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WEST VIRGINIA STATE ADVISORY COMMITTEE  
to the  
UNITED STATES COMMISSION ON CIVIL RIGHTS

In the Matter of:

FEDERAL REFORMATORY FOR WOMEN  
AT ALDERSON, WEST VIRGINIA

U.S. Commission on Civil Rights  
**RECEIVED**  
MAY 3 0 1974  
Mid-Atlantic Field Office

Circuit Courtroom,  
Summers County Courthouse,  
Hinton, West Virginia,  
Friday, May 10, 1974.

A F T E R N O O N    S E S S I O N

The above-entitled matter came on for further public hearing, pursuant to recess, at 2:00 p.m., EDST.

[Appearances as heretofore noted.]

VOLUME: II

PAGES: 173 - 410

AFTERNOON SESSION

2:00 p.m.

CHAIRMAN McINTYRE: The afternoon session of our open meeting on an examination of the Federal Reformatory at Alderson will begin.

Continuing our practice of calling witnesses and panels, our next panel will be representatives of the employees of the institution, who actively work in the field of correction.

The first witnesses we would like to call at this time are Hattie Davis and Geraldine Wetzel. Are they present?

S T A F F     P A N E L SCORRECTIONS:

MR. COULTER: I will ask each individual to state their full name for the record. Could each of you do that at this time?

MS. WETZEL: I am Mrs. Geraldine Wetzel.

MS. DAVIS: I am Miss Hattie Davis.

MR. COULTER: Both of you are corectional officers at the Federal Reformatory for women?

MS. WETZEL: Yes.

MS. DAVIS: Yes.

MR. COULTER: Let me address a few questions to each of you individually, and then I will drop back and let members of the Committee perhaps ask a few questions.

Ms. Wetzel, how long have you worked at the Reformatory?

MS. WETZEL: About nine and a half years. It will be ten years in August.

MR. COULTER: Have you always worked as a correctional officer there?

MS. WETZEL: Yes.

MR. COULTER: What exactly is your title now, and what is the work that you do as a correctional officer?

MS. WETZEL: I am a senior correctional officer specialist. Our work is primarily custody and control, safety and security; keeping the women in custody safely for them, and for everyone around; in control of their behavior, helping them to control their behavior.

We supervise cottages, or recreational centers, or the dining room, or wherever we are needed as correctional officers. Usually cottage work, daytime, evening or night.

MR. COULTER: Does your work go beyond what

we might think of as police work?

MS. WETZEL: Yes.

MR. COULTER: Could you discuss that a little bit?

MS. WETZEL: There is always a certain amount of counseling with the other people that have problems. They will ask for help, and if we can give it, we certainly will.

MR. COULTER: Could you explain what kind of training, and by that I mean both formal training or schooling and on the job training, is provided for officers at the Reformatory?

MS. WETZEL: Yes. There is at least a two week on the job training. The new officer will go with an older officer on post at all posts, covering the whole institution; that is, in the cottage, on patrol, in the dining room, in the clinic; any place that there is need for an officer, the new officer will get her on the job training there.

There is also a week of intensified training in Atlanta, Georgia, under officers of the Bureau of Prisons, who have had a great deal of training, not only in the actual corrections, but in teaching.

MR. COULTER: Have you had this formal training, this intensified training, as you said?

MS. WETZEL: No. I have not.

MR. COULTER: Have you applied?

MS. WETZEL: Yes. But they are trying to get the newer officers there first, and older officers will go as we can.

MR. COULTER: Perhaps my next question will be to Ms. Davis. Did you attend that training in Atlanta?

MS. DAVIS: Yes. I did.

MR. COULTER: Could you describe a little bit what that was like, what it included? ;

MS. DAVIS: Basically, the training was for us, telling us about correctional officers, how to handle the inmate, counseling them, control, custody, keeping them under supervision.

MR. COULTER: How long have you been at Alderson?

MS. DAVIS: Approximately thirteen months.

MR. COULTER: In the time that you have been there, do you feel that the training has been adequate, or that there should have been training other than that which you received, or what would your assessment be in light of

last year?

MS. DAVIS: I feel the training I had in Atlanta has been beneficial to me for the past thirteen months.

MR. COULTER: Speak a little louder, please.

MS. DAVIS: I feel the training I had in Atlanta has been beneficial to me for the past thirteen months.

MR. COULTER: In your judgment, should there be more training? Would that be helpful?

MR. DAVIS: Yes. There should be a little more training. After you have been there for approximately a year or two years, you should go back for a week or two more of advanced training.

MR. COULTER: Maybe I can ask both of you; what kind of training do you think would be most beneficial? What areas should be concentrated on, if your judgment? Anything in particular?

MS. WETZEL: We are getting more counseling training all the time. I think this is beneficial, because it really helps to get to know the person, how to approach them, and how to help them, or how to help them help themselves.

MR. COULTER: So that is the kind of additional training that you would feel should be emphasized?

MS. WETZEL: I think so.

MR. COULTER: Would you agree with that, Ms. Davis?

MS. DAVIS: Yes. I agree. I would like to add that we should need some training in defending ourselves, just in case rioting occurred.

MR. COULTER: It is difficult to hear you.

MS. DAVIS: I think, in addition to what she said, we need additional training to defend ourselves, just in case a riot occurred down there. We should know what to do, how to defend ourselves.

MR. COULTER: Do you think the training has been weak in that respect, so far?

MS. DAVIS: I would say, "weak"? No.

MR. COULTER: But more would be helpful.

MS. DAVIS: Yes.

MR. COULTER: Do either of you, as officers, dispense medication in the cottages, or wherever you work, to residents?

MS. WETZEL: Yes.

MR. COULTER: What kinds of medication do you dispense?

MS. WETZEL: Each cottage is supplied with aspirins, Ny-tol, peppermint water and this sort of thing. Now and then, during the cold and flu season, we have cough medicine and things of that sort that we can dispense, the sort of thing, the sort of thing you would keep in your own medicine cabinet. But we control it and dispense it.

MR. COULTER: Do you do it only on the basis of a written order or prescription of some sort from the doctor or nurse?

MS. WETZEL: Yes. There is a blanket order that covers all the medication we have in the cottage.

MR. COULTER: It is not a particular order for a particular inmate, though?

MS. WETZEL: In some cases. Yes. We have some who are not able to go to the hospital for the regular dosages of medicine. Those who are suffering, who are crippled in some way, or those who are disabled because of weight or their physical disabilities, their medication is sent to the cottage and we dispense that medicine. But to that individual only, and only under the doctor's order.



MR. COULTER: Let me direct a question to Ms. Davis. Does it occur in your ordinary duties that you have to make some kind of judgment, whether a resident is ill or is in need of medical treatment, particularly at night or when there is no sick call just coming up?

MS. DAVIS: If I feel the resident is sick, I will call the hospital, to the nurse, and state that this resident is ill, and ask her can she send something over to the cottage until the following morning.

The following morning she puts the name on the sick call, and they see the doctor or nurse.

MR. COULTER: Are there any rules or guidelines that you go by in determining just when a resident ought to see a medical person, a doctor or a nurse, or do you rely on your own judgment?

MS. DAVIS: You have to rely on your own judgment, a lot of times. But a lot of times a resident can be faking an illness.

MR. COULTER: But there is nothing written or specific that you go by that says in these circumstances always a doctor or nurse should be called, or in these circumstances never, or anything like that?

MS. WETZEL: That isn't in our territory. We report what we think is an illness, and it is up to the medical department to take it from there. We can't diagnose, after all. We are not qualified for that.

But if you are with a woman in the cottage and know her, you can pretty well tell whether she is faking or whether she is really suffering. And if so, then you call and report it to the hospital.

MR. COULTER: Do either of you ever, as part of your ordinary duties, read or spot check residents' mail?

MS. WETZEL: That is done on the midnight shift. If you are working the midnight shift, you are privileged to spot check mail. You do not read every letter that goes out, however.

MR. COULTER: Have either of you actually done this?

MS. WETZEL: Oh, yes.

MS. DAVIS: Yes.

MS. WETZEL: When I first went there, we read all mail.

MR. COULTER: Can you describe how this is done in a little more detail?

MS. WETZEL: The resident does not seal her letter. She puts her name and register number on the inside of the flap of the letter. It isn't sealed until the midnight officer has it ready to be sent to the mailroom.

If that officer feels that the resident has been talking in such a way that she might be writing something out that she shouldn't, or if she is just spot checking, say, every ten letters or something, then she will read the letter. If not, it is sealed and sent out.

The only correspondence list that is maintained is the one that is writing to someone in another institution. If that clears, if it is to another institution and has been approved, then it is sealed and sent to the mailroom, and that is it.

MR. COULTER: There may be other questions on that same subject later.

I have one more question that maybe I can address to both of you. That is, how do you handle the situation where you must communicate with a resident who does not speak English? We understand there are a number of these residents. How do you handle that situation? Is this a problem?

MS. DAVIS: Yes. It is a problem. If I have a resident that can't speak English, I try to get another resident that can speak English to interpret for me what I am saying to her. But most times they don't understand what you are saying.

What I am trying to say is, they understand what you are saying, if they hear it more than once, and you can tell them something about the assignment or sick call, and they know what you are talking about.

But if you are to tell them something, then you have to rely on another resident.

MR. COULTER: Does this present a problem in that you as a correctional officer must rely on another inmate to communicate?

MS. WETZEL: It does to a certain extent. We try to put these Spanish speaking people in a cottage where there is someone who can interpret for them.

They do, however, pick up enough understanding of English very quickly, to understand it, whether they can actually speak it or not.

We do have classes that they are put into immediately, so they can have a better understanding of our language. We have body and vocal classes.

MR. COULTER: That concludes my questions.

CHAIRMAN MCINTYRE: Ms. Higginbotham, have you any questions of the panel?

MS. HIGGINBOTHAM: There was one thing I think you said, that when you go in the room, if this inmate is ill, you will call to the hospital and say, "Please send something over".

Don't you want to clarify that a little more, concerning an illness?

MS. WETZEL: If I see that resident is really sick, I will call in the complaint to the hospital and state that this resident is sick, and "can you send her something over", if it is at night.

During the daytime, I call a complaint to the hospital, to the sick call officer, and she in turn calls the nurse. The nurse will check her jacket, and call me back and say "Send this resident over. She has been sick for this ailment a couple times before".

MS. HIGGINBOTHAM: I mean for you to bring out the fact that you more or less describe what type of illness she has, don't you?

MS. DAVIS: Yes.

MS. WETZEL: If there is a sign of a

temperature, we check it.

MS. HIGGINBOTHAM: What I am thinking about is something like acute appendicitis or something like that.

MS. WETZEL: You tell where the pain is, as much as possible.

MS. SIEDMAN: I would like to follow up on that. What is it that they send over? Do they send over a nurse, someone to examine the person, or what do they send over? What is the "something" they send over?

MS. WETZEL: Depending on what is wrong with the resident in the first place. If she has a severe headache, she says she has a migraine, they can send her medication that will hold her over for the night.

MS. SIEDMAN: Without any examination?

MS. WETZEL: Yes. By consulting her jacket. But if it is someone whose jacket -- her medical history says she cannot tolerate such and such a medication, she may have to call her to the hospital.

MS. SIEDMAN: Is there a nurse on duty at night, twenty-four hours?

MS. WETZEL: Yes.

MS. SIEDMAN: Then the nurse would be

receiving that call.

MS. WETZEL: Yes.

MR. GIBBARD: Ms. Wetzel, you gave your official position as senior corrections officer specialist.

MS. WETZEL: Yes.

MR. GIBBARD: What does the "specialist" mean?

MS. WETZEL: That means I am a GS 8 rating. I am not specializing in the field. No.

MR. GIBBARD: It is a designation of rating and not a designation of occupational specialty.

MS. WETZEL: That's right. ;

MR. GIBBARD: You indicated that you are both becoming more skillful and were trained at counseling and doing more counseling.

MS. WETZEL: Yes.

MR. GIBBARD: I would like to know at what point or what sort of training or experience you had that tells you that at this point the professional psychologist or clinician is needed.

MS. WETZEL: The counseling we do, a whole lot of, is just in every day face to face confrontation with the resident. If she is having a problem with Suzie

in the other cottage and we can sit down and talk to her and it doesn't go any further than that, that is a form of counseling.

If she is having problems at home, and we can help her in anyway to straighten it out with her mailing, or maybe get a phone call through for her, or something of this sort, this is a form of counseling.

MR. GIBBARD: Let me put my questioning in very broad terms, instead of the terms I attempted to use a minute ago.

Am I correct in assuming there is a professional clinical psychologist or counselor on the staff?

MS. WETZEL: Yes.

MR. GIBBARD: How do you relate to the person in that position?

MS. WETZEL: Unless we have a class with him, or a psychologist or a counseling trainer, we don't, really.

I have had one class in counseling, of a week's duration. I hope to get more.

MR. GIBBARD: Do you refer residents --

MS. WETZEL: Yes. If a resident appears to



have trouble relating to us and to other people, and she seems disturbed, we can write to the resident psychologist and say "I think you should see this woman. She needs to be talked to. She needs special treatment, or see her and see what you think about it".

Maybe it is me. Maybe I am the one at fault. Maybe I am just not relating to her.

But in a number of cases, a call will do it, if it is necessary. But otherwise, a note.

MR. GIBBARD: I would like to ask either or both of you, is there any corrections officer who is Spanish speaking?

MS. WETZEL: I don't know.

Yes. I think so. But, really, right now I can't tell you who it is.

I don't. I can speak for myself, only.

CHAIRMAN McINTYRE: Mr. Pitts, I believe, has some questions.

MR. PITTS: Ms. Davis, what did you do before you came to Alderson?

MS. DAVIS: I was a secretary and counselor for HEW.

MR. PITTS: A secretary and what?

MS. DAVIS: Counselor for HEW.

MR. PITTS: What were your duties and responsibilities?

MS. DAVIS: As a secretary, I kept all the daily attendance, outgoing and incoming correspondence. I took dictation,

As counselor, I interviewed prospective employees for jobs. I would take over as assistant director, whenever she was away, or something.

MR. PITTS: And your present job classification is what?

MS. DAVIS: Correctional officer.

MR. PITTS: What GS rating do you have?

MS. DAVIS: I am a 7.

MR. PITTS: Ms. Davis, in your tenure at the institution, has there been many riots?

MS. DAVIS: No. There haven't been many riots.

MR. PITTS: Have there been many outbreaks? I don't know what you would call them, but do you understand the question I am asking?

MS. DAVIS: Yes.

MR. PITTS: Have there been many of those?

MS. DAVIS: No.

MR. PITTS: Have you been put into any reasonable apprehension of great fear by any residents?

MS. DAVIS: No.

MR. PITTS: Then why is it necessary that you feel you should receive further training in the area of protection?

MS. DAVIS: Just in case a riot or something does break out, I would know what to do and how to defend myself.

MR. PITTS: What kind of training did you receive for this particular job classification?

MS. DAVIS: I would say karate. Alderson is not a maximum security, so I don't think we should be in use of a gun. But, you know, to learn how to shoot a gun would be beneficial, especially for a female officer.

MR. PITTS: Are you fearful of the residents?

MS. DAVIS: No. I am not.

MR. PITTS: But you think all this is necessary for your own protection.

MS. DAVIS: Yes. Right.

MR. PITTS: Did you say you have received training? Did you state earlier that you had received

training?

MS. DAVIS: Yes. I have received two weeks of training in Atlanta.

MR. PITTS: How long?

MS. DAVIS: Two weeks.

MR. PITTS: What did that particular training consist of?

MS. DAVIS: They consist of correctional techniques, how to handle a resident in case of riot, how to approach them --

MR. PITTS: In case of a riot?

MS. DAVIS: Yes. Counseling them.

MR. PITTS: In case of a riot?

MS. DAVIS: No. Not in case of a riot.

Counsel them whenever they need assistance. Mainly the job title is custodial and safety of the institution.

MR. PITTS: Did you receive indepth training in terms of providing counseling for the residents?

MS. DAVIS: No.

MR. PITTS: Since the two weeks training at Atlanta, have you received any further training?

MS. DAVIS: No.

MR. PITTS: How long ago was this training

received in Atlanta?

MS. DAVIS: It was April of '73. The last part of April of '73.

MR. PITTS: Was that shortly after you went there as a correctional officer?

MS. DAVIS: Yes.

MR. PITTS: What was your starting rate? Do you remember?

MS. DAVIS: GS 6.

MR. PITTS: Were there very many people that came to appointment at the institution when you went on, or do you remember?

MS. DAVIS: Approximately four came at the same time I did.

MR. PITTS: Where are they presently? Are they still employed there?

MS. DAVIS: One.

MR. PITTS: Do you know the present rating of that one person?

MS. DAVIS: A GS 7.

MR. PITTS: Is that person a correctional officer?

MS. DAVIS: Yes. She is.

MR. PITTS: Looking down the road, Ms. Davis, can you see any possibilities of upward mobility for you at that institution?

MS. DAVIS: Yes. I hope so.

MR. PITTS: You hope so.

MS. DAVIS: Yes.

MR. PITTS: Well, can you see it?

MS. DAVIS: I can. Yes. I can see it.

MR. PITTS: What is the next level?

MS. DAVIS: My next level is a GS 8.

MR. PITTS: As a correctional officer?

MS. DAVIS: Yes. Then from there as a GS 9, as a counselor.

MR. PITTS: How long have you worked there now?

MS. DAVIS: Approximately a little over thirteen months.

MR. PITTS: In that time, from your knowledge, has anyone come into the program at a rate lower than yours and did pretty much the same things that you do, that have been lifted to a higher rating?

MS. DAVIS: No.

MR. PITTS: Be very particular, now, Ms.

Davis. Is there discrimination in the upward mobility of blacks in employment at that institution?

MS. DAVIS: No. I wouldn't say. Not at that institution. No.

MR. PITTS: Ms. Wetzel, what did you do before you went on as correctional officer at the institution?

MS. WETZEL: I had worked in various stores and shops. I had been an officer in a number of civic and church organizations. I was a substitute teacher.

MR. PITTS: What were your duties and responsibilities in those shops and stores?

MS. WETZEL: Dealing with the public. Dealing with people of all kinds.

MR. PITTS: Did you have any managerial position?

MS. WETZEL: Yes.

MR. PITTS: Are your duties and responsibilities pretty similar to Ms. Davis'?

MS. WETZEL: Yes.

MR. PITTS: How long have you been employed there?

MS. WETZEL: Nine and a half years.

MR. PITTS: And you have been there all the time as a correctional officer?

MS. WETZEL: Yes.

MR. PITTS: Do you know who the psychologist is?

MS. WETZEL: Yes.

MR. PITTS: Who is it?

MS. WETZEL: Dr. Ream.

MR. PITTS: In the nine years you have been there, have you been able to pick up bits and pieces of the Spanish language?

MS. WETZEL: Well, yes. Bits and pieces here and there.

MR. PITTS: Can you pretty well determine when one of the residents is trying to tell you an element? Can you pretty readily discern what she is trying to tell you?

MS. WETZEL: Yes.

MR. PITTS: When you determine that a resident perhaps needs to see a psychologist, on what basis do you make this determination?

MS. WETZEL: On behavior.

MR. PITTS: We know that you said that some-



times you might be the problem, or something to that effect.

MS. WETZEL: I said there was that possibility.

MR. PITTS: In that possibility, do you still send a person down to be checked out by the psychologist?

MS. WETZEL: Yes. If it isn't the individual, then it must be me. I want to know.

MR. PITTS: If it is determined it is not the individual, what happens then?

MS. WETZEL: I go by whatever the psychologist tells me.

MR. PITTS: Then you do have some relation and some connection with the psychologist.

MS. WETZEL: Yes.

MR. PITTS: And some relation with --

MS. WETZEL: Yes.

MR. PITTS: Well, I thought you said that you didn't.

MS. WETZEL: No. I said I did.

MR. PITTS: In your nine years there, have you experienced or the institution experienced any riots?

MS. WETZEL: We have had some disturbances.

MR. PITTS: Were those disturbances violent?

MS. WETZEL: Yes. To an extent.

MR. PITTS: Do you think that there is a great need for some further training in the area of self-protection for yourself?

MS. WETZEL: No. I haven't felt that.

MR. PITTS: How long have you held the rating of GS 9?

MS. WETZEL: Since November of '73.

MR. PITTS: Have you seen much discrimination in job employment of blacks in the institution?

MS. WETZEL: No. I haven't.

MR. PITTS: Do you know what discrimination is?

MS. WETZEL: I do, indeed.

MR. PITTS: Did you go through the same training as Ms. Davis?

MS. WETZEL: I haven't had the Atlanta training. No.

MR. PITTS: What training did you have, specifically?

MS. WETZEL: At the time that I came on, we

had training within the institution. We had two weeks of lectures and formal training by the personnel officer, the training officer, and on the job training.

MR. PITTS: Then you have received no training away from the institution at all.

MS. WETZEL: No. I have not.

MR. PITTS: Do you think that your prior jobs helped in any way your present job situation? I mean does it lend anything, your background -- does your working background lend anything to your present employment?

MS. WETZEL: I think so. Yes.

MR. PITTS: Had you worked around minorities and other than whites, let me say, prior to the time you became correctional officer at Alderson?

MS. WETZEL: Oh, yes.

MR. PITTS: In what capacity?

MS. WETZEL: I was at the Greenbrier Hotel for a number of years.

MR. PITTS: What did you do over there?

MS. WETZEL: There were a number of blacks there. We worked well together.

MR. PITTS: What did you do at the Greenbrier?

MS. WETZEL: I worked in a number of the shops. I was assistant manager in a couple of the shops.

MR. PITTS: Did blacks work in those shops?

MS. WETZEL: No. But we had to depend on them to help us in a number of ways, with different problems.

MR. PITTS: In what ways were they to help you?

MS. WETZEL: Well, considering the nature of the hotel itself, they were our go-between between the merchandise that we had and the purchasers and the guests in the hotel.

MR. PITTS: Did I understand you to say you were a substitute teacher at one time?

MS. WETZEL: Yes.

MR. PITTS: In the classroom situation, were you involved in an integrated classroom situation?

MS. WETZEL: Oh, yes.

MR. PITTS: When?

MS. WETZEL: Well, the school that I was teaching in had been integrated for about seven or eight years by the time I was doing my substitute work there. Fully integrated.

MR. PITTS: Of course you certainly feel that that experience lends well to your present occupation.

MS. WETZEL: I think so.

In the matter of training -- may I put this in -- we have also been offered classes on the college level a number of times at the institution, and those of us who could, took advantage of that.

I have had fifteen hours of college credits since I have been there, in psychology, sociology, and criminology.

CHAIRMAN McINTYRE: Does your title suggest that you supervise other correctional officers, or that you are responsible for a group of women residents of the institution?

MS. WETZEL: We are responsible for a group of residents of the institution, but when there is on the job training for new officers, we do this too.

CHAIRMAN McINTYRE: Approximately how many of these women are you responsible for supervision of?

MS. WETZEL: In a cottage, with the count as it is now, it would be about thirty-five to forty.

CHAIRMAN McINTYRE: And would the number of your women residents be the same, Ms. Davis?

MS. DAVIS: Yes.

CHAIRMAN McINTYRE: In your activities, you would have become familiar with the practice of writing, preparing, signing and filing what is known as an incident report or a rule infraction report?

MS. WETZEL: Yes.

CHAIRMAN McINTYRE: Do you ever file a rule infraction report if you have not witnessed the incident which occurred?

MS. WETZEL: No.

CHAIRMAN McINTYRE: Then the judgment as to who was right and who was wrong in any incident report is your judgment initially to make. Is that correct?

MS. WETZEL: Yes.

CHAIRMAN McINTYRE: So if an altercation occurs on the grounds between two women residents, you would originally judge against whom an incident report would be filed. Is that correct?

MS. WETZEL: Only if I had seen it.

CHAIRMAN McINTYRE: If you had seen it.

MS. WETZEL: Yes.

CHAIRMAN McINTYRE: Do you, after having seen it, in an attempt to evaluate the integrity of the

report and what it contains, ever talk to other witnesses?  
Or do you base it entirely on what you have seen?

MS. WETZEL: We can list other witnesses.  
But the report is written on what we, ourselves, have  
witnessed.

CHAIRMAN McINTYRE: Do you ever interview  
other witnesses?

MS. WETZEL: You mean other residents?

CHAIRMAN McINTYRE: Other residents who  
are the subject of the report, other witnesses.

MS. WETZEL: We can. I would rather not.  
We will get a lot of comment about it, without being  
solicited, of inconsistent comments about it. Just hearing  
the residents talk between themselves about something that  
has happened.

But the report is written on what we see  
ourselves, only.

CHAIRMAN McINTYRE: Are you satisfied that  
the residents at Alderson are fully aware of rule  
infractions which could result in disciplinary action against  
them?

MS. WETZEL: Yes.

CHAIRMAN McINTYRE: How is that made known?

MS. WETZEL: When they first come in as a new unit. they are put in an orientation cottage and given an orientation folder, which expresses explicitly all infractions, all rules that are to be obeyed, and for any infraction of these rules, what the consequences might be.

CHAIRMAN McINTYRE: A folder was shown to us this morning in the evidence taken at that time, which consists of a number of pages on green paper. Is this the type of folder you speak of?

MS. WETZEL: Yes. That is also written in Spanish, by the way.

CHAIRMAN McINTYRE: That is not composed in any simplified manner for use among the residents, is it?

MS. WETZEL: No. But they are urged to question anything they don't understand about it, and there are regular meetings with them during their orientation period to clarify anything they don't understand about it.

CHAIRMAN McINTYRE: This largely is couched in language which would be understood most handily by people with some expertise in the field, is it not, rather than an institutional resident? Would you not say that is



a fair statement?

MS. WETZEL: I think if there is anything there they don't understand or are questioned about, it can be explained in their own language, that they can understand.

CHAIRMAN McINTYRE: Do you feel, as a matter of fairness, if you had a simple handbook which said you cannot do 1 to 10, you are permitted to do so and so, and list those, and simplify the entire manual in such a way that it is easily understood -- this is not easily understood, I would suggest. Would that not be a better practice?

MS. WETZEL: Well, if the particular thing was not listed, they would say they could do it, simply because it had not been listed.

I am not saying we can cover every situation that is going to come up. That might be more feasible. I don't know. I had not thought about it.

MR. GIBBARD: I understand there is a right to read program for the residents, which means to me that the level of literacy is relatively low, and that also suggests to me that a good many of the residents simply aren't accustomed to reading things that thick. Would you

think there is any basis for my feeling, that they don't --

MS. WETZEL: I don't know what scope that right to read covers. I think the people from the education department can clarify that, better than I can.

MR. GIBBARD: I am not concerned with the program. I am concerned whether the people can comfortably read that thickness of papers, if they are not accustomed to reading.

MS. WETZEL: There are some who have not had very much formal education. But a greater part of them have had.

They may not be high school graduates, but their IQ's, I think, would be capable of understanding language of this sort.

As I said, if they have any question, they can ask questions about it. And there are meetings to clarify anything.

It isn't only what is written down there. The orientation officer tells the resident what she can do, and gives her an outline of the day by day procedure of eating and coming back and what the bells are for and the count situation, and this sort of thing.

CHAIRMAN McINTYRE: What is your understanding

of the reason for your mail monitoring program, letter monitoring practice? What is the reason for that, as you understand it?

MS. WETZEL: I think primarily plans for some kind of action that would be detrimental to the institution, or plans for escape.

CHAIRMAN McINTYRE: Are you advised by anyone above you in the hierarchy of management of the institution of particular individual residents whose mail should be monitored?

MS. WETZEL: Yes.

CHAIRMAN McINTYRE: Then whose mail should be monitored oftentimes is a subject about which you were advised, in advance, and you monitor all of their mail.

MS. WETZEL: A resident who has been associated with syndicated crime, for instance. That mail might be monitored.

CHAIRMAN McINTYRE: That means every letter that inmate sends out is monitored?

MS. WETZEL: Yes.

CHAIRMAN McINTYRE: Otherwise, it is only spot checked, on a one to ten basis?

MS. WETZEL: Whatever basis you might use.

It might be more than that, or not that much, depending on the tenor of the cottage, the feeling in the cottage, the tensions and so forth.

MR. PITTS: My question can be answered by either of you, or both. I suppose that both of you know all of the violations for which a resident might be written up.

MS. WETZEL: Not so that I could recite them off. No.

MR. PITTS: But if you would by chance come upon any kind of a violation, you would remember automatically that that is a violation, and would write it up.

MS. WETZEL: Oh, yes.

MR. PITTS: I would assume, then, that you know, and you have read, the orientation information pamphlet.

MS. WETZEL: At the time when the orientation folder is made up of copies that everyone has had in the cottages. So we have seen everything there in the orientation folder at our regular cottage memos and policy statement books and things of this sort.

MR. PITTS: But you have never just read those policies out of practice.

MS. WETZEL: No. Not as an orientation make-up, because I haven't worked in that cottage for awhile. But as I say, every cottage gets a copy of everything that is in that folder, as it comes out.

MR. PITTS: Do you know what is in that folder?

MS. WETZEL: I think I would recognize all of it. Yes.

MR. PITTS: Do you know what is in the folder?

MS. DAVIS: Yes.

MR. PITTS: You do?

MS. DAVIS: Yes.

CHAIRMAN McINTYRE: If there are no further questions of these two witnesses, we thank you for participating today, and you may be excused.

[Witnesses excused]

CHAIRMAN McINTYRE: The next category of inquiry from the staff panels is the field of work, education and recreation. The participants will be Marguerite Givens, Richard Harless, Theodore Warneke and Lorraine Leftwich. Would you come forward, please, and take seats where the last witnesses were?

I am advised that Mr. Harless will not be participating with this panel today.

MS. McLAUGHLIN: Mr. Harless is in training in Colorado.

MR. PITTS: Very convenient.

WORK, EDUCATION, RECREATION:

MR. COULTER: Let me ask each of you to state your name and your job title, if you would, please.

MR. WARNEKE: Ted Warneke. I am superintendent of industries.

MS. GIVENS: Marguerite Givens, educational program analyst, and acting principal. ;

MS. LEFTWICH: Lorraine Leftwich, the assistant food administrator.

MR. COULTER: Let me just address a very few questions to each of you.

We understand, Ms. Givens, that there are special classes for residents who do not speak English. What kind of classes are these, and how are they conducted?

MS. GIVENS: We have them classified under bi-lingual bi-cultural classes. They are primarily for the Spanish speaking women who do not speak English or speak very little English.

Included are classes in literacy, reading and writing in English, and also English on a little higher level for those who have a little smattering of the language, mathematics or arithmetic for the Spanish speaking women, and also GED preparation classes.

MR. COULTER: How are these classes taught?

MS. GIVENS: They are taught in a small group, sometimes with a person who has an aid, a teacher's aid who has some understanding of Spanish, or is Spanish speaking.

Also our instructor in that area speaks Spanish; Mr. Jones.

MR. COULTER: Are you saying that some of the classes are actually conducted in Spanish by Spanish speaking instructors, and in other classes the teachers instruction is translated by a translator?

MS. GIVENS: No. There are aids in the group who do speak Spanish. The instructor speaks Spanish as well as English.

The classes are conducted for teaching English, not for speaking Spanish. However, some of the materials have both languages in them, and some of the reading materials are completely Spanish. Some of the magazines

and papers subscribed to for that department are in Spanish.

MR. COULTER: How many residents participate in these classes?

MS. GIVENS: If they are completely illiterate in English, they are assigned to the bi-lingual bi-cultural classes for English, if they have any indication at all that they are interested in learning English.

If they are from a country to which they intend to return, have a short time in the institution, we do not insist that they take the bi-lingual classes, unless they wish to.

MR. COULTER: That is for a short term?

MS. GIVENS: If they are short term and are going back to another country.

MR. COULTER: Otherwise, it is compulsory?

MS. GIVENS: No. It is not. But we try to encourage them to take the classes. Classes are optional.

MR. COULTER: Is it your responsibility to review or screen books and other publications that come into the institution?

MS. GIVENS: At present I am designated in



part for that. There are others also.

MR. COULTER: Could you describe how you do that, and what sort of guidelines you go by?

MS. GIVENS: We have a policy statement on incoming publications that outlines what may be received. For example, newspapers and magazines are to come directly from the publisher, rather than directly from a correspondent. These are by subscription, either by the resident through the commissary, or by the resident correspondent who may enter a subscription and have it sent in.

In either case, approval should be granted prior to the subscription by the principal among her designees.

MR. COULTER: Are there any materials, books or magazines that you would keep out because of their content, such as the subject matter?

MS. GIVENS: Very few.

MR. COULTER: What kinds of things would they be?

MS. GIVENS: Pornography, anything that might be detrimental to groups within the institution.

MR. COULTER: What kinds of things would

that be?

MS. GIVENS: Anything that is about another resident. For example, a magazine article or newspaper article that contains something about a resident who is presently in the institution, or has been very recently, that would be derogatory to her own best interests; anything that might incite a riot, as you have been referring to, a disturbance within a group; anything that might be disturbing to an individual because of her own nature.

MR. COULTER: How would you determine that?

MS. GIVENS: For example, we have had incidents in which women have been excited into hysteria by a mystic interest of someone else, because they do not understand what is going on.

For example, recently we had a book on a ritual, some kind of mystic ritual, voodooism or something of that type, that we did not feel was necessary to have in the institution.

MR. COULTER: Had this incited somebody into doing something dangerous? Is that what you are saying?

MS. GIVENS: No. Only that they became hysterical because of the antics and pranks of some of the

others, and this was a complete ritual type of thing. It has been some years back.

MR. COULTER: Has there been anything necessary, in your judgment, to keep out recently, within the last six months or a year?

MS. GIVENS: In terms of what?

MR. COULTER: In the way of books or magazines or newspapers?

MS. GIVENS: Yes. Occasionally we have articles that describe a case of a girl who is in the institution that we have kept out.

MR. COULTER: Apart from that, though, any books?

MS. GIVENS: No particular books, to my knowledge. I don't recall the titles, but there have been some magazines which we felt were rather pornographic and had a lewd content.

MR. COULTER: I was just trying to get some kind of idea of what sort of thing you might determine to keep out. You don't think of anything besides the voodoo?

MS. GIVENS: There have been some cartoon books on sex that we have felt were not good. One was titled, I think, "Sex in Sixties", or something like that,

a big pictorial thing.

MR. COULTER: Mr. Warneke, we have heard a lot about the garment factory earlier today. I have noticed that you have been with us most of the day, listening to the people speak.

Rather than ask you to describe the prison industries at Alderson in detail, we already have a good deal of that information, maybe we could jump right into some of the more difficult to understand questions, such as the pay that the residents receive for their work in the garment factory, and how that is determined. Can you explain that for us?

MR. WARNEKE: Yes. The garment factory works on a group piecework. There is a price set on the various garments that we make, some twenty-five, I believe, in all different types of garments that are manufactured in the factory.

There is a unit cost statement prepared on each type of garment, depending on the amount of work involved, which is approved by the central office, which is our head office in Washington, D. C. That will determine, then, the price the residents will receive for the unit.

Then there is a base pay. By the way, they

just received a ten per cent increase in pay a month ago. The base pay now is 23¢, 34¢, 45¢ and 56¢ an hour.

MR. COULTER: Those are the levels for the various grades?

MR. WARNEKE: Yes.

Any production above the base pay earned -- it is a group piecework -- is then divided, percentagewise, to each grade.

By the way, last month they had the highest pay, quite different from what the lady said this morning, and \$148 was the largest pay for the common --

MR. COULTER: That was what one individual received?

MR. WARNEKE: Yes. The highest. That depends, of course, on the hours this person had put in, the most hours out of the most hours available for work, which the pay is based on.

MR. COULTER: Do you know how many hours that was, roughly?

MR. WARNEKE: Yes. One hundred forty-five. This lady worked some overtime.

By the way, overtime is double time.

MR. COULTER: Can you explain why it is that

it is only permitted to have a certain number of workers in any given pay level? Is there a reason for that?

MR. WARNEKE: Yes. There is a grading sheet which develops each skill of the operation, which determines how much should be paid for that skill. It depends on the knowledge of the skill itself, the physical effort, and the responsibility involved, and also it could be the working environment also involved, which determines the rate of pay for a particular grade.

MR. COULTER: But no matter what a person's skill, there are only a limited number, I think someone said fifteen, 1st Grade positions in the garment factory.

MR. WARNEKE: Well, this is based on the number of operators in the garment factory, for instance, that are needed for that particular skill.

The lady this morning, to make it clear, mentioned that setting a collar is a more difficult skill. Now that could be rated, let us say, 1st Grade pay.

The lady that bastes the two pieces together is a very simply operation. She may put forth just as much effort, but the skill is not there, and that may be rated at a lower level.

MR. COULTER: So what you are saying is that

at the different pay grades, there are distinctly different jobs.

MR. WARNEKE: Generally speaking; yes. There are exceptions. There are, believe it or not, residents who make exceptional efforts, and we are extremely fortunate at having residents who make extreme efforts. Because of the group effort, I think the general climate of the institution helps us. I think it is operating as a successful operation.

But the general climate of the institution is such that the residents want to do a good job. In other words, we assimilate conditions the same as on the outside.

I use the words, "Instill in a person a will to want", which perhaps may be the success or failure on the outside.

If we successfully can instill the will to want in one of the persons, of course they automatically will do well on the job.

MS. SIEDMAN: One of the things we heard this morning was that if a woman coming in and has the capability to function at the top level of skill, she is still required to start at the bottom level, even though she

might be able to do a collar or cuff.

MR. WARNEKE: Yes. I think she was right, in this sense: The very fact that the claim is made that she is skilled, has to be proven. So if a person comes in like that, the grade changes are made once a month, and at the end of that month, if she has been there a month, we will readily know if that person is qualified.

MS. SIEDMAN: Can she jump from 4th Level to the 1st Level, or does she have to go through all the steps?

MR. WARNEKE: An exception has been made. When exceptional people come in, and there are openings for the grade, they have received the 1st Grade pay. Yes. There are exceptions to every situation.

I think we are doing it as honestly as possible. We may be frail sometimes. We may fail sometimes. I don't know. I am sure we do, sometime.

MR. COULTER: Ms. Leftwich, you are the work supervisor in the central dining room?

MS. LEFTWICH: Yes.

MR. COULTER: About how many residents work in the dining room, the CDR, as it is called?

MS. LEFTWICH: About 87 to 92.



MR. COULTER: The number varies, I take it.

MS. LEFTWICH: Yes.

MR. COULTER: Do you know approximately how many of these residents are black?

MS. LEFTWICH: Approximately sixty per cent.

MR. COULTER: Would you know approximately how many are Spanish speaking?

MS. LEFTWICH: Approximately fourteen per cent.

MR. COULTER: Does a resident who starts work in the central dining room, or maybe I can use the word "kitchen", for short, start or begin getting pay as soon as she begins work?

MS. LEFTWICH: No. She does not.

MR. COULTER: How soon does the resident begin to be compensated?

MS. LEFTWICH: We go by the policy statement, and the policy statement states that she has to be on the Reservation for ninety days. This can include her thirty working days in the dining room.

Therefore, if her work is outstanding and above average, we will recommend MSA and MGT. We do this by writing a record that goes to her case worker.

MR. COULTER: Can you explain what MSA and MGT is?

MS. LEFTWICH: Meritorius Good Time is MGT. This is three days a month. After the first year, they go to five days a month. We start them off with \$10 a month pay for MSA, and they can increase. We increase this as their work progresses.

The highest we pay, or have paid, is \$50 a month.

MR. COULTER: Is it true that every month you must submit a recommendation in order for each resident to be given this meritorius pay? ;

MS. LEFTWICH: That is not true. No.

MR. COULTER: How often do you submit a recommendation?

MS. LEFTWICH: Suppose I have a lady coming in, and it is time for her to receive her MGT now. So we put the recommendation in. She is given this monthly, unless because of adverse behavior or something it is withheld. Otherwise, she continues to get this pay, each month that she stays.

MR. COULTER: So once a woman starts getting the pay, your only job is to cut it off at some point.

MS. LEFTWICH: If her work falls down, or if it is for adverse behavior. Yes.

MR. COULTER: Is there any procedure you go through when you withdraw or stop someone's meritorious pay?

MS. LEFTWICH: Yes. We call the lady in and we have a discussion with her.

First, we warn her about her work, it is falling down, and we point out the areas that she is falling down in, and we say, you know, "We would like for you to bring it up, if you can. If so, you will retain your day's pay. If not, we will have to recommend that it be withheld".

MR. COULTER: Your recommendation goes to whom?

MS. LEFTWICH: The lady. The resident.

MR. COULTER: No. You must recommend in the first place that someone receive the pay.

MS. LEFTWICH: We send that to the case worker, the lady's case worker.

MR. COULTER: I am going to finish my questioning there, and let the members of the Committee pursue other subjects. I am sorry our time is short. There

is a good deal more material we would like to talk about.

MS. HIGGINBOTHAM: I am a little in the dark on one thing. You mentioned ability and willingness, for putting these people in different categories. I think of myself. I would be perfectly willing, but I couldn't sew, regardless of my attitude.

I just can't understand how attitude alone, being a drawback, and yet a promotion for plain willingness. Maybe I misunderstood you. But you said their attitude had a lot to do with promoting them in the different categories or levels of finance.

MR. WARNEKE: If I understand you -- there has to be the willingness of the person to want to get ahead.

MS. HIGGINBOTHAM: I see that. But suppose they just don't have the ability.

MR. WARNEKE: We have a training program. Sometimes it takes a little longer for them to attain a certain skill. Some have a natural aptitude toward the type of work, and others do not.

We have a lot of patience. And some of our best workers, and this may hold true everywhere, sometimes develop by not the ones who are very bright. Some of them,

it takes a little longer to catch on. But when they do, they move ahead a little slower.

Surprisingly enough, these become sometimes some of our most stable workers. This is the experience I had on the outside, too.

MS. HIGGINBOTHAM: And their willingness in going on with it can get them in that level.

MR. WARNEKE: Yes, ma'am.

MS. HIGGINBOTHAM: Because their ability has improved.

MR. WARNEKE: It certainly will. Yes.

MR. GIBBARD: Mr. Warneke, just one question, probably in two parts. In industry across the country, where people work on piecework, it is reported that there are subtle pressures from fellow workers to keep you from working too hard, so that you don't become a rate buster, so-called.

Is there any subtle pressure to make the very vigorous, hard worker slow down?

MR. WARNEKE: I don't think that there is a pressure for that particular one who wants to work harder to slow down, because the slower one will benefit by it.

There may be an incentive for the slow one

to want to do better, because the fast one will move to the top of the ladder. There is an incentive there.

MR. GIBBARD: When you speak to the group of piecework, is this a piecework based on complete garments, so that the low skilled and the high skilled are parts of one team?

MR. WARNEKE: Yes.

MR. GIBBARD: Does this in effect mean that the slowest worker governs the earnings of all the workers?

MR. WARNEKE: No, sir.

MR. GIBBARD: How can a garment be finished faster than, say, the person that sews the pockets on, works?

MR. WARNEKE: There may be the exception, again, where in some operations the slow worker will produce "X" number, where the fast worker may do the same operation and produce much more. That is taken into consideration, when the grade considerations come up. The faster worker is remunerated by her effort, in that instance.

MR. GIBBARD: I am not clear yet how you can have more collars going on than you have button holes made.

MR. WARNEKE: There are some thirty-four

operations, probably, in a shirt alone, and in the pants, sixty-six. So there are more than button holes and collars to be sewed on. There is quite a variety of types of skills involved.

MR. GIBBARD: I would like to ask Ms. Givens a question about staffing your educational program. Can you make some general statements on the qualifications, if that is an appropriate term, for the teachers in your program?

MS. GIVENS: Our teachers have qualifications similar to those in the public school systems, and acceptable to the states, a college degree and a certain number of hours in their field, as well as in education.

MR. GIBBARD: Do you have to have anyone in your staff who is specially qualified in teaching English as a second language?

MS. GIVENS: I am not completely familiar with Mr. Jones' qualifications, but he does have the ability to speak Spanish rather fluently, and has teaching ability, which I believe he can combine adequately to teach Spanish speaking women English.

MR. PITTS: Ms. Givens, what types of classification tests are given to the residents upon

committal to the institution?

MS. GIVENS: In the education area, we give them the standard achievement tests, usually the intermediate test too, for testing achievement.

We give them the revised Beta Test for a Beta IQ score.

We give them the General Aptitude Test Battery, which is a Department of Labor test, to those who have an adequate reading level, a 6th grade or better, and who are under forty years of age, or we give them beyond the age of forty, if it seems necessary.

MR. PITTS: Do you determine what tests will be given, or is this determined by the Bureau of Prisons Administration?

MS. GIVENS: The Bureau of Prisons outlines it.

There are also psychological tests that are not given by the education department.

MR. PITTS: Do you consider this testing to be reliable and not discriminatory?

MS. GIVENS: If you don't put too much emphasis on testing, it can be a tool that will be helpful. However, there is discrimination in people with different



backgrounds who take the test, I think.

MR. PITTS: Mr. Warneke, you mentioned several times exceptions to rules and this kind of thing. In your tenure at the institution, have there been many exceptions to the rule on upgrading, or do you know how many times you have said, "Put this exceptional ruling into effect"?

MR. WARNEKE: I wouldn't be telling the truth if I would say there were no exceptions. Exceptions are there continually. There is always someone who may disagree. But by the time it comes to me, I can say this honestly, I don't think I have ever had an instance when we explained it logically, why a person was not moved ahead, or what that particular person can do to improve, that it wasn't satisfactorily settled.

MR. PITTS: Of course that wouldn't be the exception, would it? The exception would be where somebody was unexpectedly moved ahead.

MR. WARNEKE: Well, there are sometimes -- I don't know if this would answer your question, exactly. Sometimes the person may feel that they ought to move right to the top. But there are other people who need to be considered, who are waiting, who are already at that same

level.

I would say that if there are two people equally qualified, then the older person would get the opportunity first. In other words, the best man wins, and this is sort of the application.

I don't know if it is always the right answer. We do make an effort, though, to make it right.

MR. PITTS: I don't know if you are clear on what I asked, or if I am clear on what you have answered. I merely want to know; you mentioned something about exceptions to the rule when you find that somebody can do something, but I am sort of thinking that we have someone to come in and do something very well, and the exception of the rule is to put this person in perhaps a higher pay scale or whatever the scale is before their time. They wouldn't have to wait some period or for somebody to move out, or something.

I am asking you if this has been done while you have been heading up this particular division?

MR. WARNEKE: Oh, yes.

MR. PITTS: You have done that?

MR. WARNEKE: Yes. That happens very often, in fact. Well, I wouldn't say quite often. There is ..

always somebody who feels they are entitled to more. But the input has always been from resident and staff.

It is surprising that the resident has more input on this increase than staff has. They know who is entitled.

MR. PITTS: Who determines the pay scale?

MR. WARNEKE: The pay scale has --

MR. PITTS: The scale you pay the residents at now; who determines that?

MR. WARNEKE: That was determined by the price of the garment that we pay, by the unit cost statement. The rate is a particular rate, and then plus the number produced, units produced, divided amongst the number of people.

CHAIRMAN McINTYRE: I think Don Goff, our state consultant, has a question.

MR. GOFF: Mr. Warneke, at the present time, do you have any job vacancies in industry? Or to put it another way, is there normally a waiting list of residents who would like to work in industries?

MR. WARNEKE: Yes, sir. In the garment factory, I think our waiting list is a little over forty people, that would like to come in and work for us, and we

don't have enough jobs at the present time.

MR. GOFF: Where are these forty people working now?

MR. WARNEKE: They are probably in other programs.

MR. GOFF: But not in industries.

MR. WARNEKE: Not in industries. Not necessarily. There may be some that would transfer from one department to another.

MR. GOFF: What I am trying to determine is whether working in industries is a more desirable or less desirable work assignment in the institution.

MR. WARNEKE: Of course we have got the advantage of paying, you know --

MR. GOFF: In other words, industries is really the only work assignment that is paid in the institution, other than the incentive pay which comes from industry's profit, which goes to provide payment for the women who are working in maintenance operations. Am I correct on that?

MR. WARNEKE: Yes, sir. That almost covers the full gamut.

MR. GOFF: Federal Prison Industries, as I

understand it, is controlled by a separate corporation. Who is on the policy board or the board of directors of the Prison Industries that establishes your policies and procedures?

MR. WARNEKE: I am embarrassed not to know all the board of directors. But I know George Meany is one, and I know there is someone, a Judge is on the board. I know there is someone from almost every phase of life, so to say, or industry, or education. A professor from one of the universities.

MR. GOFF: That particular board is the one that establishes pay rates, establishes occupations, et cetera, within the institutions of the Federal Bureau. Am I correct on that, sir?

MR. WARNEKE: Well, I wouldn't cut it quite that fine. I don't think they get into the very details. They do determine the rate of base pay, and when there are increases.

MR. GOFF: How much money has the Federal Prison Industries returned to the federal government in the last five years? Do you know that, sir?

MR. WARNEKE: No. Not too much. We have put everything back to the residents for educational

purposes.

MR. GOFF: When was the last time there was a payment to the Federal Treasury?

MR. WARNEKE: I believe it may have been four years ago. I may be wrong on that. I do not know.

MR. GOFF: I believe, if I am not mistaken, there was a \$5 million pay back to the U. S. Treasury, I believe, in 1971, which to my understanding is the last time there was a pay back to the U. S. Treasury.

I believe some of the staff would be interested, not now, but in obtaining a breakdown of the industry occupations by pay grades, and also by racial.

MS. OLBRICH: What we would like to have is pay grade by race.

MR. GOFF: In the industries.

MR. WARNEKE: I am afraid the answer would be -- I do not see the --

MR. GOFF: Subsequent to this particular hearing, would you be able to send that material to the local staff of the Commission?

MR. WARNEKE: Certainly. Yes.

MR. GOFF: Ms. Givens, to pursue an observation you made with regard to the control of reading

materials which are permitted in the institution, you made the observation that one of the criteria is any material which might be detrimental to the institution. I am wondering what you meant by that?

MS. GIVENS: Any material that might incite a riot, for example, or be instructive in organizing something against the institution, an uprising against the institution, that might be considered detrimental to the institution.

MR. GOFF: What kind of material would that include? For example, is "Sold on Ice" permitted inside the institution?

MS. GIVENS: I am not familiar with it.

MR. GOFF: You have had no requests for the Soledad Brothers --

MS. GIVENS: We have had some material on it.

MR. GOFF: If I were a resident and wrote to a publisher to receive a copy of "Soledad Brothers", would I be permitted to receive it?

MS. GIVENS: Yes.

MR. GOFF: I would?

MS. GIVENS: Yes.

If I were a resident and wrote to

Bantam or Delta, with my \$2.50, would I be permitted to receive a copy of the "Watergate Transcripts"?

MS. GIVENS: Yes.

MR. GOFF: You mentioned pornography. Would I be permitted to receive a copy of "We"?

MS. GIVENS: I am not familiar with it.

MR. GOFF: What I am trying to get at is, if the material is permissible to be sent through the United States Mail and it happens to be in the sexual area, would I be able to receive it, or would there be an additional control imposed upon a definition of pornography?

MS. GIVENS: It is very questionable what pornography is. It depends a lot on the individual, the community, and the setting.

In our, what you might call censorship, I think that is what your term was, of books and approval of books and printed material, if we find something we think questionable, we forward it for final decision by the Warden for that item.

MR. GOFF: If it were not picked up by the United States Post Office in Alderson, West Virginia -- in other words, if I happened to be a resident of Alderson, and I subscribed to "We", "Genesis" -- there is a whole



series of them -- and the U. S. Post Office did not stop that material from coming through the mail, would I, as a resident of Alderson, be permitted to receive it, or would the institution make a subsequent decision?

MS. GIVENS: You are referring to subscriptions?

MR. GOFF: I am referring to any published material which can be transmitted through the mails.

MS. GIVENS: Not all of the published material comes in as a publication. Sometimes it is within packages, which the U. S. Mail would not normally see.

MR. GOFF: That is an entirely different issue. The issue is, if it comes through the mail --

MS. GIVENS: If it comes through the mail. Yes.

MR. GOFF: In other words, you would not prohibit anything that would come through the mail, of what might be defined as of a sexual orientation.

MS. GIVENS: No.

MS. SIEDMAN: I have a question to ask Ms. Leftwich and Mr. Warneke, because you are supervising two different work areas.

Do you have regular health and safety

inspections of the central dining room?

MS. LEFTWICH: Yes.

MS. SIEDMAN: Who conducts those inspections?

MS. LEFTWICH: The safety officer does, for one.

MS. SIEDMAN: The safety officer of which institution?

MS. LEFTWICH: Of our institution.

MS. SIEDMAN: Of the Women's Reformatory?

MS. LEFTWICH: Yes. And then once a year we have what you call the white glove inspection. This is done by the department heads.

MS. SIEDMAN: The white glove inspection by the department heads of Alderson?

MS. LEFTWICH: Yes.

MS. SIEDMAN: All the department heads of Alderson?

MS. LEFTWICH: Yes.

MS. SIEDMAN: Do they go through the kitchen?

MS. LEFTWICH: Not always. This is preselected.

MS. SIEDMAN: Is there ever an inspection of the kitchen area by any agency of the federal government,

outside of the institution at Alderson?

MS. LEFTWICH: The Bureau. They come in.

MS. SIEDMAN: The Bureau of Prisons?

MS. LEFTWICH: Yes.

MS. SIEDMAN: When do they come in for health and safety inspections?

MS. LEFTWICH: This is anytime.

MS. SIEDMAN: How often do they actually come in?

MS. LEFTWICH: Maybe once or twice a year.

MS. SIEDMAN: Do they come in by a pre-arrangement, or is it without notice?

MS. LEFTWICH: No. Without notice.

MS. SIEDMAN: Have you always gotten a clean bill of health from the Bureau of Prisons?

MS. LEFTWICH: We have done very well.

MS. SIEDMAN: You are still in operation.

MS. LEFTWICH: Yes.

MS. SIEDMAN: Mr. Warneke, I wonder if you would answer the same set of questions? Who inspects the factory and the ADP Unit? I understand both of those come under your jurisdiction.

MR. WARNEKE: The safety officer. In fact,

there is a daily inspection of the grounds, and I believe -- he comes through there quite often.

MS. SIEDMAN: How often does he inspect the equipment to see that it is safe, working in a safe manner?

MR. WARNEKE: I can't say the exact time, but I believe he comes through once a week.

MS. SIDEMAN: Is every machine inspected once a week?

MR. WARNEKE: No. We have our own quality control system within the operation, which involves the inspection of individual machines. And that is a daily process.

MS. SIEDMAN: Is anyone else outside of the safety officer at the Federal Reformatory for Woman, any other agency, ever coming in and inspecting the working conditions and the equipment that is used for health and safety purposes?

MR. WARNEKE: It seems like the GAO seems to be interested, besides the money, in other areas. We have had various people come from the Bureau --

MS. SIEDMAN: The Bureau of Prisons?

MR. WARNEKE: Yes.

I tell you, the Warden is here, but she is on our neck continually. We have to keep things shipshape.

MS. SIEDMAN: Does she personally come in and inspect the equipment and the working conditions?

MR. WARNEKE: She has.

MS. SIEDMAN: How regularly does someone come from the Bureau of Prisons to inspect the work areas and the equipment?

MR. WARNEKE: I have been there about a year and a half. We must have had a half dozen times that people have come.

MS. SIEDMAN: Have you ever had to make any changes as a result of any of those inspections?

MR. WARNEKE: Yes.

MS. SIEDMAN: What were some of those changes?

MR. WARNEKE: Lighting, dropcords, aisles that got cluttered. But that generally was taken care of by the local inspector, though. Sometimes someone who hasn't been in the area, who is well acquainted with the operation, always sees something that we don't see.

We try to keep our own nose clean, though.

MS. OLBRICH: I was just going to request

the race data.

MS. HANDY: Do you have a black studies department in the school?

MS. GIVENS: Yes. We have had classes in black history and black studies.

MS. HANDY: Do you have books in black studies?

MS. GIVENS: Yes. Presently our instructor is out with a new baby.

MS. HANDY: Is "The Happy Hooker" a book that you would allow in the institution?

MS. GIVENS: It is in the institution.

CHAIRMAN McINTYRE: There being no further questions from the other members of this panel, we thank you very much for being here with us today and participating in our meeting. You will be excused.

[Witnesses excused]

CHAIRMAN McINTYRE: Our next participant is not a panelist, but will appear individually. He is the psychologist at the institution, Dr. Norman B. Ream.

MR. COULTER: Thank you for waiting. We are running a little bit behind time. I am going to try to be fairly brief. Can you state your full name and your job

title and a brief description for the record?

DR. REAM: My name is Norman B. Ream, Jr. My job title is coordinator of mental health programs. Basically this entails that I am the chief psychologist at the Federal Reformatory for Women at Alderson.

My job description entails the diagnostic testing and evaluation of all residents, whether I do it myself or employ consultants.

I serve really as the chief of consultants in areas of treatment by counseling, psychotherapy, and things of this nature.

MR. COULTER: Do you sit as a member of one or more treatment teams?

DR. REAM: I sit as a regular or routine member of one treatment team, and serve as a consultant or ex-officio member, trying to get there as frequently as I can, with the other treatment teams.

MR. COULTER: The treatment team you sit with ordinarily is the treatment team for Davis Hall?

DR. REAM: The treatment team for the special treatment unit.

MR. COULTER: Could you describe for the Committee what guidelines you or the treatment team would

use to determine the punishment or disposition for a resident who is found to have committed an infraction of the rules? Do you understand my question?

DR. REAM: It is a bit nebulous.

MR. COULTER: The treatment team determines the punishment or the disposition that is going to be given for a resident who has broken the rules.

DR. REAM: Right.

MR. COULTER: This is the treatment team sitting as the adjustment committee. Is that right?

DR. REAM: That is right.

MR. COULTER: What I am asking is, are there guidelines that the treatment team follows in determining what is going to be done with this inmate?

DR. REAM: There are no written guidelines, per se. It is left up to each treatment team, to discuss each individual as a separate individual, so that in disposing of an incident report, and arriving at a punishment or disposition, there are not categories, per se.

MR. COULTER: Are there minimums or maximums?

DR. REAM: No. There are none. Each treatment team is given the responsibility of knowing, having worked with, being aware of the problems, and the



difficulties that each individual within that complex or in that caseload experiences.

It is based upon that, upon the central file information, upon the repetitiveness of the infractions, that the treatment team would arrive at a just decision.

MR. COULTER: Moving to a different subject area, do you prescribe or recommend prescription of controlled medication for residents in the special treatment unit, or elsewhere in the institution?

DR. REAM: Yes. I recommend, through the medical department, and under the direct supervision of the chief medical officer, controlled medications of a psychotropic nature.

MR. COULTER: Let us go back just a little bit. Medication of a psychotropic nature. What kind of medication?

DR. REAM: That would be your three classes of what is known as your antipsychotic, antidepressant, and the antianxiety medications. Basically, only within those three classifications of drugs.

MR. COULTER: These would include, for example, in each category --

DR. REAM: The psychotropic drugs that would be in the antipsychotic class would be Thorazine, Mellaril, Stelazine, Prolixin and Navane.

In the antidepressant category, there is Aventyl, Elavil, Sinequan, and Tofranil.

In the antianxiety category would be Librium, Valium, Pathibamate and Phenobarbital.

MR. COULTER: When you undertake to have medications provided for a resident in the special treatment unit, just what exactly do you go through?

DR. REAM: I go through an examination process which would include a psychological evaluation, basically in enlisting the testing that has been performed, additional testing that I feel is necessary, and an extensive clinical interview with the patient.

MR. COULTER: Once you have done that, do you write something on paper?

DR. REAM: I will either write it on paper or contact the chief medical officer by phone, or in person.

MR. COULTER: Do you sometimes write down the name of the drug that you feel would be appropriate for the individual?

DR. REAM: Very frequently I do.

MR. COULTER: Do you write it on a prescription form?

DR. REAM: Yes. I do.

MR. COULTER: Where does that prescription form go?

DR. REAM: It goes from myself to the doctor, perhaps through a clinic nurse, perhaps through the pharmacist.

MR. COULTER: Does that form have your name or initial on it, or any other identification of its origin?

DR. REAM: Yes. It does.

MR. COULTER: What then happens to that piece of paper?

DR. REAM: That piece of paper then is given to the doctor, who reviews the medication and also would review my consultation, and either agrees to fill it or disagrees to fill it.

MR. COULTER: When you say he reviews your consultation, what do you mean by that?

DR. REAM: Many times I may go to the hospital after having interviewed a patient that I feel

would require some medication. I will contact the chief medical officer and discuss it. We discuss it back and forth.

I leave his office and go to the record office, where I pull the jacket and write in the jacket the notation of my consultation with the patient and the chief medical officer, at which time I will then write a prescription and then either take it to the pharmacy or to one of the clinic nurses, which means the doctor will receive the prescription at sometime after our consultation. So hopefully this prescription will bring to mind our consultation concerning the patient in question, and then he can make a decision as to go ahead and fill it or not.

MR. COULTER: But you don't consult directly with the medical doctor, who would be Dr. Lawson, in every case, do you?

DR. REAM: I would say no. Not every case.

In every case that we are dealing with a psychiatric diagnosis; yes.

MR. COULTER: What other kinds of cases are there?

DR. REAM: Anxiety, separation anxiety, situational anxiety that takes place through the readjustment

process and so forth.

MR. COULTER: In cases such as that, you would not necessarily consult with the director.

DR. REAM: That's right.

MR. COULTER: If I recall, your prescription is directed to the medical director, who then signs the prescription and the medication is provided through some channel.

DR. REAM: Through the pharmacy. Yes.

MR. COULTER: Does the medical director, to your knowledge, personally examine the resident for whom the medication is prescribed, in the situations that you just described?

DR. REAM: In all cases?

MR. COULTER: In any cases.

DR. REAM: I would say in most cases. Yes. Because we are dealing with levels back and forth. Dr. Lawson will see a patient on sick call, which he feels would require my consultation. I will then meet with the patient, and we will both interview the patient.

Does that answer the question?

MR. COULTER: In other words, you are saying that Dr. Lawson does personally examine most of the

inmates for whom psychotropic medication is prescribed, upon your recommendation.

DR. REAM: Some. Most. It is very difficult to say.

MR. COULTER: Can you give us some idea?

DR. REAM: Say approximately half.

MR. COULTER: Does he come to Davis Hall or Cottage 26 to do that?

DR. REAM: No.

MR. COULTER: So the inmates are taken to him?

DR. REAM: Yes. Through the sick call procedure.

MR. COULTER: Could you describe Cottage 26 in the special treatment unit?

DR. REAM: Cottage 26 is the mental health or mental hygiene unit that is a part of the special treatment unit designated to treat those individuals who have documented emotional difficulties, who through those emotional difficulties have experienced some difficulty in adjusting and functioning in the general population.

MR. COULTER: How is an inmate placed in Cottage 26? Is there a procedure for that?

DR. REAM: Yes. There is. The patient will be referred to me, or to my designatee for the purpose of psychological evaluation. This referral can come through the treatment team, the medical department, through administrative procedures, such as through the Warden, the Associate Warden, the chief correctional supervisor. The lines of referral to these psychologists are not strictly defined, as was talked about here a bit this afternoon.

The cottage officer, if she feels the individual needs immediate attention, can make a referral to me. I then proceed with the purpose of the psychological evaluation, at which time I make the recommendation for the treatment plan of this individual.

That treatment plan then is given in writing to the treatment team, and the determination as to admission to the unit is made by the treatment team.

MR. COULTER: As far as diagnosis, is your diagnosis in each case final with respect to the medical nature of the individual problem, or the psychiatric nature of the problem?

DR. REAM: I would say to date it is final, because there has been no reason, since I have been there,

to question that diagnosis, if that were an issue.

MR. COULTER: I am not sure it was stated on the record. Could you just briefly state what your title is, what degree you hold?

DR. REAM: I hold a Doctor of Religion Degree in the area of clinical psychology.

MR. COULTER: But you are not a medical doctor, though.

DR. REAM: I am not.

MS. SIEDMAN:: What percentage of the current population at the Women's REformatory would you consider to be "mentally ill"?

DR. REAM: What do you mean by "mentally ill"?

MS. SIEDMAN: That is the phrase you used when you spoke with me and said there were numbers of people that you had estimated were mentally ill. So I am asking you now what percentage, by your definition of "mental illness"?

DR. REAM: Okay. In order to answer that question, I will define what I mean by mental illness.

MS. SIEDMAN: Please do.

DR. REAM: I would define this question to the



category of mentally ill, as to be that person or those persons who, if they had not committed a felony, would or should be in a psychiatric facility. I would estimate that number at approximately 25 to 30.

MS. SIEDMAN: Twenty-five to thirty per cent of the population is estimated to be --

DR. REAM: No. Twenty-five to thirty individuals. This is not consistent with our MMPI data.

MS. SIEDMAN: What is that?

DR. REAM: The Minnesota Multiphase Personality Inventory, which is the psycho-diagnostic test we give routinely to all individuals. That test indicates that 33-1/3 per cent of our population has extenuating psychological difficulties to warrant a psychological evaluation.

MS. SIEDMAN: What do you account for this discrepancy between your identification of these people and the MMPI identification?

DR. REAM: The discrepancy I would think would be in the very narrow definition of our term, "mentally ill".

I think there are a lot, there are significantly higher numbers of persons who have mental or

emotional problems, but would not need to be hospitalized, who are functional and ambulatory.

MS. SIEDMAN: Did you ever make a recommendation to have people that you would consider in need of special psychiatric help, to have them transferred to institutions where they might receive some kind of therapy or assistance, to correct the problems?

DR. REAM: Yes. I do.

MS. SIEDMAN: What happens to those recommendations?

DR. REAM: Those recommendations are, at this point, usually accepted, because of the infrequency that I make the recommendation.

The resources that we have available to us are extremely limited. It is futile for me to recommend the transfer of 25 to 30 or 40 of these people who need the type of treatment, because the resources available to us are so terribly limited.

So only in those most acute cases that we have attempted and have not been successful to treat at this institution will I make such a recommendation.

MS. SIEDMAN: What resources are available?

DR. REAM: Right now St. Elizabeth's Hospital

in Washington, D. C., is our only resource.

MS. SIEDMAN: Do you feel that the behavior modification program benefits the resident who goes through it?

DR. REAM: Yes. I do.

MS. SIEDMAN: Do you have evidence that it benefits them?

DR. REAM: Very limited evidence at this point. Limited because it is so new.

The evidence I think is in approximately three or four individuals who have gone through the program. One of those individuals was transferred to a more minimal security institution, based upon exceptional behavior.

One individual is on furlough, right now.

One individual just last week received the recommendation from her treatment team that her meritorious and statutory good days be reinstated, be given back to her, as they were taken away at another institution.

These are all actions which were precipitated through demonstrated positive behaviors.

MS. SIEDMAN: Thank you. That is all the questions I have.

MR. GIBBARD: Clinical psychology, I believe, is a professional field which has alternative or even competing ideologies or heroes, or what you will. I want to know whether you are a clinical psychologist who derives some of your basic views from B. F. Skinner?

DR. REAM: I do not. Basic viewpoints, I do not.

MR. GIBBARD: Do you reject the behavior modification concept of clinical psychology which draws heavily on B. F. Skinner?

DR. REAM: I do not reject it.

MR. GIBBARD: I am trying to put those two together.

DR. REAM: You asked if that were my basic orientation, and I said it was not.

But I do not reject it as a viable and good means of treatment. That is just not my basic approach.

MR. GIBBARD: I think perhaps I heard your basic approach from the way you commented earlier, but will you try to summarize what your basic approach is?

DR. REAM: Basically, the main philosophy of the school I went to was extension psychology. I studied with a heavy concentration in Gestalt Therapy, and --

MR. GIBBARD: What school was that?

DR. REAM: Southern California School of Theology, and the Claremont Graduate School, in Claremont, California.

MR. GIBBARD: Do the terms "Behavior Modification" in the title "Behavior Modification Unit" mean the same thing as the behavior modification means in the general literature of clinical psychology?

DR. REAM: Let me clarify that. The unit is not termed the Behavior Modification Unit. Its nomenclature is the Special Treatment Unit.

MR. GIBBARD: I picked the other up somewhere in the course of the day, I think.

DR. REAM: Some but not all of the principles of behavior modification are used within that unit.

MR. PITTS: Is the treatment in the unit designed to modify behavior, or change behavior?

DR. REAM: In one of the units it is.

MR. PITTS: To what extent?

DR. REAM: To the extent that the proven and documented evidence of adverse behavior is extinguished.

MR. PITTS: What is meant by "adverse behavior"?

DR. REAM: That is spelled out in the resident discipline, the policy statement on resident discipline under "Prohibited Acts".

MR. PITTS: Any prohibitive act that you might find in the policies and procedures would bring about a determination for behavior modification.

DR. REAM: This is left up to the judgment of the treatment team, who makes the referral.

MR. PITTS: Are you familiar with Client Centa Therapy?

DR. REAM: Yes.

MR. PITTS: Is that type of therapy used at the institution?

DR. REAM: It is used to a certain extent, and it is the basic approach of the correctional counselor's program.

MR. PITTS: Is Alderson a maximum security institution?

DR. REAM: We have all three custody classifications, so I would have to say that Alderson is a close custody institution, a medium security institution, and it is a minimum security institution.

MR. PITTS: I suppose that our terms are

differing, but you are saying it is a maximum security institution?

DR. REAM: No. I am saying we have individuals there who are classified as close custody.

MR. PITTS: Let us separate ourselves from the individual and the institution. Is the institution a maximum security institution, or not? "Yes" or "no"?

DR. REAM: It is not that simple.

MR. PITTS: You are saying it is not?

DR. REAM: I am saying we have close custody persons there, we have minimum custody persons there --

MR. PITTS: Define the terms in whatever you call a close custody.

DR. REAM: These would be who present a threat to society, a threat to their own environment, and they present a custodial risk in terms of escape, in terms of assaulted behaviors, in the sense of subversives and subversive elements, potential to disrupt.

MR. PITTS: Is this institution designed to detain those people?

DR. REAM: We have a certain area of that institution designed to detain those individuals.

MR. PITTS: And then are those individuals confined constantly in that particular area?

DR. REAM: No. They are not.

MR. GOFF: Dr. Ream, I am a little bit confused. What is your degree?

DR. REAM: My degree is a Doctor of Religion in Psychology.

MR. GOFF: Is this a DD Degree?

DR. REAM: No. I went through the academic process of four and a half years of graduate school. I took qualifying examinations, wrote a research dissertation. This is given to the practicing profession of psychologists.

MR. GOFF: You are a licensed or registered psychologist in the State of California?

DR. REAM: No. I was a student in the State of California.

MR. GOFF: The thing I am confused about, somewhat, and you may or may not have the answer to this: Is it the Bureau of Prisons policy to have nonmedical personnel to designate psychotropic drugs?

DR. REAM: As I already said earlier, I do not designate. The chief medical officer at our institution is the only person who designates controlled medication.



MR. GOFF: I thought, sir, you said you wrote down on a slip of paper, and I assumed from the answer, that it resembled a prescription blank with your name on it, a specific medication.

DR. REAM: But that prescription is null and void unless a doctor's signature is on it, and a licensed medical doctor.

MR. GOFF: Yes, sir. I realize that. But I am asking you whether the initial designation of a psychotropic is the responsibility of a nonmedical doctor?

DR. REAM: Excuse me, Mr. Goff. I think we are -- I don't see where the actual -- I am having a problem with the actual designation of the medicine itself.

MR. GOFF: If I may recall your testimony, you stated that you spelled out the specific psychotropic drug, that you put this on a form which has your name on it, and I believe you also stated, among other things, you take it to the pharmacy.

I am raising a question, since you are apparently writing out a prescription -- I am not saying you are signing it -- I am saying you are writing out a prescription.

My question is, is it the policy of the Bureau of Prisons to have nonmedical personnel to designate a particular drug? Not sign, but designate.

DR. REAM: At this point I would have to say I am not aware of the Bureau policy on that.

MR. GOFF: May I ask you, sir, how many of these so-called designations have not been signed by the MD of the institution in the last month?

DR. REAM: In the last month, I would say approximately two.

MR. GOFF: Out of how many so-called designations do you think there have been within the last month?

DR. REAM: Designations on my part?

MR. GOFF: Yes.

DR. REAM: Approximately ten.

MR. GOFF: Thank you.

CHAIRMAN McINTYRE: Are there any further questions of Dr. Ream?

[No response.]

CHAIRMAN McINTYRE: There being no further questions, Doctor, thank you for participating with us today. You are excused.

[Witness excused]

CHAIRMAN McINTYRE: Our next category of inquiry will be in the field of Health, and the panel participating on this subject will be Dr. Jeffrey Lawson, Nancy Greenstreet, Carl Cavendish and Lawrence Detty.

I think we have everyone here now but Mr. Detty.

MS. McLAUGHLIN: Mr. Detty couldn't be here. We just couldn't completely wipe out our medical department and leave no one there. So he couldn't be here.

HEALTH:

MR. COULTER: Good afternoon. Maybe the first order of business would be for each of you to state your full name, licensure, and job title.

DR. CAVENDISH: I am Carl Cavendish, D. O., Doctor of Osteopathy. I am licensed in West Virginia, California, Florida, Ohio, Kentucky, and Missouri. I am a private practitioner in Alderson, West Virginia. I have been there eighteen years. At this time I am on a contract basis for doing classification physicals at the institution.

MS. GREENSTREET: I am Nancy Irons Greenstreet, director of nursing, and acting hospital administrator. I graduated from West Virginia University

in 1970 with a Baccalaureate Degree, and I am a registered nurse in the State of West Virginia currently, and I have been licensed in New Jersey.

DR. LAWSON: My name is Jeffrey G. Lawson. I am chief medical officer. I have a medical degree from the University of Tennessee Medical Unit, Memphis, Tennessee, as of December, 1971. I was elected to the AOA, which is equivalent to the Phi Beta Kappa of the medical profession. I finished my one year of internship, straight medicine, which includes mainly medical type orientation, although I did some elections in surgery and orthopedics; also one year of medical residency at Tennessee.

I am a member of the U. S. Public Health Staff, and to some degree of the Bureau of Prisons.

MR. COULTER: Perhaps, although there are many other areas to cover, the best thing to take up first, Dr. Lawson, would be to ask if the information which you just heard Dr. Ream present concerning the procedure for prescribing medication; that is, psychotropic medication, in the special treatment unit is substantially correct?

DR. LAWSON: It was. We confer on generally people that have a psychotic type of aberration. We don't

confer every time on people with anxiety, mainly because anxiety drugs -- I see a lot of them also, myself, and we generally prescribe the same dosage initially.

On our neurotics, we generally try to follow the trend. In the past, in the 1950's and '60's, the general idea with tranquilizers was that a pill will, you know, take care of this anxiety.

However, over the last several years it has been shown that possibly a pill doesn't exactly help the individual, in as far as his area of coping with his anxiety.

Therefore, Dr. Ream and myself try to help the individual find ways to relieve this anxiety without medical means, mainly because a lot of our ladies have had difficulty with drug histories or drug related offenses, and we feel that if we can help these individuals with their problems through a group type organization, where they talk out their feelings, find solutions through interaction with other people, that they will do better.

On the psychotropic, there are several examples, like one lady who had recurrent seizures, disorders which were really temper tantrums or hysterical reactions. He asked my advice on her. He had her on a

MR. COULTER: Is this kind of unit essential or necessary, in your judgment, to maintain the security and control, custody and control in the institution, generally?

MR. BRADFORD: Yes, sir.

MR. COULTER: It wouldn't be possible without it. Is that what you are saying? I don't mean that to be a trick question.

MR. BRADFORD: Not at Alderson, under the setting that we presently have, and the type of security that we have there.

MR. COULTER: I would like to just address a few questions to Mr. Phillips concerning the special treatment unit itself and some of the facts or allegations that were related to us this morning.

What exactly are the procedures for accommodating women who are confined in what are called dry cells; that is, cells that don't have toilet facilities inside?

MR. PHILLIPS: When they need to come out?

MR. COULTER: Yes.

MR. PHILLIPS: As Mr. Bradford said, the staff compliment in Davis Hall is heavier than any other

cottage, and we have instructed staff to be alert, particularly to the people in the dry rooms, and constantly supervising and making rounds and checking on them.

MR. COULTER: Are these pots or containers used?

MR. PHILLIPS: If they request it. If the resident requests them.

MR. COULTER: Is this done routinely, ordinarily, or frequently? Do any of these words apply?

MR. PHILLIPS: I don't know. I don't really know how frequently. If they request one, they get it.

MR. COULTER: Otherwise, they must knock on their door or attract attention?

MR. PHILLIPS: Yes.

When they knock on their door, they come out, of course, to use the facilities.

MR. COULTER: Some of these next questions involve questions of custody and control, so perhaps I will address them to Mr. Phillips, but if there are any particular points that you, Mr. Bradford, would like to make with respect to them, feel free to do so.

We heard that women in the segregation rooms or cells are only permitted a hospital type gown for

clothing. Why is that necessary?

MR. BRADFORD: Perhaps I can best answer that. We use segregation to control, more than anything, people who are out of control. These people could either be assaultive or suicidal.

We cannot allow any contraband; that is, things which could hurt the residents themselves, or that they could pass to other people, or that they could hurt staff with.

They are not allowed to smoke back there, simply because of the matches, and the fire hazard involved. They are not allowed razor blades and things of this nature, because they could cut themselves with it.

We have past experience of these attempts being made, and therefore we have to take these precautions.

These people are never stripped, per se. They have normal bed clothes. The gown is very sufficient to fully clothe them.

If at anytime they are so suicidal that they are using clothing, you know, perhaps to hang themselves or something of this nature, then we would have to refer these people to the medical staff.

MR. COULTER: Is there anything in the cell



that an inmate could hang herself from; that is, any fixture?

MR. BRADFORD: We try to tighten this up as much as possible. Who really knows how a person would go about committing suicide? But we just can't take those kinds of chances.

MR. COULTER: What about the question of exercise outside the cell, in the case of inmates in segregation, exercise in the corridor in front of or between the cells or rooms, and in the case of other residents, in Davis Hall exercising outside?

Mr. Phillips, is there a reason why this has not been done?

MR. PHILLIPS: It has been done when possible, and at least the minimum requirements, at least, as outlined in the Bureau policy.

What we do is when there is male staff available, and that is every day, if it is possible, we bathe the residents in the segregation unit, and they get their exercise in the corridor. But that isn't always possible.

MR. COULTER: How long are they permitted to be in the corridor; that is, after they finish bathing, or

before?

MR. PHILLIPS: It is hard to say. It depends on how many there are to bathe, and what their demands are on the staff. If time permits, they can be out a few minutes.

MR. COULTER: As much as half an hour?

MR. PHILLIPS: Yes. I would say, if there is time.

MR. COULTER: Apart from the time spent showering and bathing?

MR. PHILLIPS: No. I wouldn't say that. I can't say a half hour. I will say a few minutes.

MR. COULTER: What about exercise out of doors, in the enclosed area, for the women in Davis Hall?

MR. PHILLIPS: Level 3 and Level 4, again, when staff is available, a male staff, will be taken outside. I don't know if you remember, but the 2:00 to 10:00 officer, the male officer that works upstairs, set up a schedule to take them out at least two evenings a week, and the people downstairs, we try to get just whatever staff member we can and take these people out when we can do it.

MR. COULTER: Has this actually been done,

the women taken outside twice a week?

MR. PHILLIPS: Yes. Level 3, I know it has. We have a staff member up there, a male staff.

Downstairs it is somewhat of a problem, because we have to grab one of Mr. Bradford's correctional officers anytime we can, and there is no schedule for that.

MR. COULTER: By "downstairs", what is that?

MR. PHILLIPS Level 4. In the first floor of Davis Hall.

MR. COULTER: I take it that Levels 1 and 2 inmates are not permitted outside?

MR. PHILLIPS: They do not have outside exercise.

MR. COULTER: But Level 3 is going outside twice a week.

MR. PHILLIPS: They have gone out twice a week. Whether or not it is a regular procedure just depends on many, many things. But they have gone out.

MR. COULTER: The reason I am questioning you on this is, I think, if my recollection is correct, it conflicted with information we got before.

Is it a fair statement that the reason for the limited amount of time outside or in the corridor is a

personnel problem; that is, the lack of time, I think you said, or the lack of correctional officers to handle this? Is that a fair summary of what you are saying?

MR. PHILLIPS: Yes.

MR. COULTER: Is there anything that can be done about this, or in your judgment, either you or Mr. Bradford, should something be done to change this situation?

MR. BRADFORD: I would say that the lack of staff would be a major contributing factor; the other fact being that we do escort people from the special treatment unit when they go into the general population, and there are several people who go on sick call, maybe have to come up to the front to see the civil rights people or lawyers, attorneys, visitors, etc.

This really taxes the time of the staff. We make every effort, and will make every effort to schedule it so we will be able to do this, and I am sure we can come to some kind of a better arrangement than we have now.

MR. COULTER: I have one other question, and maybe I can ask you both to comment on it. We heard this morning that in the disciplinary procedures conducted by the treatment team, acting as an adjustment committee,

the residents are not ordinarily, or to any of the people's knowledge that we had speaking this morning, permitted to have witnesses or representatives to assist them when they appear before the committee. Likewise, we were told that there is no appeal from the decision of the treatment team.

Should these things be permitted, or should they not, in your judgment?

MR. BRADFORD: Okay. First of all, the adjustment committee is not a court action. It is a corrective action, and an administrative action.

Secondly, in some cases, such as a good time forfeiture board, they are allowed witnesses.

Thirdly, we have several appeal procedures. We have the prison mailbox. We have the adjustment committee review, which is made up of Mr. Markley, the Associate Warden, and Ms. Scozzari, and me.

We have the administrative complaint policy, which is a new policy put into effect around April 15th, I believe. This policy gives them the right to formally put in a complaint to the institution and/or the Bureau of Prisons.

Other avenues of complaints are through the case worker, their counselor, and even the correctional

MR. COULTER: Is this kind of unit essential or necessary, in your judgment, to maintain the security and control, custody and control in the institution, generally?

MR. BRADFORD: Yes, sir.

MR. COULTER: It wouldn't be possible without it. Is that what you are saying? I don't mean that to be a trick question.

MR. BRADFORD: Not at Alderson, under the setting that we presently have, and the type of security that we have there.

MR. COULTER: I would like to just address a few questions to Mr. Phillips concerning the special treatment unit itself and some of the facts or allegations that were related to us this morning.

What exactly are the procedures for accommodating women who are confined in what are called dry cells; that is, cells that don't have toilet facilities inside?

MR. PHILLIPS: When they need to come out?

MR. COULTER: Yes.

MR. PHILLIPS: As Mr. Bradford said, the staff compliment in Davis Hall is heavier than any other

cottage, and we have instructed staff to be alert, particularly to the people in the dry rooms, and constantly supervising and making rounds and checking on them.

MR. COULTER: Are these pots or containers used?

MR. PHILLIPS: If they request it. If the resident requests them.

MR. COULTER: Is this done routinely, ordinarily, or frequently? Do any of these words apply?

MR. PHILLIPS: I don't know. I don't really know how frequently. If they request one, they get it.

MR. COULTER: Otherwise, they must knock on their door or attract attention?

MR. PHILLIPS: Yes.

When they knock on their door, they come out, of course, to use the facilities.

MR. COULTER: Some of these next questions involve questions of custody and control, so perhaps I will address them to Mr. Phillips, but if there are any particular points that you, Mr. Bradford, would like to make with respect to them, feel free to do so.

We heard that women in the segregation rooms or cells are only permitted a hospital type gown for

clothing. Why is that necessary?

MR. BRADFORD: Perhaps I can best answer that. We use segregation to control, more than anything, people who are out of control. These people could either be assaultive or suicidal.

We cannot allow any contraband; that is, things which could hurt the residents themselves, or that they could pass to other people, or that they could hurt staff with.

They are not allowed to smoke back there, simply because of the matches, and the fire hazard involved. They are not allowed razor blades and things of this nature, because they could cut themselves with it.

We have past experience of these attempts being made, and therefore we have to take these precautions.

These people are never stripped, per se. They have normal bed clothes. The gown is very sufficient to fully clothe them.

If at anytime they are so suicidal that they are using clothing, you know, perhaps to hang themselves or something of this nature, then we would have to refer these people to the medical staff.

MR. COULTER: Is there anything in the cell



that an inmate could hang herself from; that is, any fixture?

MR. BRADFORD: We try to tighten this up as much as possible. Who really knows how a person would go about committing suicide? But we just can't take those kinds of chances.

MR. COULTER: What about the question of exercise outside the cell, in the case of inmates in segregation, exercise in the corridor in front of or between the cells or rooms, and in the case of other residents, in Davis Hall exercising outside?

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Two-thirds of my MD in the University of Tennessee was devoted to psychiatry work. And I did do some work in the emergency room.

But it would be greatly appreciated if we did have a staff psychiatrist, mainly because he could work with the psychologist, with the psychotropic drugs. He would be able to control them much better than myself.

Also he would be able to help these gentlemen with treatment groups and advance training as far as treating ladies that may have more difficulty, that they are accustomed to dealing with.

But right now it is a stopgap type of procedure, due to our low manpower. The only excuse we can give is that we are spread that thin. We are that low on health individuals in this institution.

We should have at least four or five more psychologists.

As far as nurses down on our sick line where they see individuals presently, we are at a deficit of two or three nurses, and Ms. Greenstreet several times, even though she is the director of nursing and acting administrator, has to be on the sick line for two-thirds of the day, dealing with patients, and with complaints.

These patients in the sick line are screened by the nurses, and if I had seen them before with a similar complaint, they may come back and talk to me. Like if it was vaginitis, they would come back. If it was a tension headache, chances are they might not come back.

The nurses on the sick call refer any emergency or any patient they feel needs to see the doctor that day. If they feel that they may be seen at a different or later time, an appointment will be made.

MR. PITTS: I would like to go on, for the sake of time, to Ms. Greenstreet. You are head of the nursing department?

MS. GREENSTREET: Yes.

MR. PITTS: As head of that department, do you make the recommendations for the attendants to receive certain educational training?

MS. GREENSTREET: Yes. I do. According to nursing, in relation to nursing.

MR. PITTS: Those are the attendants, I am speaking of. How do you make that determination?

MS. GREENSTREET: We have at least once a year a program, we have in the past and it is tentatively set up again this year, where a vocational training teacher

comes in, an RN, and teaches a nursing aid course. She has a limit to her class, the number of people that she can teach and supervise adequately. Anyone who is interested in it -- it is advertised -- anyone interested would either contact me, and I would refer it on to the educational department, or contact the educational department themselves.

Then there was a committee set up to decide who would be selected.

MR. PITTS: Who is on that committee?

MS. GREENSTREET: The principal, I was on that committee; Ms. Barker, who was head of vocational training, I believe; and Ms. Long is also on that committee.

MR. PITTS: Are all of the applicants for that particular educational training brought before that particular committee?

MS. GREENSTREET: No.

MR. PITTS: Only the applicants that are selected to come before the committee appear before that committee. Is that correct?

MS. GREENSTREET: No.

MR. PITTS: How do they get before the committee?



MS. GREENSTREET: Basically there was a list of the people that were interested, which was not more than, I don't believe, twenty or twenty-five people. Fifteen were selected. There was a grade limit that had quite a bit to do with the selection process. Maybe it wasn't -- I am not sure exactly whether it was the SAT, or whether it was a grade limit that had to do with that.

MR. PITTS: I didn't hear all of that.

MS. GREENSTREET: The main criterion was, would they be able to learn quickly, and the highest qualifying candidates were selected.

Their aptitude for nursing did come into it. Whether they were really interested, how intelligent they were, according to their test scores. That was the major criteria.

MR. PITTS: What determines the quickness of one's ability to learn?

MS. GREENSTREET: I did convey the interest that was conveyed to me by the residents, who were particularly interested. Possibly there could have been a little bit more criterion set down to make that more equal. But basically the main criteria was their scores or their grade level, whichever that was.

MR. PITTS: Do you feel that these determinations are nondiscriminatory as to race?

MS. GREENSTREET: Definitely. The number of people selected -- I don't have the -- I don't believe there were any more blacks than whites, or whatever. That didn't enter into it.

MR. PITTS: Are there more minorities than whites on the campus?

MS. GREENSTREET: Yes.

MR. PITTS: Were there more minorities chosen for that particular change than there were whites? Or do you know?

MS. GREENSTREET: I don't really know. I know there were --

MR. PITTS: Did you recommend more whites than you did blacks?

MS. GREENSTREET: No. I didn't.

MR. PITTS: Dr. Cavendish, I understand that if you come to the campus and there are less than five women, you do not stay there that particular day to perform the examination. Is that true?

DR. CAVENDISH: If there is just a few admissions, which has happened on occasion, and we don't go

down for that, because it takes so long to set up and get started and get the help in.

We usually wait until there are more of them to examine. Yes. But there is no set number.

MR. PITTS: What I am concerned about, doctor, is if this kind of situation exists for several weeks, does that mean you will not go down to make the examination --

DR. CAVENDISH: It doesn't exist for several weeks.

MR. PITTS: I am just asking the question, Perhaps somewhat hypothetically. If that does exist, do you not go down until you have a certain number?

DR. CAVENDISH: No. It has only happened on a rare occasion, but it would only last for one week.

If I had five and I didn't examine them, I would go down and examine the five the next week, if that were the case. But the case hasn't arisen.

MR. GOFF: Dr. Lawson, since you have been in that institution, I believe since the 1st of January of this year, to your knowledge, have you witnessed, or to your knowledge has there ever been, any nonmedical use made of either x-ray or fluoroscopy?

DR. LAWSON: Nonmedical?

MR. GOFF: Nonmedical.

DR. LAWSON: No. Not that I know of.

CHAIRMAN McINTYRE: Dr. Cavendish, exploring for just one moment further the matter that was touched on a moment ago, do I understand that you appear at Alderson once a week to make examinations of recently admitted residents?

DR. CAVENDISH: We found that when we went down two or three times a week, I believe, at the outset, to catch up on the backlog --

CHAIRMAN McINTYRE: That backlog is caught up. Now what is your regular schedule?

DR. CAVENDISH: It is predicated on the rate of admissions, and usually we can keep abreast by visiting once a week.

CHAIRMAN McINTYRE: What day of the week is chosen?

DR. CAVENDISH: We have chosen Tuesday.

CHAIRMAN McINTYRE: Tuesday of each week?

DR. CAVENDISH: Yes.

CHAIRMAN McINTYRE: Then a resident admitted on Wednesday would wait until the following Tuesday to

receive the admittance examination that you give. Is that right?

DR. CAVENDISH: Let me point out one thing, Mr. McIntyre. In admissions case workup, there would be laboratory work, serology, which have to be sent off for testing. The other laboratory work to be done, also. Then they work up part of the history and preliminary physical findings are worked up; chest x-rays, TB tests. We would like for these things to be completed before, so we can tie them together, in a final diagnosis.

MS. SIEDMAN: Isn't that work performed by a nurse at the point at which the person is admitted to the institution?

DR. LAWSON: Usually our admissions come in in the afternoon. People arrive at the institution by 3:00 or 4:00 in the afternoon. A nurse goes to the admission area, which is in Davis Hall. She examines the lady to the extent of even doing a manual pelvic, which is required for contraband reasons.

At this time she writes down any previous illness, any complaints, any medicines that the lady brings in with her. Then this is returned to the hospital.

If there is any abnormality or medical

difficulty with the patient, she is seen by me.

We had one lady that came in and told the nurse that she had tuberculosis. She was seen the next day by myself, since she came in after I had already been there.

What it was, the lady was from New Orleans, and had a disease called sarcoidosis, which is not TB. She was on Prednisone, and we reintensified the therapy, since that is a neuro-suppressant. The doctors in New Orleans had put her on an anti-tuberculosis drug, which is normal practice.

She is the second one we have had since I have been there. It is interesting to have these diseases, and I am grateful to have them.

Another example, a lady came in the day before yesterday, which I saw. She had had a breast biopsy in another institution, and arrived at our institution. I saw her the next day, to examine the breast. The incision was in good condition, and I asked her if there was any other difficulty.

If a patient arrives from another institution and they are told in admissions that she had been in a hospital at another institution or had been in the

hospital, like they were in a Court situation, that patient is admitted to the hospital overnight, until I see her in the morning, unless she is having some acute distress. Then I am called.

So it isn't like the ladies who have some medical problem and aren't seen until Dr. Cavendish sees them. They are examined by a nurse on admission. If they have some serious medical problems, then they are referred to me prior to the physical.

So there is no lag in medical continuity.

The only ones that aren't possibly seen right away are the normal, healthy ladies that come into our institution, who really don't have anything more than maybe possibly vaginitis, and they wait until the physician sees them.

Also, if they have any difficulty, they can sign the sick roll that night and be seen in sick call the next morning, and then be referred to me, if they have been having a serious difficulty.

CHAIRMAN McINTYRE: I understand from your previous testimony that you believe that there is an inadequate staff because of the recruitment difficulties and because of the lack of funds and so forth to do the job

you would like to do there at Alderson.

DR. LAWSON: Yes, sir. There is.

CHAIRMAN McINTYRE: Does that include the need for additional physicians?

DR. LAWSON: Yes, sir. There is a great need. I would appreciate it if we had a more surgically inclined physician. As for myself, I have one more year of study to be Board eligible in internal medicine.

We have lots of ladies that have such minor things as tatoos or small lumps or ingrown toenails or would like to have a scar -- to see if it can be redone.

Personally, I can possibly do this, but I am not, you know, fully trained in this field, and truthfully, I would prefer not to be in this field, because, as I have chosen internal medicine as my field, I have designated that I didn't particularly want to do surgical type procedures.

If we had a surgeon in our group who was trained in surgery, we could do a lot more of these minor things that would help the lady's health.

Also, we could have him for a surgical evaluation, if need be.

Presently, as far as workup in the



institution, that we can do, we have right now a position that should be filled for a laboratory technologist, trained in the field, who will come and be full-time in the institution and set up a training program for the residents.

Also we are setting up a program for a lady to come in to teach x-ray once a week, who has been there in the past.

One problem we have in our hospital is staffing, even on the resident level, mainly because we are on a system of pay that is comparable only to the administrative or secretarial type work. We don't have an industry where we are making a product. Therefore, we have to provide some other incentive to these ladies, which in this case is nurses' training, x-ray technology work and medical technology work.

CHAIRMAN McINTYRE: Do I understand, Doctor, that all surgery of a significant nature is not done at the hospital at Alderson, but at a community hospital?

DR. LAWSON: That is right. The only surgery I have done is to lance an abscess.

CHAIRMAN McINTYRE: What hospital is it done at, usually?

DR. LAWSON: Emergency surgery is done at Hinton, in this area. Our elective surgery is done in Lewis-Gale Clinic in Roanoke, or Salem, Virginia, which is a very good facility.

CHAIRMAN McINTYRE: When the work is done at a local hospital in the Hinton area, are you in attendance during that surgery?

DR. LAWSON: I am not.

CHAIRMAN McINTYRE: Are there any other questions of Dr. Lawson or any of the members of the panel?

MS. SIEDMAN: Dr. Lawson, do residents receive any annual physical examinations on a regularly scheduled basis?

DR. LAWSON: They do not receive a regularly scheduled annual physical exam, unless they come in when I want them to get their Pap Smear.

This doesn't mean I have great difficulty in getting ladies to come in for their Pap Smears for different reasons.

MS. SIEDMAN: I am going to interrupt you, because of time. I am interested in a total workup, a complete physical examination. Is this done on an annual

basis?

DR. LAWSON: As of right now; no. It is not. But --

MS. SIEDMAN: Who would give that examination, if it were done annually, on a regular basis?

DR. LAWSON: I or another physician with me, in the institution.

MS. SIEDMAN: Are abortions available to the women who want them?

DR. LAWSON: Abortions are available. However, what the general procedure is, a lady comes to see myself. Since abortions now have come to be more a social type of decision, a theology type, rather than a medical decision; it is medical in that anyone twenty weeks or under may receive an abortion, anyone over twenty weeks would not receive an abortion, because of the viability of the fetus.

But if anyone under twenty weeks comes to me and expresses the desire that they need an abortion, I then refer her to her case worker or hospital administrator, who then refers her to her case worker.

It is worked through the Clergy, case worker and hospital usually in her home state, where she can get

this abortion.

MS. SIEDMAN: How quickly does that process take place?

DR. LAWSON: Hopefully as fast as possible.

MS. SIEDMAN: I am thinking if there is a limit of time in which the abortion can be performed.

DR. LAWSON: Hopefully two weeks.

MS. SIEDMAN: Is there any reason why abortions are not done in West Virginia?

DR. LAWSON: I could not say.

MS. SIEDMAN: Do you ever have anyone aborting in West Virginia?

DR. LAWSON: I haven't had anyone.

MS. SIEDMAN: What do you do with residents who have --

DR. LAWSON: I haven't had that occasion, yet.

MS. SIEDMAN: -- that have been in your hospital? I have read that some of these things happened before you came there. Do you have any knowledge of abortions that were performed by people who were residents of Alderson during the last three years?

DR. LAWSON: You mean physicians or do you

mean --

MS. SIEDMAN: No. Abortions performed on women who --

DR. LAWSON: Not that I know of.

MS. SIEDMAN: Of people who were residents of Alderson. Is there any record of any women that had an abortion who were residents of Alderson?

DR. LAWSON: I can't say. I didn't look into it.

MS. SIEDMAN: What is your working relationship with Dr. Cavendish in other contact positions?

DR. LAWSON: It is mainly over the phone type bases, as my free time is practically nil. Weekends are essentially just hospital oriented, rather than -- since I have been there four and a half months, I took two days off, and what happened: I went over to get some furniture from an in-law's house, and as soon as I walked in the door at 7:25 on a Sunday, the phone rang, and I was in the car, and at 8:00 I was at the institution.

Unless we have a physician at the orientation, or based at the institution, it is very difficult to have physicians come in from outlying areas, because they may not know the case, or the general policy at that

time. Therefore, we do need regular staff physicians.

MS. SIEDMAN: Since Mr. Detty is not here, I am interested in knowing who his supervisor is.

MS. GREENSTREET: The hospital administrator.

MS. SIEDMAN: You supervise Mr. Detty, who is the physician's assistant, who acts as the physician's assistant?

MS. GREENSTREET: Yes.

MS. HANDY: Who pays for the abortion and the trip to the hometown?

DR. LAWSON: I am not sure. It may be the patient. I can't say for sure.

MS. McLAUGHLIN: The government does.

MS. HANDY: The complete trip?

MS. McLAUGHLIN: Yes.

CHAIRMAN McINTYRE: Are there any other questions from the members of the Committee?

[No response.]

CHAIRMAN McINTYRE: If not, we want to thank you for participating with us here today, in answering our questions. You are excused.

[Witnesses excused]

CHAIRMAN McINTYRE: We will have a fifteen

minute recess.

[A brief recess was taken.]

CHAIRMAN McINTYRE: We will resume now, and move forward, inexorably.

The next category of inquiry is Discipline at Alderson, and we have two panels in this category, each panel consisting of two persons. First we will call Billy J. Phillips and Eugene Bradford. Would you come forward, gentlemen, and have a seat, please?

It was brought to my attention during the brief recess that many of the visitors here have been having difficulty hearing the testimony of the participants today. I don't know how we can correct that. I would urge those of you sitting in the back who have been having trouble, to move forward, because there are seats nearer the front, and I would ask the witnesses to speak as distinctly as possible, so that our friends who have come here at our invitation will be able to hear the proceedings.

DISCIPLINE:

PANEL A.

MR. COULTER: Would each of you state your full name and job title for the record, please?

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MR. PHILLIPS: No. I wouldn't say that. I can't say a half hour. I will say a few minutes.

MR. COULTER: What about exercise out of doors, in the enclosed area, for the women in Davis Hall?

MR. PHILLIPS: Level 3 and Level 4, again, when staff is available, a male staff, will be taken outside. I don't know if you remember, but the 2:00 to 10:00 officer, the male officer that works upstairs, set up a schedule to take them out at least two evenings a week, and the people downstairs, we try to get just whatever staff member we can and take these people out when we can do it.

MR. COULTER: Has this actually been done,

the women taken outside twice a week?

MR. PHILLIPS: Yes. Level 3, I know it has. We have a staff member up there, a male staff.

Downstairs it is somewhat of a problem, because we have to grab one of Mr. Bradford's correctional officers anytime we can, and there is no schedule for that.

MR. COULTER: By "downstairs", what is that?

MR. PHILLIPS Level 4. In the first floor of Davis Hall.

MR. COULTER: I take it that Levels 1 and 2 inmates are not permitted outside?

MR. PHILLIPS: They do not have outside exercise.

MR. COULTER: But Level 3 is going outside twice a week.

MR. PHILLIPS: They have gone out twice a week. Whether or not it is a regular procedure just depends on many, many things. But they have gone out.

MR. COULTER: The reason I am questioning you on this is, I think, if my recollection is correct, it conflicted with information we got before.

Is it a fair statement that the reason for the limited amount of time outside or in the corridor is a

personnel problem; that is, the lack of time, I think you said, or the lack of correctional officers to handle this? Is that a fair summary of what you are saying?

MR. PHILLIPS: Yes.

MR. COULTER: Is there anything that can be done about this, or in your judgment, either you or Mr. Bradford, should something be done to change this situation?

MR. BRADFORD: I would say that the lack of staff would be a major contributing factor; the other fact being that we do escort people from the special treatment unit when they go into the general population, and there are several people who go on sick call, maybe have to come up to the front to see the civil rights people or lawyers, attorneys, visitors, etc.

This really taxes the time of the staff. We make every effort, and will make every effort to schedule it so we will be able to do this, and I am sure we can come to some kind of a better arrangement than we have now.

MR. COULTER: I have one other question, and maybe I can ask you both to comment on it. We heard this morning that in the disciplinary procedures conducted by the treatment team, acting as an adjustment committee,

officers.

MR. COULTER: If I am correct, both of you from time to time sit on the treatment team. I am wondering, are there particular reasons why it would not be wise to permit witnesses in ordinary disciplinary actions, or permit a relative, or one thing I failed to mention before, permit an inmate to confront her accuser? Are there particular factors behind this that should be brought out?

MR. BRADFORD: I think really that you would have to work on an individual basis, and you could not generalize in any way, shape or form. ;

MR. COULTER: I am not going to present any further questions. I think I will turn it back to the Committee.

MR. GIBBARD: I have just one or two questions, Mr. Bradford. You indicate that one of the reasons for the gown and no other dress is suicidal possibilities.

I should like to know the process by which residents may be classified as suicidal.

MR. BRADFORD: It is usually when residents have either in the past made attempts on their life, have

mutilated themselves in some way, of course by medical and psychological and psychiatric evaluation, or have made threats, either upon themselves or others. Through past experience.

MR. GIBBARD: Does every person who is put into the special treatment unit go through some period when she has made threats in this manner?

MR. BRADFORD: No, sir.

MR. PITTS: Either one of you may attempt to answer the questions that I put forth here. In disciplining the residents, is it at all possible for you to take away their earned good time?

MR. BRADFORD: To take away their earned good time?

MR. PITTS: Yes.

MR. BRADFORD: Only for the month in which the infraction occurred. If you are talking about statutory good time, that is a different story. That would be through the good time forfeiture board.

MR. PITTS: Who makes the recommendations to the good time forfeiture board?

MR. BRADFORD: The treatment team who hears the incident report.

MR. PITTS: We have heard of a number of teams, the adjustment Committee, the treatment team, the management team. Are those three different bodies?

MR. BRADFORD: The treatment team and the adjustment committee could in fact be the same people. The management team or management is all department heads, and case workers, meeting as a whole body, who review all classification actions, and either approve, deny, or make recommendations for changes.

MR. PITTS: What happens when the staff does something wrong to one of the residents?

MR. BRADFORD: I think you have lost me there. Could you be more specific?

MR. PITTS: Does the staff ever do anything wrong toward residents?

MR. BRADFORD: I wouldn't say it couldn't happen, but I wouldn't say that I knew of it happening.

MR. PITTS: Let me draw you sort of a hypothetical question. For instance, maybe there is a littel argument between the staff member and a resident. Maybe the staff member might say, "Oh, go to hell", and the resident then says, "You go to hell", and there is a written report on that for insubordination or whatever you

might want to call it. There is nothing done to that staff member for saying that, is there? Of course that might not be an infraction.

MR. BRADFORD: That would depend on how you look at the question. Certainly it would affect the staff member's evaluation, performance rating, future chance for promotion, etc.

What would happen with the resident is that the supervisor investigating the incident report would talk to both the officer and the resident, and quite often these kinds of things are picked up, and quite often the adjustment committees have found and will continue to find, I might add, residents not guilty as charged.

MR. PITTS: We have talked a lot about segregation, or whatever you might want to call it. When a person is put into segregation and moved from one degree of segregation or confinement to another, isn't this sort of a reward for them on the part of your disciplinary procedures?

After you let them out for two hours after they have been confined for twenty-four hours, don't you want this to appear as an award, you know, "We are doing this for you. We are letting you out for two hours", and

then you only do that based on the fact if they don't make too much noise and try to arouse your attention in those segregation cells?

Maybe I will be more specific with what I am trying to say. You remember the day we toured up at the prison?

MR. BRADFORD: Yes.

MR. PITTS: When I went up to that particular unit, I heard a lot of noise. I guess we were up there about ten minutes, and I continued hearing the noise, and the noise got louder. Finally, when we went back into this certain area, whoever the officer was, began to deal with what problem the resident had. I can't remember whether the resident had to go out to take care of physiological functions, but she had to go out.

I wasn't sure that the person in the area even heard noise, you see. But psychologically, and this might not be a true statement, it seemed to me that what would actually happen is that by the time the staff member got there, the staff member was attempting to reward the person, you know, to go to the restroom.

Do you understand what I am trying to say?  
Can either of you respond to that?



MR. PHILLIPS: So the question then was, is that what we are doing, trying to reward them for making the noise?

MR. PITTS: Are you trying to reward them for acting in a certain way?

MR. PHILLIPS: Yes.

No.

Yes.

MR. PITTS: "Yes. No. Yes."?

MR. PHILLIPS: Trying to reward proper behavior.

MR. PITTS: Regardless of what their behavior is, what you are trying to do is get a certain kind of behavior pattern established on those people you are bringing to that institution.

MR. PHILLIPS: Yes.

MR. PITTS: Why is it that a male must always be present if the residents are to come out of a confined area?

MR. BRADFORD: By the reason for which they were confined in Davis Hall to start with. The people up there were not confined for doing good things. There are custodial hazards, custodial risks involved, and that

is the reason they are in Davis Hall, and that is the reason for the fence, and that is the reason that it is a more secure unit.

Would we not be very inconsistent if we put them up there, those who we considered -- and I am not dealing with the entire population of Davis Hall -- who we considered very assaultive and dangerous, to then let one female officer go up there and let out several people, with a history of people with an assaultive behavior?

MR. PITTS: It has been indicated here that even if one wants to come out, a male must be present.

MR. BRADFORD: We try to have sufficient staff on hand to deal with the situation, should it occur, and the potential for it occurring in Davis Hall is much greater than any other area.

MR. PITTS: Are we to assume, then, that other women on the staff cannot handle this situation? Are you saying that generally women just can't handle that kind of situation?

MR. BRADFORD: I would say that they would be in greater personal danger if there were not another man there.

MR. PITTS: In what way?

MR. BRADFORD: Physically.

MR. PITTS: That the resident would attack the person physically? Is that what you are saying?

MR. BRADFORD: The potential is there. The possibility is always there. We are dealing with a very diversified type of resident at Alderson. Several are there for several different crimes.

MR. PITTS: To make this statement to a staff member, "Go to hell", is that a violation of the rules?

MR. BRADFORD: That would be something we would talk to them about.

MR. PITTS: But isn't it possible that somebody could write that up as an infraction of the rules?

MR. BRADFORD: Yes. It is.

MR. PITTS: And isn't it a fact that they do it occasionally?

MR. BRADFORD: Yes.

MR. PITTS: And is this person dangerous because he made that statement?

MR. BRADFORD: I don't know.

MR. PITTS: But that person might have to go to segregation.

MR. BRADFORD: I don't believe.

MR. PITTS: Are you positive?

MR. BRADFORD: There again, you want to look at one individual.

MR. PITTS: No. All I want to know is if this person had the occasion to be put into segregation?

MR. BRADFORD: Not generally. No, sir. Maybe in that specific case where that resident was out of control completely. You know, you can say "Go to hell" in several different ways with several different attitudes.

MR. PITTS: But there is a possibility that that person could go to segregation.

MR. PHILLIPS: Excuse me for this, but if the resident hits somebody with a bat and says, "Go to hell", they will probably go to segregation.

MR. PITTS: Then are they going to segregation for hitting them with the bat, or saying "Go to hell"?

MR. BRADFORD: Both.

MR. PITTS: What does a denial of toilet facilities have to do with security, safety, and health in segregation?

MR. BRADFORD: We at Alderson have a

physical capability there, we have certain buildings with certain plumbing and facilities in them, and that is what we have to use. That is what we have to make do at the present time.

We have had, I don't know just how long, but several weeks now we have had plumbing facilities, toilet facilities, everything that we need to make wet cells out of everything in Davis Hall. We can't rush the supplier up. We are waiting on them.

MR. PITTS: Why is it then that the water, let us say, to the commodes in some of these dry cells, are turned off? What does that have to do with it?

MR. BRADFORD: These are turned off, not in all cases, but in specific cases they are turned off, mainly because, if you will excuse me, my officers don't like to have urine thrown on them and things out of the commode, and these commodes are turned off, and are flushed when needed.

MR. PITTS: Mr. Chairman, I really wish to pursue this matter, but for the sake of time and other people, I will stop here.

MS. SIEDMAN: I was curious about something that was said earlier. I have two quick questions. You

made a comment quite a bit earlier when we were first talking about using male correctional officers and taking people outside and that sort of thing. You referred to some of them as "Mr. Bradford's correction officers". Are all of the correction officers under Mr. Bradford, or only the male correction officers?

MR. PHILLIPS: All.

MS. SIEDMAN: So you weren't making any particular distinction when you said that.

MR. PHILLIPS: No.

MS. SIEDMAN: It is my understanding, and correct me if I am wrong, that there are a variety of infractions for which someone can be placed in Davis Hall. It could be fighting, assaultive behavior and so on. It could also include making hooch or being caught in homosexual activities.

Would you consider the people making hooch or being involved in homosexual activities as dangerous, who are locked up, or have to have a male correctional officer with them? I wonder how you handle different types of offenses, or are all offenders categorized in the same way in Davis Hall, treated the same way in Davis Hall?

MR. BRADFORD: We have to really deal with

the individuals at the time and place that the incidents occur. A lot of times locking them in their room in the cottage will suffice.

Many times these people are intoxicated, possessing this hooch.

Lots of times there is a lot of emotionalism involved in an act in a closed room.

Our supervisors, myself, everybody involved, must make those decisions when and if they occur.

It is very, very difficult to try to say if this happens, we are going to do exactly this, and if that happens we are going to do exactly that, because things and people change, and personalities that are involved in it are changing, and the location is changed. So it is very difficult to try to nail it down to just exactly one specific thing.

We are dealing with people and, of course, everybody is different.

MR. GOFF: Just a few questions of Mr. Bradford and the other gentleman. Mr. Bradford, I think it is recognized in corrections that there are certain occupational hazards involved.

MR. BRADFORD: Yes, sir.

MR. GOFF: How many correction officers in your institution have been injured in the last year, as a result of action involving inmates?

MR. BRADFORD: I have only been at Alderson since November 26th. But since I have been there, there have been two correctional officers assaulted. And in one case, one lady had to be taken to the hospital, and very luckily it turned out that she wasn't seriously hurt.

Another lady was assaulted and she wasn't seriously hurt.

Previous to that I believe there were other people that were hurt.

MR. GOFF: There have been two in the last --

MR. BRADFORD: Since I have been there.

MR. GOFF: This question of the MCO escorting the residents when they are going to the shower and to the bathroom; what is the proximity of the male correction officer to the female resident at the time of showering? I wonder if you could clarify that for us?

MR. BRADFORD: We have closed toilet facilities, shower facilities, etc. The MCO does not go in. He is merely there to support the female correctional officer in the event she needs him, which hopefully



wouldn't be very much. So they don't go in there at all.

MR. GOFF: These are in shower rooms and in toilet rooms?

MR. BRADFORD: The resident is in there.

MR. GOFF: Yes.

MR. BRADFORD: The officer is out in the hall.

MR. GOFF: Is there a door?

MR. BRADFORD: There is a solid door there.

MR. GOFF: There is a door, and the male officer remains on the outside of the door.

MR. BRADFORD: Certainly. ;

MR. PHILLIPS: Both the male and female.

MR. GOFF: Both the male and female officers?

MR. PHILLIPS: Most of the time.

MR. GOFF: Are there ever any instances where the male officer will go in the room, together with a female officer, at the time the resident is showering?

MR. PHILLIPS: I don't know of any.

MR. BRADFORD: Not to my knowledge, sir.

MR. GOFF: Since the new administrative complaint procedure was instituted the 1st of April, has there been any use made of this in Alderson?

MR. BRADFORD: I don't know, sir.

Yes, sir. Four.

MR. GOFF: There have been four. And there has not been sufficient time yet for this procedure to work its way through, I take it. That may be a more proper question for the Warden.

Some of the residents testified this morning, who were in Davis Hall, that they must bang on the doors to be heard, and there are several doors for the noise to go through.

Some institutions have a system whereby there is a monitor pickup, so that this is transferred out to an officer position. Is there such an arrangement in Davis Hall?

MR. BRADFORD: No, sir. Not at this time. But we have requested it from the Bureau. We have requested several electronic devices there. One would be an emergency alarm system that the officer could get help with when and if she needed it.

Another one is a PA system.

These things, as I say, we have to work with what we have at the present time.

MR. GOFF: Do you have any PA system, two-

way, in that institution?

MR. BRADFORD: No, sir. Only our two-way radios.

MR. GOFF: Is there any way that an individual can be paged from any central spot?

MR. BRADFORD: I believe that the garment factory and the industries have a microphone there that they can announce in the garment factory and the industries. Otherwise, we depend upon knowing where the resident is at the time they need to be paged, or calling a certain area where we know that that person would know where they went.

We usually have very little difficulty in finding any of them.

MR. GOFF: Is there a procedure whereby, in the middle of the night, shall we say, that center can monitor a particular cottage to make sure that the officer is all right?

MR. BRADFORD: We have what we call watch calls. The officers must call in to the control center every thirty minutes.

MR. GOFF: Is there a procedure that in that interim said thirty minutes, other than the phone being knocked off or what have you, wherein there is any ability

to determine if there is a disturbance or problem in a particular unit?

MR. BRADFORD: We have a one-way listening speaker in each cottage, that the control room can monitor all at one time, really.

If the control room also hears any loud noises which sound like some difficulty going on, they would have to close off all switches until they eliminate it to that particular cottage.

Then of course they would send or ask for help to go to that cottage.

MR. GOFF: You say there is one such microphone for each unit?

MR. BRADFORD: No. It is a speaker, just a speaker. The only capability that we have, in the control center, is to listen at this and just kind of the general noises. You can't hear anybody talking, unless they would be right under the speakers.

It is kind of like if you would put a speaker up here and we were all making noise up here. You could probably hear that in the control room, but that is probably the capability of it.

MR. GOFF: Do the women know that this

speaker exists?

MR. BRADFORD: Yes. I am sure they do. The speaker is out in the open.

MR. GOFF: Are you saying that that one speaker is the only monitoring device in the cottages?

MR. BRADFORD: Yes, sir. Other than the telephone. If a telephone is knocked off the hook or taken off the hook, we have -- I think it is a fifteen or twenty second delay in the control room, which would set off the buzzer.

MS. HANDY: Do you think women are as strong as men?

MR. BRADFORD: At times. Yes. Sometimes stronger.

MS. OLBRICH: Why couldn't you have two or three female officers instead of having a male and a female officer?

MR. BRADFORD: It is a matter of scheduling. Of course we cannot have male officers working out in a single cottage by themselves. We have all female officers in the cottages.

Our male correctionsl officers are used mostly for gates, ground patrol, activities, and things

which would not require them to normally be in quarters. Therefore, they are usually the only one that is available.

We are having enough trouble with manpower now. If we could spare a couple or three women, that would be just as good.

But the availability of people is not such that we can have women on an activity post or a gate post or this type post.

So it usually falls to the male correctional officer, since he is the one that is sort of in operations.

CHAIRMAN McINTYRE: I think you spoke a moment ago, Mr. Bradford, of activities of the supervisor in investigating incident reports.

MR. BRADFORD: Yes, sir.

CHAIRMAN McINTYRE: Let us speak about incident reports for just a moment. Do you keep a record of all incident reports that are filed?

MR. BRADFORD: Yes, sir.

CHAIRMAN McINTYRE: How long are these records maintained?

MR. BRADFORD: I believe I could safely say we have them back for at least a year.

CHAIRMAN McINTYRE: Would the incident report

show what disposition was made of the complaint, the report on file with you?

MR. BRADFORD: You are talking about the incident report?

CHAIRMAN McINTYRE: I am talking about the incident report. Would it have on it a showing of the outcome, the disposition?

MR. BRADFORD: Yes, sir.

CHAIRMAN McINTYRE: And you have records of that for a period of a year.

MR. BRADFORD: Yes, sir.

CHAIRMAN McINTYRE: If it showed an equivalent or a finding of the resident not guilty, that would likewise show on the report?

MR. BRADFORD: Yes, sir.

CHAIRMAN McINTYRE: Who is this supervisor who investigates the report?

MR. BRADFORD: The supervisor would be the watch Lieutenant, the correctional supervisor, whichever you desire. They are the supervisor who is in charge of an eight hour watch, or shift, per se, and they come directly under my supervision and are directly responsible for supervising the officers on that particular shift.

CHAIRMAN McINTYRE: As I understand it, the incident report is filed and the incident report is dealt with, if it is not dealt with immediately -- no. If there is an incident report, it goes to the treatment team.

MR. BRADFORD: Yes. This is how we would work an incident report, say on the case of two people fighting: This would be something that I think we all could understand, because a fight, you know, especially one in which blows are exchanged, very physical, very emotional, with onlookers, and the tension in the cottage, the watch supervisor would normally take these people out of that cottage, and would normally put them in segregation, and then investigate the report.

The reason for this would be so that the tension could be subsided in the cottage, and people wouldn't be so upset.

CHAIRMAN McINTYRE: Correction officers at the cottage level are not allowed to do that.

MR. BRADFORD: Correctional officers at the cottage level are not allowed to do that. That is up to the watch supervisor, whom the cottage officer must call if she indeed writes an incident report.

CHAIRMAN McINTYRE: Is the recommendation of



the investigative officer taken by the treatment team, ordinarily? If she says it was "A" who was at fault, rather than "B", would the incident report be dropped as to "B", and pursued as to "A"?

MR. BRADFORD: I would say this would be very valuable information in dealing with the incident report, and it would certainly be taken into consideration. I would say almost definitely that one may get a different corrective action taken, other than the other one, because one may have been the one who assaulted the other one, or the other one may have been defending herself, or something of this nature. But it would be very valuable information.

CHAIRMAN McINTYRE: As chief correctional officer, you certainly are familiar with your system of censorship, if you want to call it that, of mail passing from residents out of the institution. Are you familiar with that?

MR. BRADFORD: I am familiar with it. It doesn't fall under my département, but I am familiar with it.

CHAIRMAN McINTYRE: Does it exist? Is outgoing mail edited or sometimes refused to be sent?

MR. BRADFORD: I could not tell you about the refusing to be sent. I can tell you that we do look at

the mail.

CHAIRMAN McINTYRE: What is the purpose of that?

MR. BRADFORD: No. 1, if it is determined by the treatment team, chief of classification control and case worker, under whatever need for the resident's mail to be monitored, they can do so in writing, by writing a request to the cottage officers, who check the mail.

CHAIRMAN McINTYRE: Do you have any idea how many residents are now having their outgoing mail monitored?

MR. BRADFORD: I don't know, sir.

CHAIRMAN McINTYRE: That is all.

MR. PITTS: This control unit of which you spoke several minutes ago; you say that this control unit is attached to all of the cottages?

MR. BRADFORD: What are you speaking about now? The speaker?

MR. PITTS: Yes.

MR. BRADFORD: Yes.

MR. PITTS: You cannot really hear what people are saying?

MR. BRADFORD: Not unless they were right

underneath it. It is a very poor system, actually.

MR. PITTS: But you can detect, therefrom, a disturbance.

MR. BRADFORD: If somebody were breaking windows and banging around, we could probably isolate that to this particular cottage.

MR. PITTS: Where are these mikes located?

MR. BRADFORD: They are speakers --

MR. PITTS: You have to have a pickup mike somewhere, don't you?

MR. BRADFORD: Two upstairs and two downstairs, in the ceilings and hallways. That is how important they are to me.

They are speakers, though.

MR. PITTS: I don't know what you mean by "That is how important they are to me".

MR. BRADFORD: We do not have pickup mikes, per se.

MS. SIEDMAN: I think the phrase is transmitter. A speaker is what you receive and a transmitter is what you send. I think if they are sending to the control room, wouldn't you really call it a transmitter, even if it isn't a microphone? I am saying that just to

try to help clarify what we are talking about.

MR. PITTS: It doesn't make any difference what you call it. The thing of it is, is that the central unit can control it, and if you want to make it louder, you probably can turn it up, can't you?

MR. BRADFORD: We have a volume control in there.

MR. PITTS: So if you just want to cut it off and listen to a particular area, even though there wasn't any kind of commotion going on in that area, you could do that, couldn't you?

MR. BRADFORD: Certainly.

MR. PITTS: So if a resident and a counselor were sitting in a confidential setting, you could pick that up, if you wanted ot.

MR. BRADFORD: No. If they were sitting in a confidential setting, they wouldn't be sitting out in the middle of the hall.

MR. PITTS: If the mike was in the general area, you could, couldn't you?

MR. BRADFORD: No, sir. It is a very poor system.

MR. PITTS: How many people do you supervise?

MR. BRADFORD: One hundred seventeen.

MR. PITTS: How many of those 117 are Spanish speaking people?

MR. BRADFORD: None.

MR. PITTS: How many of the 117 are black people?

MR. BRADFORD: Thirty.

MR. PITTS: And that leaves how many white?

MR. BRADFORD: The rest of them.

MR. PITTS: Of that number, are any of the blacks in lesser supervisory positions?

MR. BRADFORD: Lesser supervisory positions?

MR. PITTS: Yes. I am assuming you have some supervisors under you.

MR. BRADFORD: Yes. We have two black Lieutenants, one male and one female. We have five, six or seven black GS 8's, or officer specialists. And the remainder are -- no. We have, I think, approximately five GS 6 black officers, and the rest are 7's.

MS. SIEDMAN: Are they male or female?

MR. BRADFORD: We only have five black male officers, and twenty-five black female officers.

MR. PITTS: But they are not supervisors.

MR. BRADFORD: No, sir.

MR. PITTS: You just have two supervisors.

MR. BRADFORD: One black male supervisor and one black female supervisor.

MR. PITTS: How many white supervisors do you have?

MR. BRADFORD: Four white female supervisors.

MR. PITTS: Four white female supervisors?

MR. BRADFORD: Yes, sir.

MR. PITTS: Any white male supervisors?

MR. BRADFORD: No, sir. Only myself.

MR. PITTS: That is all.

CHAIRMAN McINTYRE: Are there any other questions from members of this panel?

[No response.]

CHAIRMAN McINTYRE: Thank you very much for being with us and participating in our meeting. You are now excused.

[Witnesses excused]

CHAIRMAN McINTYRE: The second panel of the Discipline category will involve Jean Scozzari and Viola Cooley. Will they come forward, please?

PANEL B.

MR. COULTER: Would you each state your full name and job title for the record, please?

MS. COOLEY: I am Viola Cooley. I am presently assigned as unit manager, but I am still working in the capacity as correctional supervisor.

MS. SCOZZARI: I am Jean Scozzari. I am chief of case management.

MS. COULTER: Ms. Cooley, could you briefly describe what your duties are?

MS. COOLEY: As a correctional supervisor, my duties involve the running of the shift, that I am designated to, seeing that all posts are correctly covered, supervising any group activities during this period, and making decisions about any emergency situations that arise during my shift.

MR. COULTER: And your immediate superior would be Mr. Bradford?

MS. COOLEY: Correct.

MR. COULTER: Ms. Scozzari, I am aware you have a fairly long list of duties and responsibilities. Could you try to summarize the work you do?

MS. SCOZZARI: I think the main responsibility

is probably the supervision of the case workers, clerks, and joint supervision of counselors, and chief correctional officers.

Mainly supervision of case workers, joint supervision of counselors with the chief correctional officer, policy in the case management policies, predominantly.

MR. COULTER: Are you also responsible for the activities of the treatment teams?

MS. SCOZZARI: Not directly responsible. I review the activities of the treatment team.

What do you mean? In terms of programs and goals?

MR. COULTER: Yes.

MS. SCOZZARI: No. The treatment teams pretty well themselves gather the classification material for education, medical, all material pertaining to a resident, and they classify that resident.

In joint conference about education, the counselor, who was assigned to that cottage, and the case worker, they program a resident in terms of goals, in terms of education; need levels, in other words.

MR. COULTER: This activity doesn't fall



within the realm of your responsibility?

MS. SCOZZARI: It falls within the realm of my responsibility, but not directly. If there is any problem with it, then it comes under the realm of my responsibility. But it is pretty autonomous.

MR. COULTER: So you would have oversight --

MS. SCOZZARI: That's right. Supervision rather than direct -- in other words, if a girl felt her program was unsatisfactory, she might come to my office and I would review that program and talk with the case worker in that case and try to find out really, you know, what was going on and whether or not there was a basis for this, and if we could do something about it for her at that time.

MR. COULTER: I want to ask you one question about the treatment teams. Evidently, from all we have heard, they have a great deal of impact on what happens to particular inmates. They deal with disciplinary proceedings, and they also deal with such things as job placement and other questions of programs.

I asked some other people when they are dealing with disciplinary matters, if perhaps an inmate should have some of the traditional due process guarantees,

such as the right or the opportunity to have some witnesses or the opportunity to have a representative or the opportunity to know the kind of evidence that is being considered.

Are these kinds of procedures appropriate for treatment team activity, either for discipline or for other matters?

MS. SCOZZARI: No. I don't feel them as terribly appropriate.

MR. COULTER: Why not? Because it is not that important?

MS. SCOZZARI: No. It is important. But I think a case worker, a counselor and quite often sometimes a cottage officer is present, as well as an educational person. They have a real knowledge of this resident, and the resident has real knowledge of them.

I think, as a whole, the resident feels she comes out much better with this team who can really care about her, having a vested interest in her, than she would by an objective body.

I have had very few ask to bring a representative, or I have heard very little from the residents. If there were something they wanted, I think it

would have filtered up to my office by this time.

But most of them say, "I would rather see my team than take a 6:00 lock. I will wait for the team". In other words, "I will come out better with my team than I will with a 6:00 lock or a correctional officer".

And that has happened a number of times.

MR. COULTER: We have heard that in some instances some residents may be placed in Davis Hall, Without going through a disciplinary procedure with the treatment team, upon returning to or upon arriving at the institution.

First, is this so and, secondly, how is that done, and whose responsibility is it to place an inmate in Davis Hall?

MS. SCOZZARI: We might get a communication from Morgantown that they are returning to us a young woman who has a history of two or three escapes, or even just one serious escape.

When we receive the incident report and the report or memo report from that institution, before she arrives, it might be decided it would be best to place her in Davis Hall until such a time as we could evaluate whether or not she is ready for the open campus.

In other words, she isn't just put up there. We then move into the thing from a treatment point of view to find out whether or not she really can make it in the open campus, and is she really what we would call an escape risk, and if she is not, we might filter her out through 27 or we might put her over in the orientation section within a twenty-four hour period.

MR. COULTER: When you say "we", is this some treatment team, or management?

MS. SCOZZARI: It could be management. Predominantly the girl is assigned a case worker when she comes in. Or it could be the treatment team of the local special treatment unit.

In other words, there is a team, a case worker, a unit manager, a counselor in her special treatment unit. They would review this girl for us.

MR. COULTER: So it might be their decision.

MS. SCOZZARI: It might be.

On the other hand, the girl may have been known to us previously. We might have sent her to Morgantown. She might have already had a case worker. We might ask that case worker of that unit to go in and see her and give an evaluation within a week's time, or within twenty-

four hours.

MR. COULTER: She is already in Davis Hall by that time?

MS. SCOZZARI: For twenty-four hours. Yes.

MR. COULTER: What I am trying to clarify is the possibility that just the initial placement in Davis Hall might be prejudicial or have kind of a flypaper effect. I am trying to establish who decides where that individual goes in the very beginning.

Is there any set person, or does it sometimes fall to whoever happens to be on duty?

MS. SCOZZARI: It seems to be some kind of a policy. Someone comes in with a long escape history or record, for twenty-four hours, until we can determine a little more about them, they go to Davis Hall.

They don't necessarily go to segregation. They sometimes go to 27, which are wet cells.

MR. COULTER: Is it true, what we have heard, that inmates must work, and must have a job in the institution?

MS. SCOZZARI: No. There are quite a few that don't have a job, and who don't want to work. I think most people -- there are people who physically can't work.

MR. COULTER: I am not talking about that. I am talking about the impression I might characterize that if you didn't work you were going to be punished.

MS. SCOZZARI: No. No one is punished for not working. They can be punished if they have a job -- I don't like the word "punished", either, because I don't think it is appropriate. They can be reprimanded for not going to work when they have a job, or not getting there on time when they have a job.

Or a girl can come in and say, "I will work", and her program can be made toward working, but she may refuse to go.

But she wouldn't be put in Davis Hall for not working, if that is what you mean. We would try and motivate her somehow in the direction to get her started either in education or in some type of work that she can accept, whether it be cottage maintenance, or whether it be right to read, or some other program. We would try to establish some goals for her.

In other words, our job is to motivate the person to upgrade themselves in one area or the other.

MR. COULTER: So that anyone who chose not to work would be free not to work?

MS. SCOZZARI: I don't know of any that have absolutely refused to work, to be frank with you. But I haven't been there long enough to answer that question. It hasn't been a problem I have been presented with.

MR. COULTER: I was trying to resolve the apparent conflict.

Is it also perhaps not true that they don't get paid in the beginning? What is the situation?

MS. SCOZZARI: You mean MSA?

MR. COULTER: Any kind of pay.

MS. SCOZZARI: That is the only kind of pay I know of in my department.

I think the Bureau policy says they must be at a federal institution three months before they are eligible for pay, at which time they can -- at the end of three months, they can be given meritorious time. There is a difference between "pay" and "time".

They can receive the time from the day they arrive, which is two days per month, or three days per month. I think it is three days per month.

But pay depends upon the critical factor of how much money I have in my MSA budget, as to whether I can begin paying people for a three month period back.

Ordinarily we do not, because we don't have that kind of funds in the MSA budget.

But we do, at the end of the year, in June, if I find I have sufficient funds, I will get a list from the dining room and other areas and try and reward those people who did not receive these three month's pay. If I have extra money, I like to do that.

But the critical factor here is that I have a very limited budget, and I must work within that budget.

MR. COULTER: Perhaps we can come back to that.

Ms. Cooley, are you involved in any way in procedures surrounding the transfer of inmates from Alderson to another institution?

MS. COOLEY: In my line of duty, the only way I would be involved would be in the regular custodial procedure, such as seeing that the girl is properly packed, if she is to be taken to another institution, that transportation is arranged, or something of this type. Otherwise, I wouldn't be involved.

MR. COULTER: You don't have any identity into the --

MS. COOLEY: No. I have nothing to do with



the decision as to her transfer, nor where she was to go, or anything of that type.

MR. COULTER: I am going to conclude my questions with that.

MR. GIBBARD: I would like to know the educational and professional qualifications of the case workers.

MS. SCOZZARI: You mean at Alderson, particularly?

MR. GIBBARD: Yes.

MS. SCOZZARI: I have one case worker who has a master's degree in social work, and the rest of them have their BA in social work.

Counselors do not. They come from the correctional force. But as a whole, they are very bright people.

MR. GIBBARD: Most of the case workers have had job experience other than in the correctional situation?

MS. SCOZZARI: No. I think one of my case workers has had experience in education prior to coming here, in the teaching field. I am not sure about the others.

I am fairly new, and I haven't checked their

backgrounds thoroughly. They have been with the institution quite a while.

MR. GIBBARD: How many case workers do you have, altogether?

MS. SCOZZARI: There are five, not counting NARA.

MR. GIBBARD: How many white and how many black?

MS. SCOZZARI: Two black case workers.

MR. GIBBARD: Is the assignment of a case worker to a resident race linked in any way?

MS. SCOZZARI: No. They go on rotation. We try and balance it. If we see a cottage getting too heavy in either white or black, we try to balance it out. But as a whole, it is just straight rotation. Whoever is next in line to receive the case, receives that case.

MR. GIBBARD: Does that mean that a case worker doesn't develop a relationship with the inmate?

MS. SCOZZARI: No. Let us say a resident arrives today. She would go to an orientation period of two or three weeks. During that time she would be assigned a case worker. Her case worker would be seeing her, would be classifying her, would be making a program for her.

At the end of that time she would move into the cottage which that case worker supervised. It is an ongoing thing.

MR. GIBBARD: So the rotation has to do with who gets what case?

MS. SCOZZARI: Yes.

MR. PITTS: How many white case workers are there?

MS. SCOZZARI: Three.

MR. PITTS: Ms. Cooley, outside of your line of duty, have you ever had occasion to deal with residents being transferred, at anytime?

MS. COOLEY: No. Not as I know of.

MR. PITTS: Not in your tenure at the institution?

MS. COOLEY: That is true.

MR. PITTS: How long have you been at the institution?

MS. COOLEY: Twelve and a half years.

MR. PITTS: How long have you held your present position?

MS. COOLEY: Since 1971.

MR. PITTS: As unit manager?

MS. COOLEY: No. I was just assigned as unit manager. I am still working as a correctional supervisor.

MR. PITTS: Well, now, what are you?

MS. COOLEY: I will be entering my new job the last of this month. But at present I am still functioning as a correctional supervisor.

MR. PITTS: You are not a unit manager now?

MS. COOLEY: No. I have been assigned.

MR. PITTS: When were you told that you would be unit manager?

MS. COOLEY: Last week.

MR. PITTS: What is your GS rating?

MS. COOLEY: I will be a 12 as unit manager.

MR. PITTS: You will be a what?

MS. COOLEY: A 12.

MR. PITTS: What was your GS rating before that?

MS. COOLEY: A GS 11.

MR. PITTS: How long were you a GS 11?

MS. COOLEY: Two years. Almost three years.

I entered on duty as a correctional supervisor. I began my career in '71, as a GS 9. I remained at that for two

years. Then I went to the other.

MR. PITTS: What are you going to be next week?

MS. COOLEY: Unit manager.

MR. PITTS: Ms. Scozzari, what do you do in terms of parole?

MS. SCOZZARI: We prepare the progress reports, the case workers do. They prepare the progress report for the parole board, which meets every two months.

MR. PITTS: Do you have any knowledge as to the rate of parole based on race?

MS. SCOZZARI: You mean what percentage of them -- let's say I believe we had last time 101 people who met the Parole Board, and about 27 per cent were paroled.

MR. PITTS: Of the 27 per cent, do you know what per cent were black?

MS. SCOZZARI: I wouldn't have the vaguest notion. I would say predominantly black, since our population is predominantly black.

MR. PITTS: But not necessarily so?

MS. SCOZZARI: Not necessarily so.

MR. PITTS: What is your GS rating?

MS. SCOZZARI: Twelve.

CHAIRMAN McINTYRE: I will address this question to either of you. While you may not be directly responsible with decision making having to do with transfers out of the institution, I am confident that by reason of the other responsibilities you possess, and by reason, especially in your case, Ms. Cooley, of your elective service here, that you have an understanding or comprehension of why it is done and how it is done.

MS. SCOZZARI: There are a number of ways a transfer takes place. One is a woman requests a transfer. This is the predominant ones that I deal with through my office.

Everyone wants to go near her home. She wants to go to Raleigh --

CHAIRMAN McINTYRE: Let us deal with involuntary transfer.

MS. SCOZZARI: I only know of one involuntary transfer since I have been at the institution. It was after an uprising, a minor incident at the institution.

CHAIRMAN McINTYRE: Do you know, as a matter of fact, when the actual departure hour of the resident was? Was it daytime hours or night --

MS. SCOZZARI: Daytime hours.

CHAIRMAN McINTYRE: Are you familiar with any incidents in which residents have been transferred out at night?

MS. SCOZZARI: No. None whatsoever.

CHAIRMAN McINTYRE: None have come to your attention in the last eight months?

MS. SCOZZARI: No.

MS. COOLEY: No. I have been on duty several times during the process, but not at night. It has always been in the daytime.

CHAIRMAN McINTYRE: To your knowledge, in the many, many years you have been here, you have never known of any transfer out occurring in the nighttime hours or the early morning hours?

MS. COOLEY: Not unless it was because of transportation being at night.

CHAIRMAN McINTYRE: Are transfers out, involuntarily, always done for disciplinary reasons?

MS. COOLEY: I can't really say that. That is not in my line, to say why.

CHAIRMAN McINTYRE: If not always, is it sometimes done for disciplinary reasons?

MS. COOLEY: I would say yes.

CHAIRMAN McINTYRE: Do you know any other reason why it might be done?

MS. COOLEY: Not really. Other than what Ms. Scozzari was saying. We are not concerned with involuntary.

CHAIRMAN McINTYRE: Who would be the most knowledgeable person you know of who could speak to the question of transfers out, in the whole institution? Either of you?

MS. COOLEY: All I know is I take my orders directly from my supervisor and I do exactly what she says to do in the line of the transfers.

CHAIRMAN McINTYRE: If I wanted to find somebody I could ask the question, someone who might know the answer, who would you suggest I talk to? Either of you?

MS. SCOZZARI: I haven't had enough experience with it to answer it, and all I can say is the Associate Warden might know something about it. I am not sure on that score.

MR. GIBBARD: Do you ever ask an inmate if she would like to have a transfer out?



MS. SCOZZARI: No. Most of the time they are asking for the transfer.

MR. GIBBARD: But you never propose, say, a move to Morgantown?

MS. SCOZZARI: Yes. If the girl is young, eighteen or nineteen years of age, and we think she would benefit more from being in a minimum security, away from the older residents, we would.

MR. GIBBARD: You would take that into consideration?

MS. SCOZZARI: Yes.

MR. GIBBARD: So would it be voluntary or involuntary?

MS. SCOZZARI: If she didn't want to go, she wouldn't have to go. She could say "No".

CHAIRMAN McINTYRE: Ms. Cooley, I am sure that in your service as correctional supervisor you have been actively involved at one time or another in the program of examining outgoing mail. Would that be a correct statement?

MS. COOLEY: Yes.

CHAIRMAN McINTYRE: Have you ever monitored mail which you decided should not go out?

MS. COOLEY: I have to start back with my

service of twelve years. At one time all mail was censored, and I was the correctional officer at the time, and I did that. I would pass it on to the case worker, probably, with the idea I thought it shouldn't.

But since then I haven't been involved in any mail.

CHAIRMAN McINTYRE: Were you the first reader of it?

MS. COOLEY: Yes.

CHAIRMAN McINTYRE: And you turned it over to the case worker?

MS. COOLEY: If it was something I thought she should know about, I have passed it on to the case worker.

CHAIRMAN McINTYRE: Otherwise, what would you do with it?

MS. COOLEY: Mail it.

CHAIRMAN McINTYRE: If you found something that you absolutely decided not to go out, would you return it to the resident or destroy it or file it?

MS. COOLEY: I have never destroyed any mail.

CHAIRMAN McINTYRE: Have you ever returned it

to the resident?

MS. COOLEY: Not that I can remember.

CHAIRMAN McINTYRE: Does your book of instructions advise what may and what may not be contained in outgoing mail?

MS. COOLEY: Right now, see, everything is changed about the mail relations since I was censoring the mail.

CHAIRMAN McINTYRE: Is mail monitored for security reasons?

MS. SCOZZARI: Yes.

MS. COOLEY: Yes.

CHAIRMAN McINTYRE: Is that the reason for monitoring the mail?

MS. SCOZZARI: Yes. But as a whole, the mail is not monitored.

CHAIRMAN McINTYRE: I understand from another witness it is perhaps spot checked.

MS. SCOZZARI: Yes.

CHAIRMAN McINTYRE: If it is done for security reasons, you are going to miss the mark nine times out of ten, then.

MS. COOLEY: Yes. We do.

CHAIRMAN McINTYRE: Thank you both very much for coming here and participating in our meeting. You may be excused.

[Witnesses excused]

CHAIRMAN McINTYRE: We have also invited to participate in our meeting here today some folks whom we have chosen to call Friends of Alderson, because of their attachment either to the institution in the past, or because of their involvement by reason of the fact that they live in the community. We have three such persons with us here today. We would invite them to come forward now; Carol Cross, Maryat Lee and Jacqueline Smith.

FRIENDS OF ALDERSON:

MR. COULTER: Would each of you state your full name and what your association has been with the Federal Reformatory for Women?

MS. CROSS: I am Carol Cross, and I was a resident out there.

MR. COULTER: A resident until when?

MS. CROSS: Until December of 1973.

MS. SMITH: I am Jackie Smith, and I was a former principal of education.

MS. LEE: I am Maryat Lee, and I was

co-director of the drama workshop from August of '72 to last August, and will be conducting a creative writing course beginning June 1st, for three months.

MR. COULTER: Dr. Smith, if I can use that title, your background is what?

DR. SMITH: My background is varied, but my last degree is in higher education, with an emphasis in counseling and guidance.

MR. COULTER: Was that a Ph. D.?

DR. SMITH: Yes.

The higher education is the major, and counseling and guidance is the minor.

MR. COULTER: When were you last at the Reformatory?

DR. SMITH: June of 1973.

MR. COULTER: Although it is coming on a year, could you describe the education program as it was at that time, and attempt to give us some insight into its strengths or weaknesses, with an eye to what the situation may be today, if you know?

DR. SMITH: I cannot speak for today. I will not try to speak for today. I want to emphasize that. I can only speak as to where we were at the time I left, and

what maybe we needed to do when I was there.

First of all, I think some of the strength was that when I went there I was given the full rein to pretty much determine my own programs, or for us to determine our new programs, what we needed. So I think this was the strength, in that the administration gives flexibility to develop new programs.

One of the other strengths was that we were free from the public educational system enough in that we could create new programs, programs that weren't the old stereotypes, from what public education has maybe fostered in their programs.

Another strength was that we got plenty of help from the adult educational program, which is located in this county. Much of our strength came from there, and we could solicit support from this area.

We had the basic courses going at that time. I felt we had the reading program, the GED Program, the adult basic education, and at that time we needed to improve the periphery courses, strengthening them, and the courses on the top, which I feel were done to a certain extent.

There were no advance studies programs, which, you know, we did initiate. There were college

programs which were initiated. And I think, as I said, we were given initially the go ahead to plan new programs.

But there were still weaknesses, of course, as there are in any program. One of these is that there was not enough resident input. One of the things I would like to see developed was more residents, say a staff-faculty program or committee, to, say, talk together about what courses new residents wanted. I think that kind of a thing should be set up, so that staff and resident worked right together in saying what programs they need, and this should be --

MR. COULTER: In that respect, do you think there was some kind of a communication gap between the inmates and what they might have wanted or perceived as their needs, and what the staff perceived as --

DR. SMITH: I just wanted to facilitate the presentation and make it easier for them to verbalize. Sometimes, if they verbalize, they might get lost some place. And also a need to sit down and say, someone would come up with an idea, "We need this", to take it out and say where we might have this program as opposed to this program.

MR. COULTER: I want to be coming back to you

in a few minutes.

Ms. Cross, on a slightly different subject, related by slightly different circumstances, how did you find the job training or vocational training programs while you were there, particularly in light of the situation you find yourself in now? Is my question too general?

MS. CROSS: Well, vocational training, I feel the level of it at FRW was very basic, and personally that is not good for me. In other words, I wasn't interested in key punch or working in a garment factory, learning how to sew, or learning how to be a key punch operator.

I worked as a teacher aid. I worked in the education department. That was more in line with the way I felt, or what I wanted to do, when I was released.

I feel that when you are looking at the population of FRW, the areas that a lot of the women come from, that the training isn't very realistic in the sense I think it would be hard to place a lot of women in a garment factory in Washington, D. C., and I think that volume of women in key punch training there, for whatever reason -- my feeling is that a lot of women weren't in industries because it was a job skill, but they were there



because money was available. They could make money. The economic factor.

The volume of women going through, say, key punch training -- I can't foresee there being that big a market in the area that we return to.

MR. COULTER: Just for background, what are you now doing? Are you involved in an organization?

MS. CROSS: I work for Ex-Cons for a Better Society. It is a federally funded agency. We deal with ex-offenders like myself. We deal with convicts coming from institutions; hopefully through our pre-release program they will come directly to our agency when they are released, within a matter of days. We would then deal with finding them jobs, finding housing, emergency financial assistance, education, if they are going to go to school, or whatever; dealing with these survival needs, first of all, and then with education and this kind of thing.

MR. COULTER: In light of this and in light of what you have seen now with that perspective, what do you think might be better in terms of job training or preparation for release? I am kind of asking you to speculate.

MS. CROSS: The women that I come in contact

with that come through our agency are women who now realize they don't have to stay in what were predominantly women's working areas. They don't have to be -- they realize they don't have to be secretaries all the time, or key punch operators. They know where the money is, and it has been in basically the male type situation; plumbing, and carpentry. They are interested in those kinds of things.

Women that I get into vocational training that come from institutions now are asking for welding, carpentry, plumbing, where the money is, because, well, practically everything is based on economies in this day and age, and I want money just like they want money, and they know they are not going to get it when you are a secretary.

MR. COULTER: Do you think that kind of training might be feasible in Alderson? Perhaps that is a question you wouldn't really know about.

MS. CROSS: I would like to say that it has been brought up earlier today, and it seems to me, repeating things, about the locale of the institution. I personally feel that it should not be where it is.

I don't really see how we can bring a lot of those programs in there. It could be done if moneys were

available. It could be done, especially if the women were enlightened, that perhaps they don't necessarily have to stay with those secretarial, menial jobs.

You know, if women don't know, they aren't going to voice an opinion, and a lot of women, because of their backgrounds, are going to go into better employment areas.

MR. COULTER: Let me direct a couple of questions to Ms. Lee. Could you give us a little bit of background about yourself as it relates to the work you were doing in Alderson?

MS. LEE: I am presently, and for the last four years have been, in Summers County as a farmer and an artist, particularly a writer.

Back before that I was in New York, and I was on the faculty of the new school for five years, teaching street theater. I am a specialist in street theater.

I was the artistic director of the Soul and Latin Theater in New York, and produced the first street theater in America, contemporary. I think that is all it is related to.

MR. COULTER: Would you describe what your

work has been with respect to the Reformatory?

MS. LEE: Yes. For a year, my co-partner, Fran Bellin, and I went to the Reformatory two or three nights a week to conduct a drama workshop. This involved anywhere from thirty people to five people at different times.

We did improvisations. We got to know some of the women very well. We produced a play, and read many other plays and started at the end to consider their writing and possible production for the Reformatory.

MR. COULTER: Did you say how long this went on?

MS. LEE: A year.

MR. COULTER: Did you say that you were planning a program of some sort for the future?

MS. LEE: Yes. Beginning June 1st -- we were a volunteer for a year, and we had to quit because we just couldn't go on being volunteers. So in these last months I have raised some money to run a creative writing course for three months, for this summer. This will involve whatever kinds of writing the women want to do. If they do any plays, I have a budget to bring in a director to do readings or production. I have a small budget to

bring in outside poets, and hopefully an editor to read their writings and to share their own, to make some kind of contact between the women and other artists, because I think one thing that is very neglected is that the women in this prison, and I assume others, are very close in certain ways with artists, because any worthwhile artist has to break the rules, and they have something in common.

I think that very often, of all the women that we met, not one of them had ever had any contact with an artist, at least not, you know -- at least commercial artists follow rules that are already laid down. But an artist who does take chances and breaks tradition, they had never had any contact with such a person.

So it was sort of eye-opening to make the connection between a destructive breaking of rules and the possible constructive breaking of rules.

I have forgotten what the question was.

MR. COULTER: You are really into my next question, which was to ask you to explain more about why you thought this kind of dramatic or writing activity was important. Apparently you must, if you are raising money for it, or volunteering your time.

MS. LEE: I think anybody who is in this

room and who heard some of the testimony of some of the women who are presently in Alderson couldn't help but be impressed with the thinking and the way of expressing themselves and the imagination of some of the women who spoke.

They aren't unusual. From my experience, all the people that I worked with were very stimulating to me, as an artist.

Don't forget, the theater, of all the arts, is concerned with action, and that is precisely why these women are at Alderson, because of action. So the theater is also in the excessive action. So we had a lot in common.

There are several levels. One level is, it has been mentioned, that such a place is a very emotional place, sort of a powderkeg possibility now and then.

I find this a great asset from a theater point of view, if that can be channeled into drama, because through Greek, the Greek word for action is "drama". That is where it came from.

So from a therapeutic point of view, it is its own outlet, or whatever you want to call it. It is a means of letting out superfluous actions into a creative

way.

From an artist's point of view, I, as a matter of philosophy, am always looking for an alternative to establish an art, which in this country is remote. Two per cent of our entire population goes to theater, ballet, symphony and opera. Two per cent!

Now you have to remember that theater, particularly, came up from the bottom, from the 98 per cent, or whatever it was. The highest point in our tradition was Greek and Shakspearean Theater, and they came up from the broad base of people.

I am interested in an alternate to the academic art. I find that the prison, or the street, which is very closely related, is a very fruitful place for me to look and to interact with them.

Thirdly, I don't think that very much is being done in terms of stimulation of minds and imaginations. I think that it is about all that an institution can do to -- maybe that is a moot point. But they are involved with the traditional training. I think it is also somewhat expecting a lot for professionals in any field to keep their enthusiasm. Doctors become callous about patients, and their suffering, sooner or later, and I think that

mothers of children do, too.

I think that this is why outside people and artists are very necessary, with their fresh approach, with their -- they don't have to worry with the everyday problems, and they can meet some of these needs of the women for the occasion to think and act in a new way.

MR. COULTER: I think I am going to turn it over to the Committee.

MR. GIBBARD: I would like to either ask a loaded question, or get a responsive statement, Ms. Cross. Is it your impression that at the time of entry into Alderson, many or most of the women have good work habits?

MS. CROSS: No. I don't think so. Many and most of the women -- I can't say many or most -- but a lot of the women have never worked, as far as their standard work --

MR. GIBBARD: When one enters the world of work, one really needs two kinds of things. One is an occupation and the other is work habits.

It happens that the earliest public vocational rehabilitation in the country was in West Virginia, and we happen to know that a number of the people who took vocational retraining got jobs outside the field



of their retraining, and did quite well in them, simply by virtue of having gone through voluntary discipline work experience.

Do you think it is possible that some of the work experience and work training at Alderson has this kind of merit, or is this too far out?

MS. CROSS: I follow what you are saying.

I think that any kind of -- let me put it this way: Any kind of vocational training perhaps is more positive than nothing at all.

But what I am saying is, I don't feel we should be satisfied with that, and I don't feel that we should use that as a basis for not improving.

MR. GIBBARD: I should like, then, to go on to another observation which I will sum up in virtue of a question of of the earlier vocational retraining. The early vocational retraining in this state, and elsewhere, for men, tended to be welding, carpentry, the very kind of things you suggest that should now be made available to women.

And in all the counties of West Virginia, they really didn't have very much trouble coming up with

welding equipment with which to teach welding. It doesn't take very much in the way of equipment to teach carpentry. In other words, the physical requirements for the teaching of these is not very difficult.

All over this state there happen to be very good vocational technical school, which are the same thing, in terms of equipment.

Based on this, will you now be made optimistic about the technical feasibility of developing these kinds of vocational experiences?

That was the only way I could make it into a question.

MS. CROSS: I would hope.

MR. GIBBARD: I have one question for the two of you, you and Dr. Smith. Has there been in the past, when you were up at Alderson, some attempt to integrate education and work experience, or the development of skills, or were they two separate things?

DR. SMITH: No. This is what we were attempting to do, is to -- well, all the way across the board, have an outbox type of education, not only integrating with work experience, but taking education out to the residents, say, to the cottages.

But you speak of work. We tried to establish the food program in education, combining them both, so that they got the basic education and they were putting, you know, food service training in, in conjunction with the kitchen and the education program, and while working there, also being educated in the school building, and that way trying to combine them.

I don't think they can be separated.

MR. GIBBARD: You mean they shouldn't be.

DR. SMITH: Well, I guess they could be separated, but I don't believe they should be.

MR. PITTS: Ms. Smith, in your tenure at the institution, was there an attempt on your part to integrate both work experience and education?

DR. SMITH: Was that the same question you asked?

MR. PITTS: No. It is not really the same question.

DR. SMITH: Explain the difference.

MR. PITTS: What I am asking you is, did you attempt to do it?

DR. SMITH: Yes.

MR. PITTS: And how was that attempt met by

the administration?

DR. SMITH: We were given the go ahead to do it.

MR. PITTS: Ms. Lee, how were you received by the residents when you first went to the institution with your program?

MS. LEE: At first, there was a lot of testing. There were several mistakes that we made, one of not limiting the number, so we had an enormous group at first, and we tried to keep all of them.

I think it took about six weeks for us to sort of feel our way into a smaller group that we could manage, and it turned out to be a totally different group, that hadn't rushed in at the very beginning.

MR. PITTS: How were you received by the administration?

MS. LEE: We were let alone.

MR. PITTS: That is all.

MS. SIEDMAN: Were there any particular problems that you encountered during the course of the year that you were conducting the drama workshop at Alderson? Just problems of doing the program, any encounters with staff that made it difficult for you to

function? I am wondering what does it feel like to be doing a volunteer program where everyone else is getting paid?

MS. LEE: There were times that we experienced some of the difficulties that the residents seemed to experience, in that we didn't know what we were supposed to do, very often.

We were given very simple instructions on our first going, our first entering, but we found that every so often we would do something that wasn't right, and we didn't know in advance what that was to be.

Sometimes we would lose a space that we wanted because we had, as it were, almost purposely done it.

But I think we straightened that out, because we talked about it and worked it out.

But I think there was the intention that we should be oriented thoroughly. I think, in the first talks about it, we were expecting an orientation. I think, you know, it just slipped by.

MS. SIEDMAN: You coordinated with people who are responsible for therapy or rehabilitation so your program could be assessed in light of what was being done

by the rest of the professional staff?

MS. LEE: This was the connection.

MS. SIEDMAN: I wonder if anyone tried to measure whether you were helping or hurting the residents with the program you were conducting? Did you ever have any kind of meeting with them, or attempt to evaluate your work?

MS. LEE: No. We never heard either way.

MS. SIEDMAN: As I understand you, you are going to go back in now with the creative writing class. So I am assuming that Alderson liked what you were doing and doesn't consider you were hurting anybody, and in fact you were helpful. Do you feel you have a good working relationship, then, with the staff at Alderson? Do you feel optimistic about this new program?

MS. LEE: Yes. I think this time we are clarifying things in advance as much as we can. I think it will be easier this time to work, because, first of all, I know a lot more about what is expected, and secondly, I know that I should give some advance warning, if I need certain equipment and certain space.

CHAIRMAN McINTYRE: Dr. Smith, you spoke of, during your administration, the introduction of or at least

the expansion of the adult education program. I read you to mean that you considered that to be a substantial part of the educational program, offerable in this area and this setting.

There has been other evidence that that adult education program has abated significantly and is not a very active program today.

DR. SMITH: You are saying that --

CHAIRMAN McINTYRE: There has been evidence to suggest that. Would you consider that to be a considerable loss to the institution?

DR. SMITH: Yes. If that is the case, I would say it is, because when I went in there, I felt it was pretty strong in there. I said we tried to build around it, but always keeping that as a major area, because with women coming in there with 2 and 3 and 4 point grade levels, that is where you have to begin before you can give them vocational training.

If a woman can't read, you know, she can't read the newspaper, even, sufficiently to go out and get a job, even if she is trained with some skill. So we always try to emphasize getting the GED or a raise in grade level, at least to 6.0, or as much as she wanted. That has

got to be the core, because there are so many people deficient. High schools are turning out people that can't read sufficiently today. A reading program will be a crucial area.

CHAIRMAN McINTYRE: How about advanced studies, such as might be offered by a community college? Was that program in effect while you were here?

DR. SMITH: Not women going out to the college.

CHAIRMAN McINTYRE: Or the college coming in?

DR. SMITH: We initiated courses, you know, in the institution or professionals coming into the institution.

CHAIRMAN McINTYRE: That seems to be a happy alternative to some of the other considerations which have been presented today, such as an expanded occupational training, such as carpentry or woodworking, none of which I fault at all, but I wonder if it is really going to put the resident, upon departure, in a better working setting than before.

DR. SMITH: We had 500 women there with many different needs. A lot of people would come in and



view the institution: "Why don't you have this vocation, or why don't you have that one vocational training?"

You had so many people with so many different needs, it is almost impossible, unless you had an unlimited budget to offer each of these women the needs they would want, whether one of them wanted to take poodle clipping, or something else. It would be good, if we could meet everybody's needs.

I think we should have more vocational training areas. But my main goal was getting the proper basic needs, such as reading, math, and English and so forth, that being the prime area of the attack.

But one of the weaknesses that I have solicited is that we did need more, and more of these areas needed to be examined.

This would be a reason why I would want to have the residents there. They know best what area they are going back to, what area best they need to have. So we need to keep that communication going.

MS. SIEDMAN: Do the women get paid for going to school? Is there any financial compensation?

DR. SMITH: Yes. I would say minimal.

MS. SIEDMAN: Is it meritorious pay, or

something else?

DR. SMITH: Something else. Minimal.

MS. SIEDMAN: Ten dollars a month?

DR. SMITH: It has been a year since I have been there. I hate to answer the question.

MS. SIEDMAN: You don't remember what it was when you were there?

DR. SMITH: It was very minimal wages for going to school, which I think people should be paid more for going to school, in competition with industry. There is no way to compete with industry.

Granted, it is a capitalistic society. Money makes the wheel go round. But we pay GI's to go to school. Why can't we pay an offender to go to school, as Mr. Gibbard has suggested, to get to class on time or to learn to get up on time?

These are some of the things that one needs to learn. So I don't see anything wrong with paying them to go to school.

CHAIRMAN McINTYRE: Are there any further questions at this time?

DR. SMITH: Mr. Pitts, you didn't continue to ask me whether that program succeeded or not, and I don't

think it did succeed, because I don't think the staff tried hard enough to make it succeed.

The one thing I was referring to, I think we should try it in more areas. This was one of the things we were trying, to get it in two departments. In one department we tried to venture out into, it did work out pretty well, getting in education, but in another one it didn't.

So it has to do with staff, their initiative and really getting in there with guts and determination to make it work.

CHAIRMAN McINTYRE: If there are no other questions, we want to thank you all for coming here today to participate at our hearing. Thank you for your contribution. You are excused.

[Witness excused]

CHAIRMAN McINTYRE: Our last grouping is in the category of the highest point of the administration program. The Deputy Warden and the Warden of the Institution will be our next witnesses, so we would like to call at this time Carson Markley, Associate Warden, and Virginia McLaughlin, Warden. Would you please come forward?

ADMINISTRATION:

MR. COULTER: I think you have been very patient, as have many of the people who proceeded you, in waiting, since we ran over our schedule so considerably.

At this time let me ask, as I have in all cases, that you state your full name and position for the record.

MS. McLAUGHLIN: My name is Virginia W. McLaughlin, and I am the Warden.

MR. MARKLEY: I am Carson Markley, and I am the Associate Warden.

MR. COULTER: Unless you have some remarks that you care to make at this time, I will --

MS. McLAUGHLIN: How would you rather do this? I am not going to get on one of my long-winded speeches, but I had just a few things for the record. Would you prefer that I read those statements now, or would you rather ask us questions?

MR. COULTER: If it is brief, there is no problem.

MS. McLAUGHLIN: That will be hard.

Very briefly, I think that the proof of the pudding is how many people come to Alderson and how many

stay out.

There was completed by an independent agent for the Department of Justice a survey, and the figures were released by the Attorney General within the last two or three months, which indicated that 33 per cent of the males that come into the federal system over a two year period returned to the system, which of course is quite clear that many of the statistics that you read have been inaccurate.

But more importantly, the study indicated that women reduced that ten per cent, so that about 23 per cent of women that come into the institution, into federal institutions, return to the institutions.

Alderson has the preponderance of women in the federal system. That means that of the women that come to Alderson, 23 per cent over the past two years have returned to some system.

I think another very important thing is that it costs you people \$8,300 a year to keep a woman at Alderson.

Also I think it is important for you to know that last year we spent, and this is not a total figure, but for health services alone, \$422,546.50. I think these

things are very important.

In terms of staff, I would also like to say that new staff already today on board, we have one female, a new female psychologist, a second male psychologist has accepted a job, and we are getting a black male physician assistant.

We yesterday received a telephone call that a black female physician was interested in coming to Alderson.

We are getting a Puerto Rican Chaplain, whose wife is also a Puerto Rican medical doctor.

So it looks like all of a sudden we had a windfall of real fine people.

I think I am going to stop there. There are many, many things that I would like to set straight for the record. But I don't think that there is time. I think it has been a very good meeting.

I don't think jails are good places, and I don't think there is any way to make them good places. I think there certainly is a great need for improvement of the system we have.

I don't think Alderson should have been at Alderson, and the current director and the director beyond

that didn't think that Alderson should be at Alderson.

I heard one man say that if they put it in Iceland we would have been about as well off as we are.

Many of the things and observations that the residents have made and you all have made are very valid. We are doing the best we can, in an antiquated institution, in terms that it is fifty years old and there is just not a whole lot you can do. But we will keep on trying.

I do think there are plans for Alderson, As I understand it, to become either an all male, kind of geriatric institution for male residents, or maybe even at some point a coed institution.

But we have a very bright young director of the Bureau of Prisons, and things are moving. We talk about these things and we talk about them. But they are moving.

So I think if you come back in a couple of years, you may not even find women at Alderson, or you will find it is in that very blissful state of having both men and women.

With that, I will stop.

MR. COULTER: Let me direct a few questions to you. There has been discussion off and on during the

day about the distribution of rules and regulations to inmates.

People have referred to the policy statements. Some people have referred to the possible need for some other form of rules and regulations. Is there a reason why you provide the regulations as you do? Would you care to make a response to some of the statements that have been made to that subject?

MS. McLAUGHLIN: I would certainly agree that they could probably be, and should be, and hopefully will be, presented to the residents in a more simplified form.

The reason that they have been presented as they are is that that was all we had at the time, and at least this does give the woman the information that is needed.

I think that was a very astute observation, and that is a change that will be made.

MR. COULTER: Several times I have questioned people and gotten various responses concerning the fairness of the procedure whereby people are placed in the special treatment unit and kept there for essentially an indeterminate period of time.



Is there any response you would care to make to that? Do you feel that that system is essential, as it is?

MR. MARKLEY: Yes. I think it is essential, the way it is at the present time.

I would like to clarify one thing. I think during the discussions, and I think maybe -- correct me if I am wrong, now -- you all might be confused with the terms "segregation" and "Davis Hall" and "the special treatment program".

The segregation is in Davis Hall. In that respect, it is part of the special treatment unit. But people may be placed in the segregation unit that would never go into the special treatment unit program. So a person might go in the segregation unit for twenty-four hours or less, but never go into the special treatment unit program. I think that was the confusion that some people had.

MR. COULTER: Let me ask you, just as a more specific form of that question, why is it that it wouldn't be possible to provide some additional protections in this situation, where someone is being transferred into this special treatment unit, with the severity or relative

severity of that kind of action? Why isn't something done to give the inmate more of an opportunity to present her side of the story, or to exercise what in the outside world we might call due process rights?

I have pointed out previously having a representative or some witnesses or being able to confront the accuser.

Are there reasons why it isn't possible to do some of these things?

MS. McLAUGHLIN: That is the Bureau of Prisons policy. The people can have witnesses, and I think what I really was hesitating in saying at one time, is that our disciplinary policy did say that you could have an attorney or outside attorney, and I had to take it out. It is Bureau of Prisons policy, and it is a position with them which, you know, we work for the Bureau of Prisons, and if we have any integrity, we follow what they prescribe for us.

One of the things I think hasn't been clarified here was that the women are permitted witnesses. You heard one of the young women say this morning that they used to be able to take their counsel members, which we permitted, but I was also told we had to stop that.

As I said, that is the Bureau of Prisons policy, and we are following it.

MR. COULTER: Witnesses are not in themselves a hindrance.

MS. McLAUGHLIN: They are permitted.

MR. COULTER: At least according to your own experience, neither were the representatives.

MS. McLAUGHLIN: That is correct.

MR. MARKLEY: Generally speaking.

MS. McLAUGHLIN: But ours is not to reason why.

MR. COULTER: Another subject that has been discussed at some length has been the question of involuntary transfers. I wish, if you would, you would please explain just under what circumstances transfers are made involuntarily, and what procedures are followed.

MR. MARKLEY: Since I have been there, two years, we have had three people transferred, to my knowledge, involuntarily, with the exception of the eleven people back in October of 1973, and I want to address myself to that, because that is in litigation right now.

But the three people were a threat to the staff. Staff members did evaluate this situation, and made

a recommendation, and they were transferred.

MR. COULTER: Who exactly made that evaluation? I am not concerned with individuals, but what positions or kinds of staff members were they?

MS. McLAUGHLIN: If you whack officers at Morgantown, you come to Alderson. If you whack officers at Terminal Island, California, that has happened. The women have attacked the officers at Morgantown, at Terminal Island, plus the eight people that have attacked people at Alderson within the last nine months.

What I am saying to you is that we are the end of the road. We are supposed to be "The Big House", without the facilities, which I think also is, you know, not in the interest of the clients.

We have too much freedom for some of the women and I think that is very unfair. But there isn't anything we can do about that.

But the decision of transfer is made by, in the long run, what would be Mr. Markley, myself, probably the supervisor of classification and parole, and probably the chief correctional supervisor.

No one person says it. Then nine times out of ten you are not going to get that person. If they

haven't tried to kill me or somebody, there is no chance to get them some place else.

I heard someone sit here this morning and say, "I was transferred at 3:00 in the morning, with no knowledge".

This is the same person, and the file is full of this:

"Mr. Markley, would you please give me some idea when I might be able to transfer to Chicago, the place you spoke to me about when I last saw you? I want to get the (expletive) out of this (expletive) hole. Every day becomes more unbearable to me. I would appreciate your response".

The same young woman who said she is locked up is working half a day in data processing, and writing a book the other half.

So this particular client was not transferred against her will. She was transferred after we spent considerable time trying to meet her requests and her desires to be transferred.

MR. COULTER: Wasn't she transferred twice?

MS. McLAUGHLIN: It is very well documented. She was transferred to Dehoco, and to the last place. But it is all in here. She requested the transfer, in writing.

MR. COULTER: She requested to be transferred to Dehoco?

MS. McLAUGHLIN: Yes. It is right there. But that one to Chicago was the last one.

MR. COULTER: Perhaps you could supply us with a copy of that.

MS. McLAUGHLIN: I will be glad to.

MR. COULTER: That is what I mean, about the one for Dehoco, something to help us resolve the conflict.

MS. McLAUGHLIN: Yes.

MR. COULTER: There is no one particular person who makes a decision about a transfer. Is that correct? It might be you or the Associate Warden or it might be --

MS. McLAUGHLIN: It really is kind of like this: We are kind of desperate. Most of the transfers, people have said, "I have just got to get out of this place".

MR. MARKLEY: It is more that kind of transfer, people requesting to leave.

MS. McLAUGHLIN: And we, as I said, are backed up against the wall, because we don't have any place to send the people.

MR. MARKLEY: As I have mentioned, there have been three people other than the eleven that were transferred. Probably they didn't want to go, but it was necessary to remove them from our population.

MR. COULTER: When that is done, it is somewhat difficult to establish who makes the decision, but in the process of making the decision, is there any procedure that is followed? Are there any guidelines that must be adhered to, anything of the sort?

MS. McLAUGHLIN: A person has appeared either before the Committee; that is, their classification team, before the central adjustment committee, or it has been in the ad. building.

MR. COULTER: These, I take it, were routine or normal disciplinary procedures.

MS. McLAUGHLIN: Yes.

MR. COULTER: But there is no separate procedure that is followed when a transfer is to be effective.

MR. MARKLEY: Routinely the resident would

request through their --

MR. COULTER: But we are not talking about that. We have had specific complaints --

MS. McLAUGHLIN: It goes through the adjustment team. If you refer to the policy statement on discipline, it is in there. A person is told, for disciplinary reasons, you can transfer.

MR. COULTER: And they are told this in advance at a hearing or a meeting with the team?

MS. McLAUGHLIN: If there is time. Like if somebody takes a baseball bat and cracks an officer over the head, which has happened, that person has to be gotten out.

MR. COULTER: Is that one of the three cases?

MS. McLAUGHLIN: That is one of the three cases.

MR. COULTER: So that it was done in response to a specific act.

MS. McLAUGHLIN: Yes.

MR. COULTER: It wasn't just a threat.

MR. MARKLEY: Two of the transfers were for assaults on staff, and one was on a resident.



MR. COULTER: So there were particular acts and the adjustment committee considered the matter and recommended the transfer.

MR. MARKLEY: The special treatment team did. Yes.

MS. SIEDMAN: What makes the case different so that in some cases an assault, or an act of that sort, would put someone into Davis Hall or into segregation, and in some cases would get the person transferred out? What are the criteria for choosing whether or not someone is so intolerable that she must be removed?

MR. MARKLEY: Continued verbal threats to the staff.

MS. SIEDMAN: But you say it is in response to an act.

MR. MARKLEY: Yes. But these --

MS. SIEDMAN: Somebody getting hit in the head with a baseball bat. As a result of that, she was transferred out?

MR. MARKLEY: Yes. Because she had been in the special treatment unit and had threatened people before that.

MS. SIEDMAN: But she was in the special

treatment unit when she had the baseball bat?

MR. MARKLEY: She had a croquet mallet.

MS. SIEDMAN: And she was playing croquet in the special treatment unit?

MR. MARKLEY: No. She was not.

MS. SIEDMAN: How did she get a croquet mallet?

MR. MARKLEY: There was a croquet set in the cottage, and she took the croquet mallet from the set.

MS. SIEDMAN: But the criteria for transferring somebody out, you have some specific steps or specific kinds of things. You say, "We can keep them so long in segregation or in Davis Hall, but once they go beyond a certain point, we have to transfer them out".

MR. MARKLEY: We certainly would like to.

MS. McLAUGHLIN: We are not able to. You see, at Morgantown the first thing they do is ship them, and the same thing at Forth Worth and at Terminal Island.

The only time we have that choice, and that choice is very often in the best interest of the resident, is that she be removed from that environment.

We have to live with them unless it looks like it is going to cause some type of a disturbance in the

institution.

You have got to keep in mind the power structure of the whole place. Some people, for whatever reason, have a lot more weight and can get things very stirred up.

But the majority of these people that we have, we live with.

In the male institutions, as I understand it, the minute someone attacks an officer, they are gone.

We have our staff to be concerned with. We have many things to be concerned with.

MR. PITTS: Does this also apply when the attack is provoked? Of course officers are probably never provoked --

MS. McLAUGHLIN: I don't say that officers never provoke them. I think that would have to be established.

We have very few people that have transferred.

MR. PITTS: How is that established, then, if a report is written up by the officer and nobody appears on behalf of the resident?

MS. McLAUGHLIN: I would say to you that last

fall we had an officer and a resident in a confrontation, in which the officer got slapped. It was really -- the whole situation was a very difficult one. But the only action that was taken, as far as the resident was concerned -- because nothing really could be established -- the resident was finally moved out of the institution, was all, which she had been asking to go, anyway.

I would think it would be very unrealistic for us to say that some of us, including myself, couldn't provoke some problem. I would hope that the majority of us are mature enough not to.

MR. PITTS: But if the staff member does provoke the situation, what happens to the resident?

MS. McLAUGHLIN: I think you would have to first establish that the staff member had provoked it.

MR. PITTS: Let us just hypothetically say that a staff member has to provoke the resident to the point that the resident slapped her. What happens when the staff member writes that resident up?

MS. McLAUGHLIN: What happens when that staff member writes that up? That is turned over to the FBI, because that is an assault to a federal officer. Then it is up to the FBI and the United States Government

to determine what happens.

We would not determine it, because there is a law against attacking officers. So that is out of our jurisdiction.

MR. MARKLEY: There have been occasions on certain incident reports, not serious, like slapping an officer, but a resident gets an incident report and maybe provoked the officer and the supervisor investigates the report at that time and may declare, you know, that the officer was wrong, and if the officer had given the resident a 6:00 lock, declare it null and void right then.

MR. PITTS: That is, of course, after the lock up has taken place.

MR. MARKLEY: Not necessarily.

MR. PITTS: I don't see how you are going to be able, if you have an incident, even if it isn't a striking incident, and the officer wrongfully writes up a person and slaps a 6:00 lock up, and you are going to get on the horn and call up the FBI and say, "Hey, we have this situation" -- is the FBI going to show up in the next five minutes?

MS. McLAUGHLIN: The only time the FBI is called is if the officer is physically attacked. If we

called the FBI every time somebody let us have it verbally --

MR. PITTS: What you are saying to me is even if this situation is provoked, the resident is going to suffer some kind of penalty.

MR. MARKLEY: Not necessarily. If it is a minor offense, the resident might be given a 6:00 lock. If it happens in the afternoon or the morning, the supervisor could correct the situation before 6:00 in the evening. Therefore, there would be no lock up, and the incident report would be destroyed.

CHAIRMAN McINTYRE: Suppose you have an occasion of abuse or misuse of authority by the officer? What happens?

MR. MARKLEY: That would be reported. As Mr. Bradford pointed out, that would reflect on their evaluation form, and they could be reprimanded, as well.

CHAIRMAN McINTYRE: Let me suggest that an officer has a reputation which has been developing for a couple of months of abusive treatment of residents, which emerges on one occasion with an assault upon a resident. If you had that situation, would you recommend to the appropriate authority dismissal of that officer?

MR. MARKLEY: Yes. I am sure we would.

MS. McLAUGHLIN: Certainly. There is no question about that.

MR. GOFF: Could I pursue that question with one specific question, for either the Warden or the Associate Warden?

What were the number of staff members who may have been disciplined for reasons in the last year? Can you give an offhand figure on that?

MR. MARKLEY: Maybe two. That could be over a little longer than a year's time. But to the best of our memory, it is two.

MR. PITTS: How many reports of such incidents have there been? Have you any idea?

MR. MARKLEY: No written reports. There have been verbal reports on occasions that an officer is giving someone a hard time.

MR. PITTS: Were those verbal reports investigated?

MR. MARKLEY: They are turned over to the supervisor and the supervisor and the chief correctional supervisor would look into it.

MS. HIGGINBOTHAM: I guess my Christian

background makes me ask one question. I have heard these stories and I have a little sadness inside, and I am very happy that she is coming here with the art.

Sometime ago, I believe you remember, we brought the college choir from Bluefield State, in a bus, and they sang, and the reaction of the residents was simply beautiful. Those who were in the kitchen cooking, the kids went over there and sang for them, and the tears that came down their eyes, I still believe there is some hope with people, and they said if we could only -- I don't have but so long, and I will be gone.

I am wondering, is there still some type of service in the room where we had them, where they sang on Sunday, any type of church service there?

As I say, I just believe some of them can be reached.

MS. McLAUGHLIN: There is a chapel.

MS. HIGGINBOTHAM: I know you have a chapel. But I wonder if there is any type of regular church service, where of their own free will and accord -- I am not talking about those that you have a little problem with, but I just wondered if they have that type of thing, that can reach into some of them, not all of them, but I



know music helps. I just wondered if there is any type of service there on Sundays?

MS. McLAUGHLIN: Of course there is the regular chapel service, the Catholic and Protestant.

We brought a young gentleman in from Beckley who has been very interested, and is really doing a fantastic job. His title is Recreation, but he has gone a long way beyond that, and he has brought different kinds of music groups in. But he has also brought religious groups, and I think he is a person who is going to see this continue. He is young and energetic, and he is doing us a fine job.

Does that answer your question?

MS. HIGGINBOTHAM: I can think of many organizations, just like the group that we brought, that would be very happy to bring some. You may not get too many, but if you get that few, it may spread, so that maybe Davis Hall may get a chance to take the gates down.

MR. GIBBARD: I have no questions. I can only say I have found the whole day most illuminating. I contribute that to everyone who has participated today.

MR. PITTS: I want to know whether or not there is a gynecologist on the board out there at the

institution?

MS. McLAUGHLIN: No, sir. And we would be delighted to have one.

There is a gynecologist from Boston, but that doesn't meet the need at all, because he comes just three times a year.

We would be simply delighted if anybody can find a physician that wants to come to work for the salaries the United States Government pays.

As I did say to you, we have this black woman physician who has applied to the Bureau of Prisons, and they have referred her to us. I am not sure that she is a gynecologist, but we certainly agree with you, that it is needed.

What we need is the help of people like yourself and the rest of you to say to these people that we need them, and we can pay only so much money.

MR. PITTS: How many top staff employees do you have, let us say, over GS 12, and above?

MS. McLAUGHLIN: We have four GS 12's. Four above GS 12.

MR. PITTS: How many of those are black?

MS. McLAUGHLIN: None.

MR. PITTS: How many of those are Spanish speaking?

MS. McLAUGHLIN: None.

MR. PITTS: How many of those are other than white?

MS. McLAUGHLIN: None.

One woman.

MR. PITTS: You have on your staff an OEC officer?

MS. McLAUGHLIN: Yes.

I would like to, if I might, just address myself to this minority recruitment, and the reason is that since I have been Warden, we have increased the minority staff members over 100 per cent, because I think it is a very essential part of our operation, probably one of the most essential.

In the State of West Virginia, if my figures are correct, the minority population, the black population, is 4.5 per cent, and I think there is one per cent Spanish.

From the last figures at Alderson, we had 17.6 per cent black staff. We have one young Mexican who works as a consultant, because she is not a citizen and, of course, we couldn't employ her full-time until she

becomes a citizen.

But this is a matter of major concern and interest, and it is something that we will keep on working toward, improving this goal all the time, and we are making strides. I am sure they are not fast enough. They are not fast enough for us. But I feel very strongly about it, because I have put a lot of personal effort into it.

And I want to make that statement my closing statement.

MR. GOFF: There is a lot of discussion, generally, in the whole area of the administration of criminal justice to the effect that prisons must go. What percentage of the residents at Alderson right now do you feel could be safely released to the community, under some type of community supervision; or conversely, what percentage of the population in Alderson do you believe would be dangerous in an assaultive, violent way, and needs to be contained?

MS. McLAUGHLIN: I would rather answer the first question, and this is a ballpark figure. I think that you could probably turn 400 people in to some other kind of program. That is a ballpark figure, but I really think it could be done.

But, you see, you, like everybody else, are starting at the wrong end. The laws they were sentenced for perhaps are obsolete. The Judge didn't call us up and ask us about it, and so we have them.

But I do feel that the majority of women there, no question, could be in some kind of program. I don't think there is any question about it.

MR. GOFF: For what it is worth, in speaking with several of the residents out there who were in the general population, I raised the same question to them, but I put it in a slightly different way; namely, what percentage of the population here do you personally fear, and they came up with a figure slightly lower than yours, namely they felt that there was about five per cent of the population that they as inmates personally had fear for, in terms of their own particular safety. That is just an observation.

CHAIRMAN McINTYRE: You are there, and you do have the role to play, and you do have the residents to care for.

One problem, which has come through the thread of many of my questions, has to do with outgoing mail, as you may have gathered.

I gather that the purpose of monitoring outgoing mail is for security purposes. I am not sure I can capture the meaning of that.

The fact that somebody sends a letter out and says, "Send me a bomb", doesn't mean the bomb is going to get back in.

But, nevertheless, there is a mail monitoring program which, in my talks with the residents, has a chilling effect on a sense of freedom of expression that they may have.

Do you mean that a monitoring of mail program is imperative? Or do you believe it is even necessary?

MS. McLAUGHLIN: Let me say this: From a personal standpoint, I think I abhor the idea. But as I say, I have a job to do.

In a major penitentiary, which is one of the things I think we really haven't addressed ourself to -- Alderson has all kinds of people. I think there would be that percentage of people that probably their mail should be.

We even got a plan in there to kill the President. We got the plan in writing in there that someone had sent, that they were going to kill the President

at such and such a time. But that was one time.

It is a part of the system. I don't think all of the institutions monitor. I think there should be maybe one group of people, and that would be what we would call our penitentiary type people, that perhaps we should.

CHAIRMAN McINTYRE: How many letters in the course of a month will you not forward to the sender, that is written by the inmate?

MS. McLAUGHLIN: I would hope none.

CHAIRMAN McINTYRE: Do you have any experience that you can bring to me as to what you have accomplished by monitoring outgoing mail? What I am trying to say is, is it just a matter that is done pursuant to what is written in the code of activities, or does it really accomplish something?

MS. McLAUGHLIN: We have had, I could tell you two specific instances where people asked to have drugs sent in. The letters went out, probably, and the drugs came in. There are those little things that go on.

CHAIRMAN McINTYRE: In other words, even though you detected in the letter there was a request for drugs, the letter went out anyway?

[No response.]

CHAIRMAN McINTYRE: You know drugs came in even in response to no letter. So the drugs are coming in. I just think, I am saying to you --

MS. McLAUGHLIN: I know what you are saying.

CHAIRMAN McINTYRE: It would make me a happier person if you took another look at that, to see if some modifications or adjustments might be in order.

MS. McLAUGHLIN: As Mr. Markley pointed out, that is a part of the Bureau system, although I know at Morgantown, in all of those -- am I right, Mr. Phillips, that they do not -- there are some of those units they don't read mail. Is that correct?

MR. PHILLIPS: I don't think they read any.

MS. McLAUGHLIN: But Morgantown you don't go to unless you just got out of a Scout Troop, or something.

CHAIRMAN McLAUGHLIN: I have had some experience with some of the residents at Morgantown, and I won't agree with that, entirely.

MS. McLAUGHLIN: They are very pretty select in those places, Morgantown, Lexington --

CHAIRMAN McINTYRE: Morgantown is more desirable than Alderson. I will agree with that.



Let me say to you, before anything further, that we have called upon you to cooperate with us in connection with this inquiry, and investigation, and we have been pleased with the full measure of your cooperation, and the cooperation of the residents, which was made possible through your efforts, your cooperation of having them here today, although some were missing, through no fault of anybody's. We would liked to have had more, but we just didn't have the time. But for all of your cooperation, the members of the State Advisory Committee and the Commission representatives present want to thank you both very much.

Are there any questions of this last panel?

[No response.]

CHAIRMAN McINTYRE: You are excused.

[Witnesses excused]

CHAIRMAN McINTYRE: During the course of this day, the West Virginia State Advisory Committee to the U. S. Commission on Civil Rights has focused on conditions in the Federal Women's Reformatory at Alderson, and specifically the treatment of the residents within this institution.

Under Federal law, the Commission and its

State Advisory Committees are required to report their findings and recommendations for corrective legislation or executive action to the President and to the Congress. Based on the information gathered in the hearing, and by staff and Committee investigations, the West Virginia State Advisory Committee will produce a report fulfilling its mandate under the law. In doing so, the Committee intends to direct recommendations to the Commission itself, as part of its national prison study, and to the Federal authorities concerned with Alderson.

The Committee's hearing has attempted to find facts on which to base its report and recommendations for action. Indeed, the Committee would like to commend and express its appreciation to those individuals, organizations, and agencies whose cooperation made this hearing possible.

We feel confident that we have received a fair cross-section of views. However there certainly have been time constraints, so if anyone has any further information that he or she would like to share and have included in our record, you can forward it to Jacob Schlitt, in care of the Mid-Atlantic Regional Office, U. S. Commission on Civil Rights, Washington, D. C., 20425,

no later than May 31.

This has been a full day, and we have had a fruitful meeting. Thank you for being with us.

This meeting is adjourned.

[Whereupon, at 7:30 p.m., the public hearing in the above-entitled matter was concluded.]

I, Richard B. Daisey, a Certified Shorthand Reporter, do hereby certify that I did appear at the time and place specified in the caption hereof for the purpose of taking down in Stenotype Characters the matters set forth herein; that the foregoing is a true and correct transcript of the said matters; that the said transcript was transcribed into the English language by me and/or under my direction and supervision; that I am neither Counsel for nor related to any of the parties hereto and have no interest in the matter whatsoever.

*Richard B. Daisey*  
Certified Shorthand Reporter

May 28, 1974

Date

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