The first step is isolation from any influence other than the Seed. The Seed-confined child is not allowed to attend school in the initial stages.

"I wasn't alone one minute of the time," Pat says.

He says seedlings accompanied him to the bathroom, sat on each side of him in the car going to the foster home at night and slept in the same room with him at night.

He said he was allowed to communicate with no one outside the Seed. He talked to his parents only over a microphone in open meetings.

"If it's something that's all right, that you used to have fun with, you're not allowed to bring it up at all," he says.

Pat's stepmother still gets mad when she tells about a picture of Pat's little brother that she asked the staff to give him.

"They said, 'no, it brings back memories of his past'," she recalled.

Pat said he was not allowed to read newspapers or newsmagazines, but in one foster home he was permitted to read books selected by his "oldcomer."

He said he was not allowed to seek a lawyer or help from any outside institution.

He said he was not allowed to go to church.

"The staff says you don't need religion to get off drugs," Pat says. "They don't say there's no such thing (as God). They just don't bring it up."

The Seed uses seven of the 12 traditional steps of Alcoholics Anonymous but Pat recalls that the words "a higher power" are always substituted where AA sometimes uses the word "God."

Carolyn, who spent 12 hours a day in the Seed for 15 days, said she was told the Seed is the higher power.

"God can't really help you," she said staffers told her.

"The only time you pray to God is when you're in trouble and he never seems to answer you so the Seed is our God. The only way you can get help is to talk about things and you can't sit down and talk in a two-way conversation with God."

Carolyn, who was allowed to go home at night after about 20 nights in foster homes, said she was forced to change her hairstyle and throw away her clothes because they represented her "old image."

In a daily "moral inventory" kept by all "seedlings," Carolyn listed as a "bad point" that she had winked at her mother in an open meeting. She explained that her mother was considered a bad influence because she had not wanted her to go into the Seed.

Isolation from family, friends, school, culture, church, government and the past create a vacuum to be filled by the Seed.

The 12-hour Seed day consists almost entirely of what are called "raps."

"You sit in a room from 10 a.m. to 10 p.m. and talk about the same thing over and over and over," Carolyn said. "If you don't listen, a staff member will tell you to sit up and pay attention."

She said staff members tell the new people why they behaved as they did.

"They try to tell you you only do it because your friends do it," she said. "They told us we hated ourselves before we went in the Seed and our friends were not friends at all and didn't try to help us.

"They told us we thought of ourselves as failures. They told us we wanted to be neat, to be cool.

"If you talk about a nice past, they keep a watch on you. They think your whole past was ugly, that you never did nothing right, you never accomplished nothing but since you have the Seed you can accomplish anything. They say you screwed up your family really bad."

"If you say you blame your parents for any of your problems, they come down on you and say that's not true," Pat said. "They say your problems are brought on by yourself. Your problems are your own fault."

The technique of "coming down on" people is used to teach "seedlings" to "be honest with themselves."

Pat said it is used most intensively during night meetings, when more are present, including those who work or go to school in the daytime.

He said the "most sickening" occasion he remembered was an attack on a 12- or 13-year-old girl.

"I could tell she was straight," he said. "There wasn't anything wrong with her at all. I really felt sorry for her. They came down on her about an hour. One girl started using her age and telling her she wasn't old enough to know

what to do, not even old enough to . . . (commit an act of masturbation). The girl started crying and they came down on her a few more minutes.

"The staff didn't have anything to say about that. (One staff member) laughed her head off."

Carolyn recalled other raps in St. Petersburg where girls were teased with obscene language.

When the group comes down on a boy, Carolyn said, girls will tell him, "I wouldn't even look at you twice when I was on the street . . . you really think you're hot."

Bobby said he was encouraged to relate sexual experiences with girls and give their names.

He said he was encouraged to talk about sex and use obscene language, but was threatened with starting over if he looked at girls in the program or talked to them.

All the disillusioned "Seedlings" interviewed said the pressure to confess to misbehavior made them say they had done things they had not done, in order to move along more quickly in the program.

"I was fighting it a really long time," Carolyn said, "Then all of a sudden I just kind of gave up."

Even before she gave up and began to believe what she was told in the Seed, Carolyn pretended to believe it. She said she caught on that the only way to get out was to do what was expected of her.

"I was so afraid to say anything wrong," she said. "I was just waiting to hear what I was supposed to say. That's what everybody does. You get the idea that if you don't say what the others are saying, you're not going home. Nobody wants to start over. I picked up words from everybody else and made them my own."

She was allowed to go home after about 22 days and after 45 days, she was promoted to "the three-month program," an indication that her acting was successful.

Pat, who was never promoted from the first stage of the program, said he once told a staffer to "go to hell" and was forced to stand for five or six hours while the group went on with the rap.

During the raps, he said, "guards" stood at the doors—"big guys at every door."

"If anybody gets out of his seat, they verbally tell him to get back and if he doesn't, they physically make him get back."

Pat is scornful of the "open meetings" where parent visitors come to see the program.

"Seedlings" who tell their stories in the open meetings "are told what to say and what not to say," according to Pat.

For example, he said, "Seedlings" are told to confess in open meetings "what you did to your parents."

Carolyn said any "Seedling" who criticized the program or asked to go home in the open meeting would be forced to start over. She said those who break the rules are "come down on" the next day.

New visitors at the open meetings are surprised to see pairs of adolescent boys walking around with their arms around each other.

Pat, Carolyn and Bobby said the practice is compulsory. Girls are required to hold hands and boys must put their arms around each other when they leave their seats, they said.

Pat's first foster home was in a "really nice" family.

"If I had stayed in that home and not been taken away," he said, "I probably would have finished the program."

However, he was moved to a new home with an "oldcomer" who was "on such an ego trip he though he could tell everything about you by looking at the way your nose twitched."

In that house, he said he was locked in a room with a chain on the outside of the door as soon as he got home and "never saw" the father except once at breakfast.

He ran away from that house and found a free telephone to call his parents, who drove to Ft. Lauderdale and took him back to the Seed.

When they got back to the Seed, Pat's father recalls, he was again persuaded that his son was on drugs and in great danger if he left the program.

"They told me to hit him and make him stay—either that or he'd be out on the street and dead. I was convinced he should stay. I never would have touched him if I didn't feel like it was that or death. I'll never forgive myself for that."

Pat said his father began by screaming at him to go back in the group and finally shoved and hit him. The father and son hit each other and Pat remembers blood coming from his father's lip. He says the Seed staff was standing around smiling and his mother was crying.

He said his father finally just gave up and a staff member sent for "eight guys to carry me in in front of a thousand people."

At that point he decided to go in voluntarily.

When Pat went in the group, his father said he went to the men's room and vomited and cried.

Bobby got out of the Seed because a staff member asked his father to beat him in front of the group, his mother said.

A staff member "wanted my husband to take a belt before the whole group and whip his son," she recalled. "I said no way. That same day I was already thinking Bobby shouldn't be there."

She said she called a lawyer to find out what authority the Seed had to keep her son. When he told her she had the right to take Bobby out, she took him out.

Bobby said the seed staff told him he would have to go to jail if he ran away. "That's why I didn't split."

Pat, Carolyn and Bobby all said they were "brainwashed" to some extent in the program.

Pat, although threatened with the state school, managed to run away again and hitchhike back to Pinellas County, armed with faith that he could persuade his parents not to take him back to the Seed.

His parents said the Seed called to tell them Pat had run away and to advise them to lock him out of his house and have him arrested for vagrancy.

They balked at the advice. They took him back into his home, talked to him, listened to him and became convinced that he had never been a "druggie."

Asked how people can be "brainwashed" to believe things they once ridiculed, Pat described it as "sort of like torture."

"They keep on and on and on until you finally start believing it," he said. "They just drill it into your mind. If somebody tells you something and the other kids tell you enough, you start believing it."

He thinks fear is an important tool.

"They tell everybody if they don't make it in the Seed it means death," he said. They're brainwashed to think pot is really bad, that it will kill them.

"They think even the tiniest things are really horrible. They stay on each person until he admits everything horrible."

By the time a "Seedling" graduates, Pat said, he usually believes everything he has been told.

"Some are so scared that if they do leave the Seed they are going to go back on drugs, even if they know the Seed is a bunch of crap, they are still scared of what will happen."

[Item I.C.3]

CENTER FOR THE STUDY OF CRIME AND DELINQUENCY—ABSTRACTS OF CSCD-FUNDED PROJECTS, DECEMBER 19, 1973

Index

APPENDIX A–1, RESEARCH PROJECTS WITH PRISON POPULATIONS

APPENDIX A–2, RESEARCH PROJECTS WITH MENTAL HOSPITAL POPULATIONS

APPENDIX A–3, RESEARCH PROJECTS WITH SCHOOL POPULATIONS

R01 MH15985—Patterson.
R01 MH18516—Wahler.
R01 MH19706—Cohen.
R01 MH20030—Wolf.
R01 MH21950—Filipczak.

APPENDIX B, INSTITUTIONAL ASSURANCES (BY GRANT NUMBER)

MH 14734—Breed.
MH 15985—Hoffman.
MH 17565—Lazen.
MH 17955 and MH 18075—Young.
MH 18468—Marshall.
MH 18516—Boling.
MH 19706 and MH 21950—Cohen.
MH 20030—Argersinger.
MH 20367—Barclay.
MH 20696—Salkever.
MH 21035—Kuhn.
MH 21303—Whitlock.
MH 21853—Schurz.
MH 22350—Kassander.
MH 23170—Milar.
MH 23742—Scurlock.
MH 23975—Solomon.

[Appendix A–1]

RESEARCH PROJECTS WITH PRISON POPULATIONS (ABSTRACTS)

R01 MH14734—"An Evaluation of Differential Treatment for Delinquents," Palmer, Theodore B., Ph.D., California Youth Authority, 3610 Fifth Avenue, Sacramento, California.

The major objective of the research is to determine the extent to which it would be possible to maximize the overall proportion of commitments to the Youth Authority which could be made eligible for a specified program of differential treatment, particularly those who could be handled through community-based programs.

Building on knowledge gained from previously supported NIMH research, this project would attempt systematically to determine whether it is feasible to: broaden the range and refine the type of settings and treatment strategies for specified delinquent sub-types; expand the range and variety of offenders to whom differential treatment may usefully be applied; continue to isolate factors essential to the success of differential treatment; and continue refinement and expansion of the Differential Treatment Model.

All subjects would be first commitments to the Youth Authority from the Juvenile and Criminal Courts, or approximately 125 males per year. The age range would be 12 through 21 years. A number of behavioral, psychological, and other indices would be used to compare process and outcome changes for the different treatment groups.

P01 MH17565—"Genetics of the XYY Phenomena in Man," Borgaonkar, Digamber S., Ph.D., Johns Hopkins University Hospital, 601 North Broadway, Baltimore, Maryland.

The purpose of this study is to obtain frequency figures for the XYY males in the population by karyotyping 14,000 male children during a three year period.

Subjects in this study would include all the approximately 6,000 male juvenile delinquents, ranging in age from 8 to 18, housed in ten Maryland State institutions. Approval to screen these boys has been obtained from the Director of the Juvenile Services with a concurrence of the Department of Health Services. In addition, informed consent is obtained from parents and juveniles. A residential treatment center (The Edgemeade of Maryland) for emotionally and mentally disturbed children would provide about 500 male subjects under age 18.

An equal number (7,500) of presumably normal males of ages 2–18 years, of the same ethnic origin and socio-economic background, would also be selected for chromosome study. This normal comparison group would be drawn from the Comprehensive Child Care Program of the Johns Hopkins Hospital, which cares

for all children in a large area of East Baltimore up to their 18th birthday. As necessary, subjects would also be drawn from public and private schools and the outpatient clinics of the Johns Hopkins Hospital.

The specific aims of the project are: (1) to determine the frequency of XYY males in the aforementioned populations, and (2) to conduct extensive physical anthropometric, endocrine, psychologic, neuro-psychiatric, and sociological investigations of the XYY subjects in order to characterize the phenotype; to explore the feasibility of prophylactic and therapeutic measures for the XYY males; and (3) to study the fathers of XYY males, chromosomally and epidemiologically, for insight into the "cause" of the chromosomal abnormality.

R01 MH17955—"Research on Repeated Exposure to Film Violence," Berkowitz, Leonard, Ph.D., Professor and Chairman, Department of Psychology, University of Wisconsin, Madison, Wisconsin.

This research program plans to investigate the consequences of repeated exposure to film aggression, and to compare the reactions of incarcerated delinquents and normal adolescents to such exposure. A field experiment in which the content of TV programs watched by a group of incarcerated delinquents over an extended period will be under experimental control. A variety of measures of aggression would be secured before, during, and after the period of exposure. Measures of aggression would include: peer judgments; counselor and teacher ratings; behavioral tallies and observational measures in regular cottage situations; aggression in experimentally established competition; and punch intensity (Buss "aggression machine"). In addition, a series of rating scales would be used by clinical psychologists, such as: 7-point scale of personality prognosis; a scale assessing adequacy of family background; ratings of the delinquents' institutional adjustment; peer relations; and job responsibility.

The second study would involve a series of laboratory experiments in which groups of normal adolescents and delinquents would be exposed to repeated presentations of specific kinds of aggressive displays. These studies will permit a more detailed analysis of the effects of certain variables that may alter the effects of repeated exposure, such as the frequency of exposure, the similarity of the repeated aggressive displays, the time intervals between presentations, the time interval between exposure and test, and the degree of generalization of satiation from one class of repeated aggressive stimuli to a class of non-repeated aggressive stimuli.

R01 MH18075—"A Comprehensive Study of 47XYY Male Offenders," Daly, Richard F., M.D., Department of Neurology, University of Wisconsin Medical School, Madison, Wisconsin.

This study is designed to aid in the continuation of the applicant's efforts to add to knowledge regarding the spectrum of morphological and functional anomalies occurring in 47,XYY males. Using "blind" procedures the applicant would compare 47,XYY delinquents and offenders with matched controls. In addition to physical, neurological, anthropometric, and endocrinological assessments, very detailed neuropsychologic testing and personality and emotional studies would also be undertaken.

The testing will be conducted on samples drawn from the approximately 1000 new juvenile offenders and about 1050 new adult offenders admitted yearly to various correctional institutions in the state, and from the 200 males admitted annually for observation or commitment to Central State Hospital, the only maximum security hospital in Wisconsin. The population to be studied will include new offenders and repeat offenders not studied previously. During the first year it will also include prisoners already committed to correctional institutions at the time the study begins.

The proposed research would hope to answer the following questions: (1) Are previously noted anomalies in 47,XYY males (e.g., neurological abnormalities, body asymmetries, homosexuality) more frequent in such males than in controls matched for several factors including height? (2) Are there significant differences between 47,XYY males and matched controls in regard to type of crime, age at first arrest, family background, and other social and psychological variables? (3) Within a particular state (Wisconsin), are there differences in the frequency of XYY males in the population of institutionalized juvenile offenders,

adult offenders hospitalized for mental illness and/or mental retardation, and other prisoners? (4) Do tallness or any other traits develop sufficiently early to be of value in the early recognition of XYY males? And, (5) how does the frequency of the 47,XYY condition in adult and juvenile offenders vary with height?

R01 MH18468—"A Program of Research on Antisocial Behavior and Violence," Megargee, Edwin I., Ph.D., Florida State University, Tallahassee, Florida.

This is a program of multidimensional research on the personality factors involved in antisocial and aggressive behavior, and to apply the results to the problems of prediction and treatment. Using a common data pool on the personality functioning and background characteristics of prison inmates in a cohort sample, three investigators would examine respectively the patterns of behavior and attitude change during incarceration, the psychodynamics of aggression through psycho-physiological research, and the role of anxiety and self-concept in psychopathy.

Subjects include incoming inmates at the Federal Correctional Institution (FCI) in Tallahassee, Florida. The researchers use information collected by Institution staff at intake, including psychometric tests, standardized interviews with the subject and his relatives, and various laboratory procedures. The psychometric procedures include the MMPI, the sentence-completion, the Spielberger State-Trait Anxiety Questionnaire, the Tennessee Self-Concept Inventory, the Holtzman Ink-Blot Techniques, standard biographical check sheet, and possibly the Jesness Inventory and the Quay Questionnaire. At 90-day intervals the biographical data is up-dated, including information about the inmate's participation in individual or group therapy, progress in academic programs, disciplinary infractions, and so forth. Interviews are conducted with volunteers prior to leaving the Institution. Psycho-physiological testing is conducted on a selected sample of inmates. Written informed consent is obtained from inmates for this testing.

R01 MH20696—"Self-Destruction Among Prison Inmates," Toch, Hans, Ph.D., School of Criminal Justice, State University at New York, 1400 Washington Avenue, Albany, New York.

This study is examining self-destructive acts (suicidal, interrupted suicide, self mutilation, propensity to victimization and social self injury) in both short and long term imprisonment. The aim is to describe occasions for self destructive acts in a prison population and to categorize motives for these acts.

First, baseline data will be obtained through the New York State Department of Corrections from incident reports from individual institutions covering every self destructive act for a six month period. During this time, preliminary motivational categories will be established, an interview schedule will be constructed and interviewers will be trained. Then a sample of at least ten institutions will be drawn for intensive follow-up of self destructive acts by interviews with inmates and staff during a three month period. This sample will be stratified in terms of model period of incarceration, degree of security and types of offenders handled with half the sample projected among short and half among long term imprisonments.

Interviews by ex-inmates and prison guards will offer perspective and insight through peer cooperation as they will be involved both in data collection (interviews) and group discussion about the collected data. Data will include the sequence of events, the steps in personal interactions, the signals of impending self destruction preceding the self destructive act as reconstructed from available documentation, interviews with the survivor of the self destructive act where possible and interviews with staff and inmates who can provide first hand observational data.

R01 MH21035—"Clinical Prediction and Treatment of Episodic Violence," Monroe, Russell R., M.D., School of Medicine, University of Maryland, 660 West Redwood Street, Baltimore, Maryland.

This study is designed to identify three subgroups of aggressive, recidivist prisoners. On the basis of his previous studies, the investigator suggests that some 10–15% of recurrently violent individuals may be defined as having epilep-

toid impulsivity, a condition amenable to treatment. Using neurophysiologic (activated EEG), psychometric, and clinical psychiatric techniques, the principal investigator proposes to attempt the classification of recidivist inmates at a special correctional institution for violent offenders (Patuxent Institution) into three groups. These groups are described as (1) "aggressive lifestyle," (2) "epileptoid" impulsivity, and (3) "hysteroid (motivated)" impulsivity. It is suggested that the effectiveness of prediction and control of violent behavior can be enhanced if these groups can be differentiated. The major objectives of the proposed research may be summarized as follows: (a) To refine techniques now available at the neurophysiologic (EEG activation), psychometric, and clinical psychiatric levels for predicting impulsive violent behavior; (b) to evaluate new techniques at these three levels to differentiate epileptoid and hysteroid (motivated impulsivity); (c) to test the value of identifying and treating epileptoid impulsive behavior; and (d) to provide clinical baselines for future studies critical in establishing the social utility of the clinical procedures.

One specific hypothesis to be tested is that chloralose activation of the EEG will correlate positively with epileptoid impulsivity. Data will be collected in such manner as to determine the reliability of the psychiatric, psychometric and EEG measures of epileptoid and hysteroid impulsivity, and to allow later quantitative computer analysis of both psychologic and electroencephalographic data. Finally, the clinical usefulness of the anticonvulsant primidone (Mysoline) will be tested in a double-blind study, and the results compared with those of a previous study in which diphenylhydantoin was used with a similar group of offenders in the same institution.

From an inmate population of about 400, it is estimated that over a three year period from 70 to 100 subjects can be found who will meet the criteria of having no mental retardation and no overt neurological disorder, and who would be willing to cooperate in the study. All subjects would be volunteers and written informed consent would be obtained in every instance.

R01 MH21853—"Rehabilitation Program for Delinquent Indian Youth," Harris, Virgil W., Ph.D., Southwest Indian Youth Center, Indian Development District of Arizona, Box 2266, Tucson, Arizona.

This three-year study would evaluate specific behavior modification procedures and overall effects of a rehabilitation program for delinquent American Indian youths. The program emphasizes the phasing out of artificial contingencies within an institutional setting and transition to the more natural conditions of living within the community.

The proposed study would evaluate specific procedures and overall effects of the programs sponsored by the Southwest Indian Youth Center (SWIYC) in Arizona. The Center is a residential institution which attempts to apply behavior modification principles in developing the vocational, academic and social skills of delinquent youths. The Center also operates a number of community-based halfway houses (each accommodating 2 house parents and about 8 youths) in Tucson. Youths admitted to the SWIYC are between 13 and 21 years of age, and typically have limited and inappropriate repertoires of social, academic, and work behavior. In general, they have failed to adjust to traditional school settings, have high truancy rates, and often possess lengthy court records involving offenses from drunkenness to glue sniffing, rape, and grand larceny. Priority is given to chronic offenders who have already spent a significant period of time incarcerated.

The majority of the youths come from reservation communities. Referrals from tribal courts constitute about 75 percent of the resident population. Approximately 10 percent of the youths were convicted in Federal courts; another 10 percent are referred by the Arizona State court system; and about 5 percent are from urban areas not under the jurisdiction of the Bureau of Indian Affairs (BIA). Depending on jurisdictional authority or the source of referral, expenses for the youths are paid by the BIA, the Federal Bureau of Prisons, the Arizona Department of Corrections, or the State Department of Vocational Rehabilitation.

The major features of the program are vocational and academic training, varying levels of supervision, a contingency management point system (as well as a daily work evaluation system and monetary reward for vocational and

academic performance), and the use of a halfway house as an intervening environment between the institutional setting (Center facility) and community placement. The "trainee' advances from entry at Level IV (where he receives close and constant supervision) through Levels III and II (where he gradually assumes greater responsibility for himself, his training, and his leisure activities), to Level I (permanent placement). Advancement is contingent upon his performance in various social, academic and vocational areas, and relates to procedures designed to phase out his dependence on artificial behavior management contingencies.

R01 MH22350—"Measures of Delinquency and Community Tolerance," Erickson, Maynard L., Ph.D., Department of Sociology, University of Arizona, Tucson, Arizona.

This is a three-year study to examine the relationships over time between official and unofficial measures of juvenile delinquency. Legal reaction rates (the ratio of official to unofficial measures) will be related to measures of community tolerance and tolerance of "legal reactors" (police, probation officers, etc.). Tolerance toward deviance (types of delinquency and other forms of deviance) is measured by determining both the relative "evaluations" of the propriety of acts and the relative "intensity" of attachment to evaluative stances taken by respondents (either legal reactors, deviants, or the general public). The relative "seriousness" of a variety of offenses will also be assessed. The analyses of inter-relationships between tolerance and various measures of delinquency (official and unofficial) will be made over a three-year period in selected Arizona communities.

Within each of these locales, three sub-samples will be required: a sample of adolescents to yield measures of unofficial delinquency and other information, a sample of adults to yield measures of general community tolerance levels and other information, and a sample of law enforcement and related personnel to yield measures of their tolerance levels and other related information. Within each of these sub-samples there are three groupings: official non-delinquents, community offenders (recorded offenders remaining in the community), and incarcerated offenders. The number of adolescents in the total sample is estimated to be between 500 and 700, and the number of adults included will be approximately 1200.

R03 MH23170—"Attitudes Toward Criminal Behavior," Bruning, James L., Ph.D., Department of Psychology, Ohio University, Athens, Ohio.

This is an investigation of the differences between public offenders and the general law-abiding citizenry with respect to their subjective estimates of seriousness, probability of arrest, and expected severity of penalty for a number of specified illegal acts. Further analyses will be made of the differences in response between subjects scoring high and low on the Pd (psychopathic deviate) scale of the Minnesota Multiphasic Personality Inventory (MMPI).

Subjects will be 100 inmates at the Ohio State Reformatory (felon group) and 100 students at a technical college (non-felon group), who closely approximate the felon group in terms of age (18–25), education and socioeconomic background.

R01 MH23975—"The XYY Syndrome," Witkin, Herman A., Ph.D., Division of Psychological Studies, Educational Testing Service, Princeton, New Jersey.

This study is designed to shed further light on the incidence of males with an extra Y chromosome and on the relation, if any, between the presence of an extra Y and the tendency toward aggressive behavior.

The proposed research provides for comprehensive and in-depth psychological studies of XYY cases. It is emphasized that to make progress toward understanding the nature of the relationship between an extra Y and aggressiveness, it is necessary to study more varied populations of XYYs than those examined to this point. The design of the study includes three groups of XYYs selected in an effort to provide variation along the dimension of identified involvement in aggression; matched control groups of XY cases are allowed for each sample to be studied. The three groups to be studied will be drawn from a population of criminals, policemen, and from the general population.

The study of the criminal group will be selected from among the 1500 offenders admitted each year to the prison ward of the Psychiatric Service of Kings County Hospital for psychiatric examination. Candidates for the New York City police force (numbering about 28,000) will be the police group to be involved in this study. Karyotyping on a large, non-institutionalized, unbiased sample will be drawn from army recruits in Denmark.

[Appendix A–2]

RESEARCH PROJECTS WITH MENTAL HOSPITAL POPULATIONS (ABSTRACTS)

R01 MH20367—"Dangerousness, Due Process & the Criminally Insane," Steadman, Henry J., Ph.D., Mental Health Research Unit, New York Department of Mental Hygiene, 44 Holland Avenue, Albany, New York.

This is a study of estimations of dangerousness in the criminally insane, the role such estimations play in the due process of institutional commitments, and the relationship of dangerousness to demands for social control. Major emphasis would be placed on efforts to operationalize the concept of dangerousness and to develop a causal model for the role of dangerousness in the post-labeling careers of the criminally insane.

The proposal is occasioned by changes that occurred in the New York State Criminal Procedure Law (CPL) on September 1, 1971, relative to confinement procedures for the criminally insane. The new code will result in the transfer of responsibility for commitment of individuals to special security institutions from the Commissioner of Mental Hygiene to the courts. In effect, an increased burden will be placed on the courts to make estimations of patients' dangerousness, and on the Department of Mental Hygiene to treat patients in civil hospitals.

The study would build upon the applicant's previous work on the relationship between in-hospital behaviors and patients outcomes. In this research a group of 967 patients, who were transferred from two New York State hospitals for the criminally insane to civil hospitals following the *Baxstrom* v. *Herold* Supreme Court decision in 1966, were found to be *less dangerous* (i.e., less assaultive) than expected. Only 2 percent (23) were returned to the special security institutions between 1966 and 1970, while only 19 percent of the males and 25.5 percent of the females were reported to have shown any assaultive behavior in civil hospitals.

The scope of the study would encompass six distinct, yet interrelated, objectives: (1) to determine the effects of being labeled dangerous on the hospital and post-hospital careers of different types of criminally insane patients; (2) to develop an operational definition and technique for measuring dangerousness; (3) to establish a causal model for the post-labeling careers of the criminally insane; (4) to examine the actual changes in the administration of due process to the criminally insane as a result of changes in the CPL; (5) to study the organizational and procedural adaptations of the civil state hospitals to the change in the law; and (6) to lay the groundwork for an ongoing evaluation of the effectiveness of the new focus of treatment.

The study would be divided into three separate phases. Interview data would be gathered during Phase I from legal and psychiatric professionals on criminal commitments of mental patients, patients following hospitalization, and an initial follow-up of released patients. During Phase II, a second cohort would be added, while continuing an intensive follow-up of the first-year patients as they are released or remain in either the mental health or correctional system. In Phase III, efforts would be made to test the causal model predicting patient outcomes, refine an index and predictive instrument for dangerousness, conduct a content analysis of the interviews with patients, mental health professionals and judicial officials, and estimate the relative efficiency of different hospital treatment programs.

R01 MH21303—"Assessment of Adequacy of Treatment," Schwitzgebel, Ralph K., Ed.D., J.D., Laboratory of Community Psychiatry, 58 Fenwood Road, Boston, Massachusetts.

The primary purpose of this research is the development of empirically-based criteria by which the adequacy of treatment provided for offenders can be

accurately and reliably determined by mental health and legal personnel. This would be accomplished through three major types of activities: (1) an extensive survey of legal decisions and commentaries, and mental health literature related to the concept of the "right to treatment"; (2) an analysis of the psychiatric, sociological, and behavioral criteria currently being used to determine treatment adequacy; and (3) a preliminary evaluation of the legal and social policy implications of a widespread recognition of a "right to treatment."

One subject population would consist of 80 mental health personnel associated with mental hospitals providing treatment for offenders, and located in Massachusetts. The entire range of treatment personnel would be sampled, with 10 subjects selected on a random stratified basis from eight different hospitals. A second subject population would consist of approximately 20 involuntarily committed offenders, who would be selected on a random stratified basis to provide variation of background characteristics, offense and hospitalization histories, and diagnostic classifications. A third group of subjects would be comprised of 40 patients whose daily activities would be observed on a time-sampling basis. Patients would be interviewed and asked to complete rating scales only with their consent and with the express approval of appropriate hospital personnel. The proposed interviews, moreover, would not require any detailed discussion of sensitive, personal matters, but would be oriented toward obtaining the patient's general view of his past and present therapeutic situation.

R01 MH23742—"Release of Dangerous Mental Patients: The Dixon Case," Thornberry, Terence P., Ph.D., University of Pennsylvania, Room 203, 3718 Locust Street, Philadelphia, Pennsylvania.

This request is a follow-up of the post-release behaviors of a group of about 400 prisoners who were previously judged mentally ill and dangerous. The release of these patients (known as the Dixon Class) from Farview State Hospital was prompted by legal action begun in 1969. The investigators propose to locate and interview the released patients, to survey reports of relevant state agencies, and to review the Farview records of patient characteristics and behaviors while incarcerated at Farview. For purposes of controlled comparison, a group of about 100 patients released from Farview at expiration of sentence subsequent to the Dixon case, will be similarly studied.

The proposed research intends to answer five specific questions: (1) What are the personal and social costs and benefits of this Court-ordered release of mentally ill dangerous offenders? (2) Is the prediction of dangerousness and inability to adapt to a less secure situation of these patients confirmed or denied? (3) Is dangerousness in the behavior of the patient within the maximum security mental institution significantly associated with post-release dangerousness? (4) Is any one type (or a constellation of types) of behavior evidenced by the patients while they are in the hospital associated with post-release dangerousness? (5) Can types of behavior (as in 4 above) be found which are associated with post-release adaptability to a less restricted social setting?

[Appendix A–3]

RESEARCH PROJECTS WITH SCHOOL POPULATIONS (ABSTRACTS)

R01 MH15985—"Intervention in Low Base 'Asocial' Behaviors," Patterson, Gerald R., Ph.D., Oregon Research Institute, P.O. Box 3196, Eugene, Oregon.

The study is designed to develop a practical technology to deal with the out-of-control, asocial behavior of pre-adolescent boys. The proposed study builds upon the principal investigator's previous study of interaction patterns in the homes of pre-delinquent boys. In this early study, basic social learning concepts have been successfully applied toward the development of intervention strategies in dealing with socially aggressive behaviors such as fighting, defiance, cruelty, and assaultive tendencies. The range of behaviors would now be extended to include asocial, low base-rate behaviors, such as stealing, setting fires and running away from home. The proposed study would (a) provide a formulation to account for those interactions which maintain the occurrence of these behaviors, (b) develop intervention techniques in the home and schoolroom to prevent the occurrence of these behaviors, and (c) train families and other social agents

who interact with the child in these settings to detect early signs of these behaviors and to apply appropriate intervention techniques.

The design of the proposed study is similar to that which has been used successfully in the previous research. The criterion for admission to the project will be that the family have a problem boy between six and twelve years old who displays any two of the following behaviors: stealing, fire-setting, truancy. Families will be referred to the project by local agencies, such as the juvenile court, school, clinics, and the welfare department. No cases will be accepted in which either the parents or child manifest obvious schizophrenic or psychotic behaviors, or in which the child shows severe neurological damage. Prior to intervention, baseline data will be obtained for each family accepted into the program on the basis of 10 days observation in the home and 5 days in the school. Additional observation will be carried out during intervention and for 12 months following termination.

An initial sample of 6 families will be accepted during the study's first year, while intervention procedures are being developed and standardized. A "block study" of 12 consecutive referrals will be undertaken the following year using standard procedures; a "replication block" of 12 families will follow in the third year. For each family in each block, a standard design of baseline, intervention and follow-up procedures will be used in both home and school. Each "problem" family will be matched with a "normal" family for family size, age of parents, number of parents present in the home, and occupational level of parent(s). The total number of families for three years will be 60.

R01 MH18516—"Treatment of Childhood Behavior Problems," Wahler, Robert G., Ph.D., Psychological Clinic, University of Tennessee, 719 13th Street, Knoxville, Tennessee.

The three-year study would continue research which has received NIMH support for the past two years to examine the generality of behavior modification techniques in the home and classroom for problem children. There are five major aspects of the proposed research: (1) further evaluation and implementation of the clinical assessment device developed in the earlier study, (2) demonstration of some practical applications of within-setting generality, (3) further study of across-setting generality, (4) assessment of teacher and parental attitudes toward the child's behaviors, and (5) collection of normative data on non-problem children.

Subjects will be obtained from the waiting list of the Psychological Clinic of the University of Tennessee and from Riverbend, a state-supported treatment facility which uses behavior modification techniques. These subjects are almost exclusively males, range from 6 to 12 years of age, and present problem behaviors of a rule-breaking nature (e.g., school truancy, fighting, refusal to do schoolwork, property destruction, stealing) in the home, school, or community.

Approximately 70 subjects will be involved in the research each year, plus an additional 20 subjects who will be evaluated during the first year. For the "accountability study" about 40 children (the entire population of Riverbend) will be assessed by means of the observational scoring system. For the across-settings study, 6 subjects, presumably from the psychological clinic, will be studied each year. These 6 plus approximately 15 children from Riverbend will be used in the within-setting study and the parent-teacher attitude study. For the normative study, 40 non-problem children will be selected from elementary school districts reporting highest incidences of problem behaviors from their pupils. Parental permission to observe will be requested for all children within one randomly selected "problem school," and the subjects will be observed on a bi-weekly basis in their homes and classrooms. Finally, a "contrast group" of about 10 problem children not receiving behavior modification treatment will also be observed.

R01 MH19706—"Behavioral Programs in Learning Activities for Youth," Cohen, Harold L., Institute for Behavioral Research, Inc., 2429 Linden Lane, Silver Spring, Maryland.

The major objective of the Behavioral Programs in Learning Activities for Youth (BPLAY) is to design, implement, and experimentally test two programs for the prevention of adolescent delinquency and antisocial behavior. The pro-

posed project would explore the application of behavior modification approaches in two areas: (1) an after-school program for junior and senior high school students to develop skills and resources which are personally relevant to them, and (2) an in-school course at the junior high school level, Teenagers' Rights and Responsibilities (TARR), designed to teach social and legal problem-solving skills so that the youths will learn to deal more effectively with merchants, community agencies, and schools. Students would earn points for their participation in the program, and for fulfilling specified performance criteria in the after-school teacher-managed programs. These points will be negotiable for socially acceptable goods and services presently in demand by the adolescent population.

The project would provide an opportunity to test the usefulness of behavior modification approaches in new areas without labeling or stigmatizing youth as "problems." These modification procedures would attempt to shape new patterns of leisure time usage and provide rewards for learning new skills. The approaches rest upon the assumption that behavior is functionally related to its consequences, and that it can therefore be established, altered and maintained by programming appropriate consequences contingent upon specific behavioral requirements. The applicant cites several earlier studies to support his basic assumptions.

A behavior management course would be given to teachers initially entering the program. This course would include basic principles, vocabulary and procedures of behavior modification. Teachers would be trained to observe and record very specific types of behavior and learn to analyze various situations to determine those contingencies which maintain and control the target behaviors.

R01 MH20030—"Achievement Place: Phase II," Wolf, Montrose M., Ph.D., Bureau of Child Research, University of Kansas, Lawrence, Kansas.

This study is designed to further evaluate, refine, and disseminate research based on three previous years of experience with the Achievement Place model. Achievement Place is a community-controlled, community-based family-style residential half-way home for six to eight boys between 11 and 16 years of age. Reinforcement procedures, designed to provide a maximum amount of motivation and feedback, have been applied on a variety of social, self-care, academic and pre-vocational behaviors. As the boys develop skills and self-control, the structured elements of the program are reduced and replaced by a more natural set of feedback conditions in the natural social environment. In addition, the parents are trained in child management procedures so that they can be more successful in guiding their child toward a productive life. Preliminary findings indicate that the Achievement Place boys are progressing better than a small sample of comparable youths placed on probation or sent to the State training school.

The objectives of the proposed research are to continue to develop, refine, and evaluate (1) procedures that can be usd by non-professionals to modify academic and vocational behaviors; (2) procedures to produce basic social skills that are necessary for proper conduct in the community, school, and home; (3) a practical system for collecting, analyzing, and summarizing data to evaluate the overall effectiveness of the Achievement Place model; (4) procedures for educating the natural parents to deal with their child in their own home; (5) a teaching-parent education program; and (6) a model for Statewide dissemination of the Achievement Place program.

An experimental analysis will be used to build accuracy in reading. Further, designs will be used to develop and evaluate pre-vocational behaviors that are necessary to job securement, i.e., arriving at the job on time, and vocational training in skills, i.e., learning the tools common to the trade. Also, training methods, such as verbal instruction, modeling by adults, and use of video-tape players to record interactions will be investigated to improve the complex repertoire of behaviors necessary in various social interactions.

Data from police contacts (formal and informal), juvenile court contacts (formal and informal), school attendance, grades on report cards, achievement test scores, school disciplinary problems, classroom behavoir, and social and self-help behavior at home will be evaluated to assess the effectiveness of the treatment program. Parents will learn: some basic principles of behavior; to

observe and objectively define behavior; to record behavior and use this record to evaluate the effectiveness of their supervision of the child; to employ a point system and design a suitable home structure for their son. Specific measures of academic, social, and self-help behaviors will provide constant feedback to parents and research staff concerning the progress of the youth.

R01 MH21950—"PICA Rsearch, Extension, and Practice (PREP)," Filipczak, James A., M.S., Institute for Behavioral Research, Inc., 2429 Linden Lane, Silver Spring, Maryland.

Building on research previously supported by NIMH, the overall objective of this project—"PICA Research, Extension, and Practice (PREP)"—is to develop a model program that can be adapted and maintained in public schools for the prevention of disruptive and delinquent adolescent behavior. Five major objectives relating to the development and potential utilization of this model are indicated: (1) To revise and extend the classroom-based interpersonal skills training component, and attempt to make this component effective by using school personnel as teachers; (2) to conduct a contingency-oriented, individualized self-instructional academic component, to train teaching personnel to operate this system, and to supervise previously trained teachers in conducting replications of this component; (3) to refine and conduct behavior modification programs, and to train teachers in their use; (4) to conduct training programs in behavior modificataion procedures for the parents of the target youths; and (5) to disseminate information and train other professionalc and public school personnel, with the intent of assuring the eventual utilization of proven practices in a number of public schools.

The sample will consist of approximately 70 subjects selected from a pool of seventh and eighth grade students identified by school staff and on the basis of school records as being "high problem behavior" students on whom PREP might focus. Students will be sought who are also one or two years behind grade level in English or mathematics or both. Procedures have been developed to assure that confidentiality of records is maintained and that the informed consent of students and their parents is obtained before participation in the program. Final selection occurs when a sufficient number of students and their parents have agreed to participate in either the experimental program or the control group. These consenting students are matched in pairs according to criterion scores and are assigned to either experimental or control condition by appropriate random selection methods.

Matched students will be assigned randomly to one of five groups, with approximately 16-18 students in each. One group will consist of students who participate in both the Skills Center and the Interpersonal Skills Class, and whose parents are involved in the Parent Training program. Three other experimental groups will consist of students whose participation (or their parents') is limited to one of the three aforementioned components. The fifth group will be the control condition. Comparisons will be made among the groups on data from a range of sources, including information on academic achievements and performance, and social behaviors. Various experimental analyses of program components will be conducted by longitudinal assessments of each group and comparative evaluations among the various groups. A number of small-scale analyses of the various modification procedures in each component will also be carried out.

[Item 1.C.4]

STATEMENT OF DR. WILLIAM H. SWEET, CHIEF OF THE MASSACHUSETTS GENERAL HOSPITAL, AND PROFESSOR OF SURGERY, HARVARD MEDICAL SCHOOL, BEFORE SENATE LABOR-HEW APPROPRIATIONS HEARINGS, MAY 23, 1972

SPECIAL UNITS FOR STUDY OF VIOLENT BEHAVIOR

Senator MAGNUSON. Dr. Sweet from Boston, your full statement will be printed in the record and you may proceed.

(The statement follows:)

"Mr. Chairman, Gentlemen: I am William H. Sweet, M.D., Harvard; D.Sc., Oxford University, Chief of the Neurosurgical Service of the Massachusetts Gen-

eral Hospital, Professor of Surgery at Harvard Medical School, Diplomate of the American Specialty Boards of Neurological Survey and of Psychiatry and Neurology. I have recently served for three years as a Vice President of the American Academy of Arts and Sciences and for one year as President of the Society of Neurological Surgeons. Currently, I am a Vice President of the American Neurological Association, one of the Editors of the neurosurgical journal Neurochirurgia, and of the series of annual volumes entitled Progress in Neurological Surgery. I have co-authored two books and over 200 scientific papers on the brain, including chapters on various aspects of the field in 50 books.

The House and Senate Appropriations Committees for the 2nd Session of the 91st Congress agreed that a study of the causes of violent behavior leading to the critical injury or death of others should be funded by an appropriation of $500,000 for the first year operations of such a study under the aegis 'Health Services and Mental Health Administration.' (Conference Report No. 91-1720 Amendment No. 13, page 7, paragraph 2). Such a study has been in progress under an appropriate contract. This research has sought (1) to identify those with physical brain disease who are likely to be dangerously assaultive and (2) to develop medical and psychiatric means to help people to refrain from undertaking senseless violence. In appropriate cases we have applied specific surgical diagnosis and therapy where there is unequivocal evidence of focal brain disease.

"Indeed the emphasis of this work is on objectively demonstrable brain and/or neuroendocrine disease. In order further to emphasize the cardinal place of organic pathology of the brain in this research and because of such investigation is more logically developed by the National Institutes of Health's Institute of Neurological Diseases and Stroke, we request that the latter Institute receive an additional appropriation of $1,000,000 for this work in this year's budget. The relevant officers both of the National Institute of Mental Health and of the National Institute of Neurological Diseases and Stroke are agreed upon the wisdom of this shift in responsibility. The money would be allocated to several of the interested centers qualified for the research in accordance with established peer review procedures of the Institutes.

"This testimony is being presented in behalf of the Neuropsychiatric Institutes of the University of California at Los Angeles—under the direction of Professor Louis Jolyon West, of the Brain Research Institute of the same University under the direction of Professor John French, of the Neurological Unit of the University of Texas at Houston directed by Professor William Fields and of the Neurological and Neurosurgical Services of Harvard University at the Massachusetts General Hospital and Boston City Hospitals respectively under the direction of Professors Raymond Adams, William Sweet, Norman Geschwind and Vernon Mark.

"Evidence to justify a major appropriation for this research is as follows:

"Brain disease demonstrable by electroencephalographic (electrical brain wave) abnormality was shown as early as 1944 by Hill to be associated with violent temper, overt aggressiveness or a recurrent tendency to suicide in 65%" of 400 psychopathic patients. Similar subsequent observations culminated in a 1969 report by D. Williams on 333 persons in prison for crimes of personal violence. He found abnormal electroencephalograms (EEGs) in 65% of the 206 who were 'habitually aggressive,' but in only 24% of the 127 others who had committed a 'solitary major violent crime.' When those with the obvious evidence of brain disease shown by mental retardation, epilepsy, or a history of major head injury were removed from the count, the EEG was abnormal in 57% of the habitual aggressives and 12% of the second group—the same as the population at large. These findings indicate that nearly 2/3 of prisoners convicted of crimes of personal violence are habitual aggressors and that such individuals tend to have intrinsic brain disease.

"In work done under the present contract 37 cases with a major problem of violent behavior have been intensively studied, initially as out-patients; 30 were hospitalized in the special unit financed by the contract. The percentages of organic manifestations were: Epilepsy—73%; Head Injury—approximately 100%; Dermatoglyphic (finger, palm, foot and toe print) abnormality—30%.

"In an effort to develop quantitative measures of the relevant multifactorial medical aspects of the violence in these patients, a comprehensive test battery has been designed. This includes 17 separate components in the psychiatric and psychological spheres, 4 in the genetic area (chromosomal and dermatoglyphic) and assays of 5 different hormones.

"These tests were developed in the light of our pilot surveys of inmates of three different types of penitentiaries—a state prison for sexual offenders, a federal male prison and a multistate prison for females. Of the 1,500 total inmates 300, guilty of crimes of personal violence, were studied by various methods.

"Some of the striking findings have been:

	Percentages		
	Females	Federal males	Sexual offenders
Epilepsy and seizures	13.6	9	
Head injury	76.0	81	
Mental illness requiring previous hospitalization	45.0	12	
Chromosomal abnormality		10	10

"The abnormalities in the chromosomes were in those governing sexual constitution and occurred at 50 times the rate in the population at large. These sexual genetic changes affect specific foci of the body influencing behavior through alterations in brain development and glandular function.

"Under the same NIMH contract in-patients have been studied and treated at the Boston City Hospital. A portion of the Neurological-Neurosurgical ward area, special operating rooms, and electroencephalographic and electrophysiological monitoring areas are specially designed and converted so that six patient beds would be available for patients with focal brain disease and episodic behavior disturbance, including violence. During a period from the last week in August of 1971 through the end of April, 1972, thirty-five patients were studied in this unit. This included twenty-four patients with temporal lobe epilepsy and five patients with anti-social personality disorders who were suspected of having focal brain disease, as well as six other patients with either generalized epilepsy or some other structural of brain associated with behavior disturbance. This unit was staffed by a psychiatrist, neurologist, neurosurgeon, seven nurses and nine aides.

"All of these patients except for four, who were uncooperative, had a complete medical, phychiatric, psychological, electroencephalographic, neurological and, when appropriate, pneumoencephalographic study of the brain. Two patients, after prolonged trials of psychotherapy, psychotrophic drugs, ataractics, anticonvulsant medication and other forms of medical management, did not have either their seizures or episodic behavior disturbance controlled and they had the implantation of amygdala electrodes, that is electrodes were placed into the antero-medial portion of the temporal lobe of their brains for recording, stimulation, and eventual lesion-making.

"Even though the unit has been in operation for a relatively short period of time, some important conclusions have come out of the study:

"DIAGNOSTIC CONCLUSIONS

"A. Patients with unsuspected intracranial lesions may fall under the rubric of 'Psychiatrically Disturbed Patient' or 'Undesirable Personality,' without having adequate diagnostic tests.

"Example No. 1: A 68 year old lady with unusual but episodic outbursts of unpleasant behavior which perplexed and frightened her family, was seen for three years by various physicians including psychiatrists who could not help her or change the course of her illness. No neurological examination was ever done until she finally had a grand mal seizure. In retrospect, some of her abnormal behavior was related to temporal lobe seizures. This patient turned out to have a very large tumor of the emotional brain that would have been completely curable if it had been diagnosed at an early stage of its development.

"Example No. 2: A 35 year old woman killed two of her children during a psychotic reaction to hormonal therapy. She turned out to have an unsuspected tumor involving the pituitary.

"Example No. 3: A 22 year old man, referred for diagnostic study by the courts, had a character disorder. He had committed multiple personal assaults, shootings and beatings on New England citizens. He was a member of underworld organizations. He turned out to have shrinkage (atrophy) of a portion of his emotional brain (the inner aspect of his temporal lobe) on the left side.

This man's impulse control was so poor that he was not even tolerated in criminal circles; he was expelled from one criminal gang after the other because of the unpredictable way he would shoot or maim fellow members of his own gang for no apparent reason.

"B. The surface brain wave recordings may not pick up abnormalities in violent patients, even when they are present.

"Thirty patients have had complete electroencephalographic studies. Although epileptogenic foci were demonstrated by surface recordings, chemical activation continued to prove of value only in those patients in whom natural sleep tended to activate the brain wave. In one patient with a high index of suspicion who was said to have convulsive episodes outside the Hospital, several clinically atypical seizures were observed. Repeated brain waves obtained under conditions of telemetering and using activation failed to reveal any focus. In view of our own demonstrate an epileptogenic focus and that it is possible, in patients with atypical clinical seizures, that examinations limited to the surface may preclude the making of a correct diagnosis of epilepsy.

"Prolonged depth recordings in two patients with inlying electrodes indicated that the seizure foci in the brain may be extremely discrete; thus abnormal or actual seizure activity could be noted in one deep area of the brain whereas an electrode five millimeters away could record almost normal activity. It is no wonder then that recordings from the surface of the brain or surface of the scalp may not show abnormal brain activity even when it is present.

"C. Reliable psychological tests to detect brain disease in violent patients need to be developed.

"Psychological evaluation of the patients included Wechsler Adult Intelligence Scale and Memory Quotient Test, seizure record, aggression record, mood scale, mania-depression scale, violence questionnaire, sex questionnaire, discharge potential scale, and emotions profile index as well as the following cognitive tests: attention concentration tasks, immediate memory span, serial learning, interference sets, paired associates with letter pairs and with symbol pairs. An attempt is being made to evaluate patients with limbic brain disease and compare them to patients in general hospital population who have volunteered to have this psychological battery performed on them. As yet, our numbers are not large enough to obtain a statistically significant sample but, of course, we are looking for differences in the psychological and psychometric tests which will allow us to differentiate patients with disease or alterations of their emotional brains as compared to individuals with abnormal behavior who do not have such a brain problem or medical difficulty. Observations are made continuously and the relation of seizures to behavior disorders is being correlated.

"THERAPEUTIC CONCLUSIONS

"A. Medical and Psychiatric Therapy: One of the encouraging facts to come out of this study is that most of the violent patients with focal brain disease referred to us for study, can be treated by conservative non-surgical means. If there are enough attendants and medical and nursing staff educated in both neurology and psychiatry, the majority of episodically violent patients can be controlled without confinement and without danger of injuring themselves or other patients or the staff. This is true of patients who had to be kept in strict confinement at other institutions and who were sent to us for immediate surgical therapy because other physicians had despaired of conservative measures and even refused to accept them for further hospitalization for any purpose. The fact that only two patients required surgical intervention is an indication of the efficacy of judicious neurological and psychiatric treatment, combining anti-convulsant, ataractic, and psychotropic drugs with reeducation and rehabilitation techniques. This kind of unit and the prolonged observation of the patients give the clinician a better yardstick to measure the occasional failures of medical and psychiatric management and to select those patients for surgery in whom this form of therapy is most appropriate.

"B. Surgical Therapy: In those patients with episodic behavior disturbance, i.e., violence and temporal lobe epilepsy, who required surgical treatment, long term followups have indicated that successful control of symptoms and social rehabilitation is possible.

"The progress made in this field by work in this and other countries was described at an International Congress in Copenhagen in August 1970. It has been so encouraging that a 3 day symposium on the 'Neural Bases of Violent Behavior,' attended by 200 specialists in the field, was held in March this year

in Houston, Texas. Another International Congress in Cambridge, England in August 1972 will deal in major part with this subject. Prominent centers in Canada, Great Britain, Germany, Finland and Japan will be reporting their studies.

"Although disorders characterized by violent behavior have been recognized by suitable combinations of genetic, neurologic, hormonal and psychologic tests these need to be validated and improved upon by further multidisciplinary research. Diagnosis of the illness early in its development is likely to lead not only to more effective treatment—psychiatric, chemical, specific hormal or surgical—but as well to the prevention of subsequent violence. Certain of the abnormalities which may predispose to violence, such as those in the EEG, brain scans and hormones, have already been shown to be present early in life. Thus there is evidence that critical evaluation of such data will be effective in the early identification of this type of disorder.

"To re-emphasize: 1. When the disease is organic as well as social, it may be amenable to medical diagnosis, prevention and treatment.

"2. When organic, it is repetitive and produces a disproportionate share of acts of criminal violence. Therefore, early identification of relatively few cases should have a significant effect on the reduction of violence and recidivism.

"There is no duplication of support of work of this type on clinical patients by any other governmental or private philanthropic source of which we are aware."

Dr. SWEET. This has to do with special units for the study of violent behavior, methods of determining which individuals may be becoming dangerous to society. Means of identifying them and treating them.

I am Dr. Sweet of Harvard, chief of the neurological service. You were kind enough to hear me a year ago, and your committee, through your good offices, appropriated $500,000 for the first year operations of a study on the causes of violent behavior leading to critical injury or death.

This was carried out and is now in progress under a contract with the Health Services and Mental Health Administration. This research has sought to identify those with physical brain disease likely to commit dangerous assaults and trying to develop medical and psychiatric means to help people to avoid this undertaking of senseless violence.

The emphasis on this work has been on objectively demonstrable brain disease, and in order to emphasize the cardinal place of organic pathology of the brain in this area, and because such investigation is neurologically developed by the National Institute of Neurological Diseases and Stroke, we request that the latter Institute receive an additional appropriation of $1 million for this work in this year's budget.

While the relevant officers in both the National Institute of Mental Health and the National Institute of Neurological Diseases and Stroke and Dr. Marston and Dr. Sherman, the senior officers of the National Institutes of Health, all agree with the wisdom of this shift in responsibility, it is the Neurological Diseases and Stroke Institute which is concerned with identifiable brain disease, as contrasted with the work of a psychiatrist, and their tremendous efforts we've just been hearing about in such fields as drug addiction and so forth, make it seem appropriat. to use the machinery of the Institute of Neurological Diseases and Stroke for an evaluation of this kind of work.

The money would be allocated to several of the instant centers qualified for this research in accordance with the established peer review procedures of the Institutes. I am speaking today on behalf of the chief of the Neuropsychiatric Institute of the University of California at Los Angeles, and his staff—Professor West.

The Brain Research Institute there at U.C.L.A.—Dr. John French, of the Neurological Service at the University of Texas in Houston, and of the services of Harvard at the Boston City Hospital and the Massachusetts General Hospital. I have detailed in the pages of this testimony the reasons why we request support for research of this sort.

It scarcely needs emphasis that we have a real problem in terms of violent behavior. The unit that your committee has funded has developed sufficiently interesting data and enough encouragement so that several other centers in the country are eager to submit requests to take up this work now.

Senator MAGNUSON. Well, we deal in figures. What is your figure?

Dr. SWEET. $1 million.

Senator MAGNUSON, As against the $500,000 we put in?

Dr. SWEET. That was for a single unit. There are envisaged several different units in the country in view of one, the urgency of the problem, and two, the interest in this. I may say that in other countries as well, there are a few distinguished research units moving in this area.

I cite those in this testimony here, and I would like to conclude with a couple of paragraphs on the last page of this report.

Senator MONTOYA. Would you answer this question before you conclude, Doctor? How do you get these cases into these units, and what kind of study do you make upon these cases?

Dr. SWEET. The number of applicants for entry into these units is vastly in excess of those for which we have places.

Senator MONTOYA. Are these applications from individuals who have committed acts of violence?

Dr. SWEET. Interestingly enough, they come not only from the people themselves who have committed serious crimes or feel that they are about to do so, they come also from their families, their clergymen, their friends.

In the unit which is set up in the hospital in which I work, we have a vastly greater number of individuals who seek help than we have places to supply beds and opportunities to study them.

Senator MONTOYA. Are you going to confine your study to cases which have indicated acts of violence or who have committed acts of violence or are you going to cover the broad spectrum and take cases at random?

Dr. SWEET. We think it's important to study those who present themselves and say they have a problem. To give you a specific example, in the week after Robert Kennedy was killed, two men presented themselves at our unit saying that they really hadn't realized what a terrible thing it was to kill a man and that they had a terrible problem.

Each of them was planning a murder, and one of them brought in, in a newspaper, the dissembled parts of a gun with which he planned to commit the murder. Well, here are two individuals who have not actually committed a crime, but who present themselves asking for help, so that in addition to those who are constantly at odds with the law for minor crimes, assaults, constantly in and out of jail because they strike an individual, spend a few days in jail and are released again, there are these other individuals who recognize they have a problem in advance, of committing the assault.

Senator MAGNUSON. Well, now, when a judge, and they often do, commits a man for psychiatric treatment, would that be something—would that be a person you could take?

Dr. SWEET. It might well be.

Senator MAGNUSON. Now, the State would pay for that?

Dr. SWEET. The State has paid, or a third party coverage of some sort—not just the State but insurance.

Senator MAGNUSON. They would not pay for the research you're talking about, but they would pay for the actual services which were rendered to this person?

Dr. SWEET. Right. So that this has kept the cost of the operation of the unit at a level that would enable us to treat a significant number of people and use the Federal funds for the investigative part of the research—to try to improve our methods.

Senator MAGNUSON. All right, thank you very much.

II. DEPARTMENT OF JUSTICE: BUREAU OF PRISONS

A. Correspondnce

[Item II.A.1]

DECEMBER 21, 1972.

MR. NORMAN A. CARLSON,
Director, Bureau of Prisons, Department of Justice, Washington, D.C.

DEAR MR. CARLSON: It has come to my attention that the Bureau of Prisons is constructing a $12.5 million facility at Butner, North Carolina. The center is apparently designed for "behavior modification" and is intended as a model for the entire federal prison system. The precise purpose and scope of this unit at Butner is most unclear. To my knowledge, there has been no mention in the Bureau's statements to Congress of exactly what type of programs are planned for the Butner facility. It appears also that a Project START is to be implemented at the Springfield, Missouri, Medical Center. The dimensions of this project as revealed in the Bureau's October 25, 1972, memorandum are also unclear.

The Subcommittee on Constitutional Rights has long been interested in psychological testing and its effects on constitutionally guaranteed civil liberties and individual privacy. In conjunction with this interest, the Subcommittee has been surveying the entire spectrum of psychological testing and treatment.

For these reasons, I would like to obtain information concerning the activities to be carried out and the type of programs to be utilized at Butner and at Springfield. I would appreciate your response to the following questions so that the Subcommittee may better understand the purposes of these projects.

1. Congress has appropriated approximately $20 million for development and construction of the Butner facility. Please specify all types of "treatment" and "research" to be conducted at the Butner unit. Please send copies of all pertinent studies and plans, including plans created at NIH and plans for programs in behavior modification. Please send copies of all programs and plans of study proposed under Project START.

2. The Butner, North Carolina construction was introduced as part of the Bureau of Prisons' plan for future construction. Please specify how this unit fits into the long term goals of the Bureau and aids in its programs, and include copies of the Bureau's long term construction plan. Are there any plans for other institutions such as the one under construction at Butner or for other projects such as START? Will results at Butner and Springfield be made available for state use?

3. As it appears that there will be research from outside the facility conducted at Butner and Springfield, would you please send your plan for the type of review process and screening to be employed at Butner and Springfield for acceptance of study proposals. Please specify the type of continuing review there will be for projects in progress.

4. The inmates at Butner and at Springfield will come from other units around the country. Please send copies of the criteria for determining which prisoners will be transferred or directly incarcerated at Butner and in Project START. May a prisoner refuse to be admitted? Inmates at Butner and in Project START will be segregated from the other prison units and will require records inclusive of their time at Butner and Springfield. Please specify what records will exist for each inmate and send copies of all proposals for keeping computerized records. Please send as well all proposals for keeping psychological data in gross figures or by individual case studies. Will records from the two programs be integrated with other prison records for each prisoner? What type of access will exist in relation to records from the Butner and Springfield facilities? Who will have authorization for access? Will the inmate be able to challenge the accuracy of the information on his record by subsequent psychological tests? Please supply copies of the Bureau's proposals in this area.

5. The Butner facility and Project START will involve treatment as well as incarceration. Please specify what forms of experimentation will be allowed and

what controls and review will exist for experiments. Please send copies of proposals for employment of psychosurgery or psychotropic drugs and control of their use. Will inmates be allowed to refuse treatment or request transfer after admittance to Butner or Springfield?

6. The programs at Butner and Springfield seem treatment oriented. Please send copies of the Bureau's concept of incarceration under Project START and at Butner—will it terminate with successful treatment or at the end of the prescribed sentence period? Will a prisoner receive good time benefits for admittance and treatment at Butner or Springfield?

7. How does Project START relate to Attorney General Kleindienst's press release of December 4, 1972, which discusses the Bureau of Prisons' 10-year program? Please send copies of the Bureau's plans for therapy programs in its 10-year plan.

Your cooperation in this matter would be greatly appreciated and will aid in the Subcommittee's efforts to preserve individual liberties.

With kindest wishes,

Sincerely yours,

SAM J. ERVIN, Jr., *Chairman.*

[Item II.A.2]

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
Washington, D.C., February 8, 1973.

Hon. SAM J. ERVIN, Jr.,
Chairman,
Subcommittee on Constitutional Rights,
U.S. Senate,
Washington, D.C.

DEAR SENATOR ERVIN: Please excuse the delay in responding to your letter of December 21, 1972, requesting information concerning programs at the new Bureau of Prisons facility at Butner, North Carolina and at the Medical Center for Federal Prisoners in Springfield, Missouri.

Your first question concerns the programs to be established at the Butner facility. This institution will serve two prime functions. The first is to provide psychiatric services; the second purpose is to develop more effective correctional treatment programs.

The psychiatric or mental health program at Butner will be housed in three units separated physically from the remainder of the institution. Federal offenders who are acutely disturbed, diagnosed suicidal and beyond the management capabilities of regular institutions, will be transferred to Butner for psychiatric services. This will alleviate some of the overwhelming demands for psychiatric services which presently exist at the Medical Center for Federal Prisoners—the single institution designed to handle this type of offender. The type of programs conducted in the mental health units will be comparable to those found in the best mental health facilities in communities. The proximity to three universities in the North Carolina area will bring to the Butner facility a wide variety of consultants whose expertise will help in the development of effective methods for helping these inmates to better cope with their emotional problems.

The Butner facility's second major program area—which will be housed in four units of fifty men each—is the correctional treatment program section. The intent here is to develop more effective methods for the retraining and rehabilitation of convicted federal offenders. Programs will be devised which enable individuals to better cope with the demands of free society. Those program elements which appear to be successful in achieving this objective will be made known to other federal, state, and local correctional institutions. This will help them upgrade the level of their programs and, in part, contribute to the Bureau of Prisons' effort of serving as a model for the nation's correctional systems.

In the last portion of your first question you inquire about project START. Enclosed you will find a copy of the Operations Memorandum which initiated this program. Its intent is to provide additional treatment resources for individuals who appear to be too difficult to manage in regular institutions but who are not diagnosed as psychotic when they are interviewed by competent mental health staff. In order to avoid the poor situation in which these people are transferred back and forth between institutions, a new program was devised to

specifically meet their needs. This is housed in the Medical Center at Springfield, Missouri; it has been established as a totally separated area. That is, the participants in the START program have no contact with the psychiatric patients. They have their own living quarters, work area, and recreation area.

Your second question asks for information in regard to the following: Concerning the manner in which the Butner, North Carolina institution fits into the long term goals of the Bureau, whether there are plans for other institutions such as Butner, or other projects such as START, and whether the results from these programs will be made available to the states.

The Butner institution was designed as a one-of-a-kind facility. The concept for Butner was explained during the course of Congressional hearings on the appropriations. In addition to the ten year construction plan, please find enclosed a briefing paper on this facility. There are no plans for other institutions similar to Butner. However, you will note in the ten year plan that there are institutions designated to serve as regional psych[illegible] hospitals; these have a more narrow mission than Butner.

The START program is not envisioned as being expanded to additional institutions since it also serves a narrowly defined "borderline" population. There are plans to develop special long-term control programs for violent and/or dangerous inmates in penitentiary settings. The purpose of those programs will be to provide a treatment alternative for inmates who require very close control. A Policy Statement detailing the standards for this program is currently being prepared.

Program evaluation results from the Butner and START programs will be made available for use by other federal, state, or local institutions. One of the unique purposes which Butner is to serve will be to provide information for all correction systems in an effort to make correctional treatment programs throughout the country more effective.

Your third question concerns the review process and screening for research proposals for projects to be conducted at Butner and Springfield. Attached you will find a copy of the Bureau of Prisons Policy Statement on research. As you will note, the final approval for all research projects rests in the hands of the Director of the Bureau of Prisons. Periodically, reports are required and audits of the institution programs will be conducted in these facilities as they are throughout the federal correctional system. We are very much concerned with the rights of individuals who are participants in research projects. Accordingly, we have incorporated into our policy statement the standards which emerged from the Nuremberg trials and the statement of the Surgeon General regarding investigations involving human subjects.

Your fourth question deals with concerns involving the use of records and the manner in which inmates will be transferred into the Butner and Springfield facilities. The appended Operations Memorandum on the START program lists the criteria for selection. Inmates are not permitted to refuse transfer. This is similar to the instance in which inmates are not permitted to refuse being transferred to facilities when they require more secure control. Procedural safeguards have been built in so that people are not transferred for "punishment" reasons. At the Butner facility, inmates who are transferred to the psychiatric section will not be permitted to refuse transfer. An effort will be made in the correctional treatment units to select inmates who are willing to participate in the program development effort. However, it may be necessary to transfer individuals for whom it is felt the new program would most appropriately meet their treatment needs.

In regards to record security, the same type of security which exists throughout the federal system concerning access to information in inmates' records will be in operation at Butner and Springfield. Psychological data collected in these facilities are used in two major ways. They are used initially to help staff members, in collaboration with the individual inmate, to design appropriate treatment programs. When used in the second way—to evaluate program success—these data are used only in the aggregate and do not identify specific inmates. Any reports emerging from these studies will not identify inmates and will report only group data. In regard to the possibility of inmates challenging data contained in their records, it is possible for inmates to request and receive repeat psychological examinations.

Question five poses a number of concerns similar to those raised in question three in regard to controls over experimentation. The nature of the "experi-

ments" will be in the area of program development. That is, methods will be tried to, for example, help timid, inferior-feeling, inmates gain a better self image through skill development, educational attainment, etc. Psycho-surgery will not be used. Psychotropic medication will be used only in the mental health facility during the initial, acutely disturbed phase of a psychotic patient's treatment. The goal here will be to have the patient off medication and fully participating in a variety of treatment modalities which will be made available for him. Acutely disturbed inmates will not be permitted to refuse treatment. Inmates who are in the correctional treatment units can refuse treatment and this then becomes part of the program evaluation process. That is, if a program is implemented in which many inmates refuse to participate, then, this suggests that such a program is not effective. Accordingly, a different program will be devised—subject to the review procedures as outlined in the Bureau of Prisons policy statement.

Question six is concerned with the Bureau of Prisons' philosophy in regard to incarceration and also raises questions concerning length of confinement. The Bureau's concept of incarceration is incorporated in its stated mission: Correction of the Offender. In attempting to achieve this goal, individuals committed to the custody of the Bureau of Prisons must be treated humanely, must be given maximum individual attention; treatment programs must be developed with the inmate's involvement and based upon the individual's needs. Both Butner and START are designed to implement this philosophy.

Neither in Butner nor START are any inmates kept beyond the length of their prescribed sentence. Both in the Butner psychiatric program and in START inmates are returned to their initial institution following the end of a successful treatment course. Inmates who participate in the program development section of Butner are there for a prescribed amount of time—twelve to eighteen months—and then returned to their originating institution. Inmates participating in these program development efforts will be selected so that their expected release time will be beyond the project date of completion. However, should an inmate become eligible for a parole, he will be released and not detained solely for research purposes.

Goodtime benefits are set by law and not affected by the programs operating at Butner or START. Actually, inmates in START are afforded an opportunity to earn "industrial goodtime" which many of them would not have been eligible for had they not been selected for this program.

Question seven relates to the manner in which project START relates to a press release made by Attorney General Kleindienst on December 4, 1972. Attorney General Kleindienst made a speech, rather than a press release, on December 4, 1972 to judges of the courts in Washington, D.C. In that speech he pledged his support for the Bureau's ten year program (a copy of which is enclosed).

The Bureau's plans for therapy programs in the next ten years are general rather than specific. The reason for this is the rapid rate of change which is occurring not only in corrections but in all of the behavioral and social sciences. While we cannot identify specific programs for the entire upcoming ten year period, we do know that the best approaches incorporate the following concepts: Differential treatment of inmates in which programs specific to meet the needs of individual inmates will be made available on a "prescription" like basis; "normalizing" institutions so that the detrimental effects of incarceration are minimized and inmates learn to cope with problems in situations which as close as possible approximate free world conditions; involvement of the inmate in the decision making process so that he has a commitment to participate in programs designed to help him make a more successful free world adjustment; greater community involvement which will help enrich the program alternatives available to inmates; and a lessening of restraints on individual freedom whether in institutional or community based programs.

We realize this reply is quite lengthy. However, our intent was to provide you with comprehensive information concerning the questions that you have raised. If there still remains a need for further clarification, please do not hesitate to contact this office.

Sincerely,

NORMAN A. CARLSON, *Director.*

[Item II.A.3]

FEBRUARY 23, 1973.

Mr. NORMAN A. CARLSON,
Director, U.S. Bureau of Prisons,
Department of Justice, Washington, D.C.

DEAR MR. CARLSON: Thank you for your reply of February 8, 1973, to our letter inquiring into the programs at Butner, North Carolina, and Springfield, Missouri, concerning behavior modification programs. The information was most helpful and answered many questions that were still open in my mind.

There are several questions which I hope you would be kind enough to respond to in this area. The information desired concerns various points not answered in your letter and some additional points which I would appreciate your clarifying.

In relation to the Butner facility, I would like to inquire as to what specific forms of assurances are provided to control punitive transfers. As you mentioned in your letter, such controls exist and I would appreciate a copy of them. You note that all projects will conform to established medical standards in relation to human experimentation. I would like to know to what degree programs created at the National Institutes of Health or National Institute of Mental Health will be employed. I would also like to know the degree to which the peer review type process employed at NIH will be utilized at Butner. I note that the Director of the Bureau of Prisons will have final approval authority over all projects conducted at Butner in the Correctional Program Development Unit. How will this final authority relate to recommendations made by NIH, universities or peer review committees?

In relation to Project START, would you please send information concerning the actual programs involved in the treatment of inmates at Springfield. Furthermore, I would like to know if Project START is to be terminated at the end of its operations memorandum date of October 31, 1973, or if it will be continued beyond that date.

I would also like to know if the Bureau has any plans, either at Butner and Springfield or elsewhere, for programs involving treatment of homosexuals. Does the Bureau have plans for the treatment of sexual offenders or homosexuals in behavior modification programs? I would appreciate a copy of any such programs.

I thank you for your cooperation in clarifying these matters which are of concern to all citizens of the United States. The protection of individual privacy and the provision of informed consent for every individual participating in experimental programs are basic guarantees of individual rights, which I am sure you will agree must be preserved.

Again, my appreciation for your first response and I hope this inquiry will not inconvenience you.

With kindest wishes,
Sincerely yours,

SAM J. ERVIN, Jr., *Chairman.*

[Item II.A.4]

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
Washington, D.C., March 23, 1973.

Hon. SAM J. ERVIN, Jr.,
U.S. Senate,
Washington, D.C.

DEAR SENATOR ERVIN: We have your recent letter in which you request additional information concerning the programs at Butner, North Carolina and Springfield Missouri. Your first question relating to the Butner facility inquires about procedures to control punitive transfers. Transfers to the Butner facility will be for two basic purposes: to participate in the Mental Health Program; and to participate in the Correctional Treatment Program Section. Before an inmate will be transferred for psychiatric purposes, he will have been evaluated by a professional mental health person at the sending institution. The basis for his transfer will be acute psychiatric disturbance and/or chronic suicidal at-

tempts. Upon receipt at Butner, the patient will be examined by the Butner staff relative to these areas of concern. Concurrence by the Butner staff will be necessary before the patient is admitted into the psychiatric facility. In regard to the Correctional Treatment Section, an effort will be made to select inmates who are willing to participate in the program development effort. However, it may be necessary to transfer individuals for whom it is felt that the new program would most appropriately meet their treatment needs. Therefore, it will be the treatment needs of the individual which are the determinants of whether or not he is selected for placement in a program. Transfer will then, not be for punitive reasons but for positive treatment benefit.

The controls mentioned which currently exist were stated in reference to the START program. These are contained in the operations memorandum which was sent to your office. They refer to the review procedures which takes place at the institution by the inmate's treatment team, a further review by the Warden, and a final review by a member of the Central Office staff before an inmate is selected for placement into the START program.

In regard to your question concerning the degree to which programs created at the National Institutes of Health or the National Institute of Mental Health will be employed at Butner, I can give you the following information. It is intended that there will be a collaboration between governmental agencies in regard to the research findings of programs conducted within each jurisdiction. Programs conducted under NIMH grants may provide leads for program development at the Butner facility. However, the conducting of these projects will be entirely within the domain of the Department of Justice. The review procedure for projects of this nature, as spelled out in the research protocol sent to your office with the previous letter, details the review procedures prior to the implementation of any research project within the Bureau of Prisons. Recommendations made by NIH, universities or peer review committees in regard to the implementation of research programs will be included among the material reviewed by the Bureau of Prisons Research Advisory group. This group consists of the Assistant Directors who make a final recommendation to the Director of the Bureau of Prisons. All projects require approval by the Director before they can be implemented.

In regard to project START, you will find enclosed a description of the program. Prior to the October 31st, 1973 date, an assessment will be made of project START in regard to its continuation or termination. At that time, if it is decided to continue START, a formal policy statement will be written outlining the procedures and guidelines to be followed.

We have developed no plans to implement programs which are directed specifically at the treatment of homosexuals.

We would certainly agree with you and are equally concerned that programs which we developed do not contravene individual privacy or basic human rights. We trust that you will find the above material responsive to your request for additional information. If there are areas which require further clarification, please do not hesitate to contact this office.

Sincerely,

NORMAN A. CARLSON, *Director.*

[Item II.A.5]

MAY 15, 1973.

Mr. NORMAN CARLSON,
Director, U.S. Bureau of Prisons,
Department of Justice, Washington, D.C.

DEAR MR. CARLSON: Thank you for your information concrening Project START and questions relating to the Correctional Research Unit at Butner, North Carolina.

I would like to inquire further about programs planned for the Butner Unit. In your recent letter you stated that the Bureau of Prisons would be responsible for the creation of research and treatment programs with the assistance of universities in the vicinity of Butner and with some cooperation from NIMH.

I would appreciate information as to what programs have been developed at this time for use at Butner. Specifically, I would appreciate information as to what groups are targeted for transfer to Butner, transfer procedures to Butner, and copies of the initial programs to be conducted at the Unit.

Thank you for your continuing cooperation in this matter and the readiness of your office to provide information on this topic which affects many Americans.

With kindest wishes,

Sincerely yours,

SAM J. ERVIN, Jr., *Chairman.*

[Item II.A.6]

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
Washington, May 29, 1973.

HON. SAM J. ERVIN, Jr.,
U.S. Senate,
Washington, D.C.

DEAR SENATOR ERVIN: In your recent letter you inquire about some of the procedures which will be operative at the Federal Center for Correctional Research in Butner, North Carolina. Specifically, you inquire about the nature of the research programs which will be conducted, the types of inmates who will participate and the transfer procedures which will be employed.

At the present time we are in the process of developing the specifics of the Butner program. Two models are currently under consideration: in the first, the correctional research units at Butner would be utilized to house small groups of inmates for whom specific treatment programs would be developed to better aid them to deal with their problems and make a successful community adjustment. Under the second model, the research units at Butner would function in many respects like programs in regular institutions. However, a strenuous effort would be made to utilize the best thinking concerning rehabilitative programs in correctional institutions and to fully implement such programs at Butner. In this latter instance, the selection criteria for Butner would be for inmates who will be potential releasees to the general area near the institution.

In both instances, an effort would be made to obtain volunteers to participate in these programs. Should there not be enough volunteers, then inmates would be transferred to Butner in the same way that they would be transferred to institutions with more or less security depending upon a particular inmate's treatment needs.

It is difficult to be more specific about the precise treatment approaches since, as stated above, a final resolution as to the model which would be employed at Butner has not been decided upon. However, such procedures as psychosurgery, the use of massive dosages of drugs, and other similar approaches will *not* be permitted at the Butner facility. Extreme treatment techniques, such as these, are counter to the policies and procedures of the Bureau of Prisons and are not acceptable in any of our facilities.

While this letter has not been fully responsive to your request for information, I trust that it has helped to answer some questions concerning the Butner facility. Should you have any additional questions, please feel free to contact this office at any time.

Sincerely,

RAY GERARD.
(Form Norman A. Carlson, Director).

[Item II.A.7]

JANUARY 7, 1974.

MR. NORMAN CARLSON,
Director, Bureau of Prisons,
Washington, D.C.

DEAR MR. CARLSON: Earlier this year I directed a series of inquires to your office concerning biomedical and behavioral research on human subjects conducted within the Federal Prison System. Your responses were most helpful.

While my previous inquiries dealt primarily with behavioral research, recent information I have received has stimulated my concern over biomedical research projects conducted in the prisons, particularly those that involve the use of testing of drugs. As you know, experimentation on human subjects has been a source of continuing concern to me, especially when such experimentation is conducted within a prison environment. In light of this concern, I would appreciate your response to the following questions.

I. EXPERIMENTATION IN GENERAL.

A. How extensive is the use of prisoners in biomedical or behavioral research projects? Please supply me with a list of all such projects, including names, brief descriptions, location, and persons responsible for the individual projects. What measures are taken to safeguard the rights of participants, and in particular, to insure that a prisoner is fully informed about the experiment he participates in? To what extent does the Bureau of Prisons use, or plan to make use of, the recently proposed HEW guidelines concerning human experimentation as reported in 38 Federal Register 194, 27881? Does the Bureau have any formal regulations of its own concerning human experimentation outside of its policy statement on research? If not, does the Bureau plan to issue such regulations in the future?

B. What methods are used to secure volunteers for experiments conducted in the prisons? Under what circumstances may a prisoner withdraw from an experiment once it has begun? What measures are provided to insure that a prisoner will not be penalized for his withdrawal from an experiment? Are prisoners ever coerced in any way to participate in research projects?

C. Has the Bureau developed a position toward *Kaimowitz* v. *Michigan Department of Mental Health*, 42 USLW 2063, a Michigan case that effectively has ruled that truly informed consent could not be obtained in a coercive environment? If so, would you please describe that position. What effect will the Michigan decision have on Federal Bureau of Prisons projects conducted within the State of Michigan and elsewhere in the country?

II. DRUGS AND DRUG TESTING IN THE PRISONS

A. Are experimental drugs or experimental dosages of approved drugs ever tested in the federal prisons? Are federal prisoners ever used in drug-related projects conducted outside of the prison system? Is drug testing in the prisons subject to the supervision and regulations of the Food and Drug Administration?

B. To what extent is drug-testing by private companies conducted within the prison system? Please include copies of research proposals specified by the Bureau of Prisons Policy Statement on Research for all research projects that are presently being conducted or are planned.

C. Recent reports have indicated that some drugs have been administered to prisoners without their consent. Have any of these drugs not yet been approved by the FDA? Are anectine, thorazine, or prolixin ever used in the prison system for any reason? Are emetics ever used? Are any drugs or treatments designed to produce radical changes or permanent effects used in the prisons? If so, would you please include descriptions of all such practices, or practices that could be interpreted as being radical, that are conducted within the Federal Prison System. If drugs are ever administered to prisoners without their specific consent please describe those situations in which such a practice takes place.

III. CLINICAL RESEARCH CENTERS

A. I understand that in 1972, the National Institute of Mental Health transferred its Clinical Research Center (CRC) at Forth Worth, Texas, to the Bureau of Prisons, and that it plans a similar transfer for its CRC at Lexington, Kentucky. In recent testimony given before oversight hearings into drug abuse conducted by the House Subcommittee on Health and the Environment, Dr. Robert DuPont, director of the Special Action Office for Drug Abuse, indicated that prisoners would be used in the testing of pharmacological methods of drug abuse prevention conducted at the Lexington facility, replacing the civilly committed addicts that formerly had been used. Would you please describe in detail the Bureau of Prisons present and planned use of the Fort Worth and Lexington facilities. Are the subjects used in the experiments conducted at these facilities volunteers? What methods are used to secure these volunteers? If some of the subjects are not volunteers, what methods are used to select prisoners for the programs? Please provide any pertinent information concerning the practices, drugs, and methods that have been and will be tested or used at Lexington and Fort Worth.

B. Is NIMH presently involved with the two facilities? If so, in what capacity?

C. Under HEW guidelines there should have been established local committees at Lexington and Fort Worth to review all projects undertaken at the NIMH

facilities. Please describe the membership, activities, and politics of those two committees, and if possible, include copies of the assurances required by the guidelines. Does the Bureau plan to maintain the committees, and if so, in what capacity? If the committees are not to be maintained in the form in which they existed under NIMH, what measures will be taken to provide for continuing review of research projects conducted at the facilities?

D. Are any future transfers of NIMH Clinical Research Centers to the Bureau of Prisons planned?

IV. WITH RESPECT TO THE BUREAU OF PRISONS POLICY STATEMENT ON RESEARCH, I WOULD APPRECIATE YOUR RESPONSE TO THE FOLLOWING

A. How is the Bureau's policy enforced?

B. Under Section 3–C, would you please describe those situations that could be considered "highly justifiable circumstances" where the guidelines of the National Advisory Health Council could be waived. With respect to these guidelines as quoted in this section, what would constitute an appropriate method of obtaining informed consent, and who determines whether or not the method is appropriate?

C. Under Section 4–b, what specific measures other than the consent form and the enclosed memorandum are used to insure that no individual is subject to arbitrary risks against his will, and that truly informed consent is derived in every research project? What is the nature of the "release" mentioned in this section?

D. Under 4–c, what types of incentive programs other than extra good time and monetary rewards are used? Do sufficient numbers of prisoners feel that the "opportunity to participate in a wholesome activity, such as research holding the promise of advancing knowledge and capability, is sufficient incentive" for participation?

E. Under Section 4–d, what steps are taken to safeguard the confidentiality of a subject's records, both in the publication of project results and in the availability of information to other persons and agencies? Must an individual's consent be obtained prior to the use of his records in an identifiable capacity?

F. Under Section 4–f, are there any further policy statements or directives pertaining to the duties of the Chief of Research? To whom are "[m]ajor changes in project design" reported when they are proposed? Does the warden of a given prison have the power to suspend the activities of a research project conducted at his institution? Is there a minimum number of project reports that the chief of research must require for a given project? Does the chief of research ever conduct direct, on-sight evaluations of research projects? Are there any system-wide standards or rules pertaining to research?

G. As regards the consent form (Appendix 1), what guidelines are used to determine that "[t]he nature and purpose of the operation, the risks involved, and the possibility of complications" are fully explained to the subject? Exactly what is meant by the term, "operation"? Is appendix 1 the consent form that is used in all experiments? For how long are copies of the form kept on file? Where are these files maintained? Is experimental surgery ever performed within the prison system?

V. ARE ANY STUDIES OR EXPERIMENTS THAT ARE CONCERNED IN ANY CAPACITY WITH TELEMETRY OR ELECTROPHYSIOLOGY AS THEY RELATE TO THE IDENTIFICATION AND CONTROL OF CERTAIN TYPES OF BEHAVIOR PRESENTLY BEING CONDUCTED WITHIN, OR ASSOCIATED WITH, THE BUREAU OF PRISONS?

VI. DOES THE BUREAU OF PRISONS EVER GRANT FUNDS TO RESEARCH ORGANIZATIONS THAT CONDUCT EXPERIMENTATION ON HUMAN BEINGS OUTSIDE THE PRISON SYSTEM?

Please allow me to emphasize that I feel that research involving human subjects is essential to the future of medicine and thus to the human race. I feel equally strongly, however, that concern for the rights of the individual must assume the highest priority in any consideration of such experimentation.

Though I realize that these questions are wide-ranging and require a significant amount of information, I look forward to your prompt reply.

With kindest wishes,

Sincerely yours,

SAM J. ERVIN, JR., *Chairman.*

[Item II.A.8]

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
Washington, February 19, 1974.

HON. SAM J. ERVIN, Jr.,
U.S. Senate, Committee on the Judiciary,
Subcommittee on Constitutional Rights, Washington, D.C.

DEAR SENATOR ERVIN: We regret that there has been some delay in responding to your letter of January 7. We shall attempt to answer your questions following the outline in which they are presented.

IA. It is against the Bureau of Prisons policy to permit offenders to become involved in medical experimentation projects or drug testing studies which are conducted under the auspices of private agencies or companies, although we frequently receive such requests. There have been instances where a study conducted by a federal agency was clearly in the national interest, and the Bureau of Prisons authorized the participation of volunteer offenders. However, we are now placing limitations on even these kinds of projects. A recent survey of the status of these studies which have been approved in former years shows the nature of Bureau of Prisons participation.

1. At the United States Penitentiary, Atlanta, Georgia, a Malaria Project conducted under the direction of the United States Public Health Service and National Institutes of Health was begun near the end of World War II. Federal offenders participated as subjects in efforts to develop a malaria vaccine. This study has now been phased out.

2. At the Federal Reformatory, Petersburg, Virginia, offenders participated in the development of the Rubella (German Measles) Vaccine by National Institutes of Health researchers; Dr. John L. Sever is project director. At present only two offenders are still being followed.

3. Offenders from Federal Correctional Institution, Lompoc, California and Federal Prison Camp, Safford, Arizona have participated in studies conducted in collaboration with National Aeronautics and Space Administration staff at the United States Public Health Service Hospital in San Francisco to determine the effects of weightlessness—simulated by extended bed rest. Less than six offenders are presently participating. Dr. Kenneth H. Hyatt and Dr. Schneider are project directors.

4. The largest research program using federal offenders is at the National Institute of Mental Health Addict Research Center in Lexington. About 40 long term ex-addicts from penitentiaries are permitted to volunteer for transfer to Lexington where they serve as subjects for a variety of studies testing the effects of addictive drugs and antagonists for addiction. A series of review committees, both within National Institute of Mental Health and at Bureau of Prisons monitors these studies. Dr. William Martin, Chief, is responsible for all projects.

We are in the process of revising our Policy Statement on Research which will explicitly incorporate the Health, Education and Welfare guidelines concerning human experimentation as reported in 38 Federal Register 221, 31738.

IB. For the United States Public Health Service studies mentioned above offenders have been selected in different ways, depending on the nature of the study. For the Measles Vaccine study at Petersburg, only a few offenders were eligible, depending on blood type and Rh factor. Offenders for transfer from penitentiaries to the Addict Research Center in Lexington generally volunteer after they have heard of the research program from a former offender who returns to the penitentiary from Lexington. There is usually a waiting list of volunteers who want to transfer to Lexington. For each study, there is a paragraph in the consent statement which specifies that the offender may withdraw from the study at any time without penalty. Offenders are never coerced in any way to participate in research projects.

IC. As to the legal situation cited in *Kaimowitz versus Michigan*, the Bureau's position relative to psychosurgery and involuntary consent will be covered by incorporating the Health, Education and Welfare guidelines mentioned in IA above. We can state unequivocally that the Bureau of Prisons has never permitted such psychosurgical experimental procedures, nor are there any plans to permit such studies.

IIA. The only experimental drugs tested are those used at the Addict Research Center, Lexington, Kentucky.

IIB. There is no drug testing by private companies.

IIC. Food and Drug Administration approved drugs may be administered by our physicians in treating patients without their consent if patients are unconscious or mentally incompetent or psychotic and doing damage to themselves or others. Anectine is not used in Federal prisons. Thorazine and prolixin are used when prescibed by a physician for treatment of specific illnesses in accordance with generally accepted medical practice. (See *American Medical Association Drug Evaluations*, Second Edition, and Food and Drug Administration Regulations). Emetics would be used only when prescribed by a physician to induce vomiting after ingestion of certain poisons. No radical drugs or treatments are used in the medical care of Federal offenders other than such widely accepted procedures as radical cancer surgery.

IIIA. Since the transfer of the Clinical Research Center at Fort Worth to the Bureau of Prisons in November 1971 there has been no testing of pharmacological methods of drug abuse prevention. The program at the Federal Correctional Institution, Fort Worth, Texas, emphasizes the Bureau's most innovative attempts to normalize the prison environment by providing a variety of programs keyed to interaction with the community. These include programs in which volunteers from the community are in the prison, and offenders are studying and working in the community. A report on these programs prepared by a research sociologist, Sister Esther Heffernan, is appended for further information. At the Lexington Clinical Research Center, recently acquired from National Institute of Mental Health, essentially the same programs will be developed as those at Fort Worth.

IIIB. and C. The distinction between the two former National Institute of Mental Health facilities is that the Addict Research Center at Lexington will continue to operate as a separate facility under the direction of National Institute of Mental Health. Dr. William Martin, mentioned in paragraph IA above, continues as Chief of the Research Center. Dr. Martin should be able to provide you with details of the National Institute of Mental Health addict research studies.

IIID. There are no plans for further transfers of National Institute of Mental Health Clinical Research Centers to the Bureau of Prisons.

IVA. Enforcement of the Policy Statement on Research follows procedures which are common practice for enforcement of any policy statement. In meetings with wardens, they are reminded that all research proposals, require review in the Central Office. Certainly any warden who might receive a local request for any kind of medical or drug research would be aware that there are Bureau policy implications, so he would either refuse the request or refer it for Central Office review. Periodic site visits to all institutions by audit teams review correctional programs, fiscal management, custody, and medical services. Too, planning for evaluation of innovative correctional programs occurs with Central Office staff visiting institutions. Examples of where such planning has occurred are Kennedy Youth Center, Fort Worth, Oxford, Butner and Pleasanton.

IVB. There are no circumstances where the *guidelines* could be waived; the exception refers to the rare circumstance where the research may be conducted *by* other than United States Public Health Service auspices or direction.

IVC. The informed consent and "release" form are provided for each specific study and the language may vary slightly, depending on the content of the study. The "release" refers to release of confidential information, such as medical or psychiatric data from the prisoner files. You may want to examine such forms from specific studies at Lexington, and Dr. Martin should be able to provide you with samples.

IVD. There are no other incentives than those referred to in your question.

IVE. The consent for release of confidential data wherein the offender could be identified is rigidly adhered to.

IVF. There are no further specific policy statements or directives pertaining to the duties of the Chief of Research. Major changes in project design are proposed to both the Warden and Chief of Research. The proposed changes are then presented to the Assistant Directors, who are members of the Research Advisory Council. A Warden has the power to suspend a research project at his institution. The final report of a project may be the minimum number of reports. The Chief of Research frequently conducts evaluation of research projects at the site. The standards are generally described in the Policy Statement on Research.

IVG. As mentioned in C above, the consent form varies with each study; Appendix 1 is a sample. The consent form for each study provides details of medi-

cal procedures, risks, etc. There is no experimental surgery performed in the prison system.

V. and VI. No such studies or experiments are conducted within the Bureau of Prisons; nor does the Bureau of Prisons provide funds for such studies outside the Prison System.

We share your concern for the rights of individuals who may become subjects in research projects, and hope that this information will be useful to you. If there are areas which require further clarification, please inform us and we will attempt to provide the information.

Sincerely,

NORMAN A. CARLSON, *Director.*

[Item II.A.9]

JANUARY 7, 1974.

DR. MARTIN GRODER,
Director, Federal Center for Correctional Research,
Old U.S. Highway 73, Butner, N.C.

DEAR DR. GRODER: As chairman of the Senate Subcommittee on Constitutional Rights and as a Senator from North Carolina, proposals concerning the Center for Correctional Research at Butner are of particular concern to me. Whenever research is conducted involving the use of human subjects, the greatest care must be taken to preserve the fundamental rights guaranteed by the Constitution to those individuals. When such research is conducted in a coercive environment, even greater care must be utilized.

Earlier this year, I directed a series of inquiries to Norman Carlson concerning plans for the Butner facility. Since that time, I have received a number of complaints and questions relating to the types of programs to be tested at Butner. In his letter to me of May 29 of last year, Mr. Carlson said that "[i]t is difficult to be more specific about the precise treatment approaches since . . . a final resolution as to the model which would be employed at Butner has not been decided upon." As the facility nears completion, I have received information that has indicated that the programs to be tested are better defined than they were at the time of my earlier inquiries. In light of my concern, and by way of providing information, I would appreciate your response to the following questions. Though many are similar to those I asked of Mr. Carlson, I would like you to respond as director of the Center for Correctional Research.

1. Will any direct, permanent techniques or methods that involve long-term changes in an individual's personality or behavior be tested at Butner? Specifically will psychosurgery or aversion therapy in any form be tested? Will experimental drugs (or experimental dosages of approved drugs) be tested or used? Will shock treatments be administered to inmates? Will any emetics or drugs such as anectine, prolixin or thorazine ever be used in any capacity at Butner? Will any drugs or treatments designed to produce radical physiological and/or behavioral responses ever be used? Will any of the aforementioned treatments ever be administered to a prisoner or mental patient involuntarily or without the express consent of the patient or his legal representative? Please describe all situations in which these treatments will be utilized or administered. If there are no specific plans for such practices, is it possible that these treatments could ever be used as the program is presently conceptualized? If not, what measures have been taken to insure that these treatments will never be part of the program at Butner?

2. What methods will be used to secure subjects for the experimental programs tested at the institution? In the event that sufficient numbers of volunteers are not available, how will additional subjects be selected?

3. Section 4 of the Bureau of Prisons' Policy Statement on Research states that:

"It is a firm principle that no one should be subject to arbitrary risks against his will and informed consent is required of all participants in research projects. This requires obtaining a consent and release statement from each participant which statement must include the stipulation that the subject may freely withdraw from participation at any time without penalty of any kind."

What steps have been taken at Butner to insure that true informed consent will be obtained in every case? Could a prisoner or mental patient ever be forced to participate in an experiment against his will? What is the nature of the "release" specified in the policy statement and how is that release conceptualized

for Butner? What guarantees are provided to insure that a prisoner may withdraw from participation at any time? Please include copies of all forms and documents pertaining to the derivation of informed consent at Butner.

4. Has a program master plan more recent than summer, 1973 been drafted? Please include copies of all policy statements or reports concerning the Butner facility. Would you please describe, in as much detail as possible, all programs planned or under consideration that are not fully outlined in enclosed statements or reports. Please include a detailed description of the structure and organization of the institution and list as many names as possible of medical personnel to be associated with the facility.

5. Because of participation in the Butner program, will a prisoner be denied any rights or privileges he normally would be accorded? Will he be granted any privileges he normally would not be accorded? What effect will participation in the Butner program have upon an individual's chances for parole? Is it conceivable that a prisoner could be denied parole because of his importance to a given research project? As regards post-release or aftercare supervision, what sort of control will be maintained over a prisoner once he has been released from Butner? Specifically, will a prisoner be subject to more restrictions concerning his release, either prior to or after that release, than would a similar prisoner in a normal institution? What measures will be taken to insure that a prisoner is aware of any and all changes in his status that might result from his participation in a program?

6. Will experiments or studies concerning telemetry or electrophysiology as they relate to the identification and control of certain types of behavior be conducted at Butner?

7. What guidelines, regulations, rules, and the like will govern the conduct both of prisoners and the researchers? If such guidelines or regulations have been drafted, would you please enclose a copy.

8. Has the Butner Project received funding from other departments or agencies, specifically the Department of Health, Education, and Welfare, or the Law Enforcement Assistance Administration of the Justice Department? If so, please elaborate.

Please allow me to emphasize the general fact-seeking nature of this inquiry. My interest is based on concern for the rights of the subjects of the experimental programs at Butner, and not on preconceived notions with respect to any of the issues that have been raised respecting Butner. Though I realize these questions require a significant amount of information, I look forward to your prompt reply.

With kindest wishes,

Sincerely yours,

SAM J. ERVIN, Jr., *Chairman.*

[Item II.A.10]

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
FEDERAL CENTER FOR CORRECTIONAL RESEARCH,
Butner, N.C., January 24, 1974.

Hon. SAM J. ERVIN, Jr.,
Chairman, Subcommittee on Constitutional Rights,
U.S. Senate, Washington, D.C.

DEAR SENATOR ERVIN: I have been pleased at your continuing and even-handed interest in the Federal Center for Correctional Research. Before I proceed to answer your specific inquiries, I will reiterate some broad principles upon which the program plans for the Federal Center for Correctional Research, Butner, North Carolina are being made. First, it is basically two institutions. One is a mental health center with three units that will provide acute psychiatric treatment for incarcerated prisoners in our federal institutions for OMB Regions I–IV, Federal Bureau of Prisons Regions designated Northeast and Southeast. This will be a treatment center and will not be primarily involved with research and the primary responsibility of the staff will be the use of modern, up-to-date mental health treatment methods. The second section will be a research section per se and consists of four units. The prime concepts that we will be working with in these units are: Correctional programs which appear to be helpful to inmates and successful in reducing recidivism and elevating the

general social status of the participants replicated in a way that enables us to be sure that they were, in fact, successful and what about them contributed to their success. Secondly, by having four such programs, we hope to be able to see what differential success might occur and what elements of one program may be more effective under some circumstances or with some people. Thirdly, we are now also looking at the possibility that we may be able to elaborate a theory and practice of corrections that will be more effective and understandable than the historical theory and practice.

I will now proceed to the answering of the specific questions you have asked in the order you have asked them.

1. No permanent, irreversible methods have been contemplated, are being contemplated or will be contemplated. Specifically, psychosurgery will not be done nor does the facility have any capability of, at this time or any future time, doing psychosurgery as there is no surgical suite nor is there any staffing for such purposes. Aversion therapy will not be used and since there has been a long-standing policy with the Bureau of Prisons not to use aversive or physically punishing methods of any kind, I presume that this position will remain stable through time and change of administration. We currently have no plans to use experimental drugs or pyschotropic drugs of any kind in the research units. In fact, all the programs currently contemplated, preliminarily agreed on and being searched into further, are drug-free programs. No program involves the application of any physical force, galvanic action, electric shock or other such physical intervention. Again, no psychotropic drugs will be used in these drug-free programs. I might note that there has been some confusion in some of my press statements when I have talked about the fact that, of course, in the mental health units some of the long-proven and tested treatments for acute psychosis involve the use of Thorazine or other phenothiazines and likewise, with depression, includes the use of anti-depressant drugs, etc. Again, no drugs will be used in the research units and the inmates will be there on the basis of informed consent and their continuing voluntary participation. In the mental health units, of course, with inmates that are deemed sufficiently disturbed to warrant enforced treatment, this will be provided to prevent injury to themselves, to others or further deterioration of personality. Repeating, as the program plans for the research units are all drug free, not only in their proposed use but in their common practice, it is not conceivable that they would involve psychotropic drugs in any way whatsoever. The main safeguard on the later introducation after my administration of drug treatment programs or other such programs as might be of concern, of course, would be the continued monitoring of these programs by the executives of the Bureau of Prisons, by the United States Justice Department, by you own committee and of such other governmental or non-governmental bodies as may from time to time look into the practices at that time.

2. The methods used to secure subjects will consist of creating a randomized pool of subjects who meet the following criteria:

(1) That their original place of residence shall be on the east coast, preferably within one day's drive of the institution, so as to facilitate involvement with community resources and family.

(2) That they have an adult sentence and not be over the age of 50.

(3) That the sentence be such as they would, under usual circumstances, be eligible for parole within 18 months to 3 years from time of transfer to Butner.

(4) That they not be on the special offenders list.

(5) That they be male.

(6) That they have no history of major psychiatric illness.

(7) That they not be in that small category of criminal activity such as IRS offenders in which the recidivism rate is already so low as to not warrant such an expenditure of resources.

Out of this pool now being created, the number of which has not yet been determined but is being worked up by our newly acquired researcher, a randomized sample then will be offered the opportunity, after having been informed of the nature of the programs, to come to Butner.

3. The method of insuring informed consent is to provide a complete description of the program plan and that consent for transfer be signed for by the inmate. We have not yet gotten to the point in our planning to work up the specific release. None of the inmates will be subjected to experimentation without their consent. The exact procedure by which the inmate might withdraw from the research program is not yet specified but there will be such a procedure that

will be reasonably clear and sensible administratively. No documents of any kind currently exist for this and this is all in the verbal planning stage.

4. The Summer 1973 Program Master Plan still is our working document. Enclosed with this there is a Preliminary Program Plan for the Human Resource Development Unit and within the next two months there will be a Preliminary Program Plan for an Asklepieion-type unit and a psychodrama-type unit which have already been presented verbally to the Bureau of Prisons executive staff. The proposed staffing for the institution that we are currently using is just about to be staffed by the executive staff and will be available within the next 60 days. As currently planned, there will be no medical personnel per se in the research units as none of the programs are specifically medical nor designed to treat psychiatric illness. As in previous plans, in the mental health units, of course, there will be a psychiatrist in each unit and a Ph.D. level clinical psychologist along with 10 psychiatric nurses who will rotate in a psychiatric nursing service for all three units, 2 occupational therapists, 2 recreational therapists, an educator, 4 social workers and a complement of correctional counselors and correctional officers. In addition to this, we will be running a small infirmary with a dentist, dental assistant, 4 physician's assistants, including a hospital administrator, a clinical nurse, medical records librarian, a safety officer and a staff of physician's consultants. I, myself, though I am a psychiatrist by training, will be the Warden of the institution and will not directly participate in any of the specific programs. To date, no specifically medical personnel, other than myself, have been identified.

5. Again, I am answering your question in two parts. In the mental health section, of course, for acutely psychotic and/or dangerously depressed suicidal individuals, restrictions on movement around the institution and on program options will, of course, be in effect as in any mental health situation until such time as the individual is capable of handling these opportunities without danger to himself or others. In the research program the exact nature of privileges and opportunities will vary somewhat depending on the specific program but, in general, will be in line with other F. C. I. type federal institutions. The major privilege that each individual will have at Butner that they would not have at other institutions is the opportunity to participate in intensive, well-staffed, well thought out program plans which, though available at some of our institutions at this time, hopefully will be available more generally and this is a privilege, indeed, especially if it works in preventing recidivism.

I have discussed the Butner program with the United States Parole Board on occasion. Preliminarily, they feel that they would like to proceed with the inmates at Butner on the same basis as the inmates at any other institution. I agree with this stipulation as my own evaluation of change in inmates involved with intensive treatment programs is such that the changes ought to be obvious to the members of the Parole Board, not just the program staff. I can, therefore, only guess as to what effect it may have on these inmates and their relationships with the U.S. Parole Board. It is definitely planned that no prisoner will be held beyond a granting of parole by the U.S. Parole Board whether or not the program staff agrees with the Parole Board decision. Participation in any aftercare supplementation projects that may be possible to set up for the inmates in the research program will be on a voluntary basis and will need to be approved by the United States Probation Office in the area in which the individual resides post release. This is seen as an important supplementation of the usual supervision available and to help insure success in a way that has been demonstrated in other projects that are community based. It is in no way designed to restrict or further harass or in any way discomfort inmates. If an inmate were to choose not to participate in such a program, then we would follow his progress on parole through correspondence with the United States Probation Officer and would not attempt to effect his success in any way as obviously this would skew the research and be inequitable. All the program types preliminarily selected to date are basically training models with a great deal of participation of inmates in their own program and can be presumed by their prior history when used in other situations to provide inmates a high level of accurate and rapidly available information as to the status of the programs, their own particular status and will provide multiple opportunities for input by inmates with their own source of information and opinions.

6. No experiments using telemetry or electrophysiolgy as they relate to the identification and control of behavior are contemplated at Butner. There has

been some interest expressed in a process that is now being used in civilian life known as biofeedback where an individual in a context similar to meditation but assisted by electronic monitoring devices can learn to control various aspects of their own physiology. Were such a program to be used, it would be, of course, again voluntary and in no way, at least as I understand it having never used these, does it represent control by an experimenter or outside source but is an autonomous learning device seemingly used to enhance self-esteem, reduce anxiety and teach the kinds of bodily control that are available through more tedious non-electronic means; yoga, meditation, etc.

7. The general guidelines, regulations, rules, etc. that will govern both the actions of the staff and the inmates will be the currently available policy statements of the Bureau of Prisons. Any additional guidelines or regulations would be a part of the program models and these will become available as these program models become elaborated. None have been written to date but we do not contemplate, in any case, their running against Bureau policy in any general or detailed sense.

8. The Butner project is being totally funded by the Bureau of Prisons and no other funding is contemplated to date. However, because of the tremendous interest of the local academic community at Duke University, The University of North Carolina at Chapel Hill, North Carolina State University and East Carolina University, it is conceivable that subsequent to becoming operational some of these contacts might become interested in training of graduate students at our facility in a variety of specialties and, perhaps, supplemental research on the programs that we are working with that might entail grants from agencies other than our own. These however, would be monitored and supervised by the grantee whose project would have to be approved by our own research evaluation board and the executive staff of the Bureau of Prisons. In no case would these projects contradict the principles described above relative to the various questions you have asked.

In summary, Senator Ervin, I hope I have, within the information currently available, made clear that, in general, the inmates in these programs will be at least as well off and with their rights as well protected as any inmate in the federal system. The major reason for calling it research is that instead of the usual procedure of starting programs that are untested in a way that makes it very difficult or impossible to know whether the program has, in fact, enhanced the success of the inmate's post-release, these programs are being carefully set up with randomized availability of the programs to those inmates that meet the criteria so as, when the project is completed, we can tell whether, in fact, it was worth the bother, expense, etc. of mounting such intensive programs or whether, in fact, just our regular institutional programs would have availed the inmates just as much good as this more sophisticated type of program. My hope is, of course, or I would not have involved myself in this project, that we will, in fact, by delivering services along the lines of the Program Master Plan and in these four different modes, increase the actual performance of inmates on release and make them the more productive and honest-type citizens that we would hope that a correctional system can look forward to being able to do with more and more of its clients as time goes along. I regret the false propagandistic horror stories that have been perpetrated against this institution and the Bureau of Prisons by a small number of self-interested, politically motivated people who wish to see the prison system of this country destroyed and/or prevented from moving from its traditional methods which have been relatively ineffective to more sensible, humane, rational and effective methods which could, in fact, deliver to the citizens of this country a service worth the resources that are being employed.

Thank you for your continued interest and I hope that the above will satisfy some of your needs although recognizing that there is still a great deal undetermined which we will be providing to you and your committee as the materials become available.

Sincerely yours,

MARTIN G. GRODER, M.D.,
Program Development Coordinator.

[Item II.A.11]

APRIL 19, 1974.

DR. MARTIN GRODER,
Director, Federal Center for Correctional Research,
Butner, N.C.

DEAR DR. GRODER: Please allow me to thank you for your continued cooperation with the Senate Subcommittee on Constitutional Rights in its investigation of programs to be tested at the Federal Center for Correctional Research. I understand that you had a most informative meeting with the staff of the Subcommittee on January 25 of this year.

On several occasions, both in response to my inquiry of January 7, 1974, and in your recent conversation with the staff of the Subcommittee, you indicated that detailed ethical guidelines had not been developed for the Butner facility, and that a local institutional review committee had not been established. I cannot overstress my conviction that no inmates should be transferred to Butner until strong guidelines have been developed and a workable, effective review structure has been established.

In light of the continuing interest of the Subcommittee, I would appreciate your providing us with a detailed status report regarding the facility, with particular emphasis on present attention being given to the development of ethical guidelines and the establishment of a local institutional review committee. Please forward any project descriptions or program master plans that may have been developed since our last communication, as well as a detailed description of methods being developed for securing volunteers for the program. In view of the recent case of *Kaimowitz* v. *Michigan Department of Mental Health*, and other indications that informed consent cannot be obtained in a coercive environment, I am very interested in your approach to the problem.

Please allow me to emphasize my view that great strides are badly needed in the area of prison reform. I feel, however, that it is necessary that the many important and legitimate questions that have been raised concerning Butner be thoroughly considered and answered.

Thank you for your cooperation, and I look forward to your response.

With kindest wishes,

Sincerely yours,

SAM J. ERVIN, Jr., *Chairman.*

[Item II.A.12]

U.S. DEPARTMENT OF JUSTICE,
BUREAU OF PRISONS,
FEDERAL CENTER FOR CORRECTIONAL RESEARCH,
Butner, N.C., April 30, 1974.

Hon. SAM J. ERVIN, Jr.,
Chairman, Subcommittee on Constitutional Rights,
U.S. Senate, Washington, D.C.

DEAR SENATOR ERVIN: I appreciate your and your staff's continued interest in the Federal Center for Correctional Research. As your letter of April 24 was essentially a request for an update, let me so proceed.

No further effort on the ethical guidelines has been made since my last discussion with your staff for two reasons:

1. I am awaiting the selection of the programs and program managers before proceeding in this very delicate area so as to know what it is exactly that the guidelines will refer to.

2. Because of construction delays, caused by the general contractor, it appears that the institution will not be ready for some time yet and, therefore, we have not been able to go ahead and designate the programs nor hire the program managers.

I await both events with a great deal of eagerness as you can imagine as I have been in this planning phase for quite some time.

We are preparing to update the Program Master Plan as of the summer of this year, 1974, and, at that time, it will replace the 1973 version and, of course, you and your committee will be provided the update as soon as it is available.

The program plans are still invarying drafting stages and they will be prepared and ready at approximately the same time as the Master Plan and will be distributed along with it.

No firm procedure has been set on how to approach those inmates who will be designated as potential volunteers for the programs at the Federal Center for Correctional Research. However, I would tend to expect, as I have indicated in the past, some form of written communication to be either read by the inmate or read to him if literacy is a problem, with the opportunity for direct, face-to-face discussion, question and answer, etc. Then, subsequent to that, the decision and signing of the consent form before transfer for those who agree.

In reference to your discussion of *Kaimowitz* v. *Michigan Department of Mental Health*, I have not had the opportunity to read that case carefully, but as I have seen it written about in various places in the criminal justice and mental health literature, it appears that it was decided largely on the issues of permanent physical harm and that of being a highly experimental method that had not yet been demonstrated to be effective in any case. As you know, the programs that we are contemplating evaluating at Butner will (1) have been used extensively in a variety of settings inside and outside of corrections and, (2) would not have the capability of producing any permanent harm physically or even psychologically, for that matter. Of course, under current law and regulations, any inmate under the wardship of the Attorney General could be transferred at his will or that of his designated agents. Thus, our procedures is a good deal more voluntary that the current and traditional methods of classification and assignment. Since the programs we are evaluating are currently available and used rehabilitation efforts, we are, in fact, a much more voluntary situation than the usual situation in which an inmate might be classified for such a program. Even in the typical case of these program types where it is voluntary, men often sign up for the program without as complete a description and set of guidelines as we will make available. Nonetheless, the philosophical issues involved in the concept of voluntarism are very complex and occasionally turgid, but as far as I can determine, we are certainly within the usual meanings of the word "voluntarism" since there will be no detriment to those who decline and the advantage comes through participation and not external payment. However, as you and your committee have spent a good deal of time considering these issues closely, I would appreciate further communication on your part as to what you may feel would represent an adequate procedure in this area and would be happy to closely study it and see if it, in fact, would be feasible in our situation.

I, then, look forward to any advice that you may have and, in any case, remain

Sincerely yours,

MARTIN G. GRODER, M.D.,
Program Development Coordinator.

B. Related Materials

[Item II.B.1]

BUREAU OF PRISONS—POLICY STATEMENT ON RESEARCH, OCTOBER 31, 1967

1. PURPOSE

To state that it is the policy of the Bureau of Prisons to *encourage* and *promote* research activities, i.e., projects undertaken by individuals or organizations either in or out of Federal, state, or local governments where the Bureau of Prisons assumes either a host or sponsorship role.

2. POLICY

The Bureau of Prisons will actively cooperate in all research activities which meet the following four conditions:

(a) The "researcher," either as an individual or organization has a bona fide professional standing in the pertinent field;

(b) The benefits are clear in terms of the mission and collateral objectives of the Bureau of Prisons and the potential for benefit or advancement of knowledge warrants involvement and/or investment of funds, facilities, and services;

(c) The activity does not adversely affect Bureau of Prisons programs or operations;

241

(d) In the case of medical projects (where the direct application to corrections is submerged in the significance of the project as a benefit to mankind and where the project would be difficult if not impossible to conduct in other than a controlled setting such as is offered in an institution).

It will be the policy of the Bureau of Prisons to assign priorities. Research which is innovative and contributes to the development of the correctional profession is especially desirable. Projects that are of lesser concern to medicine and corrections, or which are primarily for the individual's benefit, will be assigned a lower priority. These latter projects will, however, be considered if they require minimal use of institution resources.

3. CRITERIA

a. *Correctional Programs.*—Research in correctional programs (which, by implication, may include many facets of the social sciences) is especially desirable, particularly where such research has promise for advancing knowledge and capability for treatment of offenders. Emphasis, however, should be given those projects having a primary corrections component.

b. *Operational Programs.*—While few research programs relating solely to operations have been conducted in the past, the rapid gains in science and technology make it likely that such projects may be done more frequently in the future. Because of this and because such projects may result in immediate and material benefits, the definition of research may be expanded to include experimentation and demonstration, even that conducted by commercial firms at no cost or obligation and with the understanding that government participation does not imply any endorsement.

c. *Medical and Psychiatric Programs.*—Except in unusual and highly justifiable circumstances, research in these areas will be conducted by the U.S. Public Health Service with the joint approval of the Inter-Bureau Committee on Health Services Research and the Bureau of Prisons within the policy framework established by the National Advisory Health Council as follows:

"Be it resolved that the National Advisory Health Council believes that Public Health Service support of clinical research and investigation involving human beings should be provided only if the judgment of the investigator is subject to prior review by his institutional associates to assure an independent determination of the protection of the rights and welfare of the individual or individuals involved, of the appropriateness of the methods used to secure informed consent, and of the risks and potential medical benefits of the investigation." (See Appendix 1 for consent form to be used in medical projects.)

In addition, the Bureau of Prisons will be guided by the ethical standards suggested by the statement of permissible medical experiments on volunteers prepared by the War Crimes Trial Prosecutors at Nuremberg. (Appendix 2)

4. GENERAL CONDITIONS

a. *Research Assumption of Responsibility.*—As a condition of Bureau of Prisons cooperation and participation, researchers will assume responsibility for the protection of the rights and lives of individuals involved and for the continued treatment of complaints or problems that may arise at any time, even after project termination.

b. *Informed Consent of Participants.*—It is a firm principle that no one should be subject to arbitrary risks against his will and informed consent is required of all participants in research projects. This requires obtaining a consent and release statement from each participant which statement must include the stipulation that the subject may freely withdraw from participation at any time without penalty of any kind. (See Appendix 1 and 4.)

c. *Inmate Incentives.*—The opportunity to participate in a wholesome activity, such as research holding the promise of advancing knowledge and capability, is considered to be sufficient incentive for inmate participation. On this basis, offering inmate incentives of a material nature seems inappropriate and doing so should be discouraged. However, in the light of past practice, and particularly in the case of medical research projects involving some degree of personal risk or discomfort, incentives such as extra good time and monetary awards may be approved. In line with the foregoing, the nature of the incentive involved and the justification therefor must be documented at the time the proposed project is submitted to the Central Office for approval.

d. *Publication Rights.*—Unless otherwise mutually agreed to, the researcher may publish at his own expense the results of project activity without prior Bureau of Prisons review, provided that such publication (written, visual, or sound) contains an appropriate acknowledgment of Bureau of Prisons participation, and provided further that such participation does not imply approval or endorsement of such publication. Also, unless otherwise mutually agreed to, the researcher shall furnish ten (10) copies of any such publication to the Bureau of Prisons and, in the case of original books, manuals, films, or other copyrightable material produced by non-federal government researchers, such material may be copyrighted but the Bureau of Prisons reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish, translate, or otherwise use, and to authorize others to publish and use such materials.

e. *Assurance of Compliance with Civil Rights Act of 1964.*—It will be necessary in the case of non-federal government researchers for the institution to obtain a written assurance of compliance with the Civil Rights Act of 1964 and the appropriate regulations of the Department of Justice (28 CFR Part 42). The form of assurance required is attached as Appendix 3.

f. *Project Controls.*—The Chief of Research of the Bureau of Prisons will stipulate at the time a project is approved how many reports of progress must be submitted by the researcher and the intervals which they must be submitted. The fixing of the intervals will be determined by the nature of the project. The Project Director is responsible for submission of a progress report to the Warden every six months after the beginning date of the project and more frequently to the Bureau if appropriate. Major changes in project design shall also be reported when proposed. The Warden shall transmit a copy to the Bureau. All research personnel are required to observe the rules of the institution in which they work. The Bureau also retains the prerogative to suspend or terminate any project at any time if there is reason to believe that continuation of the project will be detrimental to the inmate population or the functioning of the institution staff and/or program.

5. RESEARCH PROPOSAL FORMAT AND CONTENT

a. *General.*—Each proposed project shall be fully described as indicated in the following. The description should be in sufficient detail to permit full understanding of what is to be done and how, and to permit complete consideration for undertaking. Four (4) copies of the proposal are required for submission to the Central Office, including any attachments or exhibits and, in the case of projects where approaches are made in the field, four copies of the institutional report and recommendation are also required.

b. *Project Summaries.*—In recognition of the fact that development of a complete proposal frequently requires considerable investment of time, the proposal may be submitted to the Warden for submission to the Central Office in preliminary form for preliminary reaction. This may be a brief summary but in sufficient detail as to permit full consideration and evaluation at the Central Office by the Chief of Research. Approval of a preliminary project summary, however, does *not* signify final approval of the project. Final approval will be considered only after the complete proposal has been completed and evaluated.

c. *Proposal Format and Content.*—The proposal should be organized as follows:

(1) Name. List full name and address of researcher, vita, including relevant research experience and capabilities and list of publications, if any.

(2) Title of Project.

(3) Name and title of person who will supervise the project.

(4) Project summary. Include a brief (200–500 words) summary of what will be done, how, intended purpose, and the anticipated results.

(5) Projected duration. Show proposed beginning and ending dates.

(6) Statement of the general problem and specific purpose of the proposed project. Describe the nature of the problem and the need to be met and what it is that the project is expected to achieve.

(7) Methodology. Describe what is to be done, how, and by whom.

(8) Resources. Describe the resources the researcher will put into the project under the headings of (i) personnel, (ii) supplies and materials, (iii) equipment, and (iv) "other". Describe also the investment required of the host institution and Bureau of Prisons under the same headings and, in addition, describe space and personnel requirements of the host institution. Also, show project effects, if any, on institutional programs and operations.

(9) Results. Describe anticipated results, paying attention to (i) significance, (ii) immediate or potential benefits, and (iii) innovations or new knowledge likely to result.

(10) Inmates. List inmate involvement by number, type, time and extent of required participation. Show inmate incentives to be offered, if any, and justify where proposed. Indicate risks involved, if any, as a result of project participation; state how participants will be notified of such risks; state whether written consent will be obtained, and; state clearly how liability will be assumed and what actions or continued "after-care" will be available in the event risks do materialize.

(11) Project continuation. Indicate whether project will, in fact, be terminated after project duration expires or whether a second phase or continuation of some type will be required. If yes to either, indicate whether Bureau of Prisons cooperation and participation will again be required.

(12) Project endorsement. Indicate by either attaching letters or other appropriate documentation whether proposed project has been endorsed by others, and, in the case of medical projects, attach written evidence of prior independent determination as required by the policy of the National Advisory Health Council (see paragraph 3).

(13) Institution review. Each institution will establish a Warden's Advisory Committee on Research. This standing committee, which will be representative of the personnel and departments, will initially review all projects proposed for their institution to estimate what effect the project would have on institutional programs, what resources of inmate and staff would be required, and any other appropriate considerations. The Committee will report their findings to the Warden, along with their recommendations.

(14) Summarizing understanding. Where an arrangement is recommended with another Government agency or non-Government organization or idividual that involves the use of resources such as manpower, space, facilities, supplies or equipment, a formal memorandum of understanding, inter-agency agreement, or contract should be effected. Therefore, all necessary elements to be included in such an agreement, or a draft agreement, should be submitted for consideration.

The Warden, after reviewing the committee's report, will then forward the proposal to the Research Branch of the Bureau, along with his personal comments and a statement whether or not he favors the project being conducted at his institution.

6. CENTRAL OFFICE PROCESSING AND APPROVAL

a. *Processing.*—Research proposals made at the institutional level shall be reviewed and coordinated locally prior to submission to the Central Office. Local review and coordination shall give consideration to the requirements of this policy memorandum. Under the direction of the Warden, proposed projects shall also be reviewed by the local Research Committee, giving consideration to such local policies and conditions as may be pertinent as well as the requirements for space, personnel time and other institution requirements. Submissions to the Central Office level should be addressed to and shall be coordinated and reviewed under the direction of the Chief of Research.

b. *Submission.*—Four copies of the research proposal and four copies of the institutional review shall be submitted to the Central Office. The institutional submission shall clearly recommend for or against the project, including the reasons for such recommendation.

c. *Function.*—The Chief of Research shall determine whether proposals submitted warrant review by representatives of other offices and divisions within the central office and schedule such meetings as may be necessary for this purpose. These meetings should be scheduled in advance with Assistant Directors or their designees and copies of proposals distributed a minimum of one week prior to the meeting.

d. *Approval.*—All projects are subject to the approval of the Director of the Bureau of Prisons which approval authority is not delegated.

e. *Notification.*—The head of the institution involved and principal investigator shall be notified in writing of approval or disapproval of the proposal within five weeks of its submission to the Central Office.

Standard Form 522
June 1961
Bureau of the Budget
Circular A-32 (Rev.)

CLINICAL RECORD	AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

NAME OF MEDICAL FACILITY DATE

1. I hereby consent to the performance upon myself or (name of patient) _____

of _____
(State nature of operation or procedure as: "an operation to remove appendix")
and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of

_____
(State "None," or name anesthetic)

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.)

Signature of patient _____

When patient is incompetent to affix signature:
Signature of person authorized to consent for patient _____

Address _____

Authority to consent _____

WITNESS: Signature _____

Address _____

City and State _____

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name- last, first, middle, grade; date; hospital or medical facility*) | REGISTER NO. | WARD NO.

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.
Standard Form 522
(2-64)

"PERMISSIBLE MEDICAL EXPERIMENTS ON VOLUNTEERS"

PREPARED BY THE WAR CRIMES TRIAL PROSECUTION AT NUREMBERG

(1) The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment: the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

(2) The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

(3) The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.

(4) The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

(5) No experiment should be conducted where there is an a priori reason to believe that death or disabling injury may occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

(6) The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

(7) Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

(8) The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

(9) During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him impossible.

(10) During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill, and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

ASSURANCE OF COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACT OF 1964

The undersigned hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to Regulations of the Department of Justice (28 CFR Part 42) issued pursuant to that title, to the end that no person shall on grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity which the undersigned conducts in conjunction with the Bureau of Prisons; and gives further assurance that it will promptly take any measures necessary to effectuate this commitment as more fully set forth in the foregoing Department Regulations. This assurance shall obligate the undersigned for the period of the project; and the United States shall have the right to seek judicial enforcement of this assurance.

Date:_____ Name of Researcher: _____