AN INFORMATION BULLETIN

# PLASMAPHERESIS CENTERS IN CORRECTIONAL INSTITUTIONS

American Correctional Association

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## PREFACE

In recent years, interest and controversy about plasmapheresis centers in correctional institutions have dramatically increased. The American Correctional Association is committed to researching and providing correctional administrators with objective, documented information about such controversial programs. Through a grant awarded by the National Institute of Corrections, ACA is offering this bulletin as a concise collection and overview of the pertinent issues surrounding plasmapheresis centers in corrections.

Five states are currently operating these centers within their prisons. We have examined them closely to discern the advantages and disadvantages involved. We found both.

Should *your* institution operate a plasmapheresis center? There are no simple answers. Administrators must ask themselves questions about health and safety issues, about public tolerance of a prison plasma program in the community, about legal, economic, ethical and moral concerns. The answers will differ depending on individual circumstances and philosophies.

To assist you further, a list of resources, with contact names and telephone numbers, is provided at the end of this bulletin.

The facts are presented as objectively as possible. All the issues must be examined in the decision-making process.

Anthony P. Travisono
Executive Director

# INTRODUCTION

Plasmapheresis is a procedure in which blood is extracted from a donor and run through a centrifuge machine that separates plasma from red blood cells. Plasma is the watery fluid portion of the blood in which the red blood cells, white blood cells, and platelets are normally suspended. It makes up about 55% of the blood's volume. After the plasmapheresis procedure, the red cells are returned to the donor while the plasma is used to produce various blood products.

Human plasma is needed worldwide for the treatment, diagnosis or prevention of such conditions as hemophilia, tetanus, burns, Rh disease, hepatitis, and for routine blood bank techniques.

Eighty to ninety percent of human plasma used is obtained from commercial sources or plasmapheresis centers that pay persons for their plasma. Approximately 556 of these centers are located throughout the United States. Non-commercial or donated sources cannot satisfy the continuing need for human blood derivatives to meet world health demands. In fact, many countries that rely on non-commercial sources must import blood products from the United States.

The crucial need for plasma, the products derived from it, and the continuing needs for research purposes are positive reasons for increasing the number of plasmapheresis centers in prisons. Both institutions and inmates benefit financially from these centers.

On the other hand, this approach poses many problems. Using "prison" blood is controversial within the plasma industry itself. It is also controversial at the consumer level, especially among the hemophiliac population. Medical, ethical, and moral concerns have been voiced publicly; they must be considered in any decision-making process.

This information bulletin will examine the pertinent issues surrounding the operation of plasmapheresis centers within correctional institutions.

## CURRENT STATE OPERATIONS

***Which states are currently operating plasmapheresis centers within their prison systems?***

Five states are operating these centers within their correctional institutions: Arizona, Arkansas, Nevada, Tennessee, and Louisiana. One additional state, Missouri, will begin operating a center in January. Florida had operated plasmapheresis centers in two of its facilities, but financial constraints of the contractor caused the centers to be closed temporarily.

***How many facilities are under contract in each state?***

At the present time, Arizona, Arkansas and Tennessee each have one facility under contract. Louisiana has five facilities; Nevada, three.

***Who are the plasma collection companies and/or pharmaceutical agencies working at these correctional facilities?***

- Arizona: Cutter Laboratories
- Arkansas: Health Management Associates
- Louisiana: Louisiana Biologicals, Inc.
- Tennessee: SARA, Inc.
- Nevada: Indian Spring Plasma
  Jean Plasma
  Northern Nevada Plasma
- Missouri: Desert Plasma

***What is involved in the plasmapheresis procedure?***

The plasmapheresis procedure is similar to the procedure used in whole blood donation. Initially, the donor is informed about the procedure and the risks associated with it (See Health and Safety Issues). He is given a medical interview and complete physical examination; his vital signs, temperature, pulse, blood pressure, and weight are checked for normal limits. A blood sample is taken from the donor to determine levels of protein and evidence of hepatitis B. At this time, the donor reads and signs a consent form which is filed with his permanent record.

The donor then receives a blood-bag "set-up" and a shirt with his number printed on it and is sent to the phlebotomy section of the center. Charts are checked to ensure that the donor was approved by the doctor.

The procedure itself is very simple; a hollow needle is inserted into a vein in the arm of the donor and from 500 to 600 ml of blood are withdrawn. A technician takes the first bag of blood to the centrifuge area where the blood is weighed, recorded in a whole blood bag, balanced, and put into a centrifuge machine. The bag is spun at 500 rpm's for 9 minutes. The blood is then specially processed and the plasma portion of it, a yellow or straw-colored liquid is separated, and kept for manufacturing medical products. While the blood is being processed, a sterile salt solution is given to replace the volume of fluid plasma taken from the donor.

The red cells are returned to the donor. The phlebotomist, the technician and the donor must verify that the number on the blood bag matches the number on the donor's shirt to ensure that the donor receives his own red blood cells. The process of blood withdrawal and cell return is performed twice during each visit to the center.

Because the donor's red blood cells are returned during each procedure, plasma may be donated as often as twice a week. There must, however, be a waiting period of at least 48 hours between donations.

***What additional programs may be available at the plasmapheresis center?***

The Food and Drug Administration has approved voluntary rabies and tetanus immunization or vaccination programs to be carried out in conjunction with the plasmapheresis procedure. Each inmate who qualifies for participation in the plasmapheresis program is also permitted to volunteer for these additional programs, if they exist at the center.

Over a period of time, donors are given a series of rabies or tetanus vaccinations, producing antibodies within their blood systems. The plasma taken from these donors can then be made into serums for rabies or tetanus victims.

***How much money is paid to the inmate donor?***

The donor payment varies with each company. On the average, the inmate donor receives from $5.00 to $8.50 for each donation. If a tetanus or rabies injection is given, the inmate receives from $9.50 to $12.50 for each donation.

## CURRENT STATE OPERATIONS

***How large is the plasma operation at each facility?***

- The number of beds for the plasma procedure in the various facilities ranges from 25 to 40.
- The number of inmate donors averages from 30 to 60 percent of the population.
- The number of correctional officers required to maintain security differs according to the inmate population and amount of program traffic. One facility uses seven correctional officers; two facilities use two officers; five facilities use one.
- The number of inmate workers also varies within each institution. This number can be negotiated with the plasma collection company. Arizona has 12 inmate workers; Arkansas, 2; Louisiana, 5; Tennessee, 18, and Nevada, 15 to 18 inmate workers.

***How much money is paid to the Department of Corrections?***

Again, the amount varies with each company and is negotiable. The average amount is $1.00 to $1.50 for each inmate donation; this sum is allocated to the Inmate Welfare Fund. Donors in Missouri, however, will receive $7.50 for each donation; this money will be reverted into the institution's Industries Program. The salaries of the corectional officers and the inmate workers at the center are also paid.

***Who is responsible for assuring the good health of the inmate donor?***

Examining each inmate donor's health condition is the responsibility of the contractor. Case histories and physical screening are routinely performed on every individual donating his plasma.

It is imperative, however, that the contractor work very closely with the medical department of the institution, especially regarding the inmate's previous medical history and present medical conditions, including any medications the inmate is currently receiving.

It is not sufficient to rely solely on the enrollment interview with the inmate for information about pre-existing conditions, especially, previous history of drug abuse, hepatitis and type of sexual activity. The inmate's medical file could be a reliable source for this information.

***Can the plasma collection company have access to the inmate's medical file?***

Yes, designated personnel working with the medical department of the institution can have access to these medical files. A medical consent form, however, must be signed by the inmate for this information.

***Do correctional administrators find that the plasmapheresis program is a worthwhile program?***

In general, administrators find that these programs are worthwhile financial endeavors. The Inmate Welfare Fund of each institution averages an income of approximately $200,000 annually from the plasma program. The State of Arkansas, for example, was able to purchase over $185,000 worth of medical equipment for their institution from these monies.

The inmates are satisfied with their weekly remunerations which help support themselves and their families during incarceration. Inmates are also able to contribute to victim remuneration programs set up by their institutions. Several administrators mentioned that the tension usually generated by boredom and lack of inmate funds was relieved.

## LEGAL ISSUES

***Does the plasmapheresis procedure violate state laws about experimentation within correctional institutions?***

The plasmapheresis procedure does not violate state laws. The plasmapheresis process is a *procedure* in which, during a single visit, blood is removed from a donor, the plasma is separated from the whole blood, and all the red blood cells are returned to the donor. According to the Food and Drug Administration (FDA), this is an accepted procedure. A product license must be obtained from FDA before a plasmapheresis center can be opened. Based on this definition, on the detailed, stipulated procedures, and on the fact that plasmapheresis is publicly accepted as a form for donating plasma, this procedure is a "donation" and does not come under the rubric of "human experimentation."

***Does this procedure conflict with standards established by the American Correctional Association?***

Since prisoners are not being used for medical, pharmaceutical or cosmetic experiments, the plasmapheresis procedure does not conflict with the standards of the American Correctional Association.

***What safeguards exist to ensure that correctional plasmapheresis centers are operating within federally established regulations?***

Correctional institutions that operate plasmapheresis centers within their walls must enter into legally binding contracts with companies skilled in operating plasma collection programs and licensed by the Food and Drug Administration. These companies are responsible for following all federal guidelines and regulations concerning the operation of a plasmapheresis center.

State health departments and representatives from the FDA routinely inspect each center semiannually; they have the right, however, to inspect the center at any time.

Where plasmapheresis centers are established, all documents required by FDA, such as signed donor consent forms, donor cards, reports, etc. should be kept on file by the correctional administrator.

***What are the Food and Drug Administration requirements concerning plasmapheresis centers?***

A brief overview of the regulations is given here. We suggest that

administrators obtain copies of SOURCE PLASMA (Human), Title 21, Part 640, Subpart G, from the FDA for detailed information.

In general, the FDA requires:

- An informed consent form, indicating that the donor is aware of the risks of the procedure (See Health and Safety Issues).
- Medical supervision, meaning that a licensed doctor must be on the premises at least one day a week. (In all of the existing correctional plasmapheresis programs, however, a licensed doctor is available every day the center is in operation.)
- A detailed method for determining the suitability of the donor.
- Comprehensive steps for performing the plasmapheresis procedure including: detailed donor procedures, amounts of blood that may be collected, immunization procedures in centers that perform immunizations, tests for hepatitis B, processing the plasma, labeling it correctly, keeping records, storing, and shipping procedures.
- Centers permit authorized representatives from FDA to inspect their procedures and facilities during reasonable business hours.

***What might happen if any of these regulations are violated?***

Violating any of these regulations can result in criminal liability for the plasma collection company. In a larger context, the Federal Food, Drug and Cosmetic Act (FD&C Act) states that a potential liability exists for an executive even if the executive had no criminal intent or specific knowledge of the act that violated the law. An example of such a violation includes acts of subordinates (for whom the executive is responsible) that cause any materials to be adulterated or mislabeled.

***What are the major health risks associated with donating plasma?***

The plasmapheresis procedure does contain some elements of risk for the donor. The same risk that one would normally incur in a whole blood donation program exists. A majority of persons who donate whole blood experience no difficulty; some feel faint or weak during or following the blood donation.

Four remote but possible risks are involved and should be explained fully to the prospective donor:

- During the processing of the blood which has been removed from a donor, contamination or loss of red blood cells could occur. If this happens, the red blood cells would not be returned to the donor. The chance of contamination is slight, but it might happen. If it did occur, there might be no ill effect or the donor might feel weak due to the blood loss.
- A remote risk of having red cells which are not the donor's given to him exists. If this happens and if the red blood cells are incompatible with the donor's blood type, a serious, even fatal reaction could occur. It is essential that the donor cooperate fully with the technicians and nurses in determining that only his own red blood cells are returned.
- Thrombophlebitis, or a clotting in the arm vein can occur; this condition is associated with any venipuncture. It can result in tenderness and discomfort. It may be treated simply with elevation.
- The last risk, which is usually caused by movement of the arm during plasmapheresis, is hematoma or bruising caused by infiltration of the needle. If the needle comes out of the vein, but remains in the arm, saline or red blood cells will flow into the surrounding tissue instead of the vein, causing discoloration, swelling and soreness that could last for days.

The risks associated with the special tetanus and/or rabies immunization programs are also minimal. The tetanus injection is a virtually safe procedure. The anti-rabies vaccine, on the other hand, incurs some small risks. The statistics indicate that 1 in 200,000 injected persons may react with hives, itching, cramps, slight fever, headaches or swelling. However, there have been no proven cases of any serious or long standing reactions to these injections.

***What are the major health risks associated with receiving plasma products?***

Two major medical diseases can be transmitted through blood and blood products: Hepatitis and Acquired Immune Deficiency Syndrome (AIDS).

Hepatitis takes three forms: hepatitis A, hepatitis B, and hepatitis non-A, non-B. Hepatitis A is not commonly caused by blood products and will not be reviewed here.

Hepatitis B has an incubation period of one to six months. It is usually transmitted by dirty needles, shared needles, contaminated blood, and body secretions such as saliva and semen. Fatigue and jaundice develop in about 50 percent of these victims. The presence of hepatitis B can be diagnosed by testing. The Food and Drug Administration has approved a vaccine against hepatitis B.

The third form of hepatitis, non-A, non-B, is the most common type transmitted by blood transfusions. This form causes about 10 percent of the transfusion cases of hepatitis. Between 5 and 10 percent of its victims contract cirrhosis of the liver, a fatal disease. To date, there is no reliable way of determining who is a carrier and who is protected from this form of hepatitis.

AIDS is a recently identified condition that causes a serious defect in a person's natural immunity against disease and is frequently fatal. Two diseases most commonly found in AIDS patients are:

1) Pneumocystis carinii pneumonia, a parasite infection of the lungs; and

2) Kaposi's sarcoma, a rare form of cancer.

Sexually active male homosexuals and users of intravenous drugs run the greatest risk for contracting AIDS. All current medical information indicates that AIDS is spread from person to person through intimate sexual contact or through use of shared needles for injection of drugs. There is no evidence that AIDS can be contracted through casual, non-sexual contact with a person who has AIDS.

The higher risk for intravenous drug users is almost certainly due to sharing or reusing unclean needles for injecting drugs. Blood

serum from a person with AIDS can be injected into the blood stream of a healthy person if the same needle is used.

***Are prisoners at high risk for transmitting these diseases?***

*Hepatitis*

According to research compiled by the Centers for Disease Control, prison populations, because of the large percentages of admitted intravenous drug abusers, are at high risk for carrying hepatitis B. It has also been observed that 60 to 70 percent of all illicit drug users who have been infected with hepatitis B indicate a multiple variety of the hepatitis virus. Because no test for hepatitis non-A, non-B exists, these persons may be considered very high-risk carriers of disease.

In a New York City adult facility, for example, of the 1,420 prisoners tested, 41 percent reported a history of illicit drug use (Novick et al, 1977). Of these users, most had hepatitis B. This study concluded that although the hepatitis infections were not recently acquired within the institution, prisons should be regarded as high-risk areas for hepatitis infection.

*AIDS*

According to the Centers for Disease Control, there is no statistical evidence that incarceration increases the risk of developing AIDS. Among prisons nationwide, AIDS has been diagnosed substantially in only three states: New York, New Jersey and Florida. Other isolated cases appear in many other states, but these statistics reflect the same percentages found in the general population. Actual numbers of prison cases are difficult to determine, however, since hospitals do not always report that the AIDS patient is a prisoner.

About 75 percent of all AIDS victims are homosexuals. Sixteen percent are individuals who inject illicit drugs intravenously. The rest include recent Haitian immigrants and hemophiliacs. Almost 95 percent of AIDS cases are males of all races, primarily between the ages of 25 and 44.

All information about inmates who have developed AIDS in prison indicates that these prisoners had usually been drug abusers and/or active homosexuals; evidence indicates that they had also been infected *before* their imprisonment. The disease, however, has an incubation period of up to five years before symptoms begin to appear.

Until a conclusive, diagnostic test is available for determining an AIDS carrier, the risk of transmitting the disease through plasma products still exists.

On the other hand, prisoners who have not engaged in homosexual activity or intravenous drug use have no greater risk for developing AIDS than any other person in the general population.

***What is the status of the research being done on AIDS?***

On April 23, 1984, Margaret Heckler, Secretary, U.S. Department of Health and Human Services, announced that the probable cause of AIDS has been identified and that a new process to mass-develop the virus to study its behavior in detail is underway. If plans proceed as expected, a blood test for AIDS will probably be available to the public in mid-1985.

## PUBLIC POLICY

***What is public policy concerning blood and plasmapheresis programs in general?***

In 1973, the Department of Health, Education and Welfare called upon organizations in the private sector of blood banking to join together to develop a coordinated program to "solve the problems of blood collection and distribution." In 1974, a National Blood Policy was formulated, and the American Blood Commission, providing a public forum for the exchange of ideas and information about this policy, was established.

The policy states that blood and plasma donations should be made on a *voluntary non-remunerative* basis because "this provides the best assurance of safety for both the donor and the recipient of the blood and blood products." The American Association of Blood Banks, a professional, nonprofit, scientific, and administrative association for organizations and individuals engaged in blood banking, strongly endorses this public policy, stating that "paying the donor(s) tends to remove the safety factor of donor honesty, which is vital, especially in light of the frequency of hepatitis carriers."

Many organizations that represent the market support this value, including:

- The National Hemophiliac Association
- The American Blood Bank
- The American Hospital Association
- The Blue Cross Association
- The American Medical Association

***How does this public policy affect plasmapheresis centers in correctional institutions?***

The policy fostering "free" donations would exclude prison plasma (which is commercial) from being sold to many buyers in the marketplace. This fact, alone would be of interest to administrators who are considering establishing plasmapheresis centers since the market would be drastically limited.

## ETHICAL AND MORAL ISSUES

***What are the major ethical and moral issues surrounding plasmapheresis programs in correctional institutions?***

The major ethical and moral issues revolve around medical concerns. A prison population is not representative of the community at large. Research indicates that a high percentage of prisoners were illicit drug abusers before their incarceration and, when tested, were found to have hepatitis B, and in many of these cases, other forms of the hepatitis virus. These persons, therefore, are high-risk carriers of the disease.

Research also indicates that because of the close living conditions of large groups of inmates, a high incidence of homosexual activity is found. When cases of AIDS were diagnosed within prison populations, public concern forced the closing of some prison plasma programs. Louisiana Biologicals, in fact, had to stop operations for a short time because it was difficult to sell the prison plasma. This experience was related directly to the public interest generated by the outbreak of AIDS, a disease for which no cure has yet been found.

Another major concern voiced by the consumer market is that of quality control. Will the controls be tight enough to ensure "clean" blood products from the prison environment?

## QUALITY CONTROL SAFEGUARDS

***What safeguards for quality control of prison blood and blood products exist?***

The Food and Drug Administration has established specific guidelines for manufacturers of blood products. These guidelines are included in the license to manufacture plasma products and compliance is monitored by representatives of the FDA.

- All blood obtained from prison populations will be used for manufacturing purposes only—not for direct transfusions. This is true unless the plasma center has a tetanus or rabies program. In this case, the plasma is made into a vaccine.
- When the plasma is separated into its various components, the AHF factor (the anti-hemophiliac factor) or sometimes called Factor VIII will *not* be used. This is the blood coagulation factor.

According to the Food and Drug Administration, those companies who produce blood products have voluntarily agreed not to use prison source plasma for producing Factor VIII.

## SUGGESTIONS: Institutional Responsibilities

***If I establish a plasmapheresis center in my institution, what key elements should I, as administrator, be concerned about?***

Initially, the correctional administrator should be concerned with developing a specific policy about the plasmapheresis program. He or she should contract with a reliable plasma collection company which will assure the administrator of a buyer for the prison blood supply. This issue is critical.

Once the initial steps are complete, the primary considerations are security and safety. Each administrator must ensure that the contractor is meeting *all* applicable requirements in setting up and operating the program. A copy of the license issued by the Food and Drug Administration should be kept on file in the institution. Administrators must also keep informed of and make available the latest legal and medical information, especially about transmittible diseases. In keeping with this suggestion, the plasmapheresis center staff should be required to submit quarterly reports detailing quality control of the operation. Administrators should also be furnished with a frequent notice from the contractor assuring current liability insurance coverage.

***What are some specific suggestions for maintaining security?***

Administrators must ensure that all buildings used by the center meet the security standards of the institution.

At least quarterly, administrators should inspect the center. Some suggestions:

- The plasmapheresis center should be located within the perimeter of the institution but designed to control the flow of traffic. Entrances and exits should be separated to allow for a smooth traffic flow.

- A sufficient number of security officers should be assigned to maintain order in the center at all times.

- Frequent security checks should be made at the center.

- All requirements of personal conduct by prison employees should be applicable to plasma center employees.

## SUGGESTIONS: Institutional Responsibilities

- All institutional security requirements such as key and tool control should be applicable to plasma center employees.

- Tight inventory should be kept on all potential contraband used at the plasma center, such as needles, adhesive tape, etc.

***Why does using inmate workers at the plasmapheresis center pose problems?***

According to the Food and Drug Administration, Blood Division, inmate workers are presented with many avenues for potential abuse. They are able to manipulate the labeling of blood products, forge donor signatures, and maintain erroneous records. A number of such incidents have been reported.

Inmate workers must be closely supervised. One state penitentiary recently reported that an inmate plasma worker was "strong-arming" donors by demanding paybacks. If the donor did not cooperate, the worker "removed the donor's bag of blood before it was placed in the centrifuge and punctured the bag with a small needle, thereby losing that donor's red blood cells along with the plasma. Since the donor could not receive his red cells back, he was removed from the program for 90 days until his blood 'built back up.'" The donor, therefore, lost considerable income during the 90-day period.

Other cases of inmates "embezzling" from the contractor were reported. These included giving inmates credits for donations when they had not given them.

***Does the plasmaperesis program interfere with other prison programs?***

The institution should take a firm stand in the contract to ensure that scheduling the plasma donations will not interfere with the daily operations of other programs in the prison.

***How should inmates be informed about the plasmapheresis program?***

A booklet (or handout) can be given to each inmate explaining the procedure, especially that it is a *voluntary* procedure. The booklet should describe the high-risk groups that will not be permitted to

donate. These groups include intravenous drug users, recent Haitian immigrants, and homosexually active males. It should also delineate the possible risks associated with the plasmapheresis procedure (See Health and Safety Issues).

This booklet should be written in the primary language of the inmate.

Some further donor suggestions:

- Any inmate meeting the necessary health requirements is permitted to donate plasma. Preference, however, can be shown to inmates who participate in other institution programs to ensure that the inmate is not forfeiting programs designed for personal growth.

- Disciplinary or segregated inmates should not be permitted to donate.

- An inmate must have been admitted to the institution at least 30 days before donating to allow time for a thorough medical background report.

## SUGGESTIONS: Contractor Responsibilities

***If I were to enter into a contract with a plasma collection company, what would I expect from the company?***

When a Department of Corrections enters into a contract with a plasma collection company, specific responsibilities and degrees of participation will vary. Each contractor, however, is responsible for operating and maintaining the total management of the plasmapheresis center procedures.

- The contractor must obtain a license to perform the plasmapheresis procedure from the Food and Drug Administration and adhere to all stipulated regulations.

- The contractor will hire key staff members such as the manager and medical doctor who are FDA approved; the contractor will also hire and train all other staff members associated with the program.

- The contractor shall use space designated by the Department to construct and/or set up the center. Each institution reserves the right to negotiate with the contractor about renting and/or leasing the building and paying for utilities.

- The contractor shall reimburse the Department of Corrections for administrative and other incidental costs incurred by the Department. All excess funds from this payment can be deposited in the Inmate Welfare Fund.

In addition, the contractor shall pay a negotiated amount to:

- The volunteer inmate for each donation of plasma.

- The Inmate Welfare Fund.

- The institution to compensate for the salaries of as many correctional officers as are needed to maintain security in the center.

## BENEFITS AND CONCERNS

***What are the benefits of operating a plasmapheresis program within my institution?***

Operating a plasmapheresis program within a correctional institution does not appear costly to the institution. In terms of personnel, the institution is compensated for any additional security officers needed and, although very tight controls must be introduced, jobs for the inmate population could be provided.

In financial terms, payments to the individual inmate donor, to the Inmate Welfare Fund, and to the institution are helpful in a period when financial resources are limited. John Byus, Administrator of Medical Services at the Arkansas Department of Corrections, states that in addition to the Department's financial gain, "the taxpayers of the state. . . also benefit since a great portion of much-needed, costly medical equipment has been procured without *any* impact on general revenue funds. Since it took inmate involvement to gain this fiscal independence, we proudly refer to this as the inmate population contributing to its own benefit."

With proper screening, the inmate population is capable of donating "clean" plasma. Inmates receive thorough and continuous medical care. They receive three nutritionally balanced meals a day and their activities are closely monitored. There is no such control over the health status of "free world" donors.

A monitored and constant source of blood plasma for medical products can be supplied.

***What concerns should I consider before establishing a plasmapheresis program within my institution?***

Despite the benefits, correctional administrators must consider many other critical factors.

- **Public Relations**
  Public opinion is created by formal and informal leaders in the community. It is a strong force for supporting or closing a program. How will the community that surrounds your institution react to a plasmapheresis center?

- **Medical Issues**
  A close relationship between the institution's medical department and the plasmapheresis program manager must be established. Will the company with which you contract be will-

ing to do this extra paperwork? Will the screening for hepatitis B be tightly controlled?

- **Security**
  For many reasons, tight controls should be placed on procedures in the correctional plasma program. They include: 1) proper labeling of the plasma components, 2) honest record keeping, 3 donor freedom from harassment for "pay-backs." Can you assure compliance with these controls?

- **Space**
  Is there sufficient available space your institution can afford to allocate to a plasmapheresis center?

- **Programs in the Institution**
  The correctional administrator's philosophy about how prisoners should spend their time within the correctional facilities must be considered. In drawing up the contract with the plasma collection company, can agreement be reached about scheduling the donations so that they do not interfere with institutional programs established to teach inmates saleable skills? Because of the financial benefits, will the plasmapheresis program supplant education and/or vocational programs? If this happens, can the plasma program be considered exploitive?

## AFTERWORD

Plasmapheresis centers are legal. They are not experimental. The Food and Drug Administration has given its approval and has set stringent guidelines.

It would seem prudent, however, that any administrator interested in establishing a plasmapheresis program begin to strategize about how to bring the community together to deal with the forces that may be against such programs. Establishing an advisory committee including members of the local chapters of the American Medical Association, and other groups that are dependent on the use of blood products on a regular basis, could be extremely helpful in determining the feasibility of establishing such a program in your state.

The material in this bulletin is informational about plasmapheresis center operations in correctional institutions. Neither the American Correctional Association nor the National Institute of Corrections is an advocate for prison plasmapheresis centers. You, the administrator, with your staff, must evaluate the pros and cons as you would with any other inmate program. It is your decision.

For further assistance, a list of administrators who are currently operating centers within their institutions and other resources have been provided.

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