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# Correctional Law, the Medical Rights of Prisoners: A Descriptive Study

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# CORRECTIONAL LAW, THE MEDICAL RIGHTS OF PRISONERS: A DESCRIPTIVE STUDY

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THESIS ACCEPTANCE

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# Chapter I

## Introduction

The objective of this thesis is to provide a summary and a comparison of the rights of prisoners to medical treatment as specified by law with actual medical conditions in penitentiaries. Hopefully this thesis will be a useful review of the past, but more importantly, it is hoped that this research will give corrections future directions regarding specific medical standards that must be met.

This research has been conducted in the spirit of correctional reform which is currently being brought about by judicial decisions and administrative changes. The status of prison medical treatment is being forced to change by the court and this thesis may be of some assistance by providing factual data and determining the gaps between the actual prison medical conditions and the law.

This thesis will be divided into the following chapters: Review of the literature (old case law), Current Medical Rights, Survey Results, Remedies, and the Conclusion.

The procedure used in these chapters will be as follows: The review of case history will have a dual purpose as the review of the literature. Past litigations will be acknowledged as to their contributions to the present standards of prisoner's rights to medical treatment.

These cases contain fundamental ideas and values that were instrumental not only in historical time periods, but which have also influenced prison litigations today. These rights have evolved and the reader must be keenly aware that this right is still in its evolutionary stage. While the highlights of the right to medical treatment will be reviewed, it will be restricted in order to keep it relevant to the thesis topic.

In Chapter Three, the current medical rights of prisoners will be enumerated and explicated. The sources of these rights are the courts, statutes and other authorities such as the American Correctional Association and the Federal Bureau of Prisons. These sources are combined and a list is created to specify the medical rights of inmates. It is interesting to note that while the sources usually agree, minor variations on specific standards exist.

The next chapter of this thesis is a comparison of court standards with the existing medical conditions of prisons, (Chapter 4). In some instances the existing conditions of prisons correspond with the court standards. However, they usually do not. In some instances, the prisons are in direct violation of the law and standards established by the American Correctional Association or the Federal Bureau of Prisons.

After a brief historical critique, and the survey results, the focus of this thesis will turn to the remedies

available to prisoners to ensure the right to medical treatment (Chapter 5). Even if the courts grant prisoners the right to medical care, this right has little meaning if there are no effective remedies available to protect it and enforce the right. We must confront the challenge of enforcing an inmate's rights behind the prison walls. Courts have given inmates rights and they must be enforced. The lack of effective remedies is a major problem. Thus more has been done to "create the possibility and the appearance of rights than actual rights." (Hawkins, p. 150)

The concluding chapter gives a general commentary on current medical rights of prisoners. It further contains suggestions and recommendations of remedies or other actions to assist in achieving results and improving prison medical treatment.

## Chapter II

## Review of the Literature

## (Summary of Case Law)

In the first third of this century, medical treatment cases were founded on bodily injuries. Hunt v. Rawton, 288 p. 2d 342 (1930). These litigations were handled as simple negligence cases. Today the majority of litigations on medical treatment are based on constitutional issues. Most of the current suits have the constitutional aim of (1) Federal Civil Rights Act (usually title 42, section 1983), (2) Eighth Amendment, or (3) Fourteenth Amendment (due process and equal protection).

Medical treatment in prison has evolved with our society. Prisoners' rights to medical treatment are still developing and can best be comprehended by tracing the developmental stages.

One hundred years ago prisoners were no more than slaves of the state. They did not have any rights. Ruffin v. Commonwealth, 62 Va. 790 (1871). This situation started to change slowly by the 1920's. A court ruling declared, "It is just that the public be required to care for the prisoners who cannot, by reason of deprivation of his liberty, care for himself." Spicer v. Williamson, 132 S.E. 291 (1926).

In the 1940's two major rulings were made concerning

medical rights in penal institutions. The court recognized that if prison authorities refused to give obviously needed medical treatment, it could result in death. According to the Constitution, life can not be denied without due process. Screws v. U.S., 325 U.S. 91 (1944). It was further held that a "prisoner retains all the rights of an ordinary citizen except those expressly or by the necessary implications, are taken from him by the law." Coffin v. Reichard, 143 F. 2d 443 (1944).

In the late 1960's the "Hands Off Doctrine" began to lose some of its' zeal. This doctrine was a popular way for the courts to avoid and/or ignore prison conditions. The courts denied jurisdiction over prison matters. The "Hands off Doctrine" was a judge-made policy that lacked statutory basis. The courts still remain reluctant to become involved with prison matters, but the policy is not totally inflexible. (Zalman, p. 185). The courts hesitated to get involved with internal prison matters not only because of their self-made "Hand off Doctrine" but also because of Federalism. Federal courts are reluctant to interfere with state prisons (Zalman, p. 191).

From the late 1960's to present day we have a conflict between judicial interference or ignorance of prisons. Judicial involvement, only to a limited degree has dominated. Today prison officials have a wide range of discretion on institutional policies. Courts usually will not interfere unless it is abused, arbitrarily or capricioulsy exercised.

Krist v. Smith, 439 F. 2d 146 (1971).

In 1966, Edwards v. Duncan 355 F. 2d 993 (1966), declared that depriving inmates of medical treatment was within judicial review. This case further stated that prisoners were entitled to medical treatment. Talley v. Stephens 247 F Supp 683 (1965), reinforced this declaring that prisoners had a right to reasonable amounts of medical treatment at reasonable times.

By the mid 1960's, the question of medical treatment developed into a guessing game. The medical treatment standards, in order to meet court requirements centered on shocking the conscience and being intolerable to a fundamental fairness. These standards were purposely vague, as the courts felt they had to adjust with our society's maturing concepts of decency.

In 1964, Snow v. Gladden 388 F. 2d 999, the court held that standards which were shocking or barbaric conditions in prison medical treatment would violate the Eighth Amendment.

In 1969, a Nebraska case, Sharp v. Sigler 408 F. 2d 966 (1969), brought another broad and vague court ruling which has been widely used in prison litigations. The United States Court of Appeals ruled that "fundamental rights follow prisoners through prison walls ... but with appropriate limitations." However, this case did not spell out the limitations concerning medical treatment. Thus, this lead to further litigations for clarification.

A second circuit court declared that the Constitution

protected the freedoms enjoyed by free-world citizens could be withdrawn or restricted as long as it was justified by underlying penal considerations. Sostre v. McGinnis, 442 F. 2d 178 (1971). Here the question becomes justifying the deprivation of medical treatment of prisoners.

Holt v. Sarver 309 F. Supp 362 (1970), set a new trend in prison litigations. This was a class action suit on the behalf of prisoners in the Arkansas prison system. A federal court ordered the state penal system to upgrade itself to federal constitutional requirements.

An important year in prison litigations was 1972. Newman v. Alabama 349 F. Supp 278 (1972), was the first major federal civil rights action which was devoted entirely to prisoners' medical treatment. The famous Morales v. Schmidt 340 F. Supp 544 (1972), decision of 1972 declared that when fundamental rights are at issue, the government must show a compelling reason for differential treatment of those convicted of a crime and those who are not convicted of a crime. According to this case, prisons can no longer be run for their own conveniences, especially where constitutional rights of inmates are involved. "If one of those rules of institutional survival affects significantly a liberty which is clearly protected among the general population, and if its' only justification is that the prison can not surivive without it, then it may well be that the Constitution requires that the prison be modified." Morales v. Schmidt, 340 F. Supp 544 (1972)

In conclusion, the history of medical treatment litigations along with the lack of reconciliation, has long troubled the courts. Many circuit courts have given different rulings. For example, a third circuit court held improper medical treatment was not a denial of Federal rights. Penn. ex rel. Gatewood v. Henrick, 444 Pa. 83, 280 A. 2d 110 (1971). A seventh circuit court held in exceptional circumstances a prisoner could sue under U.S.C.A. section 1983. Coleman v. Johnson, 247 F 2d 273 (1957). U.S. ex rel. Knight v. Ragen, 337 F. 2d 425 (1964). A seventh circuit court also held that a complaint of some medical treatment but challenging the adequacy did not justify intervention. U.S. ex rel. Lawrence v. Ragen, 323 F. 2d 410 (1963).

In short, substantial court rulings have been given both sustaining and dismissing actions for denial of medical treatment.[1]

The courts have given some specific standards regarding the medical treatment of prisoners, however the courts usually announce their decisions in general terms and ambiguous language. This vague language of the courts allow the right to medical treatment to adjust and expand

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[1] Sustaining actions of denial of medical treatment:
Elsberg v. Haynes 356 F. Supp 738 (1966)
Talley v. Stephens 247 F. Supp 683 (1965)
Redding v. Pate 220 F. Supp 124 (1963)
Dismissal of complaints alleging denial of medical treatment:
Blythe v. Ellis 194 F. Supp 139 (1961)
Cullum v. Calif Department of Corrections 267 F. Supp 524 (1967)
Treatt v. State of North Carolina 221 F. Supp 858 (1963)

with the penal system. The following is a brief summary of the discernible common threads that assist in tracing this right's evolution and predict its future.

Deprivation must be of a constitutional nature. Shaffer v. Jennings, 314 F. Supp 588 (1970); Fitzke v. Shappel, 468 F. 2d 1072 (1972). Prison conditions must be outrageous, barbarous or shocking before the courts will interfere. Rochin v. California, 342 U.S. 165 (1952); Church v. Hegstrom, 416 F. 2d 449 (1969); Snow v. Gladden, 388 F. 2d 999 (1964); Newman v. Alabama, 349 F. Supp 278 (1972). There may a constitutional issue if there are "deliberate indifferences or intentional denials" of medical treatment. Martinez v. Mancusi, 443 F. 2d 921 (1970); Sawyer v. Sigler, 320 F. Supp 690 (1970); Ramsey v. Ciccone, 310 F. Supp 600 (1970); Redding v. Pote, 220 F. Supp 124 (1963); Corby v. Conloy, 457 F. 2d 251 (1972). In some cases, the court may intervene when prison officials are grossly negligent even without intentional denial. Gittlemacker v. Prasse, 428 F. 2d 1 (1970).

No case can be made for denial of medical treatment if prison officials do not know about an inmate's medical needs Church v. Hegstrom, 416 F. 2d 449 (1969). There is no denial unless an inmate asked for treatment and was refused. Kopetka, State ex rel. v. Young, 163 N.S. 2d 49 (1968).

Furthermore, to have a constitutional issue, there must

be a willful refusal to treat a known ailment resulting in considerable pain and injury, not a mere faulty judgement. Hyde v. McGinnis, 429 F. 2d 864 (1970). Negligence or malpractice, regardless of the consequences, does not violate a constitutional right. Shields v. Kundel, 442 F. 2d 409 (1971); Tolbert v. Eyman, 434 F. 2d 625 (1970). The courts will not interfere with a prison doctor's opinions and treatment unless there is obvious neglect or mistreatment. Cates v. Ciccone, 442 F. 2d 926 (1970). Prisoners can not be the judge of what medical treatment is necessary or proper. Sawyer v. Sigler, 320 F. Supp 690 (1970); Cates v. Ciccone, 442 F. 2d 926 (1970); Goodchild v. Schmidt, 279 F. Supp 149 (1968). The courts will not interfere in prison matters on the behalf of an inmate's desires. Domingues v. Moseley, 431 F. 2d 1376 (1970).

Based on the preceeding discussion, it is clear that correctional law is an evolutionary process. It will be interesting to note the effect of stare decisis in the future. Correctional law and its ramifications will remain a critical question.

# Chapter III

## Review of the Literature II

## (Current Medical Rights)

Although court rulings on prisoners' rights to medical treatment have tended to be vague, some specfic standards have emerged. The following will be a brief summary of these standards which are relevant to our current time period. These standards were drawn from judicial rulings, authorative documents and criminal justice officials.

Penal institutions must comply with all federal laws and standards unless they are exempt. Medical treatment programs must meet the standards of the U.S. Department of Health, Education and Welfare and also those of the Federal Bureau of Narcotics. Newman v. Alabama, 349 F. Supp 278 (1972).

Medical services should be under the supervision of a licensed physician. (National Advisory Commission on CJ Standards and Goals, (2.6 medical care). Prisons need a medical director Inmates v. Wayne County Board of Commissioners, No. 173-217 Mich. circuit court (1972); and he should establish the goals and standards for the prison medical programs. (ACA Manual, p. 438).

The medical director should establish job descriptions for all medical positions. Newman v. Alabama, 349 F. Supp 278 (1972). A system of continuous awareness and, where necessary, upgrading the medical program should

be instituted. Newman v. Alabama, 349 F. Supp 278 (1972).

All health care providers should have the appropriate license requirements (ACA Manual, p. 439) and do the job commensurate with their training. Thus, a doctor can not practice medicine without a license and a registered nurse can not prescribe medications. Jones v. Wittenberg, 330 F. Supp 707 (1971).

Medical technical assistants (MTA) are widely used to give medical treatment. The Federal Bureau of Prisons describes a MTA's job as: participating in sick calls, interviewing patients and making preliminary diagnosis, recording symptoms and vital signs, requesting laboratory tests and prescribing medicine for routine illnesses. MTAs also assist the doctor, providing emergency medical treatment and giving pre-operative and post-operative care. They may also give medications and maintain medical records. (Health Care by Nat. Instit. p. 18). However, according to the courts, all medical technical assistants must meet the minimum standards of licensed practical nurses. Newman v. Alabama, 349 F. Fupp 278 (1972). It is further suggested that the MTA' should be under a doctor's continuous supervision. (Health Care by Nat. Instit. p. 18-19).

The use of inmates as part of the medical team is debatable. Understaffed prisons are tempted to use inmates when other personnel are not available. It is permissible to use trained inmates in paramedical services.

(ACA Manual, p. 440). When adequately trained and supervised, inmates can give direct patient care, such as bathing and feeding, Newman v. Alabama, 349F. Supp 278 (1972). However, inmate nurses usually have no medical training. Despite this fact they are often used to diagnosis illnesses, dispense medications, give injections and suture wounds along with many other services. This is in direct violation of the law. Inmates should not under any circumstances, handle medical records or drugs. (Health Care by Nat. Instit. p. 21, 56-57). Inmates can not be used to administer medications, which under state law, only a licensed doctor or a registered nurse are allowed to give, unless the inmate meets the standards of a licensed professional. Newman v. Alabama, 349 F. Supp 278 (1972).

It is difficult to set an exact ratio of inmates to medical staff. Prisons require a special doctor to patient ratio because of the unique features of prison life. Nevertheless, they usually rule on what in inadequate without mentioning ratios that are acceptable. The most dominate theme appears to be that prisons need a sufficient number of medical staff to meet the needs of the inmate population. (ACA Manual, p. 439).

From various court rulings it appears that prisons with more than 850 inmates require a full-time doctor. Newman v. Alabama, 349 F. Supp 278 (1972). Furthermore, as few as 120 inmates, according to the courts, requires

more than one part time doctor who attends sickcall five times a week. Newman v. Alabama, 349 F. Supp 278 (1972).

The courts have called it insufficient for 1,500 inmates to have one part time doctor working 20 hours per week. Wayne County Inmates v. Wayne County Board of Commissioners, No. 173-217 Mich. circuit court (1972). Medical treatment was declared insufficient when 2,500 inmates had one full time doctor and seven part-time doctors. Jackson v. Hendrick, No. 71-2437 C.P. Philadelphia, Pa. (1972).

Part time employment of the medical staff should be carefully examined. Part timers are often "moonlighters," who have full time employment responsibilities elsewhere. This can be hazardous, expecially if the part timers begin to reduce the actual time spent with inmates. (Health Care by Nat. Instit. p. 55).

Registered nurses are a vital part to any program. Nurses can assist but can not substitute for doctors. A state prison system must have more than three registered nurses, of whom none work on weekends. Holt v. Sarver, 309 F. Supp 362 (1970). The courts have ruled it inadequate, when nurses were in the prison only five days and forty hours per week. Smith v. Hongisto, No. C-70-1244 RHS, N.D. Calif. (1973).

Many prisons have their own hopsital even though the trend is away from the prison hospital. They handle serious illnesses, emergency cases and both major and minor surgery. (Health Care by Nat. Instit. p. 29).

Institutional hospitals have two main advantages. First it makes immediate care possible without transportation problems; and second the institutional hospital eliminates the high cost of civilian hospitals and the cost of guarding inmates. However, the countervailing points must also be considered. There is a very high cost of hiring adequate staff, equipping and maintenance of the hospital. With institutional hospitals there is always the problem of keeping the quality of care equal to civilian hospitals. (Health Care by Nat. Instit. p. 29).

Some state prison systems have designed one institutional hospital to serve as the state-wide institutional hospital. These hospitals are not exempt from legal regulations. Prison hospitals must meet all the state statutes and hospital licensing requirements. It has been further suggested that these hospitals should be accredited by the Joint Commission on Accreditation of Hospitals. (Health Care by Nat. Instit. p. 29).

Furthermore, if prison hospitals meet all the license and statute requirements, the courts may still rule them inadequate. The ratio of hospital beds to inmates may also be cause for judicial concern. The courts held that an eighty bed hospital for 4,000 inmates was inadequate. Newman v. Alabama, 349 F. Supp 278 (1972).

When civilians are ill, too sick to go to work, but not in need of a hospital, they usually go to bed and a member of the family takes care of him. What does a

prisoner do in a similiar situation? Because of confinement, the infirmary takes the place of the family care.

An infirmary is a quiet place with few beds and a staff member is present whenever a bed is occupied. The equipment varies from bedpans to complex medical equipment. Infirmaries are used for minor surgery and to shorten hospital stays. Even small institutions should have an infirmary. (Health Care by Nat. Instit. p. 28).

In summary, the correct ratio of inmates to medical staff is difficult to determine. The American Correctional Association states that the basic medical staff for a prison of 500 inmates should include:

a full time medical Officer;
a full time psychiatrist;
a full time dental officer;
a full time psychologist; and
five full time medical technicians.

The staff should also include other needed consultants. And for every additional 500-1,000 inmates, at least one additional medical officer and technician are needed. (ACA Manual of Correctional Standards, p. 439).

The courts have ordered that a prison population of 2,000 requires at least:

three full time doctors;
two full time dentists;
two full time trained physicians assistants;
six certified RN or LPNs;
two full time medical-clerical personnel; and
one full time medical records librarian.

Also the needed consultant services of a radiologist and pharmacist should be available. Gates v. Collier, 349 F. Supp 881 (1972).

Regardless of the number of medical staff, the health care providers must be aware of the sensitive relationship between themselves and the correctional staff, i.e. guards, counselors, and wardens to be successful. It must be remembered that the main purpose of the correctional staff is the maintenance of order not the inmates' health.

Correctional staff should not have approval power over requests for sick call or any form of medical attention. (Health Care by Nat. Instit. p. 11). Non-medical personnel must not screen sick calls. Newman v. Alabama, 349 F. Supp 278 (1972). In fact, untrained personnel should not screen prisoners. Smith v. Hongisto, No. C-70-1244 RHS, N.D. Calif. (1973) Wayne County Inmates v. Wayne County Board of Commissioners, No. 173-217 Mich. circuit court (1972). There should be written regulations ensuring inmates the right to see a doctor if they desire one. Smith v. Hongisto, No. C-70-1244 RHS, N.D Calif. (1973). And at the very least, inmates should be seen by qualified medical personnel and a doctor if the situation warrants it. Newman v. Alabama, 349 F. Supp 278 (1972).

Reasonable medical treatment includes access to sick call. Collins v. Schoonfield, 344 F. Supp 257 (1972). It must be recognized that sick call is a right and not a privilege. (Health Care by Nat. Instit. p. 11). Furthermore, institutions should have a daily sick call which is attended by a doctor. Jones v. Wittenberg, 339 F. Supp 707 (1971). The only exception to the sick call rule is that

a qualified doctor or nurse could visit segregation. (Health Care by Nat. Instit. p. 11).

Wardens can not interfere with any legitimate medical treatment even in the name of security. Sawyer v. Sigler, 320 F. Supp 690 (1970). When there is a conflict, prison rules must submit to medical practices. Anything "less than strict compliance" of the rules of medical treatment will compromise the quality of medical treatment. (ACA Manual, p. 437).

Because of the large number of prisoners in close and often unsanitary environments, prisons should have an area for isolation of contagious diseases. (ACA Manual p.442).

Prisoners are entitled to reasonable medical treatment Talley v. Stephens, 247 F. Supp 683 (1965), and this includes physical examinations. Collins v. Schoonfield, 344 F. Supp 257 (1972). Upon admission, each inmate should have a physical examination. (ACA Manual p. 441; National Advisory Commission on CJ Standards and Goals; 2.6 medical care; Smith; Jones; Federal Bureau of Prisons, Manual of Policy Statements, section 37601). These should include medical history and laboratory tests. (Health Care by Nat. Instit. p. 8). Furthermore, all new arrivals should receive immunizations and vaccines. (ACA Manual p. 441; Federal Bureau of Prisons Manual Policy Statements, section 37601).

A program of regularly scheduled time intervals for physical examinations should be created. There should not be

more than a two year time lapse between physicals. Newman v. Alabama, 349 F. Supp 278 (1972).

Along with physicals, medical records should be kept on each inmate. (Health Care by Nat. Instit. p. 9). Furthermore, these records should be available at the correctional institution where the inmate is assigned. Smith v. Hongisto, No. C-70-1244 RHS, N.D. Calif. (1973); Newman v. Alabama, 349 F. Supp 278 (1972).

Some acute medical conditions can not await the next day's sick call; for example, stabbings or appendicitis attacks. Thus sick inmates should have care and medication available on a 24 hour basis. Wayne County Inmates v. Wayne County Board of Commissioners, No. 173-217 Mich. circuit court (1972). Any complaining inmate must be given reasonable and prompt access to a doctor unless adequate attention can be given by other trained medical personnel, acting under a doctor's supervision. Smith v. Hongisto, No. C-70-1244 RHS, N.D., Calif. (1973).

Many institutions have the majority of their medical coverage available from 8 a.m. to 5 p.m., five days a week. According to the courts, this is not providing sufficient medical coverage. There must be a registered nurse working at night as well as on the weekends. Newman v. Alabama, 349 F. Supp 278 (1972).

There should not be any lengthy periods of time when doctors are not available. Smith v. Hongisto, No. C-70-1244 RHS, N.D. Calif. (1973). Medical services must be available

24 hours a day and must be delivered not just by a LPN or a RN but by a doctor when necessary. Jones v. Wittenberg, 330 F. Supp 707 (1971).

Along with a doctor being on call at all times, their services should be available to the inmates within fifteen minutes of notification in emergency situations. Wayne County Inmates v. Wayne County Board of Commissioners, No. 173-217 Mich circuit court (1972). Adequate emergency equipment and supplies should be at each facility. Smith v. Hongisto, No. C-70-1244 RHS, N.D. Calif. (1973); Newman v. Alabama, 349 F. Supp 278 (1972). Each facility should have or have access to suitable emergency transportation, i.e. ambulances. Newman v. Alabama, 349 F. Supp 278 (1972).

All of this accumulates to the unequivocal fact that inmates are entitled to the treatment prescribed by the doctor. Tolbert v. Eyman, 434 F. 2d 625 (1970); Sawyer v. Sigler, 320 F. Supp 690 (1970); Beckett v. Kearney, 247 F. Supp 219 (1965). Whatever the prison doctor prescribes becomes a prisoner's right.

# Chapter IV

## Survey Results

Relatively little is known about the actual medical services provided by prisons today. In fact, the last national survey of prison medical conditions was conducted in 1929 (Zalman, p. 185).

In order to assess the 1975 status of prison medical treatment, the author conducted a mail survey. Treatment as defined here, refers to the management and application of medical or surgical services. In this research, treatment was limited in scope to physical ailments, thus excluding psychological treatment.

To accomplish this research, a questionnaire was sent to 64 Midwest state adult prisons with populations of 50 or more inmates. The survey inventoried medical facilities, staff and policies. It was centered around court rulings concerning prison medical treatment. (See Appendix D).

Appropriate pre-testing and revisions were made. The survey was sent to the designated state prisons. There was an 83.8% return rate (N=52).

The following section is a comparison of the judicial rulings and authorative documents to the existing status of prison medical treatment as determined by the survey. Although the categories are not precisely matched the parallels and contrasts do produce insight into the legality of prison medical treatment.

The average prison in the Midwest region had between 500-700 inmates. Thus according to the American Correctional Association (Manual of Correctional Standards, p. 439) institutions of this size should have:

> one full-time medical officer,
> one full-time psychiatrist,
> one full-time dental officer,
> one full-time psychologist,
> five full-time medical technicians, and
> other needed consultants.

Few of the surveyed institutions had full-time doctors, only 36.5%. However, over half of the respondents, 55.7% had part-time doctors. A large proportion of the respondents, 84.6% contracted with outside facilities for some form of medical assistance. Depending on the circumstances of the individual institutions, and the lack of full-time doctors, the surveyed prisons may be in violation of the maxim of the National Advisory Commission on Criminal Justice Standards and Goals (Medical Care, 2.6).

There is no corresponding data available to compare the ACA standards with the number of psychiatrists in the Midwest prisons. However, there are only 60 full-time psychiatrists in the entire U.S. prison system (The Prison by Hawkins, p. 49).

From the survey results it is unequivocal that some prisons are deviating from this standard. For example, a prison had 300 inmates but its only medical staff consisted of one part-time inmate nurse.

It is a well known fact that all correctional staff

members are underpaid. Taking into consideration their work load, this appears to hold true for the medical staff also. The annual salary for full-time medical staff varied. However, the average doctor received $30,092.59, a registered nurse was paid $11,500. and LPNs got $8,950. yearly.

According to the National Advisory Commission on Criminal Justice Standards and Goals, medical services should be under the supervision of a licensed physician. However, only 36.5% of the respondents had full-time licensed physicians. Thus in the majority of prisons, it can be assumed that persons other than licensed physicians are supervising medical services. Furthermore, only a small percentage of the prisons employed dentists, 13.4%, therefore, this is a violation of the standard.

Despite the fact that correctional authorities are questioning the use of inmates as part of the medical staff, over half of the surveyed prisons do have inmates as part of their medical team.

Table I

The Use of Inmates as Medical Staff

| | | |
|---|---|---|
| Do not use inmates | 26 | 42.3% |
| Use inmates | 36 | 57.7% |
| Totals | 62 | 100.0% |

Some inmate nurses, (13.5%) were allowed to administer prescription drugs. This is contrary to medical licensing

requirements and state statutes. Newman v. Alabama, 349 F. Supp 278 (1972); Health Care by Nat. Instit. p. 21, 56-57).

A large proportion of the respondents allowed prescription drugs to be repackaged. This may be in violation of the U.S. Code. (Title 21, section 331-353).

Table II

The Repackaging of Prescription Drugs

| | | |
|---|---|---|
| Do repackage | 35 | 67.3% |
| Do not repackage | 15 | 28.8% |
| No response | 2 | 3.8% |
| Total | 52 | 100.0% |

Repackaging presecription drugs is not only illegal, but also dangerous. Custodial staff often administer these drugs or they are the first to see an inmate's reaction from the drug. Over half of the respondents (53.8%) did not give their custodial staff training on the possible effects of medication. Thus in some penal institutions, by mistake, neglect or ignorance medication may be handled like a loaded gun.

The standard excuse of inadequate medical treatment is money. Midwest prisons in 1975 spent an average of $146.42 per inmate for medical care. This amount ranged from $1.55 to $508.64 per inmate. These figures to not include staff salaries or any undetermined federal funds.

Because the subject of cost is so complex, the courts have not set a specific dollar amount or figure. "However

the courts have held that prisons must spend as much as is necessary to supply adequate health service." (Health Care by Nat. Instit. p. 61).

To further reveal medical deficiencies, a majority of the prisons did not have annual medical reports and a few lacked medical budgets. The court has implied that prisons should have annual medical reports. Newman v. Alabama, 349 F. Supp 278 (1972).

Table III

Institutions with Medical Budgets and Annual Reports

| | Medical Budgets | | Annual Reports | |
|---|---|---|---|---|
| Yes | 42 | 80.0% | 16 | 30.8% |
| No | 10 | 19.2% | 34 | 65.4% |
| No response | 0 | 0.0% | 2 | 3.8% |
| Totals | 52 | 100.0% | 52 | 100.0% |

As previoisly noted, part-time medical staff may not be beneficial for the inmates. Nevertheless, 92% of the responding Midwest prisons have part-time medical personnel. This in itself is not a violation of the law or medical practice, but may help create circumstances that might lead to inadequate medical treatment.

In the prisons surveyed, it usually required 24-35 hours after committment for an inmate to see a doctor. This varied from 12 hours to ten days. (See Appendix B, Table 28).

According to the judiciary, inmates should have physical examinations upon arrival. Smith v. Hongisto, No. 173-217 RHS, N.D. Calif, (1973); Jones v. Wittenberg, 330 F. Supp

707 (1971). The National Advisory Commission on Criminal Justice Standards and Goals (Medical Care, 2.6) states that physicals should be given promptly upon commitment. The Federal Bureau of Prisons gives further support by stating that physicals should be given within ten days of committment. (Manual of Policy Statement, section 37601).

Almost all of the survey respondents gave physical examination upon entry. The courts hold that in addition to physicals upon committment, there should be regularly scheduled time intervals for physical examination. These should not be more than two years apart. Newman v. Alabama, 349 F. Supp 278 (1972). However, from the survey results, it appears that only a third of the prisons have physicals at pre-determined time intervals.

Table IV

Physical Examination Sequence

| | Yes | | No | | No Response | |
|---|---|---|---|---|---|---|
| Upon entry | 49 | 94.2% | 3 | 5.5% | 0 | 0.0 |
| Pre-determined intervals | 17 | 32.7% | 26 | 50.0% | 9 | 17.3% |
| Upon inmate's complaints | 47 | 90.4% | 3 | 5.8% | 2 | 3.8% |
| At release date | 14 | 26.9% | 23 | 44.2% | 15 | 28.9% |

A very high percentage of the surveyed prisons (98.1%) had laboratory facilities. This appears to meet the requirement that laboratory tests are part of the physicals. (Health Care by Nat. Instit. p. 8). Almost all of the respondents (92.3%) had ended medical research or experimentation

with prisoners. This does correlate with standards set by correctional authorities.

Both the American Correctional Association (Manual, p. 441) and the Federal Bureau of Prisons (Manual of Policy Statement, section 36701) state that all new arrivals should get immunizations. However, only 78.1% of the Midwest prisons have immunization programs.

In addition to having immunization programs, all prisons should also have an isolation area. (ACA Manual, p. 442). But in fact, 23.1% of the respondents did not. Solitary confinement and isolation areas are often synonymous. Less than one-half of the respondents, 46.2% had their medical staff (excluding nurses) visit inmates daily who were in solitary confinement.

All surveyed prisons kept medical records. This corresponds with standards set by correctional authorities, (Health Care by Nat. Instit., p. 9). However, it should be noted that the survey did not explore the quality of these records.

Despite the fact that custodial staff should not have approval power over any form of medical attention, Newman v. Alabama, 349 F. Supp 278, (1972); Smith v. Hongisto, No. C-70-1244 RHS, N.D. Calif. (1973); Wayne County Inmates v. Wayne County Board of Commissioners, No. 173-217 Mich circuit court (1972); Health Care by Nat. Instit. p. 11) in over 50% of the respondents, the inmates requested medical treatment through the custodial staff.

In addition, 23.1% of the responding prisons stated that medical orders were not followed by the custodial staff. Furthermore, 34.6% said that medical orders were "sometimes" obeyed by the custodial staff. As a general rule, when an inmate requested medical attention, he first saw a guard, second a registered nurse and then a doctor. (See Appendix B, Table 46,47).

As a medical policy, custodial staff should not be administering prescription drugs.[2] (ACA Manual, p. 439). The survey results show that 9.6% of the respondents allowed their custodial staff to give prescription medication. An additional 32.7% had a combination of custodial and medical staff administering prescription drugs.

Drugs were given to control inmate behavior in 34.6% of the surveyed institutions. Intramusculary drugs were given to physically control inmate behavior by 50% of the respondents. In addition, slightly over half of those responding, 53.8% had inmates on mood-changing drugs.

According to prison officials, there was a strong correlation between the number of inmates who requested medical treatment and those who received it. However, some respondents stated that they were not satisfied with the quality of medical treatment that they were giving. It is interesting to note that 92.3% of the responding prison

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In Peck v. Ciccone, 288 F. Supp 329 (1968), the court allowed a guard to administer medicine that was prepared by a doctor. The key element here was that the guard was competent and had some medical training.

officials felt that improving medical treatment would not hamper the custodial care.

There were some periods of time, for example weekends or evenings when medical coverage was left up to LPNs or inmate nurses. According to the courts, this can not legally be done. Newman v. Alabama, 349 F. Supp 278 (1972). A doctor should be available 24 hours a day. Jones v. Wittenberg, 330 F. Supp 707 (1971). However, the survey results illustrate that not all prisons have a doctor on call 24 hours a day.

Table V

Continual Medical Staff (doctors) Availability

| | | |
|---|---|---|
| Yes | 4 | 7.7% |
| No | 10 | 19.2% |
| No, but one is on call at all times | 38 | 73.1% |
| Total | 52 | 100.0% |

In addition to having a doctor on call at all times, in emergency cases a doctor's services should be available within fifteen minutes after notification. Wayne County Inmates v. Wayne County Board of Commissioners, No. 173-217 Mich circuit court (1972). The requirement was met in 75% of the respondents, but the medical staff was not necessarily a doctor. (See Appendix B, Table 51). Over one third, 34.6% of the respondents acknowledged that medical responses to an emergency situation were slower at night than during the day. This appears to be ignoring a reality

of prison life. The prison environment makes it impossible to schedule an inmate's medical needs between 8 a.m. and 5 p.m.

Table VI

Significant Instutional Legal Violations

| Medical/Legal criteria | N | % |
|---|---|---|
| Did not have annual medical reports | 36 | 69.2 |
| Repackaged prescription drugs | 35 | 67.4 |
| Did not have regularly scheduled physical examinations | 35 | 67.3 |
| Did not have full time doctor | 33 | 63.5 |
| Use inmates as part of medical team | 30 | 57.7 |
| Allowed a combination of custodial and medical staff to administer prescription drugs | 22 | 42.3 |
| Did not have isolation areas | 12 | 23.1 |
| Did not have immunization programs | 12 | 21.9 |
| Did not have a doctor available at all times | 10 | 19.2 |
| Allowed inmates nurses to administer prescription drugs | 7 | 13.5 |

In summary, there appears to be significant violations pertaining to medical aspects in the Midwest correctional institutions. As the chart above illustrates, inmates are being used to provide health care. And in addition, some inmates were even allowed to administer prescription medication. A large proportion of the institutions allow the repackaging of prescription drugs. All institutions, according to the authorities should have immunization programs and isolation areas. However, the responding institutions did not meet this goal. Less than a third of the respondents have annual medical reports and

regularly scheduled physical examinations. Furthermore, through the data collected, it appears there may be extensive periods of time when a licensed doctor is not available. These medical ingredients are magnified by the actual money spent on each inmate for medical assistance. Excluding undetermined federal funds and staff salaries, an average of $146.42 was spent per inmate. Does $146.42 per client provide adequate medical treatment?

The above chart enumerates a medical treatment system which is below standards, each taken alone may not be totally illegal. However, when the items are combined, inmates definitely are deprived of their constitutional rights to medical treatment.

## Chapter V

## Remedies

Prisoner's right to medical treatment is in the developmental stage and thus the remedies have not completely evolved. To complicate penal medical litigations further, there is an enormous gulf between theory, practice, judicial decisions and administrative implementation. (Prison by Hawkins, p. 144).

The following remedies are a brief summary of the main methods prisoners use today to gain judicial relief. This is not an exhaustive list. With every new litigation, there is the potential that the remedies may take a new path or an advancement of a concept. Each case must be judged on its own merits and are often given individualized remedies.

By standard policy, prison affairs are not subject to judicial review. Coppinger v. Townsend, 398 F 2d 392 (1968); Graham v. Willingham, 384 F. 2d 367 (1967). It is a judicial policy that lawfully confined inmates must yield many of their civil rights and privileges to prison life. U.S. ex rel. Thompson v. Fay, 197 F. Supp 855 (1961); Goodchild v. Schmidt, 297 F. Supp 149 (1968). However, in exceptional circumstances, such as total denial of essential medical treatment, the courts may intervene. Coleman v. Johnson, 247 F. 2d 273 (1957); Goodchild v.

Schmidt, 279 F. Supp 149 (1968); U.S. ex rel. Knight v. Ragen, 337 F. 2d 425 (1964).

The courts are reluctant to get involved with internal prison affairs. Thus it makes it more difficult for prisoners to receive remedies for inadequate medical treatment.

Difficulties may arise not only in getting a court to hear the case, but in prisoner's having access to the courts. By the law, "prisoners, no less than other persons, have a constitutional right to access to courts. Prison officials can not place burdens on such rights nor punish its exercise." (42 U.S.C.A. 1983). Furthermore, this access can not be restricted or intimidated. Johnson v. Avery, 393 U.S. 483 (1969); Younger v. Gilman, 404 U.S. 15 (1971); Beard v. Alabama, 413 F. 2d 455 (1969).

State Statutes

Not all states have statutes which regulate prison medical treatment (Zalman, p. 186). In fact, most states have neither statutes nor administrative regulations on medical treatment. (Hermann, p. 171)

Some states such as New York, West Virginia, Illinois, and California have a duty to give adequate medical treatment as stated in their state codes. (S. Alexander, p. 172). Other state statutes may hold prison authorities liable for failure to give medical treatment even if the action does not meet the standards needed to raise a

constitutional question. (Stanford L R 2/71, p. 490). For example, in Piscano v. State, 8 A.D. 2d 335, 188 N.Y.S. (1959). a New York case, an inmate had injured his back and neck. The prison doctor discontinued treatment because of budgetary considerations. The court required New York State to pay compensation to the injured prisoner. In the decision, the court quoted a state statute, "the state commission of corrections shall ... secure the best sanitary conditions of buildings and grounds ... protect and preserve the health of the inmates" (McKinney Consol. Law, Correctional Law, section 46). The court further held that the state statute required the use of "modern medical theories and procedures which are reasonably necessary and adequate" (Legal Rights of the Convicted, p. 336).

Tort Law

Negligent medical treatment is usually a tort and does not amount to a constitutional denial Nettles v. Rundle, 453 F. 2d 889 (1971); Ramsey v. Ciccone, 310 F. Supp 600 (1970). State prisoners may be granted relief under state tort laws, if they exist. Federal prisoners may sue under the Federal Tort Claims Act, 28 U.S.C.A. section 2671, U.S. v. Muniz, 374 U.S. 150 (1963).

The Supreme Court has held that inmates could receive damages from the U.S. Government for personal injuries received in federal prisons as a result of negligence of a prison employee (S. Alexander, p. 173). However,

it should be acknowledged that tort damages are an indirect way of receiving medical treatment. Tort litigations are often lengthy and could cause antagonism between inmates and staff. Tort cases may not necessarily promote better medical treatment (Jack Drake, p. 600).

Habeas Corpus

The writ of habeas corpus is a common method used by state prisoners seeking injunctive relief. Its use for this purpose is questionable. The writ's main function is to challenge the validity of the judgement, sentence or committment, not prison activities when inmates are lawfully confined (Zalman, P. 188-9). In prisons, habeas corpus can be used to challenge excessive restraints which excedes whatever is permitted by the Constititon. (Zalman, p. 189; Chessman v. In re., 279 P. 2d 24 (1955).

In situations where medical treatment is inadequate or non-existent, inmates can seek relief through either habeas corpus or Civil Rights Act 1983 (P. Hopkins, p. 17). However, by the late 1960's habeas corpus had been widely replaced by the Civil Rights Act (Zalman, p. 192-3). There is a blurred difference between civil rights actions and habeas corpus. Federal habeas corpus requires that all state remedies are exhausted. This is not true for civil rights actions (Zalman, p. 193; Monroe v. Pape, 365 U.S. 167 (1961). Therefore, most litigations aim for civil rights actions as it avoids exhausting state remedies (Zalman. p. 195).

A case involving a Nebraskan has caused concern regarding the scope of federal habeas corpus jurisdiction. The Stone v. Powell, 49 L Ed 1067, litigation evolves around the 1971 booby-trap bombing and death of an Omaha Police Officer. Law enforcement officers found explosives in Rice's resident that lead to his conviction through an invalid search warrant.

Consequently, Rice filed a writ of habeas corpus in federal court challenging the conviction and his incarceration. The court denied Rice relief, stating that a "federal court need not apply the exclusionary rule on habeas review of a fourth Amendment claim absent a showing that a state prisoner was denied an opportunity for a full and fair litigation" Stone v. Powell, 49 L. Ed. 2d 1067 (1976).

The court's ruling on Stone v. Powell, 49 L. Ed. 2d 1067 (1976) has only eliminated habeas corpus petitions in search and seizure cases. However, it is possible that the ruling will be reflexed in state prisoner's claims concerning other constitutional rights.

In summary, as Judge Brennan stated, this is a "drastic withdrawal of federal habeas jurisdiction" Stone v. Powell, 49 L. Ed. 2d 1067 (1976). The David Rice litigation has challenged the basic principle of federal habeas relief and may greatly affect prisoner's rights to medical treatment.

Civil Rights Action

Section 1983 of the Civil Rights Act, is essentially the only effective relief for prisoners (Krantz, p. 230). This federal remedy is intended to be supplementary to state remedies. State remedies do not need to be exhausted before turning to the Civil Rights Act (42 USCA 1983; Redding v. Pate, 200 F. Supp 124 (1963). The Civil Rights Act protects the Constitutional rights and grants relief if a federal law is violated. Penal litigations using the Civil Rights Act usually center on the denial of a constitutional right, primarily the eighth and fourteenth Amendments.

Title 42 USCA 1983 is one of the most popular remedies in Civil Rights cases. This section is used for extraordinary prison suits concerning internal prison conditions (Zalman, p. 1976; Monroe v. Pape, 365 U.S. 1967 (1968). This federal legislation states: "every person who, under color of any statute, ordinance, regulation, custom or usage of any state or Territory, subjects or causes to be subjected, any citizen of the U.S. or other persons within the jurisdiction thereof to the deprivation of any rights, priveleges or immunities secured by the constitution and laws, shall be liable to the party injured in an action at law, suit or equity or other proper proceeding or redress."

In order for a state prisoner to have a cause of action for inadequate medical treatment under section 1983, the denial must be "cruel and unusual" and shock the conscience.

Mere negligence is not enough. As a minimum, a prisoner must allege that he had an acute physical condition with an urgent need for medical treatment. The inmate must further allege that prison authorities failed to or refused to give medical treatment and this resulted in a tangible injury, Mayfield v. Craven, 299 F. Supp 1111 (1969). There are no provisions for private tort claims (Kerper, p. 433).

A second key piece of federal legislation is Title 18 U.S. Code, section 4042 states that the Bureau of Prisons shall: "(1) have charge of the management and regulation of all federal penal and correctional institutions; (2) provide suitable quarters and provide for the safekeeping, care, and subsistance of all persons charged with or convicted of offenses against the United States ...; (3) provide for the protection, instruction and discipline of all persons charged with or convicted of offenses ...; (4) provide technical assistance to state and local government in the improvements of their correctional systems" (S. Alexander, p. 171-2). The court has ruled that this section infers medical treatment.

8th Amendment

The eighth Amendment to the constitution prohibits "cruel and unusual" punishment. This term cannot be defined with specificity. It is flexible and changes with our society, Holt v. Sarver, 309 F. Supp 362 (1970). The judicial test for cruel and unusual punishment usually centers around three questions. (1) Does the action

violate society's ideas of fairness and decency? Does it shock the conscience of an average citizen? (2) Is the treatment disproportionate to the crime? (3) Does the treatment go beyond that necessary to effect legitimate penal goals? (N.C. Law Review, Stephens, p. 870).

This Amendment has been interpreted as meaning, "nothing less than the dignity of man" Trop v. Dulles, 356 U.S. 86 (1958). It has also been interpreted as creating a duty to give adequate medical treatment. However, penal authorities have wide discretion in its application to prisons (N.C. Law Review, Stephens, p. 870).

To meet the requirements of a remedy through the Eighth Amendment, usually all three of the following elements must be present. First, the questionable treatment must be a pattern, not just one single act. Second, treatment given must not be supported by any competent recognized school of medical practice. Third, the act must amount to a denial of needed medical treatment, Ramsey v. Ciccone, 310 F. Supp 600 (1970).

Prison systems are obligated to eliminate unconstitutionalities. Prison officials should not be dependent on legislators or the courts to force prisons to function according to the law, Holt v. Sarver, 309 F. Supp 362 (1970).

Economic reasons can not excuse the lack of medical treatment (Emerg. Rts. of the Confined, p. 156). "Inadequate resources can never be a justification for the state's depriving any person of his constituional rights" Hamilton

v. Love, 328 F. Supp 1182 (1971).

Despite all the remedies and court holdings there are no adequate procedure for the enforcement of prisoner's rights. The courts do have the ability to influence prison authorities. In fact, the judiciary has the power to: stop further committments, release all prisoners and even to close down institutions (P. Hopkins, p. 22).

There are alternative methods of improving medical treatment other than actual court litigations. For example, rule 706 under the Federal Rules of Evidence. The Court appoints a panel of experts that act as agents of the court. Both the plaintiff and the defendant must agree to this procedure. This lessens the adversary environment and creates a more open atmosphere for evaluation of the facts (ACA, Legal Impact on Correctional Health Programs, Treatment and Dietary Operations).

Another alternative is a non-trial settlement. This frequently is a good method of making court orders effective. Both sides, i.e. staff and inmates, participate in resolving the problem (ACA, Legal Impact of Correctional Health Programs, Treatment and Dietary Operations).

If legal procedures fail to bring prison conditions up to court standards, then other methods are available. These might include restricting federal funds or grants.

In conclusion, the courts are not the only ones who have the ability to remedy prison conditions. Federal money

could be withheld, a board of examiners could be created or consultants could evaluate and suggest improvements in prison medical treatment.

We should also not overlook the role of the correctional practitioner. These remedies may bring about changes that prison staff have desired.

# Chapter VI

## Summary & Conclusions

This descriptive study was undertaken because of the lack of data concerning correctional law. Little is known concerning the comparison of the law and the actual conditions of medical treatment in prisons.

The author created a survey, attempting a comparison of legal standards to reality. It was not surprising to find vague medical standards and contradicting legal rulings. However, several standards of adequate medical treatment did emerge. The historical development plays a vital role in understanding this topic. The constitutional rights of inmates have evolved with our own maturing society and values. For example, in 1871, the court ruled that prisoners were slaves of the state and had essentially no privileges or rights, Ruffin v. Commonwealth, 62 VA 790 (1871).

It was not until 1944 that the courts declared that prisoners had the same rights as citizens, but with some restrictions, Coffin V. Reichard, 143 F. 2d 443 (1944). However, Coffin was not functional until the influence of the "Hands Off Doctrine" was placed in the proper perspective in the 1960's.

The courts even today are reluctant to become involved

with internal prison matters. They will intervene given the following specific circumstances:

- Deprivations must be of a constitutional nature
  Shaffer v. Jennings, 314 F. Supp 588 (1970)
  Fitzeke v. Shappel, 468 F. 3d 1072 (1972)

- Outrageous barbarous or shocking conditions
  Rochin v. California, 342 U.S. 165 (1952)
  Church v. Hegstrom, 416 F. 2d 449 (1969)
  Snow v. Gladden, 388 F. 2d 999 (1964)
  Newman v. Alabama, 349 F. Supp 278 (1972)

- Deliberate indifference or intentional denial
  Martinex v. Mancusi, 443 F. 2d 921 (1970)
  Sawyer v. Sigler, 320 F. Supp 690 (1970)
  Ramsey v. Ciccone, 310 F. Supp 600 (1970)
  Redding V. Pate, 220 F. Supp 124 (1963)
  Corby v. Convoy, 457 F. 2d 251 (1972)

- Grossly negligent, Gittlemacker v. Prasse, 428 F. 2d 1 (1970)) not just negligence or malpractice
  Shields v. Kunkel, 442 F. 2d 409 (1971)
  Tolbert v. Eyman, 434 F. 2d 625 (1970)

- Willful refusal to treat known ailments, resulting in pain and injury, more than faulty judgement is needed
  Hyde v. McGinnis, 429 F. 2d 864 (1970)

Legal jargon is a major difficulty. The above list of judicial standards must be made applicable to specific instances. Therefore, it requires further litigation to determine the specific rights of prisoners. The following are examples of significant rights:

- Prisons must meet HEW medical standards
  Newman V. Alabama, 349 F. Supp 278 (1972)

- Each prison should have a licensed physician who: supervises all medical aspects (National Advisory Commission on Criminal Justice Standards & Goals - 2.6 medical care)

- All prisons should have a medical director
  Wayne County Inmates v. Wayne County Board of Commissioners, No. 173-317 Mich. Circuit Court (1972)

- All health care providers should meet appropriate license requirements (ACA Manual, p. 439).

- Only appropriate medical personnel should screen inmates for sick call
  Newman v. Alabama, 349 F. Supp 278 (1972)
  Smith v. Hongisto, No. C-70-1244 RHS, ND Calif. (1973)
  Wayne County Inmates v. Wayne County Board of Commissioners, No. 172-217 Mich. Circuit Court (1972)

- Prisons security should not interfere with legitimate medical treatment
  Sawyer v. Sigler, 320 F. Supp 690 (1970)

- Prisoners have the right to see a doctor if one is needed

- Prisoners have the right to reasonable and prompt access to a doctor
  Smith v. Hongisto, No, C-70-1244 RHS, ND Calif. (1973)

- Prisoners have the right to physical examinations
  Collins v. Schoonfield, 344 F. Supp 257 (1972)

According to the survey results, these standards and rights were not met. In fact, most prisons had significant violations of the following legal standards: over half of the respondents (57.7%) used inmates to supplement their medical personnel. Furthermore, 13.5% or eight of the responding prisons permitted inmate nurses to handle prescription drugs. A majority of the surveyed institutions had part-time doctors (55.7%) with only 36.5% having full time doctors. Less than a third of the respondents had regularly scheduled physical examinations.

A majority of the institutions are violating the legal/medical standards. However, many problems arise with the means of implementation and compliance. The gap between theory and practice has not been successfully bridged.

In brief, we are lacking effective remedies. Some cases may be resolved through statutes. Relief may be granted

to state prisoners through state tort laws, if they exist and the Federal Tort Claims may be used for federal prisoners. However, these methods are aimed at getting relief for damages done rather than medical treatment.

In the past, habeas corpus has been a popular method of gaining relief. Habeas Corpus can be used to challenge restrictions that appear to exceed the constitutional limits. Habeas corpus is greatly limited as it requires the exhausting of all state remedies. In addition, recent Supreme Court rulings, The Rice Case, Powell v. Stone, 49 L. Ed. 2d 1067 (1976), has triggered an evaluation of this remedy.

Most litigations today are attempting to gain relief through the Civil Rights Act 1983. The main advantage of this remedy is that it does not require exhausting state remedies. However, this significant remedy also has its limitations. The Civil Rights Act has specific conditions which must be met in order to be applicable.

Depending upon the circumstances and personalities involved, perhaps the best remedy are non-trial settlements or a panel of correctional experts that act as agents of the judiciary. And if all other legal remedies fail, federal funds could be used for bargaining power.

But perhaps a vital remedy which has been overlooked is the role of the criminal justice practitioners. These people have the potential, ability and the insight to create possibly the most feasible remedy of all.

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# APPENDIX A

## Summary of Significant Findings

## Summary of Significant Findings

The statistical results of the mail survey revealed the following:

It is significant that 19.2% of the respondents did not have a medical budget. It should also be noted that 65.4% of the respondents did not have any medical reports. Almost all of the respondents, 98.1% had laboratory facilities available for blood and urine.

Slightly less than 50% of the inmates complained about any medical condition within the past year. However, slightly more than 50% of the inmates received medical treatment over the past year.

The mean annual salaries for full-time staff are the following: doctor - $30,092.59, RN - $11,500, and LPN - $8,950. and one-fourth of the respondents have a full-time in-house doctor.

Over one-half (52.7%) of the respondents use inmates as a part of their medical staff. Of this percentage, 13.5% allow inmates to administer prescription drugs.

It is significant that 36.5% of the respondents did not train their medical staff concerning the effects of medication. It is also of importance that 53.8% of the respondents did not give their custodial staff any training concerning the effects of medication.

Almost all of the respondents, 98.1% had laboratory facilities available for blood and urine.

It is significant that 5.8% of the respondents felt that improving medical treatment could possibly hamper custodial care. Although this is a seemingly small percentage, it may have numerous ramifications.

A large number of respondents, 92.3%, do not have any experiments or any medical research being conducted within their institutions.

All of the respondents kept individual prisoner medical records. Less than half of the respondents, 46.2%, had their medical staff (excluding male nurses) visit inmates daily who were in solitary confinement.

Prescription drugs were repackaged. In fact, 67.3% of the respondents allow their medical staff to repackage prescription drugs.

Physical examinations are primarily given by an in-house doctor. Most of the respondents, 94.2%, give physicals to inmates upon entry to their institution. Only 32.7% give physicals at predetermined intervals.

Upon commitment, the length of time it took to see a doctor in a non-emergency situation varied from 12 hours to 10 days; however, the average time is between 24-36 hours.

A large proportion of the respondents, 84.6%, contracted with outside facilities for medical assistance. Of those who did not contract with outside facilities, 63.5% said that three-fourths of the non-emergency medical treatment was done within the institution.

Slightly over one-half of the respondents stated that when a doctor prescribed medication, their medical staff (predominantly RN's) actually administered the drugs. An additional 32.7% of the respondents had both custodial and medical staff who administered the medication. Almost one-fourth of the respondents, 23.1% said that orders were not carried out by the custodial staff and 34.6% said that they were sometimes carried out. Furthermore, the medical staff of 84.6% of the respondents were primarily responsible for beginning inmates on non-prescription medicine.

On a yearly basis, 84.6% of the respondents have over half of their inmates on non-prescription medication and 53.9% of the respondents gave over half of their inmates prescription drugs. Only 7.7% of the respondents had a doctor in the institution twenty-four hours a day. However, 73.1% said that they had a doctor on call at all times. Of those institutions who did not have a doctor on grounds at all times, 82.7% did not have a registered nurse on grounds either.

Drugs were given to control inmates' behavior by 34.6% of the respondents and 50% of the respondents gave intra-musculary drugs to physically control an inmate's behavior. Slightly over half of those responding, 53.8% had inmates on mood-changing drugs. However, the percentage of inmates on these drugs was 5%.

In order to get medical attention, prisoners first had to go through a guard. The mean of $146.42 per inmates was spent on inmates for medical treatment in the Midwest region. The dollars spend per inmate for medical treatment ranged from $508.64 to $1.55. This was figured accoding to the 1975 medical budgets and did not include any staff salaries or undetermined amounts of federal assistance.

Over one-third, 34.6%, of the respondents, acknowledged that the medical responses to an emergency situation were slower at night than during the day.

In an emergency situation, for 75% of the respondents, it took under fifteen minutes for an injured prisoner to receive medical attention.

# APPENDIX B

## Prison Survey Responses

# Prison Survey Responses

1. What is your daily inmate average population?

| | |
|---|---|
| 50 - 100 | 17.3% |
| 101 - 150 | 11.5% |
| 151 - 200 | 3.8% |
| 201 - 500 | 17.3% |
| 501 - 700 | 15.4% |
| 701 - 1,000 | 13.5% |
| 1,001 - 2,000 | 17.3% |
| 3,001 + | 1.9% |
| No data | 1.9% |

2. Which sex does you instituion house?

| | |
|---|---|
| Males | 78.8% |
| Females | 15.4% |
| Co-educational | 3.8% |
| No data | 1.9% |

If co-educational, what percent are males?

| | |
|---|---|
| 21 - 40% | 1.9% |
| 61 - 80% | 1.9% |
| No data | 96.2% |

3. What is the average inmate population age?

26.3 years

What percent of inmates are over 25 years?

41.0%

What percent of inmates are over 35 years?

19.3%

4. Do you have a medical treatment budget?

| | |
|---|---|
| No | 19.2% |
| Yes | 80.8% |

What was your medical fiscal budget for 1975 (excluding staff salaries)?

$157,622.27

What is your expected fiscal budget for 1976 (excluding staff salaries)

$189,086.21

5. What percentage of your total inmate population have complained about any medical condition over the past year?

| | |
|---|---|
| 100% | 13.5% |
| 75% | 28.8% |
| 50% | 23.1% |
| 25% | 19.2% |
| 5% | 11.5% |
| No data | 5.8% |

6. What percent of your total inmate population received medical treatment over the past year?

| | |
|---|---|
| 100% | 21.2% |
| 75% | 28.8% |
| 50% | 26.9% |
| 25% | 13.5% |
| 5% | 3.8% |
| No data | 5.8% |

7. Does your institution compile an annual report concerning medical aspects?

| | |
|---|---|
| No | 65.4% |
| Yes | 30.8% |
| No data | 3.8% |

8. List the average yearly salary for a full-time doctor.

| | |
|---|---|
| $15,001 - 20,000 | 1.9% |
| $20,001 - 25,000 | 7.7% |
| $25,001 - 30,000 | 19.2% |
| $30,001 - 35,000 | 13.5% |
| $35,001 - 40,000 | 5.8% |
| $40,001 - 45,000 | 1.9% |
| $45,001 - 50,000 | 1.9% |
| No data | 48.1% |

List the average yearly salary for a full-time RN.

| | |
|---|---|
| $7,001 - 9,000 | 3.8% |
| $9,001 - 11,000 | 32.7% |
| $11,001 - 13,000 | 28.8% |
| $13,001 - 15,000 | 7.7% |
| $17,001 - 19,000 | 1.9% |
| $19,001 - 21,000 | 1.9% |
| No data | 23.1% |

List the average yearly salary for a full-time LPN.

| | |
|---|---|
| $6,001 - 7,000 | 1.9% |
| $7,001 - 8,000 | 9.6% |
| $8,001 - 9,000 | 9.6% |
| $9,001 - 10,000 | 9.6% |
| $10,000 - 11,000 | 1.9% |
| $11,001 + | 5.8% |
| No data | 61.5% |

9. What medical staff do you employ (in-house staff)?

Part-time:

| | |
|---|---|
| One doctor | 36.5% |
| Two doctors | 7.7% |
| Three doctors | 7.7% |
| Six doctors | 3.8% |
| No data | 44.2% |
| | |
| One nurse | 19.2% |
| Two nurses | 1.9% |
| Three nurses | 1.9% |
| Four nurses | 1.9% |
| No data | 75.0% |
| | |
| One LPN | 3.8% |
| Two LPNS | 1.9% |
| Five LPNs | 5.8% |
| Six - Eight LPNs | 1.9% |
| No data | 86.5% |
| | |
| Zero inmates (inmate medical staff) | 13.5% |
| 1 - 5 inmates | 3.8% |
| 6 - 10 inmates | 1.9% |
| 11 - 15 inmates | 1.9% |
| 16 - 20 inmates | 1.9% |
| 31 - 35 inmates | 1.9% |
| 35 - inmates | 3.8% |
| No data | 71.2% |
| | |
| One dentist | 7.7% |
| No data | 92.3% |
| | |
| One optometrist | 5.8% |
| No data | 94.2% |
| | |
| Two unspecified medical staff | 1.9% |
| Nine unspecified | 1.9% |
| No data | 96.2% |

| | |
|---|---|
| 1 - miscellaneous staff | 5.8% |
| 2 - miscellaneous | 3.8% |
| 5 - miscellaneous | 1.9% |
| 9 - miscellaneous | 1.9% |
| No data | 86.5% |

Full-time:

| | |
|---|---|
| 1 - doctor | 25.0% |
| 2 - doctors | 7.7% |
| 3 - doctors | 1.9% |
| 5 - doctors | 1.9% |
| No data | 63.5% |
| | |
| 1 - nurse | 21.2% |
| 2 - nurses | 23.1% |
| 3 - nurses | 5.8% |
| 4 - nurses | 7.7% |
| 5 - nurses | 1.9% |
| 6 - nurses | 3.8% |
| 9 + - nurses | 1.9% |
| No data | 34.6% |
| | |
| 1 - LPN | 11.5% |
| 2 - LPNs | 7.7% |
| 5 - LPNs | 1.9% |
| 9 - 11 LPNs | 1.9% |
| 15 + - LPNs | 1.9% |
| No data | 75.0% |
| | |
| 0 - inmates (inmate medical staff) | 7.7% |
| 1 - 5 inmates | 9.6% |
| 6 - 10 inmates | 13.5% |
| 11 - 15 inmates | 3.8% |
| 16 - 20 inmates | 3.8% |
| 21-25 inmates | 5.8% |
| 26 - 30 inmates | 1.9% |
| 35 + inmates | 3.8% |
| No data | 50.0% |
| | |
| 1 - dentist | 9.6% |
| 2 - dentists | 1.9% |
| 3 - dentists | 1.9% |
| No data | 86.5% |
| | |
| Optometrist | 100.0% (no data) |
| | |
| 6 - unspecified medical staff | 1.9% |
| No data | 98.1% |
| | |
| 1 - miscellaneous staff | 7.7% |
| 2 - miscellaneous | 5.8% |
| 3 - miscellaneous | 7.7% |
| 4 - miscellaneous | 1.9% |
| 5 - miscellaneous | 1.9% |
| 6 - miscellaneous | 3.8% |
| 9 + - miscellaneous | 3.8% |
| No data | 67.3% |

9. What medical staff do you employ (outside-noninstitutional)?

Part-time:

| | | |
|---|---|---|
| 1 - doctor | 17.3% | |
| 2 - doctors | 3.8% | |
| 3 - doctors | 1.9% | |
| 4 - doctors | 1.9% | |
| 6 - doctors | 5.8% | |
| 9 + - doctors | 5.8% | |
| No data | 63.5% | |
| 1 - nurse | 1.9% | |
| No data | 98.1% | |
| 1 - dentist | 1.9% | |
| 2 - dentists | 1.9% | |
| No data | 96.2% | |
| LPNs | 100.0% | (no data) |
| 1 - optometrist | 1.9% | |
| 2 - optomestrists | 1.9% | |
| No data | 96.2% | |
| Unspecified medical staff | 100.0% | (no data) |
| 1 - miscellaneous staff | 1.9% | |
| 3 - miscellaneous staff | 1.9% | |
| No data | 96.2% | |

Full-time:

| | | |
|---|---|---|
| 4 - doctors | 1.9% | |
| No data | 98.1% | |
| Nurses | 100.0% | (no data) |
| LPNs | 100.0% | (no data) |
| 1 - dentist | 1.9% | |
| No data | 98.1% | |
| Optometrist | 100.0% | (no data) |
| Unspecified medical staff | 100.0% | (no data) |
| 1 - miscellaneous staff | 1.9% | |
| No data | 98.1% | |

10. Does your institution use inmates as part of the medical staff?

| | |
|---|---|
| No | 42.3% |
| Yes | 57.7% |

If yes, what role do they play with regards to medication?

| | |
|---|---|
| Handle only non-prescription medicine | 17.3% |
| Administer prescription drugs | 13.5% |
| Do not handle drugs or medicine | 26.9% |
| No data | 42.3% |

11. Has you medical staff had previous training in administering drugs used by your institution?

| | |
|---|---|
| Yes | 98.1% |
| No | 0.0% |
| No data | 1.9% |

12. Does your medical staff receive any training concerning the effects of medications?

| | |
|---|---|
| No | 36.5% |
| Yes | 57.7% |
| No data | 5.8% |

If yes, how many hours of training yearly?

| | |
|---|---|
| 1 - 20 hours | 17.3% |
| 21 - 40 | 5.8% |
| 41 - 60 | 7.7% |
| 61 - 80 | 1.9% |
| 101 + | 1.9% |
| Unknown | 17.3% |
| No data | 48.1% |

13. Does your custodial staff receive any training concerning the possible effects of medication?

| | |
|---|---|
| No | 53.8% |
| Yes | 44.2% |
| No data | 1.9% |

If yes, how many hours of training yearly?

| | |
|---|---|
| 1 - 20 hours | 19.2% |
| 21 - 40 | 3.8% |
| 41 - 60 | 5.8% |
| 61 - 80 | 1.9% |
| Unknown | 7.7% |
| No data | 61.5% |

14. Are laboratory facilities for blood and urine tests available?

| | |
|---|---|
| No | 1.9% |
| Yes | 98.1% |

If yes:

| | |
|---|---|
| In-house | 17.3% |
| Outside, other state agency | 15.4% |
| Contracted to outside, non-state agency | 9.6% |
| All of the above | 21.2% |
| Both outside, other state agency and non-state agency | 11.5% |
| Both in-house and other state agency | 15.4% |
| Both in-house and non-state agency | 5.8% |
| No data | 3.8% |

15. Please indicate your institutional provisions for drug abuse.

| | |
|---|---|
| No special treatment or programs | 23.1% |
| Transfer to other state agencies | 13.5% |
| In-house facilities used | 30.8% |
| Other | 11.5% |
| Both transferred to other state agencies and in-house facilities | 13.5% |
| Both no special treatment and other | 3.8% |
| Both in-house facilities and other | 3.8% |

16. Do you have an area for isolation of infectious diseases?

| | |
|---|---|
| Yes | 76.9% |
| No | 23.1% |

17. Are visitors allowed physical contact with prisoners?

| | |
|---|---|
| Yes | 90.4% |
| No | 9.6% |

18. Would the improvement of medical treatment possibly hamper custodial care?

| | |
|---|---|
| Yes | 5.8% |
| No | 92.3% |
| No data | 1.9% |

19. Are there any medical research or experiments conducted in you institution?

| | |
|---|---|
| Yes | 7.7% |
| No | 92.3% |

If yes, please describe what types and the number of prisoners involved.

| | |
|---|---|
| No relevant data | 100.0% |

20. Do you have the following programs to prevent health deteriorations?

| | |
|---|---|
| Immunizations | |
| Yes | 78.8% |
| No | 9.6% |
| No data | 9.6% |
| Exercise, etc. | |
| Yes | 73.1% |
| No | 13.5% |
| No data | 9.6% |
| Dietetics | |
| Yes | 69.2% |
| No | 13.5% |
| No data | 9.6% |
| Sanitation | |
| Yes | 88.5% |
| No | 9.6% |
| No data | 1.9% |

21. Are individual medical records kept on inmates?

| | |
|---|---|
| Yes | 100.0% |
| No | 0.0% |

22. Does you institution medical staff ever repackage prescription drugs into smaller containers?

| | |
|---|---|
| Yes | 67.3% |
| No | 28.8% |
| No data | 3.8% |

23. When are inmates given physical examinations?

| | |
|---|---|
| Upon entry to institution | |
| Yes | 94.2% |
| No | 5.8% |
| No data | 0.0% |
| At predetermined time intervals | |
| Yes | 32.7% |
| No | 50.0% |
| No data | 17.3% |

Upon inmates complaints

| | |
|---|---|
| Yes | 90.4% |
| No | 5.8% |
| No data | 3.8% |

At releasa date

| | |
|---|---|
| Yes | 26.9% |
| No | 44.2% |
| No data | 28.8% |

Other

| | |
|---|---|
| Yes | 19.2% |
| No | 11.5% |
| No data | 69.2% |

24. Who gives physical examinations? (responses not based on 100%)

| | |
|---|---|
| In-house doctor | 82.7% |
| Taken to doctors outside prison | 30.7% |
| In-house nurse | 26.8% |
| Other medical staff | 28.9% |

25. Are the following items checked in your physical examinations?

Ears (evidence of disease, condition of drums)

| | |
|---|---|
| Yes | 96.2% |
| No | 1.9% |
| No data | 1.9% |

Nose (obstruction, evidence of infection, polypi, etc.)

| | |
|---|---|
| Yes | 96.2% |
| No | 1.9% |
| No data | 1.9% |

Mouth (missing teeth, pyorrhea, abnormality of tongue)

| | |
|---|---|
| Yes | 98.1% |
| No | 0.0% |
| No data | 1.9% |

Lungs

| | |
|---|---|
| Yes | 98.1% |
| No | 0.0% |
| No data | 1.9% |

Neck (thyroid enlargement, cervical nodes)

| | |
|---|---|
| Yes | 96.2% |
| No | 1.9% |
| No data | 1.9% |

Heart (enlargement, thrill, murmurs, rhythm)

| | |
|---|---|
| Yes | 98.1% |
| No | 0.0% |
| No data | 1.9% |

Blood Pressure (systolic diastolic, pluse rate, etc.)

| | |
|---|---|
| Yes | 98.1% |
| No | 0.0% |
| No data | 1.9% |

Abdomen (scars, masses, palpable spleen)

| | |
|---|---|
| Yes | 98.1% |
| No | 0.0% |
| No data | 1.9% |

Hernia (type: inguinal, ventral, femoral, etc.)

| | |
|---|---|
| Yes | 96.2% |
| No | 1.9% |
| No data | 1.9% |

Genito-Urinary (urethral discharge, varicocele, hydrocele, enlargement of testicle)

| | |
|---|---|
| Yes | 96.2% |
| No | 1.9% |
| No data | 1.9% |

Gynecological (prolapse, cytocele, retocele, cervix)

| | |
|---|---|
| Yes | 61.5% |
| No | 19.2% |
| No data | 5.8% |
| No answer | 13.5% |

Ano-Rectal (hemorroids, prolapse fissures, fistula, prostrate)

| | |
|---|---|
| Yes | 90.4% |
| No | 5.8% |
| No data | 1.9% |
| Yes, on complaint | 1.9% |

Nervous System (paralysis, sensation, speech, gait, reflexes: pupillary, knee, Babinski, Romberg)

| | |
|---|---|
| Yes | 86.5% |
| No | 9.6% |
| No data | 3.8% |

Mental (memory, peculiar ideas or behavior, spirits: elated, depressed, normal; neurological or psychlatic abnormalities)

| | |
|---|---|
| Yes | 76.9% |
| No | 15.4% |
| No data | 7.7% |

Skin (varicous veins, ulcers)

| | |
|---|---|
| Yes | 98.1% |
| No | 0.0% |
| No data | 1.9% |

Laboratory Findings (urinalysis, blood, serologic test)

| | |
|---|---|
| Yes | 98.1% |
| No | 0.0% |
| No data | 1.9% |

26. How often do your inmates complain about the following conditions?

Frequent trouble sleeping

| | |
|---|---|
| Very often | 38.5% |
| Often | 28.8% |
| Sometimes | 18.3% |
| Few | 3.8% |
| Very few | 9.6% |
| No data | 1.9% |

Dizziness or fainting spells

| | |
|---|---|
| Very often | 3.8% |
| Often | 17.3% |
| Sometimes | 21.2% |
| Few | 21.2% |
| Very few | 25.0% |
| No data | 1.9% |

Nervous trouble of any sort

| | |
|---|---|
| Very often | 36.5% |
| Often | 34.6% |
| Sometimes | 21.2% |
| Few | 1.9% |
| Very few | 3.8% |
| No data | 1.9% |

Depression or excessive worry

| | |
|---|---|
| Very often | 17.3% |
| Often | 44.2% |
| Sometimes | 25.0% |
| Few | 7.7% |
| Very few | 3.8% |
| No data | 1.9% |

Pain or pressure in chest

| | |
|---|---|
| Very often | 3.8% |
| Often | 15.4% |
| Sometimes | 40.4% |
| Few | 23.1% |
| Very few | 13.5% |
| No data | 3.8% |

Frequent or severe headaches

| | |
|---|---|
| Very often | 36.5% |
| Often | 26.9% |
| Sometimes | 15.4% |
| Few | 7.7% |
| Very few | 9.6% |
| No data | 3.8% |

| | |
|---|---|
| Veneral disease, etc. | |
| Very often | 0.0% |
| Often | 5.8% |
| Sometimes | 19.2% |
| Few | 28.8% |
| Very few | 44.2% |
| No data | 1.9% |
| Leg Cramps | |
| Very often | 0.0% |
| Often | 1.9% |
| Sometimes | 19.2% |
| Few | 38.5% |
| Very few | 38.5% |
| No data | 1.9% |
| Head injury | |
| Very often | 0.0% |
| Often | 7.7% |
| Sometimes | 23.1% |
| Few | 36.5% |
| Very few | 28.8% |
| No data | 3.8% |
| Severe tooth or gum trouble | |
| Very often | 19.2% |
| Often | 26.9% |
| Sometimes | 34.6% |
| Few | 9.6% |
| Very few | 7.7% |
| No data | 1.9% |
| Fractures | |
| Very often | 0.0% |
| Often | 9.6% |
| Sometimes | 25.0% |
| Few | 25.0% |
| Very few | 38.5% |
| No data | 1.9% |
| Eye trouble | |
| Very often | 11.5% |
| Often | 28.8% |
| Sometimes | 38.5% |
| Few | 17.3% |
| Very few | 1.9% |
| No data | 1.9% |
| Chronic or frequent colds | |
| Very often | 19.2% |
| Often | 42.3% |
| Sometimes | 23.1% |
| Few | 5.8% |
| Very few | 7.7% |
| No data | 1.9% |

Palpitation or pounding heart

| | |
|---|---|
| Very often | 3.8% |
| Often | 13.5% |
| Sometimes | 36.5% |
| Few | 25.0% |
| Very few | 19.2% |
| No data | 1.9% |

Recurrent back aches

| | |
|---|---|
| Very often | 21.2% |
| Often | 30.8% |
| Sometimes | 28.8% |
| Few | 11.5% |
| Very few | 5.8% |
| No data | 1.9% |

27. How often are inmates treated for the following medical problems?

Injuries, stabbing, etc.

| | |
|---|---|
| Very often | 9.6% |
| Often | 17.3% |
| Sometimes | 21.3% |
| Few | 25.0% |
| Very few | 25.0% |
| No data | 1.9% |
| No answer | 0.0% |
| Never | 0.0% |

Dermatological conditions

| | |
|---|---|
| Very often | 26.9% |
| Often | 44.2% |
| Sometimes | 5.8% |
| Few | 17.3% |
| Very few | 3.8% |
| No data | 1.9% |
| No answer | 0.0% |
| Never | 0.0% |

Veneral diseases

| | |
|---|---|
| Very often | 0.0% |
| Often | 7.7% |
| Sometimes | 34.6% |
| Few | 21.2% |
| Very few | 34.6% |
| No data | 1.9% |
| No answer | 0.0% |
| Never | 0.0% |

| | |
|---|---|
| Stomach ailments | |
| Very often | 11.5% |
| Often | 53.8% |
| Sometimes | 26.9% |
| Few | 3.8% |
| Very few | 1.9% |
| No data | 1.9% |
| No answer | 0.0% |
| Never | 0.0% |
| Colds | |
| Very often | 25.0% |
| Often | 50.0% |
| Sometimes | 11.5% |
| Few | 7.7% |
| Very few | 3.8% |
| No data | 1.9% |
| No answer | 0.0% |
| Never | 0.0% |
| Nervousness | |
| Very often | 26.9% |
| Often | 40.4% |
| Sometimes | 21.2% |
| Few | 3.8% |
| Very few | 5.8% |
| No data | 1.9% |
| No answer | 0.0% |
| Never | 0.0% |
| Eye irritations | |
| Very often | 3.8% |
| Often | 19.2% |
| Sometimes | 34.6% |
| Few | 26.9% |
| Very few | 13.5% |
| No data | 1.9% |
| No answer | 0.0% |
| Never | 0.0% |
| Suture removal | |
| Very often | 1.9% |
| Often | 9.6% |
| Sometimes | 26.9% |
| Few | 30.8% |
| Very few | 28.8% |
| No data | 1.9% |
| No answer | 0.0% |
| Never | 0.0% |

Pregnancy

| | |
|---|---|
| Very often | 1.9% |
| Often | 1.9% |
| Sometimes | 11.5% |
| Few | 0.0% |
| Very few | 5.8% |
| No data | 34.6% |
| No answer | 9.6% |
| Never | 34.6% |

28. Upon commitment, how long does it take the average inmate to see a doctor?

| | |
|---|---|
| Under 12 hours | 17.3% |
| Under 24 hours | 25.0% |
| Under 36 hours | 9.6% |
| Within a week | 26.9% |
| Within 10 days | 3.8% |
| Over 15 days | 0.0% |
| Other | 11.5% |
| No data | 5.8% |

29. When prisoners are placed in solitary confinement, how often are they seen by medical staff, excluding inmate nurses?

| | |
|---|---|
| Upon request only | 15.4% |
| Daily | 46.2% |
| Other | 25.0% |
| Both daily and other | 3.8% |
| Both upon request only and other | 5.8% |
| No data | 3.8% |

30. On a monthly basis, approximately how many inmates see an RN?

| | |
|---|---|
| 0 inmates see a nurse | 5.8% |
| 1 - 50 | 10.0% |
| 51 - 150 | 15.4% |
| 151 - 200 | 5.8% |
| 201 - 500 | 15.4% |
| 501 - 1,000 | 15.4% |
| 1,001 - 2,500 | 10.0% |
| 2,501 - 4,000 | 1.6% |
| 4,001 + | 1.6% |
| No data | 19.0% |

On a monthly basis, approximately how many inmates see a medical assistant or a hospital technician?

| | |
|---|---|
| 0 inmates | 15.4% |
| 1 - 50 | 13.5% |
| 51 - 150 | 5.8% |

| | |
|---|---|
| 151 - 200 | 3.8% |
| 201 - 500 | 11.5% |
| 501 - 1,000 | 3.8% |
| 1,001 - 2,500 | 9.6% |
| 2,501 - 4,000 | 3.8% |
| 4,001 + | 1.9% |
| No data | 30.8% |

Which sex are your RNs?

| | |
|---|---|
| Males | 3.8% |
| Females | 69.2% |
| Both males and females | 17.2% |
| No answer | 1.9% |
| No data | 7.7% |

Which sex are your medical assistants or hospital technicians?

| | |
|---|---|
| Males | 48.1% |
| Females | 9.6% |
| Both males and females | 9.6% |
| No answer | 9.6% |
| No data | 23.1% |

Who are employed as medical assistants or hospital technicians?

| | |
|---|---|
| Inmates | 9.6% |
| Civilian | 40.4% |
| Both inmates and civilians | 19.2% |
| No answer | 9.6% |
| No data | 21.2% |

31. On a monthly basis, approximately how many inmates see a doctor?

| | |
|---|---|
| 1 - 50 inmates | 13.5% |
| 51 - 100 | 15.4% |
| 101 - 200 | 19.2% |
| 201 - 300 | 7.7% |
| 301 - 400 | 13.5% |
| 401 - 500 | 3.8% |
| 501 - 600 | 1.9% |
| 601 + | 13.5% |
| No data | 11.5% |

32. Do you contact with outside facilities for medical assistance?

| | |
|---|---|
| Yes | 84.6% |
| No | 7.7% |
| No data | 7.7% |

If yes, what percentage of non-emergency medical treatment is done within your institution?

| | |
|---|---|
| 100% | 3.8% |
| 75% | 63.5% |
| 50% | 1.9% |
| 25% | 9.6% |
| 5% | 0.0% |
| No data | 21.2% |

If no, in an emergency situation, for example, a stabbing, indicate the percentage handled within your instituion.

| | |
|---|---|
| 100% | 1.9% |
| 75% | 0.0% |
| 50% | 0.0% |
| 25% | 0.0% |
| 5% | 5.8% |
| No data | 92.3% |

33. When a doctor prescribes medication, who is in charge of actually administering the drug?

| | |
|---|---|
| Custodial staff | 9.6% |
| Medical staff | 55.8% |
| Other | 0.0% |
| Both custodial and medical staff | 32.7% |
| Both custodial, medical, and other staff | 1.9% |

If responded to previous question as medical staff, indicate specifically the staff responsible for administering the drug (reponses are not based on 100%).

| | |
|---|---|
| Doctors | 32.7% |
| RN | 84.6% |
| LPN | 36.5% |
| Inmate nurses | 7.6% |
| Other | 46.2% |

34. Are medical staff orders carried out by custodial staff?

| | |
|---|---|
| Yes | 40.4% |
| No | 23.1% |
| Sometimes | 34.6% |
| No data | 1.9% |

35. What methods are available to insure that the custodial staff follows medical staff instructions?

The following types of responses were given:

Dependable custodial staff
No special method is established
Inmate's complaints
Medicine packages are labeled and have written directors
Log entries
Written instructions from the medical staff
In-service training programs
Review by hospital administrator

36. Who primarily begins the individual inmate on non-prescription medicine, such as cough medicine?

| | |
|---|---|
| Custodial staff | 5.8% |
| Medical staff | 84.6% |
| Other | 3.8% |
| Both custodial and medical staff | 3.8% |
| Both medical and other staff | 1.9% |

37. On a yearly basis, what percentage of inmates are receiving non-prescription drugs such as aspirin and cough medicine?

| | |
|---|---|
| 100% | 19.2% |
| 75% | 32.7% |
| 50% | 32.7% |
| 25% | 7.7% |
| 5% | 3.8% |
| No answer | 1.9% |
| No data | 1.9% |

38. On a yearly basis, what percentage of inmates are receiving prescription drugs?

| | |
|---|---|
| 100% | 1.9% |
| 75% | 13.5% |
| 50% | 38.5% |
| 25% | 28.8% |
| 5% | 13.5% |
| No answer | 1.9% |
| No data | 1.9% |

39. For what purpose are drugs given? (only the first response is based on 100%)

| | |
|---|---|
| Control inmates behavior | 34.6% |
| Treatment of physical illness | 94.2% |
| Both the above | 5.8% |
| Psychological treatment-therapy | 59.6% |
| Other | 5.8% |

40. Does your instituion use the following drugs?

| | |
|---|---|
| Valium | |
| Yes | 76.9% |
| No | 19.2% |
| No data | 3.8% |
| Quaalude | |
| Yes | 7.7% |
| No | 76.9% |
| No data | 15.4% |
| Mellaril | |
| Yes | 78.8% |
| No | 11.5% |
| No data | 9.6% |
| Thorazine | |
| Yes | 80.8% |
| No | 13.5% |
| No data | 5.8% |
| Sparine | |
| Yes | 53.8% |
| No | 34.6% |
| No data | 11.5% |
| Anectin | |
| Yes | 7.7% |
| No | 75.0% |
| No data | 17.3% |

41. How often are the following drugs used?

| | |
|---|---|
| Tetracycline | |
| Very often | 34.6% |
| Often | 21.2% |
| Sometimes | 28.8% |
| Few | 3.8% |
| Very few | 1.9% |
| No answer or never | 0.0% |
| Bacitracin, boric acid, Desenex ointment | |
| Very often | 32.7% |
| Often | 30.7% |
| Sometimes | 19.2% |
| Few | 3.8% |
| Very few | 7.7% |
| No data | 5.8% |
| No answer or never | 0.0% |

| | |
|---|---|
| Vanquish | |
| Very often | 1.9% |
| Often | 3.8% |
| Sometimes | 3.8% |
| Few | 3.8% |
| Very few | 40.4% |
| No data | 36.5% |
| No answer or never | 9.6% |
| Nasal Spray, etc. | |
| Very often | 11.5% |
| Often | 25.0% |
| Sometimes | 42.3% |
| Few | 7.7% |
| Very few | 9.6% |
| No data | 3.8% |
| No answer or never | 0.0% |
| Phisohex | |
| Very often | 5.8% |
| Often | 23.1% |
| Sometimes | 21.2% |
| Few | 17.3% |
| Very few | 25.0% |
| No data | 5.8% |
| No answer or never | 1.9% |
| Multi-vitamins | |
| Very often | 21.2% |
| Often | 23.1% |
| Sometimes | 21.2% |
| Few | 11.5% |
| Very few | 13.5% |
| No data | 9.6% |
| No answer or never | 0.0% |
| Valium, librium | |
| Very often | 13.5% |
| Often | 25.0% |
| Sometimes | 19.2% |
| Few | 11.5% |
| Very few | 15.4% |
| No data | 9.6% |
| No answer or never | 5.8% |
| Polysporin ointment | |
| Very often | 0.0% |
| Often | 9.6% |
| Sometimes | 26.9% |
| Few | 32.7% |
| Very few | 15.4% |
| No data | 15.4% |
| No answer or never | 0.0% |

Percogesic

| | |
|---|---|
| Very often | 1.9% |
| Often | 7.7% |
| Sometimes | 5.8% |
| Few | 3.8% |
| Very few | 48.1% |
| No data | 30.8% |
| No answer or never | 1.9% |

42. Are intramusculary drugs given to physically control an inmate's behavior?

| | |
|---|---|
| No | 48.1% |
| Yes | 50.0% |
| No data | 1.9% |

If yes, who initiates the drug?

| | |
|---|---|
| Medical staff | 38.5% |
| Custodial staff | 0.0% |
| Other staff | 1.9% |
| Both medical and other staff | 7.7% |
| No data | 51.9% |

43. What percentage of inmates are constantly on mood-changing drugs in order to control behavior?

| | |
|---|---|
| 100% | 0.0% |
| 75% | 0.0% |
| 50% | 1.9% |
| 25% | 19.2% |
| 5% | 53.8% |
| 1% | 1.9% |
| 0% | 13.5% |
| No data | 9.6% |

44. Is there a doctor in your institution 24 hours a day?

| | |
|---|---|
| Yes | 7.7% |
| No | 19.2% |
| No, but a doctor is on call | 73.1% |

45. Answer this question only if you responded to number 44 with a no. Is there an RN (this does not include a medical assistant or hospital technician) on grounds 24 hours a day?

| | |
|---|---|
| No | 82.7% |
| Yes | 11.5% |
| No data | 5.8% |

46. Indicate the prison personnel an inmate usually goes through for medical treatment.

| | |
|---|---|
| **1st** | |
| RN | 9.6% |
| Guard | 63.5% |
| Doctor | 0.0% |
| Inmate nurse | 0.0% |
| LPN | 3.8% |
| Other | 5.8% |
| No data | 17.3% |
| **2nd** | |
| RN | 42.3% |
| Guard | 1.9% |
| Doctor | 9.6% |
| Inmate nurse | 9.6% |
| LPN | 11.5% |
| Other | 7.7% |
| No data | 17.3% |
| **3rd** | |
| RN | 11.5% |
| Guard | 0.0% |
| Doctor | 51.9% |
| Inmate nurse | 1.9% |
| LPN | 1.9% |
| Other | 0.0% |
| No data | 25.0% |
| **4th** | |
| RN | 5.8% |
| Guard | 5.8% |
| Doctor | 13.5% |
| Inmate nurse | 3.8% |
| LPN | 1.9% |
| Other | 1.9% |
| No data | 67.3% |
| **5th** | |
| RN | 0.0% |
| Guard | 1.9% |
| Doctor | 3.8% |
| Inmate nurse | 5.8% |
| LPN | 0.0% |
| Other | 3.8% |
| No data | 84.6% |
| **6th** | |
| RN | 0.0% |
| Guard | 0.0% |
| Doctor | 0.0% |
| Inmate nurse | 0.0% |
| LPN | 1.9% |
| Other | 1.9% |
| No data | 96.2% |

47. What procedure is used in a non-emergency situation for an inmate to get medical attention?

| | |
|---|---|
| Medical staff visits inmates in confinement areas | 3.8% |
| Inmate must request medical attention through custodial staff | 50.0% |
| Both medical staff visit inmates in confinement areas and inmates request attention throught custodial staff | 19.2% |
| Other | 11.5% |
| Both medical staff visit inmates in confinement areas, inmates request attention through custodial staff, and other | 5.8% |
| Both medical staff visit inmates in confinement area and other | 1.9% |
| Both inmates must request attention through custodial staff and other | 7.7% |

48. In what ways may an inmate request actual medical service in a non-emergency situation. (Only first response is based on 100%)

| | |
|---|---|
| Show actual signs of sickness | 50.0% |
| Have name placed on sick all list | 86.5% |
| Verbal request only | 32.7% |
| Other | 11.6% |

49. If an emergency situation arises, are responses to inmate's medical problems slower from 5 p.m. to 8 a.m. than from 8 a.m. to 5 p.m.?

| | |
|---|---|
| Yes | 34.6% |
| No | 65.4% |

50. In an emergency situation, who decides if an injured prisoner is taken to an outside medical facility?

| | |
|---|---|
| Prison medical staff | 67.3% |
| Prison non-medical staff | 3.8% |
| Both of the above | 13.5% |
| Other | 7.7% |
| Both prison medical staff and other | 5.8% |
| No data | 1.9% |

51. In an emergency situation, what average length of time is needed to get medical treatment for an injured inmate?

| | |
|---|---|
| Under 5 minutes | 25.0% |
| Under 10 minutes | 25.0% |
| Under 15 minutes | 25.0% |
| Under 20 minutes | 11.5% |
| Under 25 minutes | 5.8% |
| Other | 7.7% |

# APPENDIX C

## Original Survey

The University of Nebraska at Omaha
Department of Criminal Justice

iirman
( 688
aha, Nebraska 68101
!/554-2610

UN-L Campus:
235 Brace Lab
Lincoln, Nebr. 68508
402/472-3677

August 4, 1975

Dear Sirs:

The University of Nebraska at Omaha, Criminal Justice Department, with LEAA Funds is sponsoring research in an effort to obtain information concerning the present prison medical facilities. This information will be used for educational purposes and hopefully will be of assistance for future plans.

As prison staff, we feel that you are in the best position to provide the most accurate information. Only you and others like yourself can provide us with valid and reliable information that will aid us in our endeavors.

Enclosed is a questionnaire that we would like to have a member of your medical staff complete. While we are aware that the questionnaire is time consuming, we feel that each question is essential. Your answers are vital for our research effort to be effective. Therefore, we sincerely hope that your institution will be able to cooperate with us.

All of your answers will be held in strict confidence. Please feel free to be frank in your responses.

Sincerely,

Patricia S Reimer

Patricia S. Reimer
Research Fellow

## INSTRUCTIONS

Please indicate your responses to the questions by placing a check mark or an "X" in the box beside the appropriate answer or by writing in the answer when called for. Some responses lead into additional questions. Please be sure to complete these also, for example, question number two, response C.

In all questions, except where otherwise indicated, choose the single best answer. In questions 26, 27, 41 please indicate your answers on a 1-5 scale.

Thank you for your cooperation.

1. What is your daily inmate average population?_____

_____

2. Which sex does your institution house?

- ☐ A. Males
- ☐ B. Females
- ☐ C. Co-education (both the above)

If so:

- ☐ D. What percent are males?_____
- ☐ E. What percent are females?_____

3. What is the average inmate population age?_____

- ☐ A. What percent of your inmates are over 25?_____
- ☐ B. What percent of your inmates are over 35?_____

4. Do you have a medical treatment budget?

- ☐ A. No
- ☐ B. Yes

If yes: What was your medical fiscal budget for 1975? (do not include staff salaries)_____

What is your expected fiscal budget for 1967? (do not include staff salaries)_____

5. What percentage of your total inmate population have complained about any medical condition over the past year?

- ☐ A. 100%
- ☐ B. 75%
- ☐ C. 50%
- ☐ D. 25%
- ☐ E. 5%

6. What percent of your total inmate population received medical treatment over the past year?

- ☐ A. 100%
- ☐ B. 75%
- ☐ C. 50%
- ☐ D. 25%
- ☐ E. 5%

7. Does your institution compile an annual report concerning medical aspects?

- ☐ A. No
- ☐ B. Yes

If so, would you please enclose a copy with the return of this survey?

8. Please list the average yearly salary for the following full time positions:

A. Doctor_____

B. RN Nurse_____

C. LPN_____

9. What medical staff do you employ? Please indicate the number for each category below.

| | IN-HOUSE STAFF | | OUTSIDE/NON-INSTITUTIONAL STAFF | |
|---|---|---|---|---|
| | Part Time | Full Time* | Part Time | Full Time* |
| A. Doctors | | | | |
| B. RN Nurses | | | | |
| C. LPN | | | | |
| D. Inmate staff | | | | |
| E. Other (specify) | | | | |

* Full time is 35 hours or more per week

10. Does your institution use inmates as part of the medical staff?

- ☐ A. No
- ☐ B. Yes →

If Yes: What role do they play with regards to medication?

- ☐ A. Handle only non-prescriptive medicine
- ☐ B. Administer prescription drugs
- ☐ C. They do not handle any medicine or drugs

11. Has your medical staff had previous training in administering most of the drugs used by your institution?

- ☐ A. Yes
- ☐ B. No

12. Does your medical staff receive any training concerning the effects of medications?

- ☐ A. No
- ☐ B. Yes →

If Yes: How many hours of training yearly?_____

13. Does your custodial staff receive any training concerning the possible effects of medications?

- ☐ A. No
- ☐ B. Yes →

If Yes: How many hours of training yearly?_____

14. Are laboratory facilities for blood and urine tests available?

- ☐ A. No
- ☐ B. Yes →

If Yes:

- ☐ 1. In-house
- ☐ 2. Outside, other state agency
- ☐ 3. Contracted to outside, non-state agency

15. Please indicate your institutional provisions for drug abuse.

- ☐ A. No special treatment or programs
- ☐ B. Transferred to other state agencies
- ☐ C. In-house facilities used
- ☐ D. Other (specify)_____

_____

16. Do you have an area for isolation of infectious diseases?

- ☐ A. Yes
- ☐ B. No

17. Are visitors allowed physical contact with prisoners?

- ☐ A. Yes
- ☐ B. No

18. Would the improvement of medical treatment possibly hamper custodial care?

- ☐ A. Yes
- ☐ B. No

19. Is there any medical research or experiments being conducted in your institution?

- ☐ A. No
- ☐ B. Yes → ↓

If Yes: please describe what types and the number of prisoners involved._____

_____

20. Do you have the following programs to prevent health deterioration? Please check yes or no in the categories below.

| | Yes | No |
|---|---|---|
| A. Immunizations | | |
| B. Exercise, etc. | | |
| C. Dietetics | | |
| D. Sanitation | | |

21. Are individual medical records kept on inmates?

- ☐ A. Yes
- ☐ B. No

22. Does your institutional medical staff ever repackage prescription drugs into smaller containers?

- ☐ A. Yes
- ☐ B. No

23. When are inmates given physical examinations? (Please check yes or no for each possibility below.)

| | Yes | No |
|---|---|---|
| A. Upon entry to institution | | |
| B. At pre-determined time intervals | | |
| C. Upon inmates complaints | | |
| D. At release date | | |
| E. Other (specify) | | |

24. Who gives physical examinations?

- ☐ A. In-house doctors
- ☐ B. Taken to doctors outside the prison
- ☐ C. In-house nurse
- ☐ D. Other medical staff (explain)_____

_____

25. Are the following items checked in your physical examinations? (Please check either yes or no for each of the below categories.)

| Yes | No | |
|---|---|---|
| | | A. Ears (evidence of disease, condition of drums) |
| | | B. Nose (obstruction, evidence of infection, polypi, etc.) |
| | | C. Mouth (missing teeth, pyorrhea, abnormality of tongue) |
| | | D. Lungs |
| | | E. Neck (thyroid enlargement, cervical nodes) |
| | | F. Heart (enlargement, thrill, murmurs, rhythm) |
| | | G. Blood Pressure (systolic diastolic, pulse rate, etc.) |
| | | H. Abdomen (scars, masses, palpable spleen) |
| | | I. Hernia (type: inguinal, ventral, femoral, etc.) |
| | | J. Genito-Urinary (urethral discharge, varicocele, hydrocele, enlargement of testicle) |
| | | K. Gynecological (prolapse, cystocele, retocele, cervix) |
| | | L. Ano-Rectal (hemmorriods, prolapse fissures, fistula, prostate) |
| | | M. Nervous System (paralysis, sensation, speech, gait; reflexes: pupillary, knee, Babinski, Romberg) |
| | | N. Mental (memory, peculiar ideas or behavior; spirits: elated, depressed, normal; neurological or psychlatic abnormalities) |
| | | O. Skin (varicous/veins, ulcers) |
| | | P. Laboratory Findings (urinalysis, blood serologic test) |

26. How often do your inmates complain about the following conditions. For each of the below categories, please circle the appropriate response:

1-very often
2-often
3-sometimes
4-few
5-very few

| | | | | | | |
|---|---|---|---|---|---|---|
| A. | Frequent trouble sleeping | 1 | 2 | 3 | 4 | 5 |
| B. | Dizziness or fainting spells | 1 | 2 | 3 | 4 | 5 |
| C. | Nervous trouble of any sort | 1 | 2 | 3 | 4 | 5 |
| D. | Depression or excessive worry | 1 | 2 | 3 | 4 | 5 |
| E. | Pain or pressure in chest | 1 | 2 | 3 | 4 | 5 |
| F. | Frequent or severe headaches | 1 | 2 | 3 | 4 | 5 |
| G. | Veneral disease-syphilis, gonorrhea, etc. | 1 | 2 | 3 | 4 | 5 |
| H. | Leg cramps | 1 | 2 | 3 | 4 | 5 |
| I. | Head injury | 1 | 2 | 3 | 4 | 5 |
| J. | Severe tooth or gum trouble | 1 | 2 | 3 | 4 | 5 |
| K. | Fractures | 1 | 2 | 3 | 4 | 5 |
| L. | Eye trouble | 1 | 2 | 3 | 4 | 5 |
| M. | Chronic or frequent colds | 1 | 2 | 3 | 4 | 5 |
| N. | Palpitation or pounding heart | 1 | 2 | 3 | 4 | 5 |
| O. | Recurrent back pains | 1 | 2 | 3 | 4 | 5 |

27. How often are inmates treated for the following medical problems? Please circle the corresponding number for each response, where:

1-very often
2-often
3-sometimes
4-few
5-very few

| | | | | | | |
|---|---|---|---|---|---|---|
| A. | Injuries, stabbing, lacerations | 1 | 2 | 3 | 4 | 5 |
| B. | Dermatological conditions | 1 | 2 | 3 | 4 | 5 |
| C. | Veneral diseases | 1 | 2 | 3 | 4 | 5 |
| D. | Stomach ailments | 1 | 2 | 3 | 4 | 5 |
| E. | Colds | 1 | 2 | 3 | 4 | 5 |
| F. | Nervousness | 1 | 2 | 3 | 4 | 5 |
| G. | Eye irritations | 1 | 2 | 3 | 4 | 5 |
| H. | Suture removal | 1 | 2 | 3 | 4 | 5 |
| I. | Pregnancy | 1 | 2 | 3 | 4 | 5 |

28. Upon commitment, how long does it take the average inmate to see a doctor?

- ☐ A. Under 12 hours
- ☐ B. Under 24 hours
- ☐ C. Under 36 hours
- ☐ D. Within a week
- ☐ E. Within 10 days
- ☐ F. Over 15 days
- ☐ G. Other _____

_____

29. When prisoners are placed in solitary confinement, how often are they seen by medical staff, exclusive of inmate nurses?

- ☐ A. Upon request only
- ☐ B. Daily
- ☐ C. Other (specify) _____

_____

30. On a monthly basis, approximately how many inmates see an RN nurse?

_____

30-A. On a monthly basis, approximately how many inmates see a medical assistant or a hospital technician? _____

30-B. Which sex are your RN nurses?

- ☐ A. Males
- ☐ B. Female

30-C. Which sex are your medical assistants or hospital technicians?

- ☐ A. Males
- ☐ B. Female

30-D. Who is employed as medical assistants or hospital technicians?

- ☐ A. Inmates
- ☐ B. Civilian

31. On a monthly basis, approximately how many inmates see a <u>doctor</u>?

_____

32. Do you contract with outside facilities for medical assistance?

- ☐ A. No
- ☐ B. Yes → If Yes: What percent of non-emergency medical treatment is done within your institution?
  - ☐ 1. 100%
  - ☐ 2. 75%
  - ☐ 3. 50%
  - ☐ 4. 25%
  - ☐ 5. 5%

If No: In an emergency situation, for example, a stabbing, indicate the percentage handled within your institution.

- ☐ 6. 100%
- ☐ 7. 75%
- ☐ 8. 50%
- ☐ 9. 25%
- ☐ 10. 5%

33. When a doctor prescribes medication, who is in charge of actually administering the drug?

- ☐ A. Custodial staff (for example, guards, supervisors)
- ☐ B. Medical staff → If so, please indicate specifically the staff responsible for administering the drug (check all that apply).
  - ☐ 1. Doctors
  - ☐ 2. RN Nurses
  - ☐ 3. LPN
  - ☐ 4. Inmate Nurse
  - ☐ 5. Other (explain)_____
- ☐ C. Other

34. Are medical staff orders carried out by custodial staff?

- ☐ A. Yes
- ☐ B. No
- ☐ C. Sometimes (explain)_____

_____

35. What methods are available to insure that the custodial staff follows medical staff instructions?_____

_____

_____

36. Who primarily begins the individual inmate on non-prescription medicine, such as cough medicine?

- ☐ A. Custodial staff
- ☐ B. Medical staff
- ☐ C. Other (explain) _____

37. On a yearly basis, what percentage of inmates are receiving non-prescription drugs, such as asprin, cough medicine?

- ☐ A. 100%
- ☐ B. 75%
- ☐ C. 50%
- ☐ D. 25%
- ☐ E. 5%

38. On a yearly basis, what percentage of inmates are receiving <u>prescription</u> drugs?

- ☐ A. 100%
- ☐ B. 75%
- ☐ C. 50%
- ☐ D. 25%
- ☐ E. 5%

39. For what purpose are drugs given?

- ☐ A. Control inmate behavior
- ☐ B. Treatment of physical illness
- ☐ C. Both the above
- ☐ D. Psychological treatment/therapy
- ☐ E. Other (explain)_____

40. Does your institution use the following drugs? Please check either yes or no for each category below.

| | Yes | No |
|---|---|---|
| A. Valuim | | |
| B. Quaalude | | |
| C. Meillaril | | |
| D. Thorazine | | |
| E. Sparine | | |
| F. Anectin | | |

41. How often are the following drugs used? For each category, please circle the correct response:

1-very often
2-often
3-sometimes
4-few
5-very few

| | | | | | |
|---|---|---|---|---|---|
| A. Tetracycline | 1 | 2 | 3 | 4 | 5 |
| B. Bacitracin, boric acid, Desenex ointment | 1 | 2 | 3 | 4 | 5 |
| C. Vanquish | 1 | 2 | 3 | 4 | 5 |
| D. Nasal spray, cough syrup | 1 | 2 | 3 | 4 | 5 |
| E. Phisohex | 1 | 2 | 3 | 4 | 5 |
| F. Multi-vitamins | 1 | 2 | 3 | 4 | 5 |
| G. Valium, Librium | 1 | 2 | 3 | 4 | 5 |
| H. Polysporin ointment | 1 | 2 | 3 | 4 | 5 |
| I. Percogesic | 1 | 2 | 3 | 4 | 5 |

42. Are intramusclary drugs given to physically control an inmates behavior?

☐ A. No
☐ B. Yes → 

If Yes: Who initiates the drug?

☐ 1. Medical staff
☐ 2. Custodial staff
☐ 3. Other (explain)_____

_____

43. What percentage of inmates are constantly on moodchanging drugs in order to control behavior?

- ☐ A. 100%
- ☐ B. 75%
- ☐ C. 50%
- ☐ D. 25%
- ☐ E. 5%

44. Is there a doctor in your institution 24 hours a day?

- ☐ A. Yes
- ☐ B. No
- ☐ C. No, but a doctor is on call 24 hours a day

45. Answer this question only if you responded to number 44 with B or C. Is there an RN nurse (this does not include a medical assistant or hospital technician) on grounds 24 hours a day?

- ☐ A. No
- ☐ B. Yes

46. Indicate the prison personnel an inmate usually goes through for medical treatment. (Using numbers 1-6, 1 being the first person seen and 6 the last.)

A. _____RN nurse
B. _____Guard
C. _____Doctor
D. _____Inmate nurse
E. _____LPN
F. _____Other (specify)_____

47. What procedure is used in a non-emergency situation for an inmate to get medical attention?

- ☐ A. Medical staff visits inmates in confinement areas
- ☐ B. Inmate must request medical attention through custodial staff, for instance, the sick call list
- ☐ C. Other (specify)_____

_____

48. In what ways may an inmate request actual medical service in a non-emergency situation?

- ☐ A. Show actual signs of sickness
- ☐ B. Have name placed on sick call list
- ☐ C. Verbal request only
- ☐ D. Other (explain)_____

49. If an emergency situation arises, are responses to inmate's medical problems slower from 5 p.m. to 8 a.m. than from 8 a.m. to 5 p.m.?

- ☐ A. Yes
- ☐ B. No

50. In an emergency situation, who decides if an injured prisoner is taken to an outside medical facility?

- ☐ A. Prison medical staff
- ☐ B. Prison non-medical staff (for example, warden, guard)
- ☐ C. Other (specify)_____

51. In an emergency situation, what average length of time is needed to get medical treatment for an injured inmate?

- ☐ A. Under five minutes
- ☐ B. Under ten minutes
- ☐ C. Under 15 minutes
- ☐ D. Under 20 minutes
- ☐ E. Under 25 minutes
- ☐ F. Other (specify)_____

_____

The End

# APPENDIX D

## Prison Addresses

The prisons were selected from the 1975 American Correctional Association Institutional Directory. The Midwest region includes the following states: Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

# PRISON ADDRESSES

## COLORADO

Colorado State Penitentiary, Box 1010, Canon City 81212
Warden Wilson

Colorado Medium Security Penitentiary, Box 1010, Canon City 81212
Associate Warden Capelli

Colorado State Reformatory, Box R, Buena Vista 81211
Warden Tanksley

Colorado Women's Correctional Institute, State Penitentiary, Box 1010, Canon City 81212
Associate Warden Mrs. Gillespie

## ILLINOIS

Dwight Correctional Center, Box C, Dwight 60402
Warden Platt

Joliet Correctional Center, Box 515, Joliet 69434
Warden Morris

Menard Correctional Center, Box 711, Menard 62259
Warden Israel

Menard Psychiatric Center, Box 56, Menard 62259
Administrator Craine

Pontiac Correctional Center, Box 99, Pontiac 61764
Warden Fike

Sheridan Correctional Center, Box 38, Sheridan 60551
Warden Wolff

Statesville Correctional Center, Box 112, Joliet 60434
Warden Cannon

Vandalia Correctional Center, Box 500, Vandalia 62471
Warden Meyer

Vienna Correctional Center, Box 275, Vienna 62995
Warden Housewright

River Oak Correctional Center, Box 702, Joliet 60434
Warden, Unknown

INDIANA

Indiana State Prison, Box 41, Michigan City 46360
Warden, Unknown

Indiana State Reformatory, Box 28, Pendleton 46064
Superintendent Phend

Indiana State Farm, Box 76, Greencastle 46135
Superintendent Hudkins

Indiana Women's Prison, 401 North Randolph Street, Indianapolis 46201
Superintendent Kwolek

Reception and Diagnostic Center, P.O. Box 317, Plainfield 46168
Director McCart

IOWA

The Women's Reformatory, Lanedale Box 313, Rockwell City 51579
Superintendent Wallman

The Men's Reformatory, Box B, Anamosa 52205
Warden Auger

Iowa State Penitentiary, Box 316, Fort Madison 52627
Warden Brewer

Iowa Security Medical Facility, Oakdale 52319
Superintendent Farrier

KANSAS

Kansas Correctional Institution for Women, Box 160, Lansing 66043
Director West

Kansas State Industrial Reformatory, Box 1568, 500 South Reformatory Avenue, Hutchinson 67501
Director Oliver

Kansas State Penitentiary, Box 2, Lansing 66043
Director Atkins

Kansas State Reception and Diagnostic Center, Box 1558, Topeka 66601
Director Thompson

Kansas Correctional Vocational Training Center, Box 1536, Eighth and Rice Road, Topeka 66601
Warden, Unknown

MICHIGAN

Michigan Reformatory, Ionia 48846
Warden Colbert

Cassidy Lake Technical School, R.F.D. No. 1, Waterloo Road, Chelsea 48118
Superintendnet Wittebols

State House of Correction and Branch Prison, Marquette 49855
Warden Koehler

State Prison of Southern Michigan, 4000 Cooper Street, Jackson 49201
Warden Egeler

Reception and Guidance Center, 4000 Cooper Street, Jackson 49201
Superintendent Anderson

Michigan Training Unit, P.O. Box 492, Ionia 48846
Superintendent Handlon

Corrections-Conservation Camps, 600 Maute Road, Route 3, Grass Lake 49204
Superintendent Buchko

Muskegon Correctional Facility, 2400 South Sheridan, Muskegon 49442
Superintendent Wells

MINNESOTA

Minnesota Correctional Institution for Women, Box 7, Shakopee 55379
Superintendent Ms. Fleming

Minnesota State Prison, Box 55, Stillwater 55082
Warden McManus

State Reformatory for Men, Box B, St. Cloud 56301
Superintendent McRae

MISSOURI

Missouri Intermediate Reformatory, Box 538, Jefferson City 65101
Superintendent Beard

Missouri Training Center for Men, Box 7, Moberly 65207
Superintendent White

State Correctional Center for Women, Box 599, Tipton 65081
Superintendent Atkins

Missouri State Penitentiary for Men, Box 900, Jefferson City 65101
Warden Wyrick

Church Farm Facility, Box 900, Jefferson City 65101
Superintendent Casey

Renz Farm, Box 900, Jefferson City 65101
Superintendent Turner

Fordland Honor Camp, Box 900, Jefferson City 65101

NEBRASKA

State Reformatory for Women, Box 33, York 68467
Mrs. Crawford, Superintendent

Nebraska Penal and Correctional Complex, P.O. Box 81248 Lincoln 68508
Warden Charles Wolff

OHIO

Ohio State Reformatory, P.O. Box 788, Mansfield 44901
Superintendent White

Lebanon Correctional Institution, P.O. Box 56, Lebanon 45036
Superintendent Dallman

Marion Correctional Institution, P.O. Box 57, Marion 43302
Superintendent Perini

London Correctional Institution, P.O. Box 69, London 43140
Superintendent Haskins

Ohio Reformatory for Women, P.O. Box 2, Marysville 43040
Superintendent Arn

Corrections Medical Center, P.O. Box 511, 254 West Spring Street, Columbus 43216
Administrator Patterson

Chillicothe Correctioanl Institute, P.O. Box 5500, Chillicothe 45601
Superintendent Gray

Southern Ohio Correctional Facility, P.O. Box 787, Lucasville 45648
Superintendent Havener

SOUTH DAKOTA

South Dakota Penitentiary, Box 911, Sioux Falls 57101
Warden Parkinson

WISCONSIN

Wisconsin State Prison, Box C, Waupun 53963
Warden Gray

Wisconsin State Reformatory, Box WR, Green Bay 54305
Warden Cady

Wisconsin Correctional Institution, Box 147, Fox Lake 53933
Warden Gagnon

Wisconsin Correctional CAmp System, P.O. Box 25, Oregon 53575
Warden Mathews

Wisconsin Home for Women, Box 33, Taycheedah 53090
Superintendent McCauley

Kettle Moraine Correctional Institution, P.O. Box 31,
Plymouth 53073
Warden Prast