9.0
Property crime (note c)	43,242	188,578	231,820	18.7	81.3	4.4
Serious crimes	33,102	236,062	269,164	12.3	87.7	7.1
Other assaults	13,834	126,344	140,178	9.9	90.1	9.1
Arson	214	1,486	1,700	12.6	87.4	6.9
Forgery and counterfeiting	3,904	14,788	18,692	20.9	79.1	3.8
Fraud	8,776	29,000	37,776	23.2	76.8	3.3
Embezzlement	801	2,940	3,741	21.4	78.6	3.7
Stolen property--buying, receiving, possessing	1,029	10,129	11,158	9.2	90.8	9.8
Vandalism	1,539	14,874	16,413	9.4	90.6	9.7
Weapons--carrying, possessing, etc.	3,005	36,501	39,506	7.6	92.4	12.1
Less serious crimes	215,997	2,025,216	2,241,213	9.6	90.4	9.4
Prostitution and commercialized vice	15,962	4,252	20,214	79.0	21.0	0.3
Other sex offenses	3,013	25,221	28,234	10.7	89.3	8.3
Narcotic drug laws	5,316	31,673	36,989	14.4	85.6	6.0
Gambling	4,800	48,001	52,801	9.1	90.9	10.0
Offenses against family and children	3,603	34,939	38,542	9.3	90.7	9.7
Driving under the influence	11,830	168,525	180,355	6.6	93.4	14.2
Liquor laws	10,983	91,303	102,286	10.7	89.3	8.3
Drunkennes	80,068	1,052,939	1,133,007	7.1	92.9	13.2
Disorderly conduct	38,070	242,319	280,389	13.6	86.4	6.4
Vagrancy	7,097	64,747	71,844	9.9	90.9	9.1
All other offenses (except traffic)	35,255	261,297	296,552	11.9	88.1	7.4
Major and serious crimes	85,514	507,456	592,970	14.4	85.6	5.9
Property and related offenses (note d)	57,752	245,435	303,187	19.0	81.0	4.2
Prostitution and sex offenses	18,975	29,473	48,448	39.2	60.8	1.6
Substance abuse (note e)	108,197	1,344,440	1,452,637	7.4	92.6	12.4

a/Compiled from data presented in the Federal Bureau of Investigation's 1976 Uniform Crime Reports, p. 176.

b/Includes murder, rape, robbery, and aggravated assault.

c/Includes burglary, larceny-theft, and motor vehicle theft.

d/Includes note c and forgery, counterfeiting, fraud, embezzlement, and stolen property.

e/Included narcotic drug laws, driving under the influence, liquor laws, and drunkenness.

## APPENDIX I

## APPENDIX I

TABLE 2-B  
TOTAL ADULT ARRESTS, DISTRIBUTION BY SEX, 1976 (note a)

<u>Offenses charged</u>	<u>Number of arrests</u>			<u>Percent of total arrests</u>		<u>Male to female arrests</u>
	<u>Female</u>	<u>Male</u>	<u>Total</u>	<u>Female</u>	<u>Male</u>	
Total	489,329	2,801,558	3,290,887	14.9	85.1	5.7
Major crimes	139,389	477,069	616,458	22.6	77.4	3.4
Murder and nonnegligent manslaughter	1,129	6,218	7,347	15.4	84.6	5.5
Forcible rape	-	10,674	10,674	0	100.0	-
Robbery	3,751	46,598	50,349	7.4	92.6	12.4
Aggravated assault	11,227	72,172	83,399	13.5	86.5	6.4
Burglary	6,103	102,843	108,946	5.6	94.4	16.9
Larceny-theft	115,214	211,056	326,270	35.3	64.7	1.8
Motor vehicle theft	1,965	27,508	29,473	6.7	93.3	14.0
Violent crime (note b)	16,107	135,662	151,769	10.6	89.4	8.4
Property crime (note c)	123,282	341,407	464,689	26.5	73.5	2.8
Serious crimes	77,790	347,667	425,457	18.3	81.7	4.5
Other assaults	21,737	148,708	170,445	12.8	87.2	6.8
Arson	527	3,175	3,702	14.2	85.8	6.0
Forgery and counterfeiting	8,529	18,786	27,315	31.2	68.8	2.2
Fraud	31,000	50,568	81,568	38.0	62.0	1.6
Embezzlement	1,996	3,554	5,550	36.0	64.0	1.8
Stolen property--buying, receiving, possessing	4,398	32,069	36,467	12.1	87.9	7.3
Vandalism	3,923	34,348	38,271	10.3	89.7	8.8
Weapons--carrying, possessing, etc.	5,680	56,459	62,139	9.1	90.9	9.9
Less serious crimes	272,150	1,976,822	2,248,972	12.1	87.9	7.3
Prostitution and commercialized vice	29,672	13,255	42,927	69.1	30.9	0.4
Other sex offenses	2,456	25,032	27,488	9.0	91.0	10.3
Narcotic drug laws	30,719	192,677	223,396	13.8	86.2	6.3
Gambling	4,148	38,186	42,334	9.8	90.2	9.2
Offenses against family and children	2,593	22,589	25,182	10.3	89.7	8.7
Driving under the influence	34,742	377,454	412,196	8.4	91.6	10.9
Liquor laws	11,487	90,452	101,939	11.3	88.7	7.9
Drunkenness	43,131	566,707	609,838	7.1	92.9	13.1
Disorderly conduct	36,683	217,142	253,825	14.5	85.5	5.9
Vagrancy	2,968	16,110	19,078	15.6	84.4	5.4
All other offenses (except traffic)	73,541	417,218	490,759	15.0	85.0	5.7
Major and serious crimes	217,179	824,736	1,041,915	20.8	79.2	3.8
Property and related offenses (note d)	169,205	446,384	615,589	27.5	72.5	2.6
Prostitution and sex offenses	32,138	38,287	70,425	45.6	54.4	1.2
Substance abuse (note e)	120,079	1,227,290	1,347,369	8.9	91.1	10.2

a/Compiled from data presented in the Federal Bureau of Investigation's 1976 Uniform Crime Reports, p. 176.

b/Includes murder, rape, robbery, and aggravated assault.

c/Includes burglary, larceny-theft, and motor vehicle theft.

d/Includes note c and forgery, counterfeiting, fraud, embezzlement, and stolen property.

e/Includes narcotic drug laws, driving under the influence, liquor laws, and drunkenness.

## APPENDIX I

## APPENDIX I

TABLE 3AGE DISTRIBUTION OF INCARCERATED WOMEN (note a)

<u>Group</u>	<u>Age in years (note b)</u>						
	<u>18</u>	<u>18-21</u>	<u>22-25</u>	<u>26-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>
Total	1.2%	18.4%	26.7%	18.2%	15.5%	8.8%	11.1%
White	1.1	17.2	28.6	15.6	12.8	10.7	14.0
Black	1.5	19.3	25.7	19.6	17.1	7.1	9.7
Hispanic	0.5	14.7	25.1	26.5	16.0	9.0	8.1
Amerind	-	20.3	25.6	5.7	17.3	16.7	14.4
Other	-	32.8	27.7	14.3	16.0	4.2	5.0

a/Glick and Neto, p. 110.

b/Percentages may not add to 100 due to rounding.

## APPENDIX I

## APPENDIX I

TABLE 4

EDUCATIONAL ATTAINMENT OF  
INCARCERATED WOMEN (note a)

<u>Group</u>	<u>9 years of school</u>	<u>1-3 years of high school</u>	<u>4 years of high school (diploma)</u>	<u>Some college</u>
Total (N = 6440)	14%	45%	23%	18%
White	12	36	30	22
Black	14	49	19	18
Hispanic	24	55	16	5
Amerind	20	29	22	29
National female population	21	17	40	22

a/Glick and Neto, pp. 128 and 129 and 1976 Statistical  
Abstracts, p. 124.

TABLE 5  
PRIOR ADULT INCARCERATION OF FAMILY  
MEMBERS AND SELVES (note a)

<u>Group</u>	<u>Previous incar-</u> <u>ceration as adult</u>	
	<u>Family</u>	<u>Self</u>
Total (N = 6387)	50%	54%
White	40	68
Black	54	72
Hispanic	59	76
Amerind	62	72

a/Glick and Neto, p. 159.



## APPENDIX I

## APPENDIX I

TABLE 6  
MARITAL PATTERN OF INCARCERATED WOMEN  
BY RACIAL/ETHNIC GROUP (note a)

<u>Group</u>	<u>Marital pattern (note b)</u>				
	<u>No rela- tionships (single)</u>	<u>Boy- friend(s)</u>	<u>One marriage</u>	<u>One past marriage (note c)</u>	<u>Serial re- lationships (note d)</u>
Total	22%	21%	9%	16%	33%
White	16	14	10	14	46
Black	27	24	8	18	23
Hispanic	16	23	7	20	35
Amerind	18	23	6	14	40
Other	40	30	13	4	14

a/Glick and Neto, p. 115.

b/Figures may not add to 100 due to rounding.

c/One marriage followed by divorce, widowhood, or separation.

d/Includes two or more marriages or one marriage plus other non-marital living relationships.

## APPENDIX I

## APPENDIX I

TABLE 7  
NUMBER OF CHILDREN LIVING WITH  
MOTHER PRIOR TO INCARCERATION (note a)

<u>Group (note c)</u>	<u>Number of children (note b)</u>				
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3-4</u>	<u>5+</u>
Total (N = 4573)	26%	32%	20%	17%	6%
White	34	39	15	11	2
Black	18	31	22	21	8
Hispanic	35	17	27	16	6
Amerind	35	13	19	27	7
Other	16	53	13	0	18
National average (note d)	39	25	17	19	

a/Adapted from Glick and Neto, p.'118 and 1976 Statistical Abstracts, p. 43.

b/Percentages may not add to 100 due to rounding.

c/Of those incarcerated women who have children.

d/Percentages of female heads of households with own children under 18.

TABLE 8  
WORK EXPERIENCE, SALARY, AND ASPIRATIONS  
OF INCARCERATED WOMEN (note a)

<u>Occupational group</u>	<u>Jobs held most often (N = 5916)</u>	<u>1976 (national) median annual salary of women</u>	<u>Job aspir- ations (N = 6466)</u>
Professional and technical	b/4.2%	\$11,300	b/35.8%
Managers	0.5	9,700	2.8
Skilled	1.6	7,700	3.3
Clerical	24.5	7,600	20.7
Semiskilled	15.1	6,300	6.5
Unskilled	14.4	c/5,600	3.9
Sales	3.8	5,800	0.9
Personal services	28.0	5,700	12.4
Other	8.0	d/6,300	13.5

a/Adapted from Glick and Neto, pp. 136 and 255-257 and the Department of Labor, U.S. Working Women: A Databook, 1977, p. 34.

b/Figures may not add to 100 due to rounding.

c/Based primarily upon figures for farm laborers.

d/Based primarily upon figures for nonfarm laborers.

## APPENDIX I

## APPENDIX I

TABLE 9  
ADULT ARREST TRENDS BY SEX, 1967-1976 (note a)

Offense charged	Females			Males		
	Percent of	Change in	percent of	Percent of	Change in	percent of
	total female	total female		total male	total male	
	1967	1976	arrests	1967	1976	arrests
Total	100.0	100.0	-	100.0	100.0	-
Major crimes (note b)	17.4	28.5	11.1	10.7	17.0	6.3
Murder and nonnegligent manslaughter	0.3	0.2	-0.1	0.2	0.2	0
Forcible rape	0.1	0.1	0	0.2	0.4	0.2
Robbery	0.5	0.8	0.3	1.0	1.7	0.7
Aggravated assault	2.3	2.3	0	1.8	2.6	0.8
Burglary	1.0	1.2	0.2	2.6	3.7	1.1
Larceny-theft	13.0	23.5	10.5	3.8	7.5	3.7
Motor vehicle theft	0.4	0.4	0	1.1	1.0	-0.1
Violent crime (note c)	3.0	3.3	0.3	3.3	4.8	1.5
Property crime (note d)	14.3	25.2	10.9	7.4	12.2	4.8
Serious crimes (note b)	11.0	15.9	4.9	9.3	12.4	3.1
Other assaults	4.6	4.4	-0.2	5.0	5.3	0.3
Arson	0.1	0.1	0	0.1	0.1	0
Forgery, counterfeiting	1.3	1.7	0.4	0.6	0.7	0.1
Fraud	2.9	6.3	3.4	1.1	1.8	0.7
Embezzlement	0.3	0.4	0.1	0.1	0.1	0
Stolen property	0.3	0.9	0.6	0.4	1.1	0.7
Vandalism	0.5	0.8	0.3	0.6	1.2	0.6
Weapons	1.0	1.2	0.2	1.4	2.0	0.6
Less serious crimes (note b)	71.6	55.6	-16.0	80.0	70.6	-9.4
Prostitution, commercialized vice	5.3	6.1	0.8	0.2	0.5	0.3
Other sex offenses	1.0	0.5	-0.5	1.0	0.9	-0.1
Narcotic drug laws	1.8	6.3	4.5	1.3	6.9	5.6
Gambling	1.6	0.8	-0.8	1.9	1.4	-0.5
Offenses against family, children	1.2	0.5	-0.7	1.4	0.8	-0.6
Driving under the influence	3.9	7.1	3.2	6.7	13.5	6.8
Liquor laws	3.6	2.3	-1.3	3.6	3.2	-0.4
Drunkenness	26.6	8.8	-17.8	41.6	20.2	-21.4
Disorderly conduct	12.6	7.5	-5.1	9.6	7.8	-1.8
Vagrancy	2.4	0.6	-1.8	2.6	0.6	-2.0
All other offenses (except traffic)	11.7	15.0	3.3	10.3	14.9	4.6

a/Compiled from data presented in the FBI's 1976 Uniform Crime Reports, p. 176.

b/Percentages are based on actual arrest totals (see tables 2-A & 2-B) and may not add to 100 due to rounding.

c/Includes murder, rape, robbery, and aggravated assault.

d/Includes burglary, larceny-theft, and motor vehicle theft.

## APPENDIX I

## APPENDIX I

TABLE 10  
OFFENSES OF INCARCERATED  
WOMEN (notes a and c)

Current offense (note b)	Racial/ethnic group of crimes					Total
	White	Black	Hispanic	Amerind	Other	
Violent	28%	42%	20%	29%	30%	34%
Murder	13	19	9	13	9	15
Robbery	9	14	9	7	7	11
Assault	3	8	2	6	14	6
Other	2	2	1	3	-	2
Property	37	30	30	37	44	33
Burglary	6	4	13	6	3	6
Forgery/ fraud	22	11	8	24	29	16
Larceny	8	14	9	7	12	11
Drugs	20	20	40	21	18	22
Prostitu- tion	1	3	2	1	7	2

a/Adapted from Glick and Neto, p. 153.

b/These categories represent only the most numerous of the serious crimes women commit. Other offenses are not included in this table.

c/Percentages may not add to 100 due to rounding.

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## APPENDIX II

## APPENDIX II

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## APPENDIX II

## APPENDIX II

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## APPENDIX II

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## APPENDIX II

## APPENDIX II

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## APPENDIX II

## APPENDIX II

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BY THE COMPTROLLER GENERAL

# Report To The Congress

## OF THE UNITED STATES

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### Women In Prison: Inequitable Treatment Requires Action

Women in correctional institutions are not provided comparable services, educational programs, or facilities as men prisoners. Inequities are most prevalent in State institutions, but they also exist in Federal and local correctional systems.

An increasing number of suits have been brought by women demanding equality in the types of facilities and other opportunities provided to men. Courts are frequently deciding in favor of female inmates.

Some jurisdictions are using innovative approaches to corrections to a limited extent. Through a cooperative effort at all levels of Government, with the Federal level assuming the leadership, more equitable treatment for females could be achieved with increased emphasis on alternative approaches. At the same time, existing and future facilities and staff resources would be used more efficiently.



GGD-81-6

DECEMBER 10, 1980



COMPTROLLER GENERAL OF THE UNITED STATES  
WASHINGTON, D.C. 20540

B-200741

To the President of the Senate and the  
Speaker of the House of Representatives

The enclosed report describes how women inmates are treated differently from men inmates in Federal and State prisons and local jails and how, in their effort to correct these differences, women have gained support from the courts. The report also discusses alternative approaches to overcome these disparities and makes recommendations to improve the conditions for women in prison.

We are sending copies of this report to the Director, Office of Management and Budget; and to the Attorney General.

*James B. Altsch*  
Comptroller General  
of the United States

COMPTROLLER GENERAL'S  
REPORT TO THE CONGRESS

WOMEN IN PRISON: INEQUITABLE  
TREATMENT REQUIRES ACTION

D I G E S T

Women in correctional institutions do not have access to the same types of facilities, job training, jobs in prison industries, and other services as men prisoners.

Inequitable treatment is most prevalent at the State level, but it also exists at the Federal and local levels. Correctional systems have not been aggressive in providing programs and services to females due to the relatively small number of women prisoners, and because many officials feel that women do not need the same type of training and vocational skills as men.

Women are beginning to demand equal treatment through the courts. An increasing number of suits on behalf of women inmates are demanding that correctional officials extend to women the same type facilities and other opportunities provided to men, and courts are frequently deciding in favor of female inmates. (See pp. 8 to 12.)

DIFFERENCES BETWEEN MEN'S AND  
WOMEN'S CORRECTIONS SYSTEMS

Federal, State, and local jurisdictions have a larger population of male inmates than female inmates. The relatively large number of male inmates makes it possible to have a greater number of institutions that can be placed throughout the jurisdiction and permits a greater number of industrial operations where males can learn skills and participate in a variety of other programs and services. These conditions permit corrections officials to more appropriately place male inmates in maximum, medium, or minimum security institutions. The number of institutions also provides the opportunity to transfer male inmates among institutions so they receive specific programs, job training, and other services. At the same time men have a greater opportunity to transfer to

minimum security institutions as they near the end of their sentences, gradually progressing out of the system with greater opportunities for work and study release.

In contrast, many jurisdictions have only one or two female institutions because of the relatively small number of female inmates. Because of the small number of female facilities, women are usually placed in institutions housing a full range of security levels. A woman qualified for a minimum security risk classification may be confined under maximum security control.

The institutions in many instances are in rural or isolated locations away from work and study release opportunities. In many instances there are few opportunities for industrial jobs and other training programs.

Women have few opportunities to transfer to less secure environments offering outside activities and the opportunity to reestablish family and community ties. (See pp. 12 to 23.)

At local jurisdictions, men and women are usually housed in the same facility but separated. Differences in these systems relate more to unequal access to available opportunities rather than differences between facilities. Women are frequently denied access to the cafeteria and recreational facilities and confined to a specific floor, wing, or cell for the duration of their confinement. (See p. 16.)

The Federal corrections system has eliminated many of the inequities by establishing institutions which men and women share. However, because there are only four Federal institutions for women, many women are located long distances from their homes and communities. About one-third of all Federal female prisoners are housed in an all-female Federal prison in Alderson, West Virginia. Many of the same inequities exist at this institution as are found in State institutions. (See p. 18.)

Monetary constraints at all levels of government present problems in providing comparable quantity and quality of services, programs, and facilities for the relatively small female population. However, because the courts are ruling in favor of female inmates, more and more jurisdictions are having to deal with the situation. (See p. 8.)

ALTERNATIVES EXIST TO  
PROVIDE EQUAL TREATMENT

Alternatives exist which would provide for more equitable treatment without duplicating existing programs and services. These alternatives include:

- Shared facilities: a concept of co-corrections involving men and women sharing the available resources other than housing. This concept is used in the Federal system and to a limited extent in some States. The range of programs, facilities, and other services is greatly increased for women. (See p. 27.)
- Community corrections: an alternative to the traditional approach of incarceration which involves the community in the corrections process. Used as either an alternative to incarceration or a transitional facility out of the system, community resources are available to provide offender services. This approach greatly increases sentencing alternatives and may include restitution to the community or victim through either service or monetary means, and at the same time may require education or training that will benefit the offender. (See p. 28.)
- Joint venture: a concept of pooling resources at the Federal, State, and local levels to better utilize incarceration facilities. Agreements between States and the Federal Bureau of Prisons could greatly enhance the possibilities for solving inequities in female corrections.



Equivalent facilities and services would be available without the need to duplicate existing resources in other jurisdictions. (See p. 30.)

- Private industry: this alternative would involve private concerns either inside the institution or through contracts to provide a product or service. The concept could expand the industrial operations available in the institutions and provide work and earnings for inmates. Private industry involvement could also be an effective link to the outside world at the time an inmate is to be released. (See p. 33.)

### RECOMMENDATIONS

GAO recommends that the Attorney General provide the same level of resources and opportunities to women inmates as are provided to men. To accomplish this in the Federal system and to assist States in overcoming disparities in their institutions, the Bureau of Prisons, in conjunction with the National Institute of Corrections, should develop a strategy for dealing with inequities in female corrections. This strategy should include all levels of corrections on a regional, metropolitan area, or statewide basis to achieve equitable conditions and at the same time provide for more efficient use of existing and future facilities and staff resources.

GAO also recommends that the Attorney General require the National Institute of Corrections to place increased emphasis on performing research and evaluations of innovative approaches that are being used at the different levels of corrections throughout the United States. In addition, it should serve as a clearinghouse for disseminating information on successful alternatives to the Federal, State, and local levels.

### AGENCY COMMENTS

The Department of Justice agreed that incarcerated females are not treated equally with incarcerated males and recognized the impor-

tance of correcting the situation. The Department stated that the report presented a good overview of major problems in female correctional facilities as compared to male facilities, such as fewer programs, fewer types of vocational training, inadequate classification, etc. It stated further that the present era of fiscal austerity places a challenge on correctional administrators to reduce the inequities while working within the limits of existing resources. (See p. 23.)

The Department neither agreed nor disagreed with the recommendations in this report. Rather, the Department discussed a large number of actions taken or planned that address directly or indirectly the female offender issue. The implications of the Department's comments are that these steps satisfy the intent of the recommendations.

GAO acknowledges that the Department has taken steps to improve opportunities and conditions for females. However, it believes that the Department needs to take a greater leadership role in fostering the kind of cooperative Federal, State, and local government relationships required to solve the problem of inequitable treatment of female offenders. (See pp. 35 to 38.)

C o n t e n t s

		<u>Page</u>
DIGEST		i
CHAPTER		
1	INTRODUCTION	1
	Legal status of woman in	
	the United States	1
	Incarcerated women today	3
	Female offender issues	4
	Objectives, scope, and methodology	5
2	WOMEN OFFENDERS ARE NOT PROVIDED	
	FACILITIES, TRAINING, AND SERVICES	
	EQUIVALENT TO THOSE PROVIDED MALE	
	OFFENDERS	7
	Legal bases exist for ensuring	
	equality between the sexes	8
	Other statutory provisions may be	
	used to assert rights of female	
	inmates	10
	Women offenders are not offered	
	the same opportunities as men	12
	Reasons most frequently cited for	
	these differences	20
	Conclusions	22
	Agency comments	23
3	ALTERNATIVES THAT CAN PROVIDE GREATER	
	OPPORTUNITIES FOR WOMEN INMATES	26
	Shared facilities offer benefits to	
	both sexes	27
	Community corrections could provide	
	new opportunities to women	28
	Federal, State, and local joint	
	ventures could benefit female	
	offenders	30
	More industrial jobs are needed	33
	Conclusions	34
	Recommendations	35
	Agency Comments	35

	<u>Page</u>
APPENDIX	
I	List of GAO reports 39
II	Total female and male inmates by State and Federal Governments as of December 31, 1978 40
III	Agency comments 42

ABBREVIATIONS

GAO General Accounting Office

CHAPTER 1INTRODUCTION

In fiscal year 1978, Federal, State, and local governments spent about \$5.5 billion in corrections for confinement and related costs to house about 300,000 inmates. Of the total inmate population, about 12,700 were adult females. To discuss the present-day position of the relatively small number of women offenders within correctional systems, it is necessary to show (1) how the complex and far-from-uniform network of correctional systems has developed in this country and (2) the emerging case law on the legal status of women.

The American criminal justice system reflects contributions from many people of diverse backgrounds, customs, and laws. During this country's early years, each State and the Federal Government devised penal codes out of a maze of various customs and statutory systems, including English common law; and French, Spanish, Dutch, and Roman civil law. Moreover, legal and penal philosophies behind these statutes represented a jumble of conflicting attitudes concerning appropriate punishments, the efficacy of the death penalty and hard labor, and prisoners' rights. For instance, legislatures debated whether the objective of punishment ought to be retribution, restitution, reformation, or deterrence. Following historical practice, legal codes also distinguished between free citizen and servant or slave, man and woman.

LEGAL STATUS OF WOMEN  
IN THE UNITED STATES

The status of women was a subject of debate after the Revolution, with both sexes arguing for women's right to membership in the new "civil order" or "body politic." However, no early State legislatures or courts assigned equal rights to women. As a consequence, in 1833 a legal commentator remarked of women:

"According to their destiny and consequent place they occupy in civil society, they are less exposed to the temptation or to inducement to crime; their ambition is not so much excited, and they are naturally more satisfied with a dependent situation; \* \* \* they have not the courage or the strength \* \* \* to commit a number of crimes \* \* \* According to their position in society, they cannot easily commit certain crimes

such as bigamy, forgery, false arrest, abuse of civil power and revolt." 1/

Not only did the courts and legislatures determine women's position in society, they also defined the relationship of husband and wife. Barbara Wertheimer, summarizing research on women in We Were There, concludes that

"through the revolutionary period the colonial woman enjoyed considerably more freedom than her European sisters \* \* \* but the stricter adherence to Blackstone's codification of English common law by the new American States following the war ended that freedom."

Blackstone's interpretation, used by James Kent in Commentaries on American Law (1826), was that, in the English common law tradition, married women did not retain their "personhood."

"By marriage, the husband and wife are one person in law: That is, the very being, or legal existence of the woman is suspended during the marriage, or at least incorporated and consolidated into that of the husband, under whose wing, protection and cover, she performs everything \* \* \* under the protection and influence of her husband, her baron or lord \* \* \*. The courts of law will still permit a husband to restrain a wife of her liberty in case of any gross misbehavior. In criminal prosecution, it is true, the wife may be indicted and punished separately, for the union is only a civil union \* \* \*. In some felonies, and other inferior crimes committed by her, through constraint of her husband, the law excuses her; but this extends not to treason and murder." [Underscoring was italicized in original.] 2/

In all the States, the courts were faced with the difficult task of determining when a woman was or was not acting as a separate person, rather than under the authority of

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1/Gustave Beaumont and A. de Tocqueville, On the Penitentiary System in the United States and Its Application in France, Trans. Francis Lieber Philadelphia: Casey, Lea and Blanchard, (1833), p. xvi.

2/William Blackstone, Commentaries on the Laws of England in Four Books (1765), George Sharswood, ed., (Philadelphia: J.B. Lippincott and Co., 1898) Book I, ch. 15, pp. 442-444.

her husband. Separate from a husband, a woman was morally responsible for her actions, capable of owning property, signing contracts, using civil courts, and being charged in criminal courts. One problem, particularly among new immigrants and the urban and rural poor, including many free blacks, was the presence of women who were living in family relationships without a legal marriage. They were, therefore, considered by the courts to be without a husband or children.

Women and men were sentenced to the workhouses and prisons with little difference in treatment. However, these conditions did not remain unchallenged. Several societies providing assistance both to the poor and to prisoners called for separation by age, sex, race, and degree of "depravity."

Women in jails, workhouses, and prisons have been both separated from and mixed with men. But whether in a cell, in workhouses, or in a separate institution, women have always been a very small and almost invisible minority in the corrections system. Their small numbers, coupled with the attitude of many corrections officials that women are passive, dependent, and childlike, limited concern and action to improve their lot.

Moreover, women have seldom participated in legislative and administrative decisions concerning the planning and management of correctional institutions. Such basic decisions and planning have been made by men. Institutions developed and administered by women for women have occurred only when women organized politically (often through the use of women's civic organizations) while having women in key political positions with access to judicial or executive branches.

#### INCARCERATED WOMEN TODAY

There were about 12,700 females in the custody of Federal and State Governments as of December 31, 1978. A breakdown of this total by Federal and State Governments is shown in appendix II.

A GAO staff study, "Female Offenders: Who Are They and What Are the Problems Confronting Them?" (GGD-79-73, Aug. 23, 1979), presented a detailed profile of the typical female offender. According to the study, she is

- young,
- poor,
- of a racial or ethnic minority,

- unskilled,
- unmarried,
- a parent, and
- had committed some form of victimless or economic crime.

The Director of the Federal Bureau of Prisons confirmed this description in recent testimony before the House Subcommittee on Courts, Civil Liberties, and the Administration of Justice. He described her as 31 years old, black, single, the head of a household, and responsible for two children. According to the Director, the female offender did not have a high school diploma and probably had been committed for an economically related crime or drug related offense.

#### FEMALE OFFENDER ISSUES

Recognizing the importance of identifying issues concerning female offenders, the Bureau established a task force in 1978 to study their needs within the Federal system. This task force addressed a number of issues directly bearing upon this report before it was disbanded in mid-1979.

- Location of institutions to provide the best possible services for female inmates.
- The role of co-corrections in carrying out the Bureau's mission.
- Appropriate custody levels within facilities.
- Adequate medical policies and procedures that meet the needs of female prisoners.
- Adequate skill training programs for women.
- Equal placement of women in community treatment centers.

This report discusses these issues in relation to Federal, State, and local corrections; identifies inequities between men's and women's environments; and describes some approaches being used to reduce these inequities.



OBJECTIVES, SCOPE, AND METHODOLOGY

While researching female offender issues, 1/ we identified a significant issue dealing with the inequitable opportunities offered females in terms of facilities, training and education programs, and services, as opposed to the male offender. This review was directed at determining the significance of these inequities, why they were occurring, and alternative ways to eliminate them.

We conducted our review from September 1979 through June 1980 at the Bureau of Prisons, National Institute of Corrections and the National Institute of Justice in Washington, D.C.; State departments of corrections in California, Minnesota, North Carolina, New Hampshire, Texas, and Vermont; and at numerous jurisdictions in those States. We also visited Federal, State, and local correctional institutions where both men and women were incarcerated. In addition, we visited projects established as alternatives to incarceration and community corrections programs.

Our selection of States and other locations to visit was based on knowledge gained during the prior research of published materials and contacts with experts. The States were chosen to provide a wide range of corrections approaches, inmate populations, urban and rural facilities, and locations where innovative alternatives were used as a part of corrections. The States selected had female inmate populations ranging from 1,147 to a low of 6. One State contracted with another to house female offenders. The selection also provided us with examples of jurisdictions that view their purpose as primarily custodial and others which have a more rehabilitative approach. Several States selected have a variety of innovative approaches to corrections, including community corrections and other alternatives to incarceration. We have identified those States with the innovative approaches so that other States might be able to contact them to obtain additional information. The selection of jurisdictions within the States was made on the same basis as the States themselves and on suggestions from correctional officials based on their knowledge of the local jurisdictions.

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1/The results of the research were published in the staff study "Female Offenders: Who Are They and What Are the Problems Confronting Them?", (GGD-79-73, Aug. 23, 1979).

We reviewed legal cases that have been brought before the courts relating to conditions in jails and prisons and the opportunities provided inmates.

We visited institutions, interviewed officials, and reviewed records at the Federal, State, and local government levels to determine the types of facilities, training and education programs, and services provided male and female offenders and to determine how these governments were eliminating the inequities between male and female offenders.

In addition, we used the services of a consultant for background data related to females in the criminal justice system and to provide insight into the various corrections systems used.

CHAPTER 2WOMEN OFFENDERS ARE NOT PROVIDEDFACILITIES, TRAINING, AND SERVICES EQUIVALENTTO THOSE PROVIDED MALE OFFENDERS

Government units charged with providing inmates basic services and a humane and safe environment are not providing them equally to both sexes. Unequal conditions exist at the Federal, State, and local levels and include the types and locations of facilities, job-training programs, and prison industries. Where corrections systems have instituted programs in education, vocational training, actual jobs in industry, and other benefits, they have done so principally for the large male prisoner population. The small number of female prisoners affects the variety of services offered them, their separation by security levels, and their exposure to the community setting. Although inequities exist at all levels, the Federal level has taken action to increase opportunities for females by operating facilities which house both men and women, and thereby provide equal services to both. It has also established a task force to study specific problem areas in need of further improvements.

To gain more equitable conditions, women inmates are demanding improvement through the courts. The courts are increasingly deciding in the women's favor that small numbers, expense, and administrative convenience are not adequate defenses for continuing unequal practices.

Factors, other than number, expense, and inconvenience, have also contributed to unequal programs for women inmates. Old stereotypes have been perpetuated in the institutions so that, where programs have been made available, they have been primarily in fields considered traditionally female, such as sewing, cosmetology, and food service--not in fields that generally command high wages.

Women's institutions, far fewer in number, generally house the full range of security levels together. These few institutions are far from most women's homes and offer little opportunity to progress to less controlled incarceration. For male prisoners, however, the jurisdictions provide greater opportunity for separation by security level--thus ensuring that men are usually incarcerated under appropriate security controls. In addition, these institutions are so numerous that men can be incarcerated relatively close to their home communities; they can "progress" to less secure institutions; and

they can transfer between institutions to get needed programs, services, and training.

Men's institutions provide their inmates a wide variety of academic, vocational, and work/study release programs, whereas women's institutions have few programs. Moreover, women prisoners lack equivalent health and recreation programs and prison industries. In many cases, women's institutions have few prison industries providing training and work skills that they can use after release.

#### LEGAL BASES EXIST FOR ENSURING EQUALITY BETWEEN THE SEXES

Women prisoners are beginning to demand parity with their male counterparts. Suits on behalf of women prisoners are demanding that correctional officials provide those facilities, educational, vocational, and work/study release programs presently provided to men. Courts deciding in favor of these women state that reasons such as (1) their small numbers, (2) the expense of providing equal situations, and (3) administrative convenience are not adequate defenses for continuing unequal practices.

These suits are based on several legal grounds. Treating male offenders differently from female offenders in some cases violates the fourteenth amendment. In some instances the treatment of females constitutes cruel and unusual punishment prohibited by the eighth amendment. Other suits protesting the situation of female offenders have been filed under the fourth amendment--for extreme invasion or violation of privacy.

#### Fourteenth amendment suits

Many sex discrimination cases filed by women inmates allege unequal access to work release and other vocational programs. These programs are often unavailable to women, and those that are available are frequently inferior to those provided their male counterparts. Recent trends indicate the courts are trying to fulfill the unique needs of women offenders rather than simply duplicating the programs available to men.

--In Glover v. Johnson, No. 77-1229 (E.D. Mich. October 16, 1979), the court found that women inmates had fewer and inferior educational and vocational programs than did male inmates throughout the State. In addition, the court found women had been denied access to supplemental programs such as work pass incentive and good time. The court

ruled that women prisoners have the right to a range and quality of programing substantially equivalent to that offered men but based on the needs and interests of female inmates.

- In Barefield v. Leach, No. 10282 (D.N.M. 1974), the court found the State had failed to provide parity in vocational programing, assignment to wage paying work within the institution, and adequate facilities for vocational projects. The court ordered the State to achieve a reasonable parity.
- In Grosso v. Lally, No. 4-74-447 (D. Md. 1977), the parties entered a consent decree in which the Division of Corrections agreed that programs, conditions, and opportunities for women would be "no less favorable, either quantitatively or qualitatively" than for men. Women were granted participation in community corrections and work release programs, equivalent eligibility requirements and wage rates, and vocational programs. The decree also allowed women's participation in educational and drug programs.
- In Molar v. Gates, 159 Cal. Rptr. 239 (4th Dist. 1979), the court held that the county jail system could not provide special programs and facilities for men only. The court rejected the defendant's argument that the administrative requirements of maintaining separate facilities and the cost of providing duplicate programs were too expensive. The court left it up to the county to decide whether to provide women the same benefits or eliminate the men's special programs and facilities.

Molar v. Gates demonstrates that some equal protection suits may result in diminished privileges for both sexes. The special facilities available to the men were considered a "privilege" rather than a basic constitutional "right" (such as access to the courts). The equal protection problem did not have to be solved in this case by offering identical "privileges," but rather by ensuring both groups were treated equally.

#### Eighth amendment suits

Women offenders have also brought suits on the basis of the eighth amendment, which prohibits cruel and unusual punishment. Many of these suits have been based on lack of proper medical care.

--In Estelle v. Gamble, 429 U. S. 97, 104 (1976), the court asserted that deliberate indifference to serious medical needs of prisoners violated the eighth amendment.

--In Todaro v. Ward, 431 F. Supp. 1129 (S.D.N.Y. 1977), a women's correctional facility's medical system was found to be unconstitutionally defective and was ordered improved.

#### Fourth amendment suits

Fourth amendment suits filed by women are based on the invasion of privacy.

--In Forts v. Ward, 471 F. Supp. 1095 (S.D.N.Y. 1978) the district court ruled the employment of male guards in contact positions at a female facility violated the females' rights to privacy. Entry into rooms or bathrooms by guards of the opposite sex was prohibited unless (1) there has been sufficient warning or (2) urgent necessity justifies an exception.

#### OTHER STATUTORY PROVISIONS MAY BE USED TO ASSERT RIGHTS OF FEMALE INMATES

Additional statutory provisions exist which may be used by female offenders to assert their rights.

In commenting on this report, the Department of Justice stated that Title IX of the Education Amendments of 1972, 20 U.S.C. Section 1681 et seq., could be used by female offenders to assert their rights. This section prohibits discrimination on the basis of sex in educational programs and activities receiving Federal financial assistance.

Another provision is the recently enacted Civil Rights of Institutionalized Persons Act (Public Law 96-247, May 1980), which gives the Attorney General authority to initiate and to intervene in civil actions brought to redress deprivations of constitutional and Federal statutory rights of individuals confined in State and local institutions. Another possible provision being discussed is whether inmates working in correctional institutions create an employer-employee relationship. If so, Title VII of the Civil Rights Act of 1964 may apply. This provision prohibits discrimination in employment based on sex, race, religion, or national origin.

Court cases are in process

In addition, a number of cases were underway in the States we visited.

In Texas, two suits alleged unequal treatment of female offenders. The complaint in Quinlin/Moore v. Estelle alleges that the Texas Department of Corrections denies women access to the courts because in the view of the plaintiffs its law library is inadequate and only available for limited time periods. Quinlin v. Estelle is a class action suit which charges that the vocational training available is inferior to that provided male inmates. The complaint charges that men are offered auto shop, printing, welding, and other skill training, while women are offered training only in traditional female vocations. In addition, the complaint alleges that, unlike male inmates, the women do not have a 4-year college program or work furlough programs.

In Batton, Stokes, Stokes, Jones, and Hamm v. the State of North Carolina, et al., women inmates have alleged that their first, fourth, sixth, eighth, and fourteenth amendment rights have been violated. The suit asks the State to institute practices and programs for women prisoners equal to those available to men. It also challenges a departmental policy that houses most women in one institution without regard to their security ratings, the nature of their crimes, or their ages. The suit further alleges that women in prison have limited access to employment, parole, and work release because of the prison's location.

In California, a suit was brought against the city and county of San Francisco by various groups, including the Women's Jail Study Group. According to the suit, the defendants have failed to provide a work furlough program for incarcerated women, although they had made one available to incarcerated men. In an attempt to settle this suit, the Sheriff's Department presented a plan to lease building space for a women's furlough program. The court postponed further action on the suit until it receives a status report from the Sheriff's Department.

Another class action suit filed in California against Santa Clara County officials alleges that women were being denied certain housing and rehabilitation available to men inmates. It further charged that women in pretrial custody were being held without cause under conditions and restrictions amounting to punishment.

At the time the suit was filed, all women inmates, whether sentenced or in a pretrial status, were held in a maximum security facility. As an interim measure, the court ordered reasonable contact visits for pretrial women. The Sheriff's Department also said it would extend the privileges to include certain types of minimum security women. In addition, a stipulation filed later specified that female inmates would receive the same programs and classes as the males.

WOMEN OFFENDERS ARE  
NOT OFFERED THE SAME  
OPPORTUNITIES AS MEN

We visited institutions at the Federal, State, and local levels and found that in most instances women offenders did not have facilities, programs, services, and industrial training opportunities equivalent to those provided men offenders. This is not to say that the situation of men offenders was ideal or even particularly good, but rather that differences exist between male and female institutions. Although this report points out differences which exist in male and female corrections, it does not address the quality of offerings or suggest a standard for females based on men's institutions. We have issued several reports concerning the quality of programs and services provided to male inmates. A list of the reports is included in appendix I.

Female offenders are not  
provided the same types  
and numbers of facilities

The same types and numbers of facilities provided men are not available to women. This is particularly true within the State prison systems, and to a lesser extent, in the Federal system. Jails exhibited differences in treatment or situations also, but the differences related more to unequal access to available facilities rather than differences among facilities.

A comparison of the number of male and female institutions at the Federal level and in the States visited appears on the next page.



PENAL INSTITUTIONS

<u>Federal</u>	<u>Male</u>	<u>Female</u>	<u>Shared</u>	<u>Total</u>
Correctional institutions and penitentiaries	22	1	3	26
Penitentiary and prison camp combinations	5	-	-	5
Prison camps	5	-	-	5
Metropolitan correctional centers	-	-	3	3
Community treatment centers	6	(a)	3	9
Detention center	1	-	-	1
Detention center and camp combination	<u>1</u>	<u>-</u>	<u>-</u>	<u>1</u>
Total	<u>40</u>	<u>1</u>	<u>9</u>	<u>50</u>
<u>State</u>				
California	b/29	1	c/1	31
Minnesota	4	d/2	-	6
New Hampshire	3	(e)	-	3
North Carolina	79	f/6	-	85
Texas	15	2	-	17
Vermont	5	-	1	6

a/The Bureau has contract facilities for female community corrections.

b/The male institutions include 19 conservation camps. These are not available to females.

c/Separately housed, civilly committed male and female narcotic addicts.

d/One juvenile female institution is used to house the overflow from the adult female institutions.

e/Female inmates are housed in another State.

f/Four of the 6 institutions are halfway houses with a capacity of 10 residents each. One additional institution houses selected juvenile female offenders.

As the previous table shows, men had considerably more institutions than women in which they could be incarcerated. This is partially due to the large numbers of male prisoners and partially due to the history of penology in the United States (as discussed in chapter 1). Opportunities that accrue to men because of the large numbers of institutions and the types and locations of these institutions include the following:

- Men may be placed in an institution more appropriate to the type of security their individual cases require.
- As their need for higher security levels diminishes, men may transfer to less secure institutions, thereby having more personal freedom.
- As their release dates near, men may be placed in a facility nearer their home community so they can reestablish family ties, find jobs, etc.
- Many men may participate in work release programs because their institutions are near community resources.
- Men may get the opportunity to transfer between institutions for programs, training, or services.
- Men's institutions more often house industrial operations or vocational training programs.

In contrast, women generally have little opportunity to transfer between institutions because they are usually housed in one or two central institutions within a State or in one of four Federal facilities. Because of the small number of women's facilities the following situations exist:

- Women may be placed in an institution housing inmates with a range of security levels. Consequently, women who are low security risks may have less personal freedom than their male counterparts.
- Women may not have the opportunity to transfer to a less secure institution as they become safer risks.
- Women may often be incarcerated long distances from their home and community. Moreover, they may not have the opportunity to be incarcerated in their home community when they are near release.

--Women may have little opportunity to participate in outside work release programs, since many women's prisons are located in rural settings far from community resources.

--Women may not be able to transfer between institutions to get programs, training, or services.

--Women's institutions often do not include major industrial operations or vocational programs.

At the Federal level, a recent task force study concluded that:

--Women's facilities were not located geographically to provide the best possible service. The study identified a need for additional female institutions in the Northeast Region, in the North Central Region, and in the lower California region.

--Lower custody women were being housed in facilities designed for higher custody inmates.

Although not addressed in the task force study, problems in placing women offenders from the District of Columbia in the Bureau's Alderson prison have been noted by several groups. This practice places these women about 250 miles from home in a remote area, which has little commercial transportation available. On the other hand, many of the male District offenders are committed to a facility in Lorton, Virginia, near their homes. A Bureau attorney said there are indications District judges are considering this situation and are becoming reluctant to confine women at Alderson. The House Committee on the Judiciary has encouraged the Bureau to study alternative uses for Alderson. The Committee also stated that since the Bureau has recognized that female offenders are held in facilities more secure than are necessary, placement in community-based facilities and minimum security camps should be considered. The Bureau was directed to report to the Congress no later than January 1, 1981, on the result of this study.

One of the States we visited had 85 correctional facilities located in 67 counties. Women were housed in only one primary facility and four limited space treatment facilities (halfway houses). In addition to the far greater number of facilities and the benefits accruing from a variety of institution types, men are allowed to transfer between units to get the vocational programs needed. Women are not offered this opportunity. The only vocational programs offered to women are at the one primary facility.

In another State, men had access to a special training facility for placement in conservation camps operated jointly by the Department of Corrections and the Department of Forestry. Inmates spend an average of 1 year in the camps and are paid a small daily wage. The training facilities are large enough to house 1,200 inmates and to provide instruction in fire-fighting, reforestation, flood control, and physical conditioning for rugged terrain. In addition, vocational training for camp operations includes mill and cabinet work, masonry, welding, auto mechanics, body and fender work, and meat cutting. The inmates have access to academic classes and additional recreational programs. Most of the camps also have family visiting units for inmates' use. Women had no access to similar facilities, and they are denied access to the camp system, training programs, and wage earning opportunities provided men. The State is negotiating to establish a forestry camp for women.

The Bureau operates 13 camps throughout the country and plans to have additional camps for men, but they exclude women. These camps have minimum security and permit the inmates to have greater help in their reentry into society. Since most women offenders require minimum security, which allows them more access to community activities, camps or similar facilities seem to be appropriate for women also.

In jails where men and women are housed in the same institution, the inequity is one of access to available facilities. In one of our previous reports, we found that women requiring different security levels were usually kept in the same cell or cell block with no recreation facilities and were often fed in their cells. Some of the differences found in local jails in one State are shown below.

- Within county institutions, female inmates were not segregated by security classifications although male inmates were.
- Smaller local jails often placed women in the segregation or maximum security section as a means of meeting the State requirement for the segregation of sexes.
- In one facility, women on work release were strip searched each day upon return, because they were housed with the general female inmate population. At the same institution, men on work release were housed separately and were not subject to the daily strip search.

--At another facility, an industry shop was provided for men but not for women inmates.

--At one institution, men had access to a gym, but women did not.

Differences in programs and in training, industrial, and medical service opportunities

Women inmates are not provided the same range of opportunities available to their male counterparts. The wider range of men's prison facilities and their proximity to communities provided male prisoners greater opportunities to meet their needs for classroom as well as on-the-job training. In addition, the proximity to community services makes it easier for men to obtain proper medical or mental health services. Specifically,

--men generally get training in skilled trades or go on to work release programs,

--men often work in industrial operations--frequently for pay, and

--men often have access to full-scale hospital and mental health facilities--often within the prison system itself or at a nearby location.

Because of the size and location of most female institutions, female inmates generally have fewer opportunities.

--Women's institutions often limit the vocational programs to traditional, low-paying female occupations.

--Work release opportunities are often limited because of institutional locations and the lack of segregated housing for those on work release.

--Full-scale health facilities are often not available and women have to be transported to distant community facilities.

Women in jails are also at a disadvantage even though little is offered either sex in these facilities. Women are sometimes denied access to the few recreational and service offerings available to men.

Program and training  
deficiencies

Women are offered fewer programs and training opportunities than men. In this regard the Bureau task force on women offenders noted:

"\* \* \* some improvements have been accomplished in skill training for women. \* \* \* In particular, co-correctional institutions are able to provide a wide breadth of skill-training opportunities for women as well as men. However, we conclude that much remains to be done to raise opportunities for women to a level equal to that provided for male prisoners."

Alderson recently began offering programs in apprenticeship trade areas accredited by the Department of Labor's Bureau of Apprenticeship Training. The institution has also begun to use women to do building and ground maintenance work formerly done by men. However, the Bureau's Director of Programs stated that men inmates have greater opportunities than women to receive their desired vocational training close to their homes because of the greater number of male institutions to which they can transfer.

Differences in program and training opportunities were also evident at States we visited. For instance, in one State, male inmates are provided a formal prerelease program when they are nearing the end of their sentences. Inmates may request to participate, or the parole board may impose participation as a condition for release. A private corporation developed the program as a career clinic to emphasize employment through the preparation of goal-oriented resumes. About 50 percent of the men released each year participate in the program, and in 1978, 85 percent of these had verifiable employment when released. Women offenders, however, do not have a similar program. They have to find their own jobs with little or no instruction in the preparation of resumes.

In the same State, there was a wide disparity between the program offerings at the women's institution and the offerings at two men's institutions. Women received training in keypunch and food services--two traditionally female occupations. At one of the men's institutions, inmates had access to 13 different vocational and on-the-job training programs, including welding, auto body repair, drafting, computer programing, medical lab assistant, and X-ray technician. At the other male institution, there were 11 such programs.

In another State, male inmates at the various institutions were offered vocational training in skilled trades, such as welding, electronics, auto mechanics, carpentry, and brick-masonry. They were also given the opportunity to transfer between institutions to help meet their vocational needs. Women were offered cosmetology, upholstery, and secretarial sciences in the one primary adult female institution. In addition, women had no opportunity to transfer for training.

#### Fewer industries are available to women

Prison industries are operated in many institutions to provide, among other things, a training and work environment and, at the same time, provide the inmate an hourly wage. Access to prison industries has not been made available equally to men and women in most instances. In the Bureau, for example, women have access to only 13 of 84 industrial operations, while men have access to 82 of 84. In addition, most of the industrial operations for women--11 of 13--are located in co-correctional institutions, and are therefore equally available to men.

At the only all-female institution, both of the industrial opportunities were in traditional, low-paying skills--keypunching and sewing. At a recently converted all-female institution--now co-correctional--the opportunities offered women in four of five industrial operations were in the same areas of sewing and keypunching.

Differences in industrial job opportunities were also found in States. For instance, in one State, women have only one industry--sewing. Men have a dairy farm, furniture factory, glove factory, sewing machine repair shop, and an industrial laundry. In addition, men can transfer from one institution to another to better utilize their skills. Women cannot.

#### Differences in medical services provided

As in the other programs and training, we found differences in the range of medical services at male and female institutions. Examples of these differences follow.

The Bureau's task force on female offenders found that more community medical resources were used for women than men and that this presented both budgetary and managerial problems. The task force also looked into the psychiatric problems among female offenders and concluded

"\* \* \* approximately 150 female inmates currently incarcerated in the federal system have been identified as suffering from a serious psychiatric disability. Of this number, it is estimated that from 20-30 women would be hospitalized at any given time if more expanded psychiatric facilities for women were available. While the psychiatric facilities currently available for females have been minimally adequate for management purposes, there is evidence which points toward the need for a more psychiatrically consistent response to this issue."

The Bureau has special psychiatric facilities for men located in Springfield, Missouri, and Butner, North Carolina. The Bureau planned to have women psychiatric patients at Butner; however, an official told us that this was not done because the security risk was too great due to the violent male population. In addition, they could not find 38 women inmates, the amount needed to fill a ward, in need of this type of care. The Bureau has responded to the need for hospital space for psychotic women. In January 1980, it opened a psychiatric facility at the Lexington facility with an ultimate capacity of 28 inmates. This facility, however, only handles cases that are serious enough to warrant hospitalization; and thus, the Bureau has not provided comparable facilities for women who do not require hospitalization.

In one State, there were no separate living units for emotionally disturbed women in the institution. In addition, there was no infirmary and only intermittent services of a physician, dentist, psychologist, and psychiatrist. Two of the male institutions had staffed infirmaries for routine medical services and one had an inpatient mental health unit, as well as an inpatient dependency program.

In two other States, men inmates have a comprehensive psychiatric treatment facility staffed by psychiatrists. Women inmates are transferred to State or local hospitals if their problems require extensive treatment.

In the jail setting, where it is difficult to separate the female inmates because of their small numbers, acutely psychotic women are sometimes held with other inmates while waiting commitment to a State mental hospital.

#### REASONS MOST FREQUENTLY CITED FOR THESE DIFFERENCES

The reasons for differences most frequently cited by penal officials were (1) the small numbers of women incarcerated did



not justify the expense of duplicate facilities and programs, and (2) the women were not interested in the types of vocational training offered men. A less obvious reason may be the personal feelings of some penal officials on the appropriate roles for women or towards incarcerated women in general.

Numbers of incarcerated women are small compared to numbers of incarcerated men

The numbers of prisoners of both sexes housed in the Federal and State systems at the time we contacted them are shown in the following table.

	<u>Total</u>	<u>Offenders</u>			
		<u>Male</u>		<u>Female</u>	
		<u>Number</u>	<u>Percent of total</u>	<u>Number</u>	<u>Percent of total</u>
Bureau of Prisons	24,157	22,892	94.8	1,265	5.2
States					
California	21,325	20,178	94.6	1,147	5.4
Minnesota	1,989	1,910	96.0	79	4.0
New Hampshire	320	314	98.1	6	1.9
North Carolina	14,734	14,181	96.2	553	3.8
Texas	24,575	23,570	95.9	1,005	4.1
Vermont	481	467	97.1	14	2.9

As can be seen, the female population appears small compared to the incarcerated male population. However, in absolute numbers, there are a great many incarcerated women. The problem of small numbers is particularly pronounced because the women are scattered in Federal, State, and local institutions. As a result, it can be extremely expensive to duplicate for women the variety in facilities, programs, services, and industries provided men. For example, corrections officials in one State we visited recognized the inequitable situation of females in the State system but said it was difficult to provide programs for the less than 100 women in prison, as compared to 2,000 men. The small group made most programs extremely expensive per person to implement.

Corrections officials' attitudes  
also differ toward women

Although the official positions stated in the various penal systems publications do not indicate a difference in attitudes towards men and women offenders, we found that some individual officials within the system still maintain a traditional view toward the training programs and other vocational needs of women offenders. Some still assume that women do not need to be self-supporting or that they are only interested in traditionally female jobs. This assumption is not true based on a Labor Department study which found that the majority of women inmates expected to work after release to support themselves and others. Other studies have been performed that show women inmates are interested in such jobs as truck driver, carpenter, car mechanic, welder, and butcher. Attitudes toward female offenders were discussed at length in our staff study on "Female Offenders: Who Are They and What Are the Problems Confronting Them?" (GGD-79-73, Aug. 23, 1979).

The lack of concern over the needs of women made some officials unwilling to incur the expense of matrons so that women could participate in activities available to men in the same facility. For example, in one county jail female inmates were not allowed to attend education classes because penal officials did not feel they could spare a matron to monitor the co-ed class. In another jail, women were not allowed to work in the kitchen because jail officials did not consider mixing males and females safe.

Some officials had an attitudinal problem toward incarcerated women in general. For example, a county correctional official in one State expressed the attitude that incarcerated women would fail in any program because the criminal justice system only incarcerates "losers."

CONCLUSIONS

From data available to us, it is obvious that women offenders are not receiving equitable opportunities in facilities, programs, services, and industries. The differences were due to the relatively small number of women confined by each jurisdiction and the cost per inmate to provide women the same type and variety of programs and services as those provided men. The attitude of corrections officials also differs toward women. Officials seem to maintain a traditional view toward the training programs and other vocational needs of women offenders.

Women are beginning to demand expanded opportunities and are entering suits to obtain equal conditions. The courts are supporting the principle of equality where disparities amount to constitutional violations. However, actions through courts are generally a slow process. Penal systems and institutions not parties to the litigation generally are not bound by court orders. Moreover, litigation is by its nature reactive--that is, it generally deals with existing conditions that are sufficiently severe to warrant court action. And until the litigation is resolved--which may take several years--unacceptable conditions may continue to exist. Finally, it should be recognized that some disparities, though undesirable from a policy standpoint, may not be sufficiently severe to qualify for relief in a court of law.

There are opportunities for providing women inmates more equitable treatment without the major expenses involved in constructing new facilities or duplicating programs and services for small numbers. In the following chapter we discuss some of these alternative approaches.

#### AGENCY COMMENTS

The Department of Justice commented on a draft of this report by letter dated October 20, 1980. (See app. III.) The Department agreed that incarcerated females are not treated equally with incarcerated males and recognized the importance of correcting the situation. The Department stated that the report presented a good overview of major problems in female correctional facilities as compared to male facilities, such as fewer types of vocational training, inadequate classification, etc.

In its comments, the Department stated that, although prison industries for women may not provide training in skill areas which are transferrable upon the inmate's release, one purpose of industries is to orient inmates toward the basic work ethic philosophy, and existing industrial operations should not be condemned in their entirety. The Department cited recent studies indicating that potential employers place a higher value on inmates who have developed good habits than on inmates who have contemporary technical skills.

Rather than condemning the Federal prison industries program, we acknowledge (see pp. 18 and 19) their success in providing a range of industrial opportunities to females housed in Federal co-correctional facilities. However, the all-female institution at Alderson had only keypunching and sewing, which are traditional, low-paying female occupations. We believe that the Bureau should strive to provide both males and females with marketable skills and work ethics.

In this regard, the Department raised questions about providing nontraditional job training to women when it has not been determined (1) whether women are expressly interested in these alternatives and (2) whether there realistically is a market for released female inmates in the business and industrial community. The Department provided a partial answer when it noted that while it had focused on providing skill training and education opportunities while offenders are in prison, only small numbers of men and women enroll in the Bureau of Prisons' vocational programs because they can earn more money working in the profitmaking industrial operations.

Despite any doubts about female inmates' interest in or need for training, the National Institute for Corrections is making small technical assistance grants to institutions to help them develop vocational training programs which will develop a woman's economic independence upon release. The Institute and the Bureau are working with the Department of Labor to consider the feasibility of adapting its apprenticeship programs for incarcerated women. By establishing apprenticeship programs in each factory, the Bureau will make it possible for inmates to learn job skills as well as earn pay. The Department noted that of its 44 registered apprenticeship programs, 6 are in institutions housing women.

Although we cannot fully answer the questions of whether women are interested in training in nontraditional areas or whether a job market for them exists, it is clear that the opportunities available to men and women must be comparable. This theme is embodied in the soon to be issued Federal Standards for Corrections which the Department cited. These Standards provide that separate institutions and programs for female inmates may be maintained provided that there is essentially equality of, among other things, institutional programs and employment opportunities. The move to co-corrections has enabled the Bureau to provide improved access to industrial and training opportunities to the the two-thirds of the female inmate population residing in such facilities. Although the situation at Alderson for the remaining one-third of the female population may be improving through the addition of apprenticeship programs, the training and industrial job opportunities remain relatively limited.

In commenting on the availability of medical and psychiatric facilities for women at two of its institutions, the Department stated that the Federal Correctional Institutions at Terminal Island, California; and Lexington, Kentucky, serve as medical referral centers for women. These two facilities provide services comparable to those for men at the Medical Center, Springfield, Missouri; and the Federal Correctional Institution in Butner, North Carolina.

The medical center in Springfield and the institution in Butner specialize in long-term medical services for men who have severe and complex medical and psychiatric problems. As noted on page 20, in January 1980, the Bureau established a 28-bed psychiatric unit at Lexington to provide similar services for females. However, as of October 1980, the facility at Terminal Island had only four beds for females and offered only short-time care in its medical unit. Also, the facility offered psychiatric services only to male inmates.

The Department labeled our failure to emphasize the Law Enforcement Assistance Administration and the National Institute of Justice initiatives regarding the female offender issue as a glaring omission in the report. Specific initiatives listed dealt with employment opportunities for women on probation, a study of processing of female arrestees, and a study of incarcerated mothers. Although undoubtedly of value in their own right, these programs and studies simply do not deal with the subject of this report--the inequities in opportunities for incarcerated men and women.

The other specific Law Enforcement Assistance Administration and National Institute of Justice actions cited were a survey of female prison programs and a yet to be published monograph on correctional programs for women. Although we do not discount any of the Department's efforts, we believe it overstated its criticism.

CHAPTER 3ALTERNATIVES THAT CAN PROVIDE GREATEROPPORTUNITIES FOR WOMEN INMATES

As a result of court actions, jurisdictions are being required to establish equitable programs for females. Regardless of the jurisdictions' philosophies on corrections--punitive, rehabilitative, etc.--women are usually not treated equally with males in the number of services and opportunities offered them. The conventional approach to correcting this disparity--establishing duplicate programs and services and dispersed facilities--requires creating facilities for even smaller numbers of women.

Providing more equitable opportunities for the smaller female population through either voluntary or court imposed action creates problems for management and may place further demands on an already tight budget. Yet, alternative approaches exist which can provide opportunities to the female population and at the same time avoid the costs of duplication. Increased emphasis on these alternative approaches--shared facilities, community corrections, and joint ventures of Federal, State, and local governments--would reduce the disparity between opportunities provided male and female.

Our discussion of alternatives does not include comparative costs for the various programs because of the many factors which may affect the cost per inmate day. These factors include

- inmate to staff ratio,
- number and types of programs offered,
- rate of hourly or daily pay for services performed by inmates,
- monetary benefits derived from inmate services, and
- inmate contribution to room and board.

Costs of alternative programs would vary depending on the approach, such as

- resident versus nonresident, and

- the value of contributions made by a participant through public service or victim restitution.

The alternatives discussed below are based on correctional approaches being used at the Federal, State, and local levels of government.

#### SHARED FACILITIES OFFER BENEFITS TO BOTH SEXES

The concept of shared facilities, or co-correctional institutions, is not new. After centuries of housing the sexes together, the movement toward single sex institutions began in the 1870s and continued until 1971 when the Bureau opened the first co-ed institution. Soon after, several States opened co-ed institutions. Under this concept, male and female offenders are housed in a single institution and separated only in living quarters.

Shared facilities have made it possible for the Bureau to offer a greater variety of training programs to female offenders, since all programs are open to both sexes. Occupational courses include such training as welding, office skills, television production, and apprenticeships in areas such as carpentry, plumbing, airconditioning, and masonry.

While shared facilities expose both males and females to a variety of programs, this is not true for all-female institutions. For instance, one Federal institution which was co-correctional for a period of time moved the male inmates out to make space for women. When this occurred, the non-traditional training programs were dropped. Bureau officials later concluded that they may have moved too quickly in eliminating the nontraditional courses and planned to begin apprenticeship training programs. Since that time, this institution has been converted back to co-correctional.

Shared facilities, from the viewpoint of officials at one Federal co-correctional institution, have more advantages than disadvantages. Some of the advantages include the following:

- A more normalized environment improves inmate language, dress, and grooming habits.
- Fewer fights and assaults results in a safer environment for both staff and inmates.
- A more extensive range of programs increases inmates' chances to improve.

- The presence of both sexes results in improved community transition upon release.
- Nontraditional training programs are more available to females.
- Females can be located closer to their homes by increasing the number of locations where they can be housed.

The officials stated that there are certain disadvantages, such as the following:

- The need for more staff for surveillance and control.
- A greater need for public relations within the community because of the greater risk of failure.

One State we visited had a slightly different concept in the planning stage. This State has adjoining facilities which are not suited for joint use, and therefore programs are duplicated. The plans call for a new building which will house the educational and vocational training programs and provide living quarters for inmates on work release. This building will be shared by men and women inmates so that a greater number of programs can be made available without duplication.

#### COMMUNITY CORRECTIONS COULD PROVIDE NEW OPPORTUNITIES TO WOMEN

Some form of community corrections is used in many of the jurisdictions we visited. In some locations, the concept is used as a substitute for incarceration; others use it as a transition from the institution to ease the adjustment from prison life back to society. The possible alternatives that exist in communities through either resident or nonresident arrangements span the full range of services available to most individuals and includes medical treatment and educational and vocational training. Opportunities for vocational training are greatly enhanced, because communities not only have the facilities but also offer job market potential. This advantage is missing in many of the female institutions located in isolated or rural areas.

The use of community corrections varies and seems to coincide with the jurisdictions' philosophy on corrections. Some States used community corrections extensively, both at the local and State levels. Community corrections in the locations we visited involved a variety of types of programs, including restitution in the form of service to the community



or victim, community treatment centers, and weekend confinement. On the other hand, one State, which viewed itself as a caretaker, had not appropriated funds to any extent for community corrections, and inmates generally leave the institution without a gradual transition period. Examples of States with community corrections programs follow.

#### Minnesota

The intent of the State's Community Corrections Act is to get the communities involved and find alternatives to sending low-risk individuals to State facilities. Whether as a result of the act or not, many jurisdictions were taking advantage of programs and services in the community. For example, one jurisdiction in the State operated a nonresidential day treatment center. The five-part program offered counseling, independent living skills, adult education, parent/child development, and vocational and career development. The clients were usually sent by the courts as a specific written agreement of probation.

Another example is a seven-county area that has a new program for female offenders. According to the program director, the program has had about 170 clients, of which about 25 percent had completed the requirements specified by the courts. Court-imposed penalties for participants usually include a specified number of hours of work in some community-related service. The client also may be required to participate in training or education programs. During the brief period of operation, the jurisdictions had committed all of their felons to the program and none to the State institution.

#### California

This State also uses community correction alternatives to incarceration for those convicted of crimes. In addition to the State, counties also substitute community service work. The advantages accrue to the individual and the community. For example:

- Individuals can serve their sentences without major disruption to their lives.
- Custodial costs are reduced or eliminated.
- The community can benefit from the work performed.
- Persons convicted of minor offenses do not come in contact with sophisticated criminals.
- Persons who cannot pay court fines are not automatically incarcerated.

--Individuals do not lose their employment.

--Individuals can earn wages, support dependents, pay fines, and make restitution.

FEDERAL, STATE, AND LOCAL  
JOINT VENTURES COULD BENEFIT  
FEMALE OFFENDERS

As shown in appendix II, female offenders are relatively few in number compared to male offenders. With the small number of females autonomously managed and housed in each jurisdiction, the advantages which could be achieved by pooling resources through joint ventures at the Federal, State, and local levels could create a more equitable environment for the female offender. If existing facilities were more effectively utilized, society could reduce its need for additional institutions.

Traditionally, each governmental unit at the Federal, State, and local level has facilities to house inmates. There are limited cooperative agreements between jurisdictions. However, for the most part, each confines only those individuals convicted of crimes pertaining to laws established by that jurisdiction. <sup>1/</sup> Generally, the jurisdictions have a choice of institutions where a male inmate can be housed, varying from maximum to minimum security, offering many different programs that male inmates can participate in.

This choice of institutions and opportunities does not exist to the same extent for women. Because of the relatively small number convicted and housed in each jurisdiction and adherence to the principle of each autonomously caring for its own, female offenders are usually housed in institutions containing all ages, custody levels, types of crime, and lengths of sentence.

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<sup>1/</sup>The local level is also used to temporarily house prisoners that have been sentenced to the State system.

Examples of differences in numbers of institutions which provide for choices in placement are demonstrated below:

- The Bureau has 50 institutions 1/ spread throughout the States, of which 40 are all male and 1 is all female. In addition, there are (a) three co-correctional institutions, (b) three metropolitan correctional centers for both males and females, and (c) three community treatment centers for both males and females.
- One State has 85 State-operated institutions, only 5 of which are used for adult females. The male facilities are located throughout the State and provide segregated facilities for inmates from maximum to minimum security. About 95 percent of the female inmates are housed in the one central location, and all security levels are confined together.
- Another State has 31 State institutions. This total includes 10 male institutions and 19 male conservation camps. Another is for civilly committed male and female narcotic addicts. There is only one adult female institution; it houses inmates from maximum to minimum security and is considered a maximum security institution.

Through more extensive cooperative efforts and combined resources, it seems possible to greatly reduce the inequitable conditions female offenders experience and, at the same time, reduce the need for additional facilities at the Federal and State levels. The beneficial effects of pooling resources to achieve more equitable conditions and possibly to avoid the expenditure of funds for brick and mortar at the Federal and State levels are shown in the following examples:

A Bureau task force found that facilities for women were not geographically located to provide the best possible service. The task force identified a need for women's prisons in the Northeast and North Central United States and in the southern California area of Los Angeles and San Diego. The need for these facilities was based on a geographic and security level need and not a requirement for increased bed space. The State of California has also identified a need for new facilities.

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1/See table on page 13 for breakdown by type.

One of the new facilities planned will be a women's institution located in northern California, probably in the Stockton area about 80 miles from San Francisco. Presently, the Bureau has a women's facility in northern California at Pleasanton, and the State has a women's facility in southern California. Through the pooling of resources and reciprocal agreements between California and the Bureau, it may be possible to reduce or eliminate the need for new construction.

This same concept could also be considered by the Bureau in connection with the study being made of the women's prison at Alderson. The Bureau houses about 150 District of Columbia female offenders at Alderson, which is about 250 miles away. The States of Virginia and Maryland have facilities for women which are near Richmond, Virginia; and Jessup, Maryland. Cooperative agreements between the District and Virginia and Maryland to establish a facility in the metropolitan area would permit female offenders from the District and the surrounding area of the two States to be housed nearer their communities. The agreement could ultimately include the joint use of existing female facilities in the three jurisdictions thereby providing for improved facilities and programs, and diverse security classifications for the various types of offenders. By having the increased number of facilities available, each jurisdiction will have expanded the opportunity to house females in more appropriate environments and will have the ability to transfer inmates to less secure institutions as they approach their release dates.

The intergovernmental approach was chosen by the New England States of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont through an Interstate Corrections Compact. The compact, not limited to female offenders, provides:

"The party states, desiring by common action to fully utilize and improve their institutional facilities and provide adequate programs for the confinement, treatment, and rehabilitation of various types of offenders, declare that it is the policy of each of the party states to provide such facilities and programs on a basis of cooperation with one another, thereby serving the best interests of such offenders and of society and effecting economies in capital expenditures and operational costs. The purpose of this compact is to provide for the mutual development and execution of such programs of cooperation for the confinement, treatment and rehabilitation of offenders with the most economical use of human and material resources."

Although not a part of the compact, the Bureau has a contract with one of the States for housing felons. At the time of our review, 22 of the State's felons were housed in Federal institutions.

The National Institute of Corrections, founded to strengthen and improve local correctional agencies and programs, could assist in the development of intergovernmental agreements. The statutory mandates of the Institute are to provide training, technical assistance, research and evaluation, policy and standards formulation, and clearinghouse services for corrections agencies. Through research and evaluation of existing agreements, technical assistance, and corrections staff training, the success of the joint venture concept should be enhanced.

Through the expanded use of reciprocal agreements between the Federal and State levels, the Bureau could have a significant effect on the inequities in the States' corrections systems and could also serve as a vehicle to aid the Attorney General in carrying out his responsibility under the Civil Rights of Institutionalized Persons Act.

#### MORE INDUSTRIAL JOBS ARE NEEDED

Many of the institutions we visited have limited opportunities for inmates to work in industrial operations and become skilled at a trade which will be useful outside. This was particularly true at the female institutions, with their limited numbers and funding. New industries in the institutions are usually acquired from any profits obtained from existing industrial operations. Since the cost of establishing a new industry is great, the institutions usually have limited flexibility to produce new products.

The Law Enforcement Assistance Administration has provided funds to seven States to evaluate the merits of having prison industries operate like their outside counterparts, using standard business practices. It is hoped that this concept will increase economic efficiency while offering inmates a work experience which will better prepare them to acquire and retain a job after release. We are presently studying this program in another audit.

Private industry's involvement could solve the problem. Having private companies come into the institutions with updated equipment to supply products or services that are in demand could provide jobs for inmates and offer them better potential for employment when they are released. This could

also provide greater opportunities for inmates to earn money while in the institution for the support of dependents, to make restitution to victims, or to defray a part of the institutional housing and food costs.

This method of training inmates and recovering part of the operational costs is used by one jurisdiction we visited. In this jurisdiction the officials were in the process of contracting with a private company which would come into the institution, be responsible for the entire operation, and hire and fire the inmate workforce.

Other institutions in this State were also engaged in contracts with private companies to produce products or services. Officials stated that inmates, when working in the industry or on work release, paid as much as \$50 per week for their room and board and were expected to contribute toward family expenses.

The involvement of private industry could be the link to the outside world, particularly for those inmates not able to gain work release status because of the security required or the length of sentence to be served.

#### CONCLUSIONS

Jurisdictions have a number of options available to them that, could (1) overcome the inequality that women in correctional institutions face and (2) avoid court imposed changes. The obvious alternative would be to duplicate the existing facilities in type and location and thereby provide women the same opportunities for vocational and educational training, industrial jobs, work and study release, and other services. This alternative, while providing equal opportunity, would be cost-prohibitive given the small number of women inmates confined in each jurisdiction.

The various alternatives discussed earlier in this chapter provide for innovative approaches to corrections and should be explored by corrections officials at all levels. The opportunities for application could be beneficial from an autonomous viewpoint but would seem to have even greater multi-jurisdictional potential.

The Federal Government should take a leadership role in improving corrections at all levels and should seek innovative approaches to solving existing problems. We also believe that the Bureau, in conjunction with the National Institute of Corrections, should explore with State and local governments the alternatives identified in this report and any others that may

be developed for providing, as effectively and economically as possible, equitable opportunities for women inmates.

#### RECOMMENDATIONS

We recommend that the Attorney General provide the same level of resources and opportunities to women inmates as are provided men. To accomplish this in the Federal system and assist States in overcoming disparities in their institutions, we recommend that the Bureau, in conjunction with the National Institute of Corrections, develop a strategy for dealing with the inequities in female corrections. This strategy should include all levels of corrections on a regional, metropolitan area, or statewide basis to achieve equitable conditions and at the same time provide for more efficient use of existing and future facilities and staff resources.

We also recommend that the Attorney General require the National Institute of Corrections to place more emphasis on research and evaluations of innovative approaches that are being used at the different levels of corrections throughout the United States and serve as a clearinghouse for disseminating information on successful alternatives to the Federal, State, and local levels.

#### AGENCY COMMENTS

In response to our recommendations, the Department cited a large number of actions taken or being taken by its component agencies that directly or indirectly deal with females incarcerated at the Federal, State, and local levels. These initiatives cover a wide range of topics ranging from the National Institute for Corrections' training and technical assistance for correctional administrators to the National Institute of Justice's research on the problems of females throughout the criminal justice system.

Although all of the steps cited undoubtedly have merit, the thrust of our recommendations runs to the need to better integrate the programs at the Federal, State, and local levels as a means of overcoming a common problem, i.e., the high cost of providing services to the relatively few incarcerated females in each jurisdiction. In the absence of any direct agreement or disagreement with our recommendations, the implication of the Department's comments is that the many steps cited have fulfilled the recommendations' intent. Yet, the Department agrees with our assessment that inequities persist, and correctional officials we dealt with saw no solution to their problems forthcoming.

The Department, through its Civil Rights Division, Law Enforcement Assistance Administration, National Institute of Corrections, and National Institute of Justice, has a responsibility that extends beyond females incarcerated in Federal institutions operated by the Bureau of Prisons. Although we do not question the importance of any of the initiatives cited, there are clear indications that a strategy for dealing with the overall problems of female inmates has yet to emerge. With strong Federal leadership, a strategy could be developed that would address both the problems at the State and local levels and those remaining at the Federal level.

The Department's comments suggest that more needs to be done to fully integrate and coordinate its efforts. For example, the National Institute of Corrections has funded a project to survey all State facilities for women, including a large sample of jails, to determine what kinds of programs for women exist and to collect and disseminate information on the most successful programs. Yet the Department states that the Bureau of Prisons has been one of the first to address the special needs of female offenders and has paved the way in areas of co-corrections, nontraditional vocational training, apprenticeship programs and industrial operations for women. There is little doubt that the Bureau of Prisons is far ahead of most State and local jurisdictions in recognizing the problems of females and acting to correct the inequities that exist at the Federal level. These successes at the Federal level should be made available to others.

The Department said that the Bureau is willing to share its experiences with other correctional agencies in order to develop a strategy to deal with the inequities in female corrections, but that the Bureau depends on State, local, and private agencies sharing their successes and failures as a means of improving Federal services to women.

Regarding the sharing of information, the Department cited the National Institute of Correction's training initiatives and stated that essential to the overall initiative has been the concept of networking, i.e., the participants forming networks among themselves to share information regarding resources, problems, promising approaches, etc. We believe there is a clear need for improved information sharing, and our recommendation that the National Institute of Corrections serve as a clearinghouse for disseminating information on the Federal, State, and local levels is sound.

The Department stated further that the National Institute of Corrections will be working with correctional officials with a view toward addressing regional and national strategies. But at the same time the Department commented that the concept of



joint or regionally operated facilities, one of the alternative strategies we cited, was not new, having been advanced in 1967 by the President's Commission on Law Enforcement and the Administration of Justice. The Department agreed the concept of joint-owned and operated prisons had merit, but it identified a number of specific funding and operational questions that have yet to be answered. The Department concluded, and we fully concur, that such an arrangement would require extensive cooperation on the part of all levels of government.

However, despite the many worthwhile steps taken and planned, this extensive level of cooperation has yet to be achieved, and we believe it will only be achieved through strong Federal leadership and initiative. The Department's position that, given economic realities, it is not possible to provide all of the alternatives suggested by GAO, underscores the need for the Department to take the lead in seeking a satisfactory solution.

The Department noted that its Civil Rights Division, because of its role in the investigation and litigation of cases concerning institutional conditions of confinement, had shown interest in this report. The Department cited cases the division had participated in. However, it noted that since institutions for female inmates tend to be small, and that limited opportunities exist for most female inmates, the division had made State-wide challenges to conditions of confinement the focus of its litigation program. Also, the division had not prosecuted a case involving differences in services, education, or recreation on a sex discrimination theory. The Department cited the Civil Rights of Institutionalized Persons Act, which clarifies the power of the Attorney General to initiate litigation involving inmates' rights as enhancing the division's capability to target correctional institutions in need of reform.

For the several reasons noted on page 23, litigation may not be the best solution to the problem of inequitable treatment of female inmates. The real benefit of the act may lie in its role as a catalyst for change. The act requires the Attorney General, prior to initiating a civil action, to notify State and local officials of alleged substandard conditions, to suggest ways those conditions may be remedied and provide information about financial, technical, or other assistance that may be available from the United States. If the act is viewed by the Department in a broad context, it can serve not only as the authority to compel change through courts but also as a vehicle for fostering the kind of cooperative Federal/State/local relationships required to solve the female inmate problem.

The act requires the Attorney General to develop standards for the voluntary accreditation of correctional institutions' grievance procedures. Concerning the development of standards required by the act, our draft report included a recommendation that the Attorney General direct the Bureau of Prisons and the National Institute of Corrections to work cooperatively to satisfy the requirements to formulate the standards. The Department's response to the draft stated that these standards were being developed and that the Civil Rights Division would be working closely with other divisions in the Department to ensure timely promulgation of acceptable standards. In view of the actions underway, we have deleted the recommendation from our final report.

LIST OF GAO REPORTS

Use Of Comprehensive Employment And Training Act Funds For Prisoners (HRD-80-100, Aug. 4, 1980).

Community-Based Correctional Programs Can Do More To Help Offenders (GGD-80-25, Feb. 15, 1980).

A Federal Strategy Is Needed To Help Improve Medical And Dental Care In Prisons And Jails (GGD-78-96, Dec. 22, 1979).

Prison Mental Health Care Can Be Improved By Better Management And More Effective Federal Aid (GGD-80-11, Nov. 23, 1979).

Female Offenders: Who Are They And What Are The Problems Confronting Them (GGD-79-73, Aug. 23, 1979).

Correctional Institutions Can Do More To Improve The Employability Of Offenders (GGD-79-13, Feb. 6, 1979).

Housing Federal Prisoners In Non-Federal Facilities Is Becoming More Difficult (GGD-77-92, Feb. 23, 1978).

Managers Need Comprehensive Systems For Assessing Effectiveness And Operation Of Inmate Grievance Mechanisms (GGD-78-3, Oct. 17, 1977).

Conditions In Local Jails Remain Inadequate Despite Federal Funding For Improvements (GGD-76-36, Apr. 5, 1976).

Department Of Labor's Past And Future Role In Offender Rehabilitation (MWD-75-91, Aug. 7, 1975).

Use Of Selected Drugs At Medical Center For Federal Prisoners (GGD-75-91, June 6, 1975).

Federal Guidance Needed If Halfway Houses Are To Be A Viable Alternative To Prison (GGD-75-70, May 28, 1975).

Rehabilitating Inmates Of Federal Prisons: Special Programs Help But Not Enough (B-133223, Nov. 6, 1973).

## APPENDIX II

## APPENDIX II

TOTAL FEMALE AND MALE INMATES  
BY STATE AND FEDERAL GOVERNMENTS  
AS OF DECEMBER 31, 1978

	<u>Female</u>	<u>Male</u>	<u>Total</u>
United States	12,720	293,882	306,602
Federal institutions, total	<u>a/1,828</u>	27,975	29,803
State institutions, total	10,892	265,907	276,799
North Dakota	4	196	200
New Hampshire	6	277	283
Vermont	11	453	464
Montana	15	675	690
Maine	16	695	711
Rhode Island	16	648	664
South Dakota	18	514	532
Wyoming	19	414	433
West Virginia	29	1,156	1,185
Idaho	30	772	802
Alaska	34	678	712
Utah	36	875	911
Hawaii	37	688	725
District of Columbia	60	2,784	2,844
Delaware	64	1,261	1,325
Colorado	67	2,419	2,486
New Mexico	67	1,526	1,593
Nevada	76	1,274	1,350
Iowa	80	1,985	2,065
Nebraska	83	1,264	1,347
Arkansas	94	2,511	2,605
Minnesota	94	1,871	1,965
Massachusetts	95	2,738	2,833
Kansas	98	2,193	2,291
Kentucky	111	3,279	3,390
Mississippi	111	2,785	2,896
Oregon	122	2,769	2,891
Connecticut	129	3,360	3,489
Wisconsin	147	3,286	3,433

a/On July 14, 1980, the female population in Federal institutions was 1,276.

## APPENDIX II

## APPENDIX II

	<u>Female</u>	<u>Male</u>	<u>Total</u>
Indiana	169	4,754	4,923
Oklahoma	176	4,010	4,186
New Jersey	176	5,693	5,869
Arizona	181	3,275	3,456
Missouri	182	5,455	5,637
Louisiana	208	7,083	7,291
Pennsylvania	235	7,685	7,920
Washington	236	4,327	4,563
Maryland	244	7,722	7,966
Alabama	259	5,213	5,472
Tennessee	261	5,574	5,835
South Carolina	310	7,086	7,396
Illinois	340	10,918	11,258
Virginia	359	7,985	8,344
North Carolina	534	12,718	13,252
Ohio	538	12,569	13,107
Georgia	551	10,852	11,403
New York	554	19,635	20,189
Michigan	621	14,323	14,944
Florida	837	19,936	20,773
Texas	1,005	23,570	24,575
California	1,147	20,178	21,325

Source: Prisoners in State and Federal Institutions, U.S.  
 Department of Justice, National Prisoner Statistics  
 Bulletin No. SD-NPS-PSF-6

## APPENDIX III

## APPENDIX III



U.S. Department of Justice

OCT 20 1980

Washington, D.C. 20530

Mr. William J. Anderson  
 Director  
 General Government Division  
 United States General Accounting Office  
 Washington, D.C. 20548

Dear Mr. Anderson:

This letter is in response to your request to the Attorney General for the comments of the Department of Justice (Department) on your draft report entitled "Women In Prison: Inequitable Treatment Requires Action."

At the outset, we would like to commend the General Accounting Office (GAO) staff for their thorough job in researching and presenting a reasonably good overview of major problems in female correctional facilities as compared to male facilities, e.g., fewer programs, fewer types of vocational training, inadequate classification, etc. The report points out that the courts no longer will permit lack of resources to be used as an excuse for denial of equal opportunities for female offenders. In addition, the report fairly points out that the National Institute of Corrections (NIC) and the Bureau of Prisons (BoP) recognized the importance of identifying issues concerning female offenders and established a task force to study their needs within the Federal system. A number of the issues being addressed by the task force bear directly upon this report.

GAO makes general recommendations about the need to pool resources, strengthen community corrections, increase the use of co-correctional programming and facilities, expand the free venture model, and bring private industry into female institutions. Regarding the role of NIC, GAO makes the following recommendations:

1. NIC could assist in the development of intergovernmental agreements so that agencies could combine resources available to women.
2. NIC and BoP should work together to explore the alternatives identified in the report as well as any other alternatives that may be developed for providing equitable educational opportunities for female inmates. This effort should be coordinated with State and local governments in an attempt to solve the inequities as effectively and economically as possible.
3. NIC should perform research and evaluation of innovative approaches being used at different levels of corrections and serve as a clearinghouse to disseminate information on successful alternatives.

## APPENDIX III

## APPENDIX III

-2-

4. BoP and NIC should work cooperatively to satisfy the requirements under Section 7(b)(1) of the Civil Rights of Institutionalized Persons Act in promulgating minimum standards for the development and implementation of an effective system for the resolution of grievances of adults confined in jails, prisons, or other correctional facilities.

In response to the above recommendations and to the report in general, NIC has focused attention on many of the problems presented in the report, and innovative approaches to create more equitable systems and alternatives are always being considered. Several salient comments on the report and actions taken on the report recommendations follow:

1. In the realm of economic realities, it is not possible to provide all the alternatives suggested by GAO, e.g., sharing resources among institutions when there are no institutions nearby, and providing the gamut of nontraditional job training when it has not been determined (a) whether women are expressly interested in these alternatives, and (b) whether there realistically is a market for released female inmates out in the business and industrial community.

2. A glaring omission in the draft report is the failure to emphasize initiatives in regard to the female offender issue that both the Law Enforcement Assistance Administration (LEAA) and the National Institute of Justice (NIJ) have supported and are continuing to support. For example, LEAA has just initiated a major program in nontraditional employment opportunities for women on probation and has supported numerous other projects aimed at reducing inequitable treatment for female offenders. In addition, NIJ has supported a variety of research efforts relating to female offenders. These include an ongoing study of the criminal justice processing of female arrestees, a survey of female prison programs, research on the development of female prisons and related programs, and a study of incarcerated mothers. A monograph on correctional programs for women is also being prepared.

3. While NIC's resources are extremely limited, it has focused attention to the problems outlined by GAO and expects to continue to do so as evidenced by the following actions.

a. For the past two years, NIC has been providing training to correctional managers and their staffs working with female offenders. This training has focused on the enhancement of knowledge of special problems facing women—including legal issues—and the development of institutional skills to provide better services and programs. Essential to this overall initiative has been the concept of networking, i.e., the participants are forming networks among themselves to share information regarding resources, problems, promising approaches, etc. In fiscal year 1981-82, NIC will be working with those having direct responsibility for programming, with a view toward addressing regional and national strategies. In various training activities, NIC has encouraged correctional administrators and staff to work closely with such resources as unions at the local, State and Federal level to expand apprenticeship and other training and employment opportunities for women offenders. Available resources similar to the above have not been adequately exploited.

## APPENDIX III

## APPENDIX III

-3-

b. NIC's Jail Center has been involved at the local level in training and providing technical assistance to detention/jail personnel working with female offenders. Management programming, and staff and resource development have all been addressed.

c. NIC has funded the Social Action Research Center to survey all State facilities for women, including a large sample of jails, to determine what kinds of programs exist for incarcerated women. Information on the most successful programs will be collected and disseminated to the field. Emphasis will be on vocational programs and family issues.

d. Small technical assistance grants are being given to institutions to help them develop vocational training programs which will focus on the development of a woman's economic independence upon release. Part of this effort will, therefore, necessarily look toward private industry's involvement in creating training/employment opportunities.

e. NIC's fiscal year 1981 Program Plan calls for the development of an information package addressing the consolidation of resources among multi-jurisdictional jail systems. Issues affecting women will be part of such information.

f. While not specifically targeted, NIC encourages the expansion of community alternatives for females through its efforts to expand the use of alternatives to incarceration generally.

g. NIC has targeted resources into the development of classification systems for corrections at all levels. These program and technical assistance funds have not been earmarked for women but any correctional system/facility may request assistance. In fiscal year 1980, a project was funded to specifically focus on risk screening and classification for female inmates. Under a grant from NIC, the Michigan Department of Corrections will utilize the same methodology as employed in the development of the classification (screening) instrument for male offenders to produce a comparable data base for female offenders. This data base will be used to identify groups of female offenders with different probabilities of risk (and success) on parole with the intention of improving current classification and release procedures.

h. As to the Civil Rights of Institutionalized Persons Act, NIC will continue to provide technical assistance and training related to the development and implementation of grievance procedures in all types of facilities. Under court order, NIC also provides assistance to facilities to improve their grievance systems.

i. Another recent undertaking of NIC's Jail Division, is the award of grants to 12 individual jail systems to serve as area resource centers for use by other jail managers. For example, the Dade County, Florida women's facility, which has one of the most progressive female programs in the country, was selected as a special resource center. The jail, through NIC funding, will be providing technical assistance and training to other jailers, with the potential of serving other prison officials interested in studying the Dade County operation.



## APPENDIX III

## APPENDIX III

-4-

j. Regarding interagency coordination, NIC works closely with BoP and is involved in its Task Force on Women. Information communications have been established between NIC and the Department of Labor (DOL) to consider the feasibility of adapting DOL's apprenticeship program for incarcerated women. NIC continues to solicit, through its Board and field facilities, suggestions for its programs in all areas, including female offenders. NIC is sensitive to the issues concerning the disparities between male and female institutions and remains committed in its efforts to create more equitable systems and provide better services to incarcerated women.

GAO's review addresses the disparities found in the inequitable treatment of incarcerated women at all levels of the criminal justice system. Because the report evaluates local, State and Federal correctional facilities, many of the statements reflect a general assessment of the status of female offenders nationwide. Several concerns, however, are pertinent to the Federal Prison System.

Bureau of Prisons corrections officials are being required to provide more equitable opportunities for their small female populations, thus placing additional demands on an already tight budget. Although the more ideal alternative of providing duplicate services for both males and females is cost prohibitive, this response makes several suggestions which may be feasible at various levels or in varying degrees. The present era of fiscal austerity places a challenge on correctional administrators to reduce the inequities in correctional systems while working within the limits of existing resources.

The report bemoans the lack of industrial jobs and vocational training programs for women. Although Federal Prison Industries' (FPI) programs for women may not provide training in skill areas which are transferable upon the inmate's release, existing industrial operations should not be condemned in their entirety. It should not be forgotten that one of the purposes of FPI is to orient inmates toward the basic work ethic philosophy. Recent studies indicate that potential employers place a higher value on inmates who have developed good habits than on inmates who have contemporary technical skills.

Although FPI would welcome the opportunity for private industries to provide consultation and technical assistance, legislative constraints prohibit private concerns from having total responsibility for prison related industrial programs. The desire to prevent the exploitation of inmate labor and to avoid competition with private industry also limits the scope of FPI. It should be noted that FPI industrial programs are available at all four of the primary Federal facilities incarcerating women, and females are employed in every one of its twelve factories. FPI programs for women range from such traditional industries as a garment factory and automated data processing activity to such nontraditional opportunities as a furniture factory, a sign factory, an electronic cable shop, and a printing shop.

GAO's evaluation of vocational and apprenticeship training in the Federal system shows that BoP recognizes the need to provide women with skill training opportunities in such traditional areas as cosmetology and office management skills,

## APPENDIX III

## APPENDIX III

-5-

and such nontraditional areas as heating and air conditioning, masonry, television production and welding. However, both men and women enroll in these programs in small numbers. The reason for such limited enrollment is primarily economic. Simply, inmates can earn more money in the profit-making industrial operation than they can in an apprenticeship program earning performance pay. For this reason, BoP has been working with DOL to establish Bureau of Apprenticeship and Training approved apprenticeship programs in each of the FPI factories.

Under apprenticeship programs, inmates can learn job skills as well as earn pay. Of the 44 registered apprenticeship programs in FPI, six are in institutions housing women.

In 1978 and 1979, women comprised 6 percent of the total inmate population, yet 37 percent of all inmates on work release during that time were women. The actual number of both male and female inmates participating in work release, however, was small, and remains small. It is our belief that temporary employment outside an offender's home community during his or her incarceration is less successful than employment in the offender's community. Our efforts have focused on providing skill training and education opportunities while the offender is in prison. Employment in the community is emphasized once the offender is transferred to a halfway house in his or her home town. In this way, inmates have the stability and support of the halfway house staff and can maintain employment continuity upon their release.

BoP supports the concept of community-based corrections and presently operates nine halfway houses of its own. Three of the community treatment centers house women, and BoP contracts with virtually every State to make community-based correctional programs available to both male and female inmates. Interestingly enough, although the number of men in the Federal Prison System is significantly larger than the number of women incarcerated, the percentage of each population that is released through the community-based facilities is comparable. It is the goal of the Federal Prison System to release all eligible inmates through community-based halfway houses. At present, approximately 80 percent of eligible women are released through community-based correctional facilities.

The concept of shared facilities, or in BoP terms, co-corrections, is not new. The Federal Prison System assumed a leadership role in this area by opening the first co-correctional facility at the Federal Correctional Institution (FCI), Fort Worth, Texas, in 1971. BoP presently has seven institutions across the nation in which female inmates are confined, six of which house both men and women--three co-correctional Federal Correctional Institutions and three Metropolitan Correctional Centers. Only the Federal Correctional Institution at Alderson is an all female facility. Approximately 67 percent of the incarcerated Federal females are in shared facilities. While BoP believes that there clearly are advantages to co-correctional institutions, there will always be a need for a single-sex, secure female facility. While there are numerous advantages to the co-correctional approach, including the increased quantity and quality of program opportunities, the concept of shared facilities is not a panacea for the problems facing incarcerated women today.

## APPENDIX III

## APPENDIX III

-6-

Women represent 5 percent of the total inmate population and are limited to fewer facilities with fewer security options. The Alderson Feasibility Task Force is examining these concerns and the concomitant issue of overclassification of women. Meanwhile, BoP tries to mitigate any negative effects of confinement in distant or overly secure institutions by insuring that the full range of programming in community activities is available to eligible women. The increased use of furloughs, daily and lengthy visiting hours, and programs such as Sesame Street and the Children's Center, help an inmate soften the effects of distance on family ties.

The concept of joint or regionally operated facilities was first introduced by the President's Commission on Law Enforcement and the Administration of Justice in 1967. The proposal, both then and now, suggests that the Federal Prison System take the initiative and provide training, funding and other technical assistance to develop this concept. In a position paper prepared in July 1977, BoP expressed its commitment to re-evaluating the Federal role in corrections. However, the use of joint or regionally operated facilities may not be the most practical solution to the problem of women in prisons. The concept of joint owned and operated prisons does have merit, but the following specific issues must be resolved before such an alternative can be implemented:

1. How would funding be divided?
2. Who would be responsible for providing staff and other resources?
3. Would such facilities truly be jointly operated or would they be run Federally with States contracting for services?
4. What would happen to such jointly operated facilities if one jurisdiction, be it Federal, State or local, decided to withdraw its support from the agreement?

Obviously such an arrangement would require rather extensive cooperation on the part of all levels of government.

Special mention is made of a need for hospital and mental health facilities for female offenders. Currently, the Federal Correctional Institution, Terminal Island, California, and Federal Correctional Institution, Lexington, Kentucky, serve as medical referral centers for women. These two facilities provide services that are comparable to those for men at the Medical Center for Federal Prisoners, Springfield, Missouri, and Federal Correctional Institution, Butner, North Carolina. Additionally, each institution has developed contractual agreements with local hospitals to provide emergency and short term care. Travel time to local hospitals averages 10 minutes. The farthest local hospital is at Alderson and requires a 15 mile trip. Alderson's institution hospital, however, has a fully equipped ambulance to transport women downtown.

Lexington also serves as a female psychiatric referral center for short term intensive treatment of acutely psychotic or emotionally disturbed women. Women who do not require hospitalization but are in need of long term care which is not available elsewhere may remain in Lexington's general population.

## APPENDIX III

## APPENDIX III

-7-

BoP acknowledges its role as a leader in the field of corrections and has been one of the first correctional systems to address the special needs of female offenders. The Federal Prison System has paved the way in the areas of corrections, non-traditional vocational training and apprenticeship programs, and industrial operations for women. The Female Offender Program was initiated in 1978, and its staff continues to establish direction and monitor Federal institutions' efforts toward meeting the needs of women. The BoP staff also continually evaluates the program to update and educate themselves in this critical area.

BoP is willing to share its experiences with other correctional agencies in order to develop a strategy to deal with the inequities in female corrections, but BoP also depends on State, local and private agencies sharing their successes and failures with Federal institutions as a means of improving Federal services to women. In order that the needs and problems of all incarcerated women are heard, BoP would be willing to help other correctional agencies establish effective systems for the resolution of grievances of confined adults which are comparable to administrative remedy procedures presently in use throughout BoP.

The Department's Civil Rights Division (CRT) has also shown an express interest in this report because of their role in the investigation and litigation of cases concerning institutional conditions of confinement. Specific comments on certain salient points are addressed below.

First, it should be noted that CRT has litigated issues involving conditions of confinement for female inmates in correctional institutions in a number of statewide cases. In those cases, CRT has sought and secured broad-based relief to ameliorate many of the types of problems which the draft report references, e.g., inadequate medical and psychiatric services. Some of the cases have involved issues of sexual harassment and abuse of female inmates by their keepers. See, e.g., Adams v. Mathis, 458 F. Supp. 302 (M.D. 1978), aff'd, 614 F.2d 42 (5th Cir. 1980).

CRT has not yet prosecuted a case involving differences in services, education, or recreation on a sex discrimination theory. However, CRT supported the unsuccessful effort of plaintiffs in Quinlan v. Estelle, mentioned on page 13 of the draft report, to intervene and raise sexual inequity issues in Ruiz and the United States v. Estelle, C.A. No. H-78-987 (S.D. Tex.), a statewide challenge to conditions of confinement in Texas prisons. CRT has also investigated some matters in this area and will continue to seek to develop particularized litigation in this regard. However, since institutions for female inmates tend to be small for the most part, and in view of the overall limited opportunities for most female inmates in correctional institutions, CRT has made broad-based challenges to conditions of confinement on a Statewide basis the focus of its litigation program. This is so in part because CRT has sought, given limited resources and a multiplicity of interests to serve, to litigate cases which will affect a large number of the incarcerated.

Second, the draft report makes reference to Public Law 96-247, The Civil Rights of Institutionalized Persons Act. The Department is gratified that this legislation, which clarifies the power of the Attorney General to initiate pattern

## APPENDIX III

## APPENDIX III

-8-

and practice litigation involving deprivation of Constitutional rights of inmates in correctional institutions, has passed. This legislation will enhance CRT's capability to target correctional institutions in need of reform. With respect to the draft report's specific recommendation on page 46 that the Attorney General work with BoP and NIC to develop standards for the voluntary accreditation of correctional institutions' grievance procedures, as required by Section 7(b)(1) of the Act, the Office for Improvement in the Administration of Justice and NIC are now developing those standards. CRT, of course, will be working closely with these entities to ensure timely promulgation of acceptable standards.

Third, the Department considers it noteworthy that the draft Federal Standards for Corrections, soon to be issued in final form, address the issue of sexual equality in correctional facilities. Section 002 in those draft standards provides:

Each facility develops and implements policies and procedures assuring the right of inmates not to be subjected to discriminatory treatment based on political beliefs. This should include an essential equality of opportunity in being considered for various program options concerning classification status.

Where male and female inmates are housed in the same facility, they have equal access to all available services and programs and are not denied opportunities solely on the basis of their smaller number in the population. Separate institutions and programs for male and female inmates may be maintained provided that there is essential equality of: (1) institutional programs, (2) living conditions, (3) access to community programs and resources, (4) employment opportunities, (5) access to families and other community associations, and (6) decisionmaking processes affecting the status, activities and terms of incarceration.

The draft standards also contain provisions for specialized medical services for women and for ensuring privacy to institutionalized women. These standards, when final, will doubtless impact in a significant way upon the operation of BoP. In addition, pursuant to Section 8(5) of the Civil Rights of Institutionalized Persons Act, BoP will be reporting to Congress annually with regard to the progress made in each Federal institution toward meeting existing promulgated standards or Constitutionally guaranteed minima.

Finally, the draft report identifies two statutes under which female offender rights could be asserted. We suggest inclusion of an additional statute, Title IX of the Education Amendments of 1972, 20 U.S.C. Section 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance. The Department has issued proposed regulations implementing Title IX (45 Fed Reg. 41001, June 17, 1980).

APPENDIX III

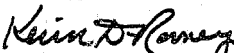
APPENDIX III

-9-

In addition, the Supreme Court has ruled that an individual has a private right of action to enforce Title IX. Cannon v. University of Chicago, 441 U.S. 677 (1979). This statute could be an effective tool for eliminating discrimination in education and training programs for offenders. In addition, Title II of the Education Amendments of 1976, 20 U.S.C. Section 2301 et seq., is intended to provide sex equity in State vocational education programs, including those in State correctional institutions.

We appreciate the opportunity to comment on the draft report. Should you desire any additional information, please feel free to contact me.

Sincerely,

  
Kevin D. Rooney  
Assistant Attorney General  
for Administration

(182630)