INSTITUTION BUDGET AND PLANNING BOARD

Warden—Chairman.
Admin. Sec.—Recorder.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Director of Research.
Business Manager.
Personnel Officer.
Manager, CPRU 1.
Manager, CPRU 2.
Manager, CPRU 3.
Manager, CPRU 4.
Manager, M H A.
Manager, M H Y.
Manager, M H F.

MENTAL HEALTH BUDGET AND PLANNING BOARD

Asoc. Warden, Mental Hlth.—Chairman.
AW MH Sec.—Recorder.
Business Manager.
Personnel Officer.
Case Management Ofcr.
Education Coordinator.
Safety Officer.
Nursing Services Coord.
Manager, M H A.
Manager, M H Y.
Manager, M H F.

CORRECTIONAL PROG. BUDGET AND PLANNING BOARD

Asoc. Warden, Corr. Prog.—Chairman.
AW CP Sec.—Recorder.
Business Manager.
Personnel Officer.
Corr. Coordinator.
Comm. Coordinator.
Chaplain.
Chief, Mech. Services.
Food Administrator.
Manager, CPRU 1.
Manager, CPRU 2.
Manager, CPRU 3.
Manager, CPRU 4.

UNIT PROGRAM PLANNING BOARD

Warden—Chairman.
Admin. Sec.—Recorder.
Director of Research.
Manager, CPRU 1.
Manager, CPRU 2.
Manager, CPRU 3.
Manager, CPRU 4.
Manager, M H A.
Manager, M H Y.
Manager, M H F.

MANPOWER SELECTION AND TRAINING

Personnel Officer—Chairman.
Admin. Sec.—Recorder.
Staff Training Coord.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Director of Research.
Ad hoc department representative.

WORK PROGRAMING BOARD

Chief, Mec. Ser.—Chairman.
Admin. Sec.—Recorder.
Business Manager.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Safety Officer.
Manager, CPRU 1.
Manager, M H Y.

EXECUTIVE BOARD

Warden—Chairman.
Warden's Sec.—Recorder.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Director of Research.
ad hoc additional membership.

SECURITY FUNCTIONS BOARD

Corr. Coord.—Chairman.
AW CP Sec.—Recorder.
Security Officer.
Nursing Services Coord.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.

COMMUNITY GREEN PROGRAM BOARD

Chairman to be determined.
Admin. Sec.—Recorder.
Asoc. Warden Corr. Prog.
Assoc. Warden, Mental Hlth.
Manager, CPRU 3.
Manager, M H F.
Education Coord.

RESEARCH BOARD

Director of Research—Chairman.
Research Director's Sec.—Recorder.
Administrative Assistant.
Research Coordinators (5).
Data Coordinator.
Ad hoc program representative.

FOOD MANAGEMENT BOARD

Food Admin.—Chairman.
Admin. Sec.—Recorder.
Business Manager.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Manager, CPRU 2.
Manager, M H A.

COMMUNITY RELATIONS PROGRAM BOARD

Community Coord.—Chairman.
AW CP Sec.—Recorder.
Chaplain.
Case Management Coord.
Staff Training Coord.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Education Coord.

[Appendix C]

INSTITUTIONAL BLUEPRINTS

Institutional blueprints are available in the Office of Facilities Development and on site at the Federal Center for Correctional Research, Butner, North Carolina.

[Item 11.B.3.d]

Program Plan—Human Resources Development Unit

"The first and most basic principle of helping and human relations is the ability to see the world through the eyes of the other person. If we cannot see the world through the other's eyes, and communicate to him what we see, then all advice, all directions, all reinforcements, rewards as well as punishments, are meaningless.

"We are so accustomed as would-be helpers to making judgments of the helpee that we forget that the helping process cannot take place unless the helpee has made judgments of us and ceded us the power and recognition as agents of his change. We are so accustomed to seeking permission from above that we seldom obtain permission from below. The first order of business, then, must be getting ourselves and our own houses in order before embarking upon projects that would help others".

Dr. R. R. Carkhuff.

A. INTRODUCTION

There is considerable evidence supporting the position that training can be a preferred mode of treatment. One aspect of this concept emphasizes the importance of training "significant others" as a treatment alternative. "Significant others" have been defined as line correctional staff by several prominent correctional authorities. Drs. Sherman Day and William Megathlin documented line staff effectiveness in their study of the U. S. Penitentiary, Atlanta, Georgia. The Federal Bureau of Prisons has given considerable credence to this concept over the past few years, with its increased emphasis on staff training in general, the inception of Staff Training Centers and the Correctional Counselor training program in particular. A second modality would go even further and would eliminate the "middle man" by training the client or inmate directly.

A close look at this second modality reveals that it incorporates the best parts of the "significant others" concept, while simultaneously permitting the individual to choose his own future. The staff, as first role models, must prove that they have something that would be of value to the inmate; by their actions, their concern and their confidence, they must be "significant others". The program originates with the inmate's own frame of reference, so that he can explore where he is, examine where he wants to be and, as a result of the training, develop action programs to get there. As he progresses he becomes a "significant other" himself and assumes more and more control of his own future. This program has been used extensively in the community services fields and has proven very popular and successful with minority groups, educators, and social service organizations. The reason for its popularity is that it delivers the capacity for human achievement directly to the client. It is the beginning of a human technology of living, learning and working skills; the skills that enable an individual to be a responsible, contributing, whole human being.

B. PROGRAM PHILOSOPHICAL/THEORETICAL BASE

There are people who can live effectively in their world and there are others who cannot. To be sure not all those who cannot live effectively are incarcerated, but realistically one can assume that a felony conviction is usually a symptom of ineffective behavior. There is extensive evidence to indicate that significant human encounters may have constructive or deteriorative consequences, that is "for better or for worse". The less than effective person is a result of a series of retarding experiences and/or relationships. Similarly, the effective person is the product of a series of facilitative experiences. Another way of defining this is to say that the effective person is a growing person, rather than a deteriorating one.

Growth and deterioration can be measured on three basic scales; physical, emotional/interpersonal, and intellectual, and the three are inextricably related in both the effective and the ineffective person. Growth or deterioration takes place at crisis points in an individual's life. These points occur when there is conflict between the person's physical or psychological need to survive and his physical, emotional, and intellectual resources. The manner in which the individual handles each crisis point increases the probability of his re-

sponding in a similar manner at the next crisis point. That is to say the results of effective or ineffective behavior at crisis points are cumulative. It is likewise true that an individual's behavior at crisis points is predictable and that the indices of this predictability are his physical, emotional, and intellectual functioning. The reverse of this is obvious. To increase his effectiveness at crisis points, you must increase his current level of functioning; physically, emotionally/interpersonally, and intellectually. The means for this increase is training.

The model, then, for this unit is a training model; a training model of human resource development. Human resource development is skills acquisition; skills that are observable, measurable, trainable, predictable. In a systematic step-by-step program an individual can be trained in the skills necessary to live, to learn and to work in his world effectively.

An individual's ability to control his future is directly dependent upon his ability to make effective decisions at crisis points. These decisions are likewise directly dependent upon the skills that he possesses which, in turn, are directly dependent upon his level of functioning physically, emotionally, intellectually. A fully functioning person has a repertoire of responses that enables him to develop new programs for each situation that demands them as well as to react spontaneously in those situations for which he is prepared. A growing person can help others who are significant to him learn these same skills and thereby create a healthier environment for himself. A growing person no longer has to live by deceit and cunning, he can be free.

Every individual in our society needs skills, all kinds of skills, in all kinds of areas. He needs problem-solving skills to resolve problems of his own and of those close to him. He needs program development skills in order to sustain, develop and implement his own programs as well as those for others. Of all the life-skills however, the social and interpersonal skills each of us acquire over a lifetime appear to be the most critical skills of all. Persons who become incarcerated are at least, in part, a product of their many relationships with significant persons. Their present relationships reflect the difficulty of their past relationships. They have learned to respond to others in ways that others have responded to them. The inmate then, is both a product and a promulgator of his experiences, and the critical core of these experiences involves relationships with other human beings. There can be little argument that imprisonment itself has a tendency to produce a corrosive effect upon social skills. In many instances the corrosive effect itself may well be the significant contributor to the causes of recidivism. Interpersonal, problem-solving and program development skills together represent human achievements or living skills. They are the first and most important rung on the ladder of human effectiveness.

The next level of skills is educational achievement or learning skills which are based on human achievement. The resident can now relate effectively to his world and the people in it. He is ready to translate his understanding into learning skills that parallel the teacher's efforts. He understands curriculum development skills, diagnostic and goal setting skills, teaching methodology skills and classroom management skills as used by the teacher and he relates them to his learning material. He learns how to explore where he is in relation to educational or intellectual materials, how to understand where he is in relation to where he wants or needs to be and how to get there.

The next level is career achievement or working skills. The world of career achievement represents a developmental set of skills beginning with career expanding skills, which enable the individual to explore systematically career alternatives that meet his needs. Following career expanding, the individual needs career narrowing skills which let him systematically select the career that comes closest to meeting his values and whose entrance requirements he is capable of meeting. Next the individual learns career planning skills which enable him to develop systematic programs that will take him from where he is towards his career objectives. Finally, using career placements skills, the individual can systematically develop, acquire, and retain the job he has chosen.

This then, represents the current scope of the human technology of skills programs necessary for human resource development. The basis for all of these skills is training. The fundamental objective of human resource development is to identify the skills necessary to achieve, to train staff to use these skills, and

finally, to transfer the skills of our "raison d' etre"; namely, the inmates. Such an objective delivers the necessary skills to the inmate so that he is no longer dependent upon others to solve his problems, but can be proud, responsible, and free.

C. OPERATIONAL ASPECTS OF THE PROGRAM

The program is divided into three basic parts; the physical, the emotional/interpersonal and the intellectual.

The physical program will be a continuous physical fitness/exercise program which also will incorporate organized sports, individual exercises and periodic tests of functioning ability. The emotional program will incorporate training in interpersonal skills as well as specifically detailed practice in applying these skills in staff/inmate relationships, family relationships and involvement as helpers with some of the mental health patients. The intellectual program will incorporate not only problem solving, program development, learning and career achievement skills but also specific programs designed with the individual to increase his educational level and to set future goals and programs.

Upon arrival at the institution the individual is met by an inmate representative of the unit who will provide general orientation to both the institution and the unit. The inmate representative will be a unit position assigned to those advanced inmates functioning at high levels, physically, emotionally and intellectually. During the initial phases, staff will be required to serve in these roles, however, after the initial training of the inmates the most effective will begin to assume more responsibility for the unit. Following his orientation the new trainee will be evaluated against established, published criteria to determine his level of functioning in all these categories. At this point he will begin formal training.

The first training will be a program detailing the unit philosophy and imparting basic living skills. The course will be taught by inmate representatives as well as the staff member responsible for interpersonal training. The program will be followed by a reevaluation and the results of this evaluation will be used for classification or program purposes.

As this process was going on, the inmate has been meeting with his counselor and his caseworker in the context of establishing rapport, reviewing social history, evaluating release resources and other personal relevant data. Based on this information the inmate's significant family will be invited to attend the classification session. During this session, which will be attended by staff, one or more relevant inmate representatives, the inmate concerned and his family, the current functioning level will be discussed in all these areas. Specific programs will be established to raise all deficient areas to a minimum functioning level (level 3 on a 5 point scale). These programs represent the institutional goals, and, whenever possible, parole recommendation will follow their achievement.

At this time the family will be offered the opportunity to participate in a training program identical to the inmate's. This training could be conducted in major metropolitan areas or at the institution. If the family is not interested in training or cannot participate for any reason, extensive counseling and group discussion will be conducted at every opportunity to insure that they understand the program and its objectives. Community resources will be offered training opportunities as well so that they also are aware of the institutional goals and objectives. To the greatest degree possible, the inmate should be released into an environment to which he can relate and which is prepared to relate to him.

During the remainder of the inmate's incarceration, his time will be spent in additional training programs, i.e. learning and working skills and many specific goal oriented programs, physical training or exercise, G.E.D., remedial reading, vocational training and work programs. As his level of functioning increases, his level of responsibility and privileges likewise increase. High-functioning inmates occupy positions as counselors and associate trainers as well as in unit government and institutional councils. They are afforded opportunities for such privileges as furloughs, Special Progress Reports, parole recommendations, and work/study release. In the event that a high-functioning inmate is not able to be paroled for any reason or if the program is terminated or transferred, every effort will be made to place the inmate in a situation where he can utilize his abilities in a productive manner.

D. RESOURCE REQUIREMENT

The equation for Human Resources Development is: effective people+ effective program=effective organization or mission achievement. Effective people are the most important ingredient. For this program to be successful, the staff must be selected on the basis of their effectiveness. To superimpose personnel selection criteria based on other measures is to build a potential for failure into the program. Therefore, we plan to utilize the principles set forth by Dr. Robert R. Carkhuff, the originator and foremost authority on this program.

The Bureau of Prisons already has a nucleus of personnel trained in this philosophy and selection will be made from this group for the following positions: Program Manager, Program Specialist and the two Correctional Counselors. The remaining unit staff (Caseworker, Education Specialist, Secretary and several Correctional Officers) if not already trained, will be selected using criteria developed to assess effectiveness in a helping role. Then staff training can be incorporated into the pre-opening training package that will include Bureau and institution orientation.

In addition to the staff resources, the extensive training involved in the program will require audio and video tape recording equipment, as well as good material reproduction facilities.

This program proposal was developed with the full cooperation of Dr. Carkhuff and his colleagues and represents his progress to date in the development of human resources. As an emerging innovator of further techniques, it is necessary that there be a continuing relationship between the program unit and Carkhuff Associates. They are prepared to provide technical expertise, training materials, academic inputs, new programs, and other necessary services. As further techniques or course materials are developed, the unit staff will adapt them to the correctional setting and implement them as appropriate.

E. FACILITY UTILIZATION

This program would utilize the full range of institutional services; food service, clothing, barber shop, chapel, etc. Specific program needs will require the utilization of the gymnasium and outdoor recreation area, the education center, and a room suitable for training groups of approximately 20 people (inmates, staff, family, community resources).

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SECTION II—PROGRAM PRINCIPLES OF HUMAN RESOURCES DEVELOPMENT

I.—GENERAL PRINCIPLES FROM THE PROGRAM MASTER PLAN

1. To provide carefully selected personnel with full training experiences prior to opening and through continuing training post opening so as to maximize actualization of potential.

People are the most important ingredient to the success of this unit so they will be carefully selected. All personnel assigned to the unit will be given initial training specifically designed to insure their functioning at higher levels than the inmates entering the program. In addition, there would be a continuous training program involving staff training inmates, staff training staff, and inmates training inmates under staff supervision on a continuous basis throughout the program. After one year of operation each staff member would be capable of training other institution personnel in this program's methodology.

2. To provide careful, full and accurate record keeping above and beyond the usual for an institution because of our research function.

There will be no problem in maintaining complete and accurate records in accordance with whatever guidelines the research division establishes.

3. To utilize functional participatory management so that all specifically treatment functions and specifically maintenance functions and mixed functions are carefully integrated into the total program model and the authority for implementation of same is shared by those concerned.

Inmates, as well as staff, will participate fully in the total program model, with integration of work, play, study.

4. To make proper and complete use of academic and other consultation and involvement of local and national community members and volunteers.

The program would use direct consultation services of Carkhuff Associates, Inc. In addition, extensive use of community resources will be made to prevent isolation and misunderstanding and to normalize the environment as much as possible. In the initial phases the community will be brought into the institution but as soon as possible the emphasis will shift. Trained inmates will be utilized as volunteers to the community to provide training, counseling and other services.

5. To provide an environment that is understandable, reasonably rational and masterable by inmates and staff but is yet not so carefully and detailedly outlined as to have learning in this environment non-transferable to the less-than-rational outside world.

Each inmate, upon entry to the institution, will receive the same basic training given the staff members to insure that the total environment is mutually understandable, reasonable, rational, and masterable; and since the program is based on skills developed in the community, the learning in this environment will be transferable.

CORRECTIONAL PROGRAM RESEARCH UNITS FROM THE PROGRAM MASTER PLAN

1. All research programs shall either provide adequate community follow through by aftercare supplementation or not provide it for research control purposes.

This program would offer training to specific probation and parole officers, community treatment centers, and/or develop specific programs in selected communities to provide for the community follow through.

2. Each individual shall have prescribed and shall follow an educational-vocational program with an emphasis on his/her capacity for productive interpersonal relationships.

The individual will have a program of academic and vocational as well as interpersonal skills as indicated in the basic program design. Following a systematic program, the inmate will be reintroduced into the community by means of volunteer services, work/study release, and furloughs. By giving the individual an opportunity to display himself in a new way, the community expectancies can be altered to a more positive position.

3. Each individual, post-release, needs an adequate positive social setting.

While incarcerated, individual's families will be offered training while visiting the institution with the understanding that those on the outside are undoubtedly better able to incorporate the training into their lives than the inmate. This will enhance the environment to which the inmate must return upon release. If there is no family on the outside, every effort will be made to have a trained, sponsoring agency or individual available upon release. By using relocation, by training "big brothers", by utilizing already trained Human Resource Development personnel, a familiar, friendly environment will be created to cushion "release shock".

4. All research programs shall effectively discourage overt and covert anti-social behavior.

The basic ways this program would deal with overt and covert anti-social behavior are; first, with training, the inmate becomes identified with staff; second, a differential reinforcement level system; and third, confrontation in the context of a relationship between staff and inmate, inmate and inmate, staff and staff, is totally within the program model.

5. Staff and inmates will be required to participate in a joint effort.

The program model insures joint staff/inmate participation in all phases of unit activity. Since the only criteria of effectiveness is functionality and the modeling role is open and attainable by both staff and inmates, the we/they split or sterile and alienated roles can be eliminated.

6. Each program will be required to involve all staff and inmates in its functioning so as to prevent sterile, alienated roles for either staff or inmates (See second paragraph of Number 5)

7. Each program and all the programs together will make every effort to prevent negative cliques from forming in the institution so as to prevent the usual negativistic inmate compound culture which interferes with corrective programming.

Initial staff training will emphasize the institutional goals and objectives as superseding any program. By leadership and management, the program staff will be discouraged from a spirit of unhealthy competitiveness. (See also Number four above.)

8. Each program will be asked to develop its own integrated philosophy so as the members of the program, staff and inmate, have an understandable basis for decision making.

The training program will provide an integrated philosophy so that all decision making is based on the same understandable basis.

9. Each program will be asked to include within itself academic and other consultation as an adjunct to its basic program design.

The program will be responsive to significant inputs from outside research findings, community participants, and academic involvements in addition to the consultation services of Carkhuff Associates.

10. Each program will be asked to provide for all the inmates' needs and deficiencies that might prevent him from making a successful adjustment in the community.

The Human Resource Development model is designed to correct deficiencies according to individual needs, not limited to one or two specific areas.

11. Each program will carefully use a variety of categorizing instruments to determine if its methods are more or less appropriate for each specific category but will preferably not use these for prescribing treatment especially in the early stages of the program.

The program will allow selected research studies to be conducted within the unit from time to time using various techniques for categorization and study. The program, itself, will use catagorizing instruments within the level system based on understandable and logical criteria such as physical, emotional and intellectual functioning and not related to behavioral characteristics or other less appropriate catagorations. It is also important to note that these catagories or levels are not negative in nature but represent positive, *attainable* goals. The degree to which they become "self fulfilling prophecies" is considered healthy.

12. Each program will have an adequate training program such that those staff that do rotate from program to program are quickly and competently integrated into the program and thus resulting in their getting, over a period of time, a good set of skills in each program area.

The training program while anticipating an 80 hour requirement could be expanded or contracted as time permits. The remainder of training is conducted on an ongoing basis.

13. Each program staff will participate in the community follow-through for its post-release inmates to at least some extent.

The community follow through and post release is considered an essential part and the training of those providing such services is a necessary part of the program.

14. Preferably each program will harness the social pressure of its various component members for positive goals.

The training model, the differential reinforcements and the group or individual confrontation will harness the component members for positive goals.

15. The Research Department in its coordination with the programs will provide feedback to the programs as to their performance and as to new data as it comes along in a variety of areas so that the programs may constantly improve themselves, not only from their own natural development but from these inputs.

The program will remain open to research as well as consultation inputs and make every effort to adjust positively to such feedback.

16. Each research program shall follow ethical guidelines to be determined in advance for all programs.

The program philosophy is based upon the principles of empathy, respect, genuiness, concreteness, immediacy and confrontation. To operate outside of these principles would be in direct violation of the program. We, of course, will follow any ethical guidelines developed for the institution as a whole.

[Item II.B.4]

Report on Research Projections, Fort Worth Federal Correctional Institution, February 9–12, 1973

(By Esther Heffernan)*

The following is a two-part report of an on-site visit to the Fort Worth Federal Correctional Institution, February 9–12, 1973. From discussions with Warden Charles Campbell, it appears that there were multiple purposes for the request for research, and this report reflects these purposes. The first part is an immediate analysis, based on limited interviewing and observation, of the general functioning of the institution, with specific attention given to the emerging patterns of adaptation within a co-correctional setting. The second is the formulation of a tentative and general research design for a more systematic study of the facility.

PART I—GENERAL OBSERVATIONS

The preliminary analysis which follows is based on four days of observation and interviewing at the institution. Through the extremely cooperative efforts of the Warden and his staff, it was possible to have a series of both selected and informal interviews, including some relatively lengthy private sessions with two white and two black women residents of differing offense backgrounds. Their backgrounds were similar to those which in the previous study of the D.C. Women's Reformatory would have placed the women in the "square," "cool," or "life" systems. In addition, four women from the original transfer group from Alderson were interviewed (three black and one of Spanish-speaking background) in a group setting to determine the forms of adaptation which have developed since the opening of the facility. It is interesting to note that the descriptions of their responses and adaptation to Alderson and their descriptions of "doing good time" were as would be predicted from their offense backgrounds. Five male residents and a common-law couple were also interviewed. Two of the interviews were private, and the others were in a group setting. They included men whose offense background and institutional records in other institutions would place them among the "life."

It appears that the distinction between the "square," "cool," and "life," developed in the D.C. research and paralleled in the studies of Irwin and Cressey continue to exist in Fort Worth, but only extensive interviewing will reveal additional adaptive patterns and changes which may occur in the normative patterns of "doing good time." Even limited interviewing revealed that "hard" and "easy" time have different reference here. Nevertheless, the boundary-maintenance between the groups continues as one "square" woman tactfully made very clear in commenting when one "cool" woman entered the interviewing situation that "although we live near each other, we really just don't know each other."

Interviews among the staff were more informal, with longer interviews with the warden, assistant wardens, the head of the women's unit, and the research director, and shorter informal conversations with the chaplains, counselors, work supervisors, and correctional officers. Equally informal were contacts with family members who were visiting residents and with volunteers and interns who were present during the weekend and the early part of the week. Many of the observations contained in this report were discussed during a two-hour staff meeting held during the afternoon of the last day at the institution.

It should be noted before beginning the more systematic and "objective" analysis of the institution, that it is impossible to convey the actual milieu of the facility. Anyone who has been in a correctional institution for any length of time is very much aware of the "feel" of a place—and it is extremely difficult to sort out the factor both objective and subjective that may be responsible. The often-repeated statement by a diversity of residents and staff that we have a "good thing going here" is reflected in quotations from two resident publications, which have a certain element of the "programming" and rhetoric found in much prison journalism but which ring true within th context of actual personal contact:

*Attached to February 19, 1974 letter from Norman Carlson to Chairman Ervin (Item II.A.8., above).

"The archaic, medieval penology of yesteryear is withering on its decaying vine as FCI, Fort Worth, plods forward with relentless strides, stumbling and grasping, but always forward in its dedication to valid 'correction' of those in need. Heretofore 'correction' has been but a gutless euphemism for the prisons of the decadent penal system. But here men and women, individually and collectively are dedicating 'their lives, their fortunes and their sacred honor' to the concept that the offender, however grievous, has worth and dignity, and his character can be renovated to the point of return to a life of purpose and productivity and real value. As in any new concept that breaks with the past, and renovation of timeworn and virtually dead traditions, FCI's new life and purpose is subject to constant and degenerate criticism from the dead who won't lie down. Often those with vision are termed 'dreamers,' or 'he's before his time,' etc. For us this is only partly appropriate—in time we are past due, but our dream is a living, breathing, embryo, conceived and dedicated in love and sacrifice. All of us involved are co-creators and perpetuators of this embodiment of truth and pure progress."

(Donnell Watkins)

". . . We call our community 'The Alternative'—to emphasize that here is another way. We do not say that for everyone it is *the* way—we only say that, in the world of the prison system, its dehumanization, it games, and its phoniness, there is an alternative—and there are other voices, if you care to listen. These voices speak of health—of wholeness—of strength. They speak of feeling good. They speak of peak experiences, of 'getting high' naturally, of being 'turned on' by being straight with people. They speak of caring, of concern, of hope. Of course this sounds like bullshit to some of you who read this. And all that we can say is, 'If we find each other, it's beautiful. If not, it can't be helped.' No guarantees. Many risks. But, as the saying goes, 'No guts—no blue chips.'"

(Julius M. Cohum, M.D.)

The rather mixed image of "plods forward with relentless strides, stumbling and grasping, but always forward," seems actually a very appropriate description of what appears to be happening at Fort Worth.

The emphasis in the popular media, and in descriptions of Fort Worth, on the co-correctional aspects of Fort Worth tend to obscure what appears to be much more crucial to the development of the institution. While the presence of men and women at the facility is a vital part of what appears to be the basic thrust of the program, co-corrections is not itself the fundamental difference between Fort Worth and other programs.

The more critical factors, mentioned by residents and members of the staff, are first: the extensive linkage between the institution and the wider community of Fort Worth, both in terms of work-release, study release, and volunteer programs outside the institution and the numbers of visitors and volunteers within the facility who are not staff members and who bring a non-correctional perspective; and secondly, the "philosophy" of corrections embodied in the program. The latter factor, expressed as "respect for your dignity," or "you're somebody here," reflects an effort on the part of at least some of the staff to develop an alternative to both the "treatment" and "security" approaches in corrections. In one sense it is an expression of the knowledge held by many personnel in the Bureau of Prisons that there are a multiplicity of U.S. Criminal Statutes and reasons for their violation, as well as a diversity of courts with differing philosophies of sentencing. Imprisonment itself is seen as the sanction, rather than as a first step to either "punishment" or "treatment." Within that context it is argued that multiple approaches should be developed to assure that the time spent in prison should be as non-destructive of persons as possible, with as many programs as feasible to assure that whatever factors led to the earlier conviction—whether personal or situational—would be mitigated. Ultimately, it becomes a question of "persons who care."

However, it is precisely in this area of models of criminality and corrections that there is the greatest conflict within the facility. Actually the term *conflict* may not be the most appropriate term to use to describe the situation, since in comparison with the underlying violence and passive aggression of most institutions, Fort Worth can best be described as conflict-free. Nevertheless, it is in the diversity of backgrounds from which the present staff at Fort Worth is recruited which provides both the greatest tension and probably the most

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potential for growth. Just as the multiple units at Fort Worth are a reversal of the usual classification approach of the Federal Bureau of Prisons, so are the mixtures of personnel—men and women, U.S. Public Health and U.S. Bureau of Prisons plus those recruited specifically for the Fort Worth program. While this leads to inevitable misunderstandings, staffing nightmares, and organizational structures that defy description as well as charting, the net result during at least the initial development of the institution, is a constant re-evaluation of both procedures and assumptions on the part of the administrative staff, unit heads, correctional staff and treatment personnel—as well as the residents themselves. As noted by one of the assistant wardens, procedures from other facilities are almost automatically transferred, for example, strip and search on admission, and then only later is there a sudden realization that they are no longer appropriate, given the approach of the institution and the open visiting and work release programs.

The previous use of the facility as a public health hospital provided a line staff with a mixture of models, both "sickness" and "security," and a certain warmth and concern that correctional officers transferred from high security prisons were not expected to include in their role-expectations. In turn, other higher level personnel from a public health background or from the treatment staff of other correctional institutions also have a tendency to bring a "sickness" model that in a more subtle way than the "caging" model, does not fit the emerging philosophy of key staff members. (With the diversity of backgrounds, however, it should be noted that the "sickness" model is also held by an unknown percentage of the inmate population, though usually in description of "other residents," not themselves.)

The greatest area of tension appears to be at the correctional officer-counselor level, where the conflict of expectation from the change from a public health facility to a prison, and from a "regular" prison to a co-correctional and "open" facility has not yet successfully been worked out. It appears that in many cases the residents and administrative staff have "their good thing going" while the lower echelon staff are the most threatened and least aware of the full implications of the change in correctional models. This clash of perspectives is perhaps symbolically exemplified in the control officer who kindly presides over the constant flow of family visitors and volunteers that enter and leave the facility while wearing a miniature pair of handcuffs as a tie clip.

As a result, policies from "the front" are not always carried out (not an unusual situation in any formal organization), or are carried out in such a way as to frustrate their intent. One indication of this, beyond resident discussion of the situation, was the frequent request by the inmates for an opportunity to see the Warden. This appears, however, not only to be the result of breakdowns in communication or the desire for a reversal of lower-level decisions, but also the recognition that the Warden is the key person in dealing with the Parole Board and with external Bureau of Prisons administrative decisions. Nevertheless, both residents and staff mentioned that residents both "cover for" and socialize officers transferred to new duties or newly arrived at the institution from other facilities since they are also aware of the difficulties involved in re-working earlier staff-resident relationships. In turn, new officers in many cases are aware that there are different expectations, and are eager to conform, but are not quite sure whether the residents are to be trusted, what responsibilities they have for security, and whether the role-reversal of "we're all in this together," is legitimate.

The key phenomenon which is occurring at Fort Worth is the breakdown of expected role behavior on the part of both staff and residents—one is not expected to act like a con or a correctional officer, or as treatment or research personnel—and the result is both a sense of anxiety and a sense of freedom. In addition to, and crucial in the re-defining of the prison roles, is the extremely diverse combination of race, age, religion, regional and class backgrounds, as well as the well-publicized one of sex. None of these differences among both staff and residents have disappeared at Fort Worth (for example, the higher level staff are predominantly college-educated, white and male, while Chicano or even Spanish-speaking staff are far below their proportions among the residents), but there seems to be a remarkable muting of what in other institutions are the bases for sharp and sometimes violent cleavages. Sometimes the effect of these combinations is almost unnoticed, as in the presence of

women line officers as supervisory personnel. It is this area of changing role-definitions—or the rejection of "roles"—within the context of a multiplicity of backgrounds which makes systematic research critical.

It is within these much larger questions that the issue of co-corrections must be considered. It is only one of the many factors which make Fort Worth an extremely crucial institution in which many significant changes are occurring and in which the interaction of traditional correctional practices and inmate systems are in the process of transformation. However, from the point of view of "outsiders" and the Federal Bureau of Prisons, it appears that co-corrections may be the area that "makes or breaks" the institution. As mentioned to the staff, while in most other institutions the key motivation for many of the operational practices is that "we can't have a riot!", at Fort Worth it appears it is, "we can't have a pregnancy." In actuality, given the high rate of aggression and violence quite directly related to homosexuality in single-sex institutions, it is in this area alone that Fort Worth can legitimately be described as a "college campus." The atmosphere is similar in the sense that while the sexual component is not missing, neither is it the focal point nor the determinant of either the critical relationships or of the milieu of the facility. In turn, while this would require some careful research, neither the level of the relationships nor the number of potential pregnancies appear to be any higher than those dealt with by the Dean of Students at any college recruiting predominantly middle-class students. However, given the realities of public opinion and the possible consequences for the other aspects of the Fort Worth program, it is valuable to examine more closely this area of interaction, if for no other purpose than to explore the effects of normative action in this area on other portions of the program.

SPECIFIC DEVELOPMENT OF NORMS IN THE AREA OF HETEROSEXUAL RELATIONS

There appears to be a conscious effort on the part of residents to develop structures which will prevent "blowing it" or "messing up" which would result either in transfer to another institution, or perhaps more critically, in administrative changes either at the local or Bureau level which would destroy "the good thing going at Fort Worth." In the selective interviews there was a high level of integrative concern and identification with the institution, and particularly with the objectives and presence of Warden Campbell.

The formation of informal inmate norms to control heterosexual relations appears to reflect both the background of the residents and the situational adjustments required in a co-correctional facility. The general norm is to expect each woman resident to "pair" with someone. This lessens the possibility of a competitive struggle among the men which, given the unequal sexual ratio, might be expected to emerge. (Although the ratio lessens with the number of older men in the population who might be expected to opt for a role of father or uncle.)

According to several descriptions of the process, a new woman "looks over the situation," while interested men give some indication of their attributes and availability. The woman is then expected to make a choice. When a woman does not, or begins to "play the field," there is some pressure from both the men and women for her to "settle down." Among the women there is a concern that the new woman may endanger existing "walk-partner" arrangements, while apparently the removal of a woman from availability reduces tension among the men.

These general structures governing the interaction of men and women residents appear to be accepted by persons from varying backgrounds, since the "walk-partner" relationship itself does not conflict with normative positions outside the prison environment. However, the nature and level of these heterosexual relationships do vary, and the expectations of the women appear to determine the form which they will take. On the basis of limited interviewing among the diverse backgrounds, three or four patterns seem to emerge.

For women from a "square" background with an intact marriage, the relationship appears to be one of a "friend" or "brother" nature, or, in some cases, the safe choice of an older man who may play the "uncle" role. There is an understanding that the relationship is for mutual support, counsel, and some economic exchange. For a woman who does not have marital ties, the pairing may be defined as either a limited relationship, to be terminated with release and return to family and friends outside, or potentially as a long term

relationship which may be more comfortably explored within the present restrictions. Here, of course, there is always the possibility that the relationship will move beyond that initially anticipated by the couple or accepted by the institution.

For women who have been "professional" criminals, either with a background in prostitution or other areas of the rackets, it appears that at least initially relationships of any nature are developed rather hesitantly. With the general expectation of the professional to do "good time" and get out, there is no particular pressure to "mess up" with the restrictions involving either contraband drugs or sex. Rather interestingly, this adaptive position may support the rather limited homosexual activity present at Fort Worth among both men and women. Evidently "cool" members who would hesitate to become involved in the highly charged and coercive relationships in single-sex institutions, may engage in an instrumental homosexual relationship at Fort Worth, to lessen the need to be more deeply involved in a heterosexual relationship which might endanger their parole or lead to transfer, or interfere with their future "occupational" plans. In addition, for women who have been involved in commercial prostitution, the opportunity to relate to men outside a commodity role appears potentially to provide for the development of new expectations and role relationships after release. However, the usual "distancing" which makes them the group least apt to be "problems" from a disciplinary standpoint, also makes them least open to the changes in role definitions and self-identification available at Fort Worth.

On the basis of several interviews with men and women who had been actively engaged in the "hustle" and homosexual life of other institutions, two adaptive patterns appear to be emerging for "the life." Since the program at inmate community and the wider civic community, the very nature of the inmate "community" as a substitute or micro-society, and the prison as "home," is affected. With wider contacts with family and friends allowed (or the provision of substitute relationships through interested church and civic groups), and with the development of work and study release and furloughs outside and the presence inside of numbers of groups and volunteers who are not members of the parallel staff "life," much of the basis for the "life" is undermined.

For some former life members there is a deepening awareness that for the first time there is a "good thing going," and that they might be able to make it on the "outside" since they have been having some supportive experience of the outside "inside." Since they have been "through it all," the institution provides a setting which makes it possible to withdraw from "the life" through the opportunity for contact with "squares" who will accept you "as you are." The institution provides a supportive structure—potentially both affective and economic—for withdrawal from the prison cycle. However, the comment that there are "a lot of lonely people here—a lot of lonely people," would indicate that these contacts do not provide a full supportive system. Only systematic interviewing and the use of a questionnaire would provide some evidence of the level of resident relationships—either with the group, with staff, or with families and other non-institutional persons.

In any case, for those life members who see the institution as their first opportunity to escape the life, nothing that they can control is going to jeopardize that opportunity. These residents, who have had the experience of a very different environment in other Federal or State prisons, provide the core of residents who most clearly transmit the word not to do anything that might "blow it." Their gravest concern is that younger or inexperienced prisoners who might be expected to join "the life" in other institutions, will actively engage in either contraband or sexual activities. This would not only result in their transfer (which some old timers probably might not entirely oppose), but also in the imposition of restrictions which would result in Fort Worth becoming just another prison, with the consequence that the whole "life" cycle would reemerge. One of the men put it very directly:

"One night I was thinking of what I'd do if I were Warden. I decided that I'd put everyone who comes in here straight from the courts on a bus and run them up to Leavenworth for 30 days. Not long enough to have anything happen to them, but just long enough for them to realize what we've got going here."

For other "life" members, "time at Fort Worth is no different from time in

other prisons," and they perceive staff-inmate relationships and regulations accordingly. For those who have retained the perspective of the "life" from other institutions, or other residents who have not had much prison experience but who would in other circumstances have been recruited into the "life," have developed a justifying norm for violating the regulations prohibiting sexual intercourse. "The rule that we can't 'touch' is just *unnatural*!" However, whether the regulations will indeed be violated appears to depend more on the socialization process by previous members of "the life," as well as the presence of staff, volunteers, and other residents with counter-norms than on the considered calculation of detection and possible sanctions, though these play an obvious role. There is no question that the exploitive "hustle" and sex life exist at Fort Worth, although heterosexual relations may replace the homosexual structures of the single-sex institution. However, the level of activities appears to be low, since there is considerably less "pay-off" in terms of its value for symbolic inmate "control," for "keeping busy," and for actual economic gain, since alternative resources are available and the proportion of residents interested or supportive of the "hustle" appear to be small.

Several residents commented on the fact that the relatively sudden increases in population and the increasing numbers of residents with no experience in other institutions have limited the ability of the "older" residents to keep people from "messing up" or effectively dissuading them from "doing easy time" without any real change in attitude or life style.

One area where the adaptive heterosexual norms are not clearcut is in regard to the resident married couples. Here there is a direct normative conflict between the institutional regulations (which have been developed with the legal and community moral standards in mind regarding both pre-marital and extra-marital relations) and the whole question of marital rights. This is a critical question which has not been resolved in single sex institutions either, and state legislatures vary in their willingness to allow visitation privileges and furloughs. Are marital rights forfeited with the commission of an offense? Can institutions for internal regulatory reasons have the right to restrict family contacts? There have not been any precise answers to these questions within either the State or Federal systems, and they pose an even greater problem at Fort Worth. The staff, the couples involved and the other residents are normatively ambivalent. Generally conjugal relations are seen as a violation of regulations—and therefore serious—but at the same time as not "wrong"—and therefore not subject to the same formal and informal sanctions which cover other violations. As a result an informal "double standard" seems to have evolved which does not appear to be destructive of the normative structures, but which will remain a point of tension until there is some resolution of this conflict of rights.

Another area which may not be perceived by either the staff or many of the residents as an adaptive problem involves the informal and formal role restrictions placed on the women residents. It appears that the women may be more heavily restricted in order to "control" the male residents both in the formal system and in the informal expectations that women "pair" with some man. There is a sense in which the women are being "used" for the purposes of providing an alternative to the existing prison structures for men. Given the fact that the major administrative structures of the Federal Bureau, as well as the prison populations, are heavily male, this might be expected. As noted to the staff, however, in order to provide alternative roles and programs for women residents as systematically as those available for the men, it would be valuable to recruit women for the staff who are experienced in consciousness-raising but also sensitive to the racial and class differences in this area, as well as consider alternate career ladders not only for women residents in outside occupations, but also in administrative decision-making positions for women within the Bureau.

While there is a diversity of background among the women comparable to the men, there has always been a limited classification program available for women either between or within institutions. This has presented some serious disadvantages, beyond the geographical separation from families, since no woman could escape the pressure for homosexual familying, the hustle, and the presence of various types of violence within women's institutions by being a "good" prisoner and obtaining transfer to an "honor" institution, although in some institutions an honor cottage might be available.

Yet, there have been some unexpected advantages. For example, because there were no alternatives to Alderson, the disciplinary transfer to Fort Worth of women from Alderson, rather than the selective classification originally intended, has had the effect of providing some evidence that it is not the highly "selective" population of Fort Worth that has had such an extraordinary effect on the prison milieu, but rather the philosophy of the institution, the programs, and other factors that only systematic research can reveal. However, one consequence of the unplanned transfer is that women are present in the institution with sentence lengths which restrict their full participation in the programs. It would seem advisable that the general Bureau regulations should be suspended for persons committed to the Fort Worth facility and that parole decisions be as flexible as possible.

A second advantage of the lack of classification among the women's institutions has been the presence of women of a variety of age-grading, background, offense history and sentence length within a single institution, a situation which is now occurring at Fort Worth among the men. While there would have to be considerably more research in this area, it would appear that the very interaction within these groups, while productive of some of the tensions mentioned above, also does prevent the formation of a single "inmate culture" and provides between age groups not just the possibility of the widely accepted notion of the "hardened criminal's school for crime," but also provides the youthful offender with contact with older persons who can more graphically than any treatment or security personnel point out the consequences of entering into either "the life" or a professional criminal career. The age and security classification policy of the Federal Bureau available for men has tended to counteract this possibility. Fort Worth has partially provided an alternative to the general classification policy of the Bureau through the variety of units housing differing ages and offense backgrounds, as well as providing flexibility by developing a policy of voluntary transfer from one unit to another. In turn, a diversity of "units" might well be provided for the women, to supply some of the advantages of "classification" within larger structures which provided a diversity both of programs and personnel.

This final consideration leads to the question of the research which is necessary to test some of the generalizations mentioned above, not only in the areas of co-corrections, but in the more fundamental questions of changing correctional models and alternative classification policies.

III. DEPARTMENT OF JUSTICE: LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

A. Correspondence

[Item III.A.1]

SEPTEMBER 28, 1972.

MR. JERRIS LEONARD,
Administrator, LEAA, Washington, D.C.

DEAR MR. LEONARD: In furtherance of a study of prisoners' rights and after discussion with NIMH, I have come to understand that LEAA has funded, during the past year, a program to study violent behavior and a classification index. Would you please send information concerning this project as well as LEAA funding for work by Dr. William Sweet, at Boston City Hospital.

With kindest wishes,
Sincerely yours.

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

[Item III.A.2]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., October 27, 1972.

Hon SAM J. ERVIN, Jr.,
Chairman, Committee on the Judiciary, U.S. Senate, Washington, D.C.

DEAR CHAIRMAN ERVIN: This is in response to your recent letter regarding a study of the classification of violent behavior.

The project to which you refer, the Medical Epidemiology of Criminals, was funded under a grant to the Neuro Research Foundation of Boston, of which Dr. William Sweet is President. This grant was awarded through the National Institute of Law Enforcement and Criminal Justice, the research arm of the Law Enforcement Assistance Administration, in an effort to develop a testing procedure to determine the extent of neurological and biological dysfunction in a violent prison population. It was anticipated that the tests and surveys so developed would yield diagnostic and predictive methods for creating a medical classification of violent people. Such a classification model would provide a method of measuring the potential for violence in individuals within the criminal justice system, to the extent that violence might be due to medical or biological causes.

Due to administrative problems with the grant, it was terminated prior to completion. We do have a report of what had been accomplished prior to the date of termination, a copy of which is enclosed for your information.

Your interest in this matter and the programs of the Law Enforcement Assistance Administration is appreciated. Please let me know if we can be of further assistance.

Sincerely,

JERRIS LEONARD, *Administrator.*

[Item III.A.3]

MARCH 22, 1973.

Mr. JERRIS LEONARD,
Administrator, LEAA, Washington, D.C.

DEAR MR. LEONARD: It has come to my attention that the California Council on Criminal Justice is planning to contribute funds to a project to be managed by the University of California which will investigate violent behavior. The project will involve the use and development of psychological techniques to identify and treat aggressive behavior. In relation to this project, I would appreciate a response to the following questions dealing with the Law Enforcement Assistance Administration's role:

1. To what degree does LEAA fund the California Council on Criminal Justice? Has LEAA specified the use of funds by CCCJ for a study of violent behavior research? May the funds given the Council be spent on projects not approved by or reported to LEAA? If so, may the Council legally spend the unspecified funds on violent behavior research?

2. Does LEAA have copies of the California Council's study proposal? Please send copies of this proposal. Has LEAA reviewed and approved this project? Will any of the work in the project be performed by Dr. William Sweet, Dr. Vernon Mark, or Dr. Frank Ervin?

3. Does the LEAA fund other projects which involve violent behavior research such as the California project or the $100,000 study which was conducted last year by Dr. Frank Ervin and others in several prisons to identify a classification system for violent offenders? Please send copies of any projects involving violent behavior research being funded by LEAA. If LEAA is funding projects for violent behavior research, please send copies of procedures concerning conduct and reporting by those projects.

4. Does the LEAA have guidelines for projects it funds employing human subjects? Please send copies of any such guidelines.

Thank you for your cooperation.

With kindest wishes,

Sincerely yours,

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

[Item III.A.4]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., May 10, 1973.

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

DEAR MR. CHAIRMAN: This is in further response to your letter concerning Law Enforcement Assistance Administration funding of programs for the investigation of violent behavior. The following paragraphs refer to the corresponding numbered paragraphs of your letter:

Paragraph 1.

a. *To what degree does LEAA fund the California Council on Criminal Justice?* LEAA annually awards block grants to the individual states for the improvement of their criminal justice systems. The CCCJ is the criminal justice planning agency for the State of California and has received approximately $56 million in planning and action block grants for fiscal year 1973.

b. *Has LEAA specified the use of funds by CCCJ for a study of violent behavior research?* No such use of funds by CCCJ was specified.

c. *May the funds given the Council be spent on projects not approved by or reported to LEAA?* The award of block grant action funds is contingent upon the review and approval by LEAA of a state's annual comprehensive criminal justice plan, and these plans include all major programs and the projects of which they consist. Any project not included in an approved plan is subject to LEAA review and, as a matter of practice, is normally the subject of coordination between LEAA and the respective state planning agency during its formulative stage.

d. *If so, may the Council legally spend the unspecified funds on violent behavior projects?* Special measures have been taken to assure that medical research projects, including violent behavior research, will receive individual and prior approval by LEAA. The requirement for such approval is set forth in paragraph 26 of the LEAA Guideline Manual for Planning and Action Grants, the pertinent page of which is attached. (Attachment A). More specific and restrictive guidelines concerning the use of LEAA funds for such projects are under consideration.

Paragraph 2.

a. *Does LEAA have copies of the California Council's study proposal?* An application for block grant funds in the amount of $750,000 for a project entitled Center for the Study and Reduction of Violence has been submitted to the CCCJ by the California State Health and Welfare Agency and a copy was received by LEAA's Regional Office in San Francisco on April 25, 1973.

b. *Please send copies of this proposal.* Copies of the proposal are attached. (Attachment B).

c. *Has LEAA reviewed and approved this project?* The proposal has not yet been reviewed by LEAA. At the April 27th meeting of the CCCJ, the California State Attorney General recommended that the Council appoint an advisory committee to hold public hearings on this proposal and that LEAA be represented on that committee.

Paragraph 3.

a. *Does LEAA fund other projects which involve violent behavior research such as the California project or the $100,000 study which was conducted last year by Dr. Frank Ervin and others in several prisons to identify a classification system for violent offenders?* No projects similar to the California proposal or to that conducted by Dr. Ervin are being funded by LEAA.

b. *Please send copies of any projects involving violent behavior research being funded by LEAA.* LEAA's regional offices and the state planning agencies of each of the states are being queried concerning such projects. You will be furnished this information as soon as it is available.

c. *If LEAA is funding projects for violent behavior research, please send copies of procedures concerning conduct and reporting by those projects.* Reporting procedures for violent behavior research projects being funded by LEAA grants would be similar to reporting procedures for other LEAA funded projects. In the case of projects supported by discretionary funds, grantees are required to submit quarterly narrative and financial reports to LEAA. Copies of the Discretionary Grant Progress Report Form and the reporting instructions are attached. (Attachment C). Reporting procedures for projects supported by subgrants from block grant funds are prescribed by the state and normally consist of semi-annual narrative and financial reports. In addition, LEAA requires the states to include in their annual plan progress reports of those projects funded during the prior year.

Paragraph 4.

a. *Does LEAA have guidelines for projects it funds employing human subjects?* Yes, such guidelines are included in the LEAA Guideline Manual cited in answer to 1.d. above.

b. *Please send copies of any such guidelines.* A copy of the pertinent page from such guidelines is attached. (Attachment A).

Your interest in this matter and the programs of the Law Enforcement Assistance Administration is greatly appreciated. You will hear from me again just as soon as the additional material mentioned in paragraph 3.b. is available.

Sincerely,

DONALD E. SANTARELLI, *Administrator.*

[Item III.A.5]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., June 14, 1973.

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

DEAR MR. CHAIRMAN: This is in further response to your letter concerning Law Enforcement Assistance Administration funding of programs for the investigation of violent behavior.

Our regional offices, and through them each of the state planning agencies, have been queried regarding violent behavior research projects. The seven projects which have been identified as falling within this category are listed on the attached page and additional information on each project is enclosed. Four of the projects are supported by LEAA discretionary grants and three are supported by subgrants from state planning agencies using LEAA block grant funds.

None of the seven projects involve any type of psychosurgery or the use of experimental drugs. Two of the projects reflect some degree of clinical treatment methodology.

The project entitled Research—Penal Population, Grant Number

70-A-152-24, a neurological research grant to the University of Puerto Rico by the Puerto Rico Crime Commission, utilizes two types of drugs both of which are approved and authorized by the Puerto Rico Department of Health. There is no surgery involved and a special condition to the grant requires emphasis on the recognition of the individual human rights of the participants.

The project entitled Planning for the Treatment of the Repetitive Violent Offender, Grant Number 73ED-05-0005, supported by a discretionary grant to the Illinois Department of Corrections, also contains a clinical treatment component, although the project is still acquiring data for analysis. Dr. Frank Ervin, mentioned in your letter, is participating in the research but only as a consultant and only for ten days.

Please let me know if you wish us to furnish additional information.

Sincerely,

DONALD E. SANTARELLI, *Administrator.*

VIOLENT BEHAVIOR RESEARCH PROJECTS SUPPORTED BY LEAA FUNDS

A. DISCRETIONARY GRANT PROJECTS:

1. Planning for the Treatment of the Repetitive Violent Offender. Grant Number 73ED-05-0005 (a copy of the grant application is enclosed).
2. Multi-state Treatment of Special Offenders. Grant Number 72Ed-01-0010 (a copy of the grant application is enclosed).
3. Assault on Police. Grant Numbers 72-DF-06-0053 and 73-TA-06-0004 (a copy of the grant application is enclosed).
4. Reducing the Incidence of Violence. Grant Number 73ED-05-0009 (a copy of the grant application is enclosed).

B. BLOCK GRANT PROJECTS:

1. Research—Penal Population. Grant Number 70-A-152-24 (a copy of the progress report is enclosed).
2. Early Prevention of Individual Violence. Grant Numbers 1-J1-460 and 2-J1-993 (copies of four progress reports are enclosed).
3. The Prediction of Violence. Grant Number DS-306-72A (a summary of the project is enclosed).

[Item III.A.6]

APRIL 17, 1973.

Mr. DEAN POHLENZ,
Assistant Administrator, Law Enforcement Assistance Administration, Washington, D.C.

DEAR MR. POHLENZ: While awaiting a reply on my previous correspondence dealing with funding for the California Council on Criminal Justice, it has come to my attention that the Law Enforcement Assistance Administration, in conjunction with the Colorado Department of Institutions, is supporting a behavior modification unit at the Mount View Girls School known as the Closed Adolescent Treatment Center (CATC). I would appreciate a response to the following questions concerning this project, located near Golding, Colorado, involving violent behavior treatment.

1. The program is aimed at children or adolescents. Please send a copy of the program proposal. What are the LEAA review procedures employed in proposals for treatment programs? Please send a copy of LEAA guidelines in this area. Does LEAA consider this project an experiment? If so, please send LEAA guidelines for screening of proposals for experimental projects involving human subjects. Does LEAA maintain a review of this project and monitor its activities? Please send a copy of LEAA guidelines for project reporting and review.

2. It is not known how children are secured for the CATC. Please send copies of the selection, screening and referral methods employed in securing children. Whose consent is required prior to a child's admission to the center? What is the maximum age of the children in the project? Does EAA fund other programs which involve children in closed environments?

3. It is not known how long a child must remain in the project. What is the term of treatment? Are children placed in CATC for an indeterminate period of time, such as until treatment is reported as successful? What inspection procedures exist of the closed facility?

4. What records are kept in the project concerning a child? To whom are these records available? May records be challenged at a later time?

5. What therapies are approved for use in the project—psychiatric, drug, group or shock? Does a psychiatrist of psychologist approve all administrations of drugs or treatments to children? Will outside research be done in the project? Who reviews research proposals and maintains continuing review?

In addition to these questions concerning the CATC and in relation to our inquiry on the California Council on Criminal Justice study of life threatening behavior, I would appreciate a review and summary of all LEAA funds employed in projects studying violent or aggressive behavior or in projects involving treatment such as the CATC. You have already provided information on the project last year dealing with biological factors of aggression in prisoners; if there were any other such projects during the past year or any current or proposed studies of this nature, I would appreciate copies of the studies.

Thank you for your cooperation in this matter.

With kindest wishes,

Sincerely yours,

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

[Item III.A.7]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., April 30, 1973.

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

DEAR MR. CHAIRMAN: This is in response to your recent letter regarding the Colorado Department of Institutions.

As you know, the Law Enforcement Assistance Administration provides funds to state and local units of government through block grants.

The program you have inquired about is within the jurisdiction of the Colorado Division of Criminal Justice, the State agency responsible for administering LEAA funds in Colorado.

I have asked G. Nicholas Pijoan, Executive Director of the Division of Criminal Justice, to provide me with all pertinent information on this matter and I will report to you as soon as possible.

Your interest in the programs of the Law Enforcement Assistance Administration is appreciated.

Sincerely,

DONALD E. SANTARELLI, *Administrator.*

[Item III.A.8]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., June 13, 1973.

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

DEAR SENATOR: This is in further response to your letter regarding the Colorado Department of Institutions' Closed Adolescent Treatment Center.

The Closed Adolescent Treatment Center (CATC) is being supported by the Colorado Division of Criminal Justice in conjunction with the Colorado Division of Youth Services of the Colorado Department of Institutions from Law Enforcement Assistance Administration block grant funds awarded Colorado on the basis of its approved fiscal year 1972 comprehensive plan. The program proposals were submitted by the proponent, the Division of Youth Services, to the Colorado Division of Criminal Justice. The proposals were reviewed by the staff and supervisory board of the Division of Criminal Justice. The proposals were approved and funds awarded for the program on March 1, 1972, and for the evaluation on October 27, 1972.

LEAA Handbook, HB 4000.1, Discretionary, Technical Assistance and 407 Grant Monitoring Procedures, are guidelines utilized by LEAA is conducting review and monitoring of block grant (sub-grantee) projects such as the CATC. A copy of the monitoring report and the questionnaire used in monitoring the CATC are enclosed.

A copy of the CATC Program Policy Manual is enclosed. Selection, screening and referral methods used are detailed on page 6 of the Manual.

We are informed by the Division of Youth Services that no voluntary transfers or commitments to the Center requiring consent are considered. Admission is by court commitment to the Department of Institutions with recommendation for the CATC. The maximum age is 18, the minimum is 12. The Colorado Division of Criminal Justice has no approved funding of other similar programs.

A commitment to the CATC may not exceed two years and under normal circumstances, will not be less than six months. The specific term of treatment, within minimum-maximum limits, are contingent upon the child's response to the treatment program and to the establishment of supportive community services. The average length of stay at the CATC is currently eight months. Release information is provided on pages 1 and 2 in the enclosed CATC Program Policy Manual.

The CATC is subject to inspection by:

State Health Department, Department of Institutions, State Industrial Commission, State Safety Office, and Arapahoe County Fire and Health Department.

Complete commitment and treatment records are kept on each client. Records are limited to social agencies with the consent of parents. These records are considered privileged information with controlled access. It is not known whether records can be challenged at a later time. The record keeping system of the CATC is discussed on pages 8 and 9 of the enclosed Policy Manual.

Minimal prescribed medication is used. Individual and Group Therapy is used extensively. No shock treatment is utilized whatsoever. Behavior modification is used only in the Point and Level System to reward positive behavior. A psychiatrist or psychologist does approve administration of medication or treatment to children. Description of the treatment program is provided on pages 3 and 4 of the enclosed Policy Manual.

Outside research and evaluation will be done by a private research firm of psychologists and psychiatrists as described in the enclosed monitoring report.

Enclosed herewith are: 1. LEAA Handbook HB 4000.1, 2. Region VIII Monitoring Document, 3. CATC Project Monitoring Narrative Memorandum, 4. CATC Project Manual.

Your interest in this matter and the programs of the Law Enforcement Assistance Administration is appreciated. Please let me know if you wish us to furnish additional information.

Sincerely,

DONALD E. SANTARELLI, *Administrator.*

[Item III.A.9]

JANUARY 14, 1974.

Mr. DONALD E. SANTARELLI,
Administrator, Law Enforcement Assistance Administration,
Washington, D.C.

DEAR MR. SANTARELLI: On March 22 of last year I addressed an inquiry to your office concerning LEAA funding for violence studies and behavioral research. I was particularly interested in information pertaining to the Center for the Study and Reduction of Violence at UCLA. Your responses were most informative, and your cooperation is appreciated.

Since that time I have received additional information and have had an opportunity to digest the material you sent in response to my earlier inquiry. The use of human subjects in biomedical and behavioral research raises several fundamental constitutional and ethical questions, and I believe LEAA must develop guidelines adequate to protect fully the constitutional rights of the subjects of LEAA-funded research in these areas. Of particular concern is a lack of needed supervision of biomedical and behavioral research projects that receive funds is directly from LEAA through the Block grant system.

Since last March a great deal of information pertaining to the UCLA Center has come to my attention. Much of this information indicates that programs are being contemplated for the Center that raise profound moral and constitutional questions, and it would be extremely desirable for LEAA to conduct a comprehensive review and evaluation of the projects under consideration. In light of my concern, I would appreciate your response to the following questions:

1. In your letter of May 10, you mentioned that "the award of block grant action funds is contingent upon the review and approval by LEAA of a state's annual comprehensive criminal justice plan, and these plans include all major program and the projects of which they consist. Any project not included in an approved plan is subject to review and, as a matter of practice, is normally the subject of coordination between LEAA and the respective state planning agency during its formulative state." Does LEAA have any guidelines pertaining to what is to be included in a state's comprehensive criminal justice plan? Specifically, what guidelines insure that descriptions of individual plans will be included and that these descriptions will be comprehensive? What measures are taken to insure that plans not included in a state's annual report will subsequently be reviewed by LEAA to provide that plans not subject to prior coordination with LEAA are sufficiently reviewed thereafter?

2. In your response you mention that "special measures have been taken to assure that medical research projects, including violent behavior research, will receive individual and prior approval by LEAA." Are there additional measures other than those specified by paragraph 26 of the LEAA Guideline Manual? If so, would you please describe these special measures in as much detail as possible. You also mentioned that "more specific and restrictive guidelines concerning the use of LEAA funds for such projects are under consideration." What progress has been made in the development of more restrictive and specific guidelines since last May? Please include copies of all drafts that may have been produced pertaining to these additional guidelines.

3. In paragraph 2 of my March 22 inquiry, I asked whether Dr. William Sweet, Dr. Vernon Mark or Dr. Frank Ervin will perform any of the work in the UCLA project. Though your response went into considerable detail, a specific reply to this question was omitted.

I understand that Drs. Sweet and Ervin are both now associated with the neuropsychiatric institutes of UCLA, and that their work with violence reduction is closely aligned with the types of projects to be conducted at the Center for the Study and Reduction of Violence. Their work in the past has raised some questions with regard to the constitutional rights of the subjects of their experiments. Though none of their names appear in the *curriculum vitaes* section of the most recent grant request for the UCLA Center, I note that Dr. Ervin's name appears several times in the original version of the grant request. Will Drs. Ervin, Mark or Sweet be associated in any capacity with the Center for the Study and Reduction of Violence at UCLA? Are they associated in any capacity with any other LEAA-funded studies?

4. What action has been taken since May concerning LEAA funding for the California project? I understand that LEAA has submitted the California proposal to the Department of Health, Education and Welfare for its opinion as to the validity of the project. I also understand the committee to review the LEAA proposal is co-chaired by Drs. Frank Ochberg and Saleem Shah. Who are the other members of the committee? Will the decision of the committee be binding as far as LEAA is concerned? Will the decision be based on the applicability of the California proposal to HEW guidelines concerning research on human beings?

Dr. Ochberg was formerly director of the California regional office of NIMH. Was he associated in any way with the formulation of plans for, or the operation of, the Center for the Study and Reduction of Violence. Dr. Shah is presently the Director of the National Center for the Study of Crime and Delinquency, an agency in NIMH. Was he involved in any way, with the formulation of plans for the Center? Will the grant be reviewed by any persons who have not had prior close connection with research into violent behavior?

If the decision of the committee is not to be based on the applicability of the proposal to HEW guidelines concerning human experimentation, what criteria will be used to determine whether or not the proposal contains adequate guarantees of the protection of the rights of human subjects to be used in the experimentation conducted by the Center?

5. You mentioned in your response that a copy of the grant request for the UCLA project was received by your San Francisco office on April 25, 1973. My initial inquiry was dated March 22. Is there any correlation between the receipt of the block grant request by LEAA and my inquiry? Specifically, would the grant request for the UCLA Center normally have been received by LEAA in Washington and subject to its review? What mechanisms other than paragraph 26 of the LEAA guideline manual are provided to insure that medical research requests for funding derived from LEAA block grants receive prior individual review and approval? What guidelines are used in the determination of a project's validity? What guidelines does LEAA use pertaining to the proper derivation of true informed consent from subjects of LEAA-funded medical research projects? What is LEAA's policy toward psychosurgery and aversion therapy? Are anectine, prolixin, thorazine, cyproterone acetate, or any emetics ever used in connection with LEAA-funded medical research projects?

6. On page 20 of the copy of the grant request for the California Center you included in your response of May 10, there is reference to the use of various California facilities in the development of "treatment models designed to ameliorate or supplant the expression of violent behavior." Among the centers to be used are Atascadero State Hospital, Camarillo State Hospital, and the California Medical Facility at Vacaville. Please enclose a complete listing of all such facilities that will be used in the testing of programs developed at the Center for the Study and Reduction of Violence.

Exactly what types of programs are to be tested at these satellite institutions? For each institution, please describe in detail the programs to be conducted. Will psychosurgery or any experimental surgery of any type be conducted at these institutions? Will aversion therapy in any form be tested? Will such biological techniques as hormone therapy be tested? What degree of control does LEAA have over these satellite programs? To what specific reporting requirements are these peripheral programs subject? Is it possible that plans formulated at the Center for the Study and Reduction of Violence which are unacceptable to LEAA could actually be executed at other institutions under the supervision of individuals that originally developed the plans under LEAA grant? Are individuals that conduct experimentation under LEAA funding subject to any contract or binding promise with regard to maintaining high ethical standards in the conduct of their experimentation?

For each of the outside facilities to be used in the program, has specific official permission been granted by the respective heads of the institutions? Please supply copies of all correspondence pertaining to the derivation of that permission.

7. Your follow-up letter concerning LEAA-funded violence study projects other than that at UCLA was received by the subcommittee on June 14. In that letter you included copies of progress reports relating to the three block grant projects mentioned. According to paragraph 26 of the guideline manual, the block grant projects should have received individual prior approval from LEAA. Were specific grant requests for these sub-grant projects received by LEAA prior to the beginning of the experiments? What was the nature of LEAA's approval of these projects, i.e., was the approval tacit or expressed, and was the approval based on individual grant requests? If the approval was not based on individual grant requests, please explain the process that was used. If it was based on the original grant requests, please enclose copies of the formal requests.

8. Is Dr. Frank Ervin presently associated in any capacity with project no. 73-ED-05-0005, "Planning for the Treatment of the Repetetive Violent Offender," at the Illinois Department of Corrections? The grant request specifies that the "immediate result of this planning effort would be a precisely detailed document which would concern itself with (1) the selection processs, (2) the treatment program, and (3) the evaluation procedures." Has a preliminary draft of this document been produced? If so, please include copies of all such drafts. In the letter received on May 10, you indicated that projects conducted under discretionary grants must submit quarterly narrative and financial reports to LEAA. Would you please include copies of these reports for this and the other three violence studies (project nos. 72-ED-01-0010, 72-DF-06-0004, and 73-ED-05-0009) conducted under discretionary grants that you mentioned in your letter.

9. In the June 14 letter you referred specifically to grant number 70-A-152-24, a neurological research grant to the University of Puerto Rico.

You mentioned that the project utilizes two drugs approved by the Puerto Rico Department of Health. What are the names of these drugs and exactly what are they used for? Are the two drugs approved by the Food and Drug Administration? Due to a clerical error, the progress reports that were originally submitted to us have been misplaced, and information concerning these drugs may have been included in those reports. Would you please send additional copies of the reports along with any reports received since June 14, and the grant requests mentioned in question 7. If specific information concerning the drugs is not included on the reports, please elaborate.

You also mentioned that "a special condition to the grant requires emphasis on the recognition of the individual human rights of the participants." What exactly is that special condition, and how is it enforced?

10. On page 5 of the original version of the grant request for the California Center dated September 1, 1972, it says that

"It is even possible to record bioelectrical changes in the brains of freely moving subjects, through the use of remote monitoring techniques. These methods now require elaborate preparation. They are not yet feasible for large-scale screening that might permit detection of violence-predisposing brain disorders prior to the occurrence of a violent episode. A major task of the Center should be to devise such a test, perhaps sharpened in its predictive powers by correlated measures of psychological test-results, biochemical changes in urine or blood, etc."

From the most recent version of the grant request, I quote page 19:

"Studies of abnormal electrical activities within the brain, involving various forms of brain diseases and brain lesions, will be carried out in the neurological and physiological laboratories to clarify their relationships to various types of violent behavior. The subjects of such studies will include hyperkinetic children and individuals who have committed aggressive or violent sex crimes."

And from a memorandum dated March 29, 1973, concerning plans for a program to be conducted at the Atascadero State Hospital under the auspices of the Center for the Study and Reduction of Violence:

"Within our electrophysiological laboratory we presently have the capability of (1) programming the presentation of a wide variety of audio-visual stimuli with concurrent recording of (2) heart rate, both directly and in beats per minute, (3) galvanic skin response, (4) changes in penis volume, (5) electromygraphic responses, and (6) alpha and beta brain waves. We are presently in the process of developing portable bio-feedback devices which can be used for self monitoring *in vivo*."

Are any studies presently being conducted under block or discretionary grants that are concerned in any capacity with telemetry and electrophysiology as they relate to the identification and control of certain types of behavior? Are Drs. Barton L. Ingraham or Gerald W. Smith conducting projects under LEAA grants?

Needless to say, research programs such as those described above raise important questions which must be resolved both by LEAA and Congress. There is a serious issue of whether the federal government should be in a position of financing programs posing such extraordinary challenges to human freedom and dignity at all. Certainly LEAA ought to conduct a most searching inquiry before committing its funds to such a project, whether by discretionary or block grant. If, after such inquiry, LEAA were to support such projects, it ought first to develop stringent and exacting requirements for the control and maintaining of these experiments.

As you are aware, HEW and the Congress are now subjecting the question of federal financing of human behavioral research to close scrutiny. A series of guidelines on the ethical and administrative standards have been developed both in legislation and in regulations. I believe that LEAA ought to consider a moratorium on the further use of its funds for these purposes until it develops guidelines at least as comprehensive as those now under consideration by Congress and HEW. These guidelines should provide for specific approval by a special committee on research and ethics within LEAA and the Administrator's Office of any project, whether funded by block or discretionary grant, in the field of human behavioral research. These projects also should be subject to close institutional control and review and to prior approval by local, ethical committees as well.

I know that you appreciate the extreme importance of the questions raised by these projects. While I am aware that the questions I have asked will require a substantial amount of work, I believe that the subject matter's importance well justifies the burden.

With kindest wishes,

Sincerely yours,

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

[Item III.A.10]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., March 4, 1974.

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

DEAR MR. CHAIRMAN: This is in response to your letter concerning Law Enforcement Assistance Administration funding of programs for the investigation of violent behavior. The following paragraphs refer to the corresponding numbered paragraphs of your letter:

1. State comprehensive plans are prepared pursuant to Sections 301 and 303 of the Crime Control Act of 1973 and LEAA Guideline M4100.1B "State Planning Agency Grants". A copy is enclosed.

Any program started by the state but not included in the state comprehensive plan would be detected by LEAA through its continuous monitoring process. This monitoring is directed at the funding activities of the state planning agency.

2. LEAA announced on February 14, 1974, a policy banning the use of LEAA funds for psychosurgery, medical research, behavior modification and chemotherapy. Copies of the Guideline and my announcement are enclosed.

3. & 4. LEAA has not received the potential UCLA project for funding consideration. Therefore, I am not in a position to comment on the details of the proposal.

Only Dr. Frank Ervin is recorded as being associated with any other LEAA funded studies. This association is discussed in paragraph No. 8 below.

5. The receipt of the UCLA material by the LEAA San Francisco Regional Office was the result of our request so that we could furnish the material to the Subcommittee in response to your earlier letter. The UCLA proposal was not finalized by California authorities and therefore was never formally submitted to LEAA. In response to the remainder of the paragraph, please see the enclosed Guideline and statement of February 14, 1974.

6. See No. 2 above.

7. Each of the block sub-grant projects referred to predated the promulgation of paragraph 26 of the Guideline Manual and was not subject to specific prior approval.

8. Dr. Frank Ervin is one of nine consultants budgeted under Grant 73-ED-05-0005. He is entered for ten days of consultation, which is the minimum time entered for any of the consultants, with some others involved for up to three months. As of February 7, 1974, he had devoted one and one half days to the project. The draft and project reports you requested are enclosed.

9. The two drugs are Noludar and Nembutal Sodium. The drugs are utilized as follows: Nembutal Sodium is used with inmates with a history of drug addiction during the electroencephalogram (EEG) process. Its use is to induce sleep while the EEG is made. Noludar is used with the control group with the same purpose as described above. The New York Office of the Food and Drug Administration states that both drugs have been approved by FDA for a number of years.

Enclosed is a copy of the progress report for this project, submitted by the Puerto Rico Crime Commission on June 30, 1973. This updates the previously submitted report, also enclosed.

The special condition included in the Commonwealth's comprehensive plan states: "Within 60 days of grant award grantee shall provide the Administration with substantial evidence indicating that participation in the Neurological Research Project is entirely a voluntary matter and that all inmates are fully

advised and legally capable of reaching a decision to participate." As a result of the special condition, the Puerto Rico Crime Commission provided the following documents which are enclosed:

(a) Internal memorandum of August 17, 1973, of the Puerto Rico Crime Commission.

(b) Model of agreement to participate in the project.

(c) Translation of a description of the procedures followed. (A copy of the original documents, in Spanish, is also enclosed.)

(d) Copy of a statement by Dr. Luis F. Sanchez-Longo, project director.

10. Excluding the block grant program in Puerto Rico which involves electroencephalograms, our records show no present programs relating to telemetry or electrophysiology.

Your interest in this matter and the programs of the Law Enforcement Assistance Administration is appreciated.

Sincerely,

DONALD E. SANTARELLI, *Administrator.*

[Item III.A.11]

JANUARY 11, 1974.

Mr. GERALD M. CAPLAN,
Director, National Institute of Law Enforcement and Criminal Justice, LEAA, Washington, D.C.

DEAR GERRY: For your information, if nothing more, I am enclosing a letter from the Subcommittee to Don about LEAA funding of behavior modification experiments. This is a problem which greatly concerns us, and which we'd like to see LEAA take a strong position on. I know of four projects using LEAA discretionary funds—one very controversial one in Puerto Rico.

Personally, I find this problem both very disturbing and morally complex. I'd like to stir your interest and see if there is some way we can work together on it.

Regards.

Sincerely,

LAWRENCE M. BASKIR,
Chief Counsel and Staff Director.

[Item III.A.12]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., January 24, 1974.

Mr. LAWRENCE M. BASKIR,
Chief Counsel and Staff Director, U.S. Senate, Committee on the Judiciary, Washington, D.C.

DEAR LARRY: Thanks for your letter of January 11th, regarding behavior modification experiments. I am not sufficiently familiar with the area, and your letter provides an occasion for me to get involved more deeply in it. My instinct is that the government ought to proceed very cautiously, but probably not ban *all* efforts in the field; however, I do feel strongly that LEAA does not have special expertise in this area, should probably stay out of it altogether, and that the logical agency to carry the responsibility is NIH.

The ABA at its annual meeting in Honolulu is presenting a program on behavior modification, and I have taken the liberty of suggesting your name as one of the panelists.

I have also taken the liberty of forwarding your letter to Chuck Work, our new Deputy Administrator. He is somebody you would enjoy meeting and perhaps we can have lunch one day soon.

Thanks again for bringing the Senator's letter to my attention.

Cordially,

GERALD M. CAPLAN, *Director.*

[Item III.A.13]

APRIL 2, 1974.

MR. DONALD E. SANTARELLI,
Administrator, Law Enforcement Assistance Administration,
Washington, D.C.

DEAR MR. SANTARELLI: A February 15, 1974 article in the New York Times refers to a computer printout listing some 400 LEAA-funded projects that are in some way related to the study or control of behavior. Although I understand that some of the projects referred to in the printout may not be directly relevant to the Subcommittee's study of behavior modificaion, please supply us with a complete copy nevertheless.

I understand that LEAA is preparing a clarification of its February 14 press release that announced the curtailment of agency funds for behavior modification and human experimentation. If this is true, would you please explain the clarification. Further, what concrete steps have been taken since February 14 to insure that no LEAA funds can or will be used for behavior modification, psychosurgery, or medical research?

Thank you for your continued cooperation with the Subcommittee, and I look forward to your prompt reply.

With kindest wishes,

Sincerely yours,

SAM J. ERVIN, Jr., Chairman.

[Item III.A.14]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., April 23, 1974.

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

DEAR MR. CHAIRMAN: This is in response to your letter requesting a copy of a computer printout of Law Enforcement Assistance Administration projects in some way related to the study or control of behavior.

"Behavior modification" has become a catch-all term popularly encompassing far more than the use of psychosurgery, aversion therapy, chemotherapy and other experimental medical procedures. In one sense, perhaps over 50 percent of LEAA programs involve some aspect of what might be called "behavior modification," in that the aim is to "modify" antisocial behavior so that a particular individual can become a useful and productive member of society.

The printout you requested was first prepared for a newspaper investigating "behavior modification." Because of the lack of definition of the phrase, the first large computer printout contains much irrelevant information. Three smaller printouts were then extracted from the first, one entitled Medical Research Projects and the other two designated Information for Specific Grants. The printouts are enclosed. May I point out that these are not exact replicas of those distributed to the press due to the continued updating of the computer base and the time elapsed since the earlier printouts.

In reference to the LEAA press release of February 14 and the steps taken to prevent LEAA funds from being utilized for human medical experimentation, we issued at the same time a LEAA Guideline Manual banning the use of LEAA funds for psychosurgery, medical research, behavior modification and chemotherapy. To date the Guideline has served to prevent LEAA funds from being used for these purposes and no need for clarification has arisen.

Your interest in the programs of the Law Enforcement Assistance Administration is appreciated.

Sincerely,

DONALD E. SANTARELLI, *Administrator.*

[Item III.A.15]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE,
Washington, D.C. May 24, 1974.

Mr. JOSEPH KLUTTZ,
Senate Subcommittee on Constitutional Rights, Russell Senate Office Building, Washington, D.C.

DEAR MR. KLUTTZ: In connection with our telephone conversation of this afternoon, I have enclosed a copy of LEAA Guideline G 6060.1, issued on February 14, 1974, dealing with the subject of Psychosurgery and Medical Research. As is apparent from paragraph 5 of the guideline, it was our intention to prohibit the use of LEAA funds for support of projects involving the use or research of experimental medical procedures, particularly projects "that involve any aspect of psychosurgery, behavior modification (e.g., aversion therapy), chemotherapy, except as part of routine clinical care, and physical therapy of mental disorders."

We are retrieving the grant application for the Virginia project we discussed on the phone, and I will forward it to you early next week.

Sincerely,

GEOFFREY M. ALPRIN,
Director, Office of Research Programs.

[Item III.A.16]

JUNE 3, 1974.

Mr. DONALD E. SANTARELLI,
Administrator, Law Enforcement Assistance Administration, Washington, D.C.

DEAR MR. SANTARELLI: Thank you for your response to my letter of April 2 in which I requested a copy of a computer printout listing LEAA-funded projects that are in some way related to the study of human behavior.

By way of providing further information for the subcommittee's study of biomedical and behavioral research, would you please forward a list of all projects described in the printout whose funding has been canceled pursuant to the LEAA press release of February 14 and the resulting guideline. As you suggested in your response of April 23, much of the information contained in the printout is irrelevant to your present concern. There are, however, a number of other projects listed that would appear to raise important constitutional and ethical questions when conducted in the absence of thorough professional and technical evaluation. Because, as stated in the press release, LEAA lacks the skills necessary to conduct such evaluations, I am particularly interested in the steps that have been taken to review funding for those other projects.

Because of a limited time schedule, I would appreciate a response to this request by Monday, June 17. Thank you very much for your continued cooperation, and I look forward to your prompt reply.

Sincerely yours,

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

[Item III.A.17]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., June 25, 1974.

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

DEAR SENATOR ERVIN: This is in response to your recent correspondence requesting a list of projects whose funding has been cancelled pursuant to the February 14, 1974, Law Enforcement Assistance Administration Guideline on Use of Funds for Psychosurgery and Medical Research.

As you will recall, the Guideline set forth LEAA policy not to fund *grant applications* involving the use or research of experimental medical procedures

on human subjects for the purposes of modification and alteration of criminal and other anti-social behavior. Under the terms of the Guideline, all such proposals will be carefully screened and funding denied where appropriate. Any questionable proposals will be referred to the Department of Health, Education and Welfare for review.

While the Guideline did not speak directly to the problem of ongoing projects, LEAA Regional Offices were directed to survey the various states as to projects affected by the Guideline and to take appropriate actions to end their support. Of the 55 jurisdictions responding, only eight indicated projects possibly covered by the ban (Arizona, California, Massachusetts, New Jersey, Ohio, Pennsylvania, Virginia, and Puerto Rico). Some of these had been terminated prior to the Guideline's promulgation, and decisions were made not to renew other projects.

Presently, only the status of two projects in Arizona remain in question. The Arizona State Justice Planning Agency, representatives of the State Supreme Court and the Superior Court of Pima County presently are reviewing two grants to the Superior Court of Pima County to determine whether they are admissible under the Guideline. The grants are $10,675 for the Court Clinic Medical Fund and $68,000 for the Pima County Court Clinic.

Your interest in this matter and the programs of the Law Enforcement Assistance Administration is appreciated.

Sincerely,

DONALD E. SANTARELLI, *Administrator.*

[Item III.A.18]

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
Washington, D.C., July 15, 1974.

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

DEAR SENATOR ERVIN: We have reviewed the material contained in our files concerning the promulgation on February 14, 1974, of Law Enforcement Assistance Administration Guideline No. G6060.1, prohibiting the use of LEAA funds for projects involving psychosurgery or medical research, and have determined that it is appropriate that we supplement our June 25, 1974 communication to you on this subject.

While the LEAA review process has resulted in the findings indicated in the June 25 letter, we are supplementing that process with a further review of LEAA-funded projects, particularly those administered by the states under the block grant program.

You will recall that we previously submitted a print-out of approximately 400 projects which, given the limitations of the computerized information program in use at that time, were identified as being in some way related to medical research or behavior modification. Our supplemental review will include each of those 400 projects to assure that none are in violation of the letter or spirit of the Guideline. We expect this review to be completed on August 15, 1974, and will be pleased to provide you with the results of the review as soon as possible.

Your interest in the programs of the Law Enforcement Assistance Administration is appreciated.

Sincerely,

CHARLES R. WORK,
Deputy Administrator for Administration.

U.S. DEPARTMENT OF JUSTICE,
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION,
NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE,
Washington, D.C., August 29, 1974.

[Item III.A.10]

MR. LAWRENCE BASKIR,
Chief Counsel, Staff Director, Subcommittee on Constitutional Rights, Committee on the Judiciary, U.S. Senate, Washington, D.C.

DEAR MR. BASKIR: This letter supplements Mr. Work's July 15, 1974 communication to Senator Ervin, in which he indicated that a further review would be undertaken of LEAA-supported projects appearing on a previously forwarded computer print-out, in order to insure that none of those projects was in violation of the provisions of LEAA Guideline No. G 6060.1A. Following that letter, we instructed each of our ten regional offices by teletype to review on an individual basis all projects appearing on the print-out which had been awarded in their areas and which had not terminated naturally prior to the date of the guideline (February 14, 1974). We also instituted a review of those projects appearing on the print-out which had been funded at the central office level. The review has now been completed, and its findings are summarized below. In addition, the actual replies received from each of our regional offices are enclosed for your information; additional information with respect to any particular project can be obtained on an individual basis.

We are also enclosing a chart which fully indicates the statistical findings of the review. In brief, however, the results may be summarized as follows: the print-out contains 537 projects, of which 496 were funded through state planning agencies of the several states and 41 by the agency's central office. At least 390 of the total had finally terminated before the guideline was issued in February of this year. Of the remaining 147, 110 involve no medical procedures whatever; 35 either involve medical procedures which have been determined to be "routine clinical care" or fall within an excepted category under the guideline—methadone maintenance programs, for example.

Of the two that remain, we have determined that one of these projects does not violate the guideline, and have requested additional information as to the remaining project, No. 73DF560027, which is an award to the State of Wyoming for construction of a 62-unit psychiatric facility for the treatment of those adjudged to be criminally insane. From the descriptions of procedures which may eventually be employed in that facility, there is a possibility that some of those procedures may violate the guideline. Thus, we have requested further information as to that particular project, although it is to be noted that the facility is presently being constructed and is not yet operational.

Subject to the question raised about the Wyoming project, our review of the 537 projects appearing on the print-out has satisfied us that none of those projects which were active after February 14, 1974 (some of which, by the way, have terminated naturally since that date) incorporate procedures which violate LEAA Guideline No. G 6060.1A.

If we may be of further assistance, please do not hesitate to advise.

Sincerely,

GEOFFREY M. ALPRIN,
Director, Office of Research Programs.

Enclosures: 1. Chart, 2. Individual regional responses.

B. Related Materials

[Item III.B.1]

EXCERPTS FROM THE FINAL REPORT OF A STUDY OF "THE MEDICAL EPIDEMIOLOGY OF CRIMINALS"—NEURO-RESEARCH FOUNDATION, BOSTON, MASS.

LEAA GRANT NO. NI-72-023-G (SUCCESSOR TO NI-71-151-G) "FORENSIC EPIDEMIOLOGY"

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Terminal report

This report covers work done to establish a Unit for screening prison inmates with medical disorders. It describes the production of a prototype screening system of psychiatric, psychological, genetic, neurophysiological and general medical tests for physical disorders related to habitually aggressive and violent behavioural illnesses in prison inmates. In the initial phase the plan has been to concentrate on those physical or constitutional measures which 1. have sound empirical bases; 2. appear to have an á priori relationship to behavioural illness; 3. offer a chance for improving mental illness by proper medical care as far as possible without the intrusion of irreversible custodial or medical procedures; 4. are within the capacity of normally equipped penitentiary clinics with regard to the actual application of tests and collection of data: processing of materials and analysis are referred to a central laboratory.

The work has been done in three phases:

1. Incremental clinical application of tests singly and in combination to self-referred psychiatric patients attending a hospital clinic with a complaint of repetitive and impulsive violence.

2. Parallel validation of the tests at the epidemiological level on populations of normal, criminal and mentally ill (institutionalized) subjects.

3. Technical (laboratory and data processing) development aimed at integration of methods and data (up to now handled in isolation) into a general data base.

The report divides into: A. A prototype manual which contains:

I. A list of tests, their description and purpose; methods of use (collection and recording of raw data).

II. Systems for coding and analysis of the data.

B. Technical addenda on the results of validation of the tests, and computer programs used for data processing. Examples of typical outputs are included as illustrative material.

The purpose of including details is to give concrete examples of time-consuming and essential, but too often disregarded, groundwork necessary for a multi-phase screening system. It cannot be emphasized too strongly that careful and cautious preliminary design and trial of such a complex system is absolutely necessary before it is used in general application for the collection of reliable and interpretable information on important socio-medical problems.

C. Publications: these contain in a discursive form the theoretical bases for this research and the practical results which may be obtained by its application to suitable penitentiary populations.

The problems encountered in this work have been:

1. Time consumption for

1.1 The development of unambiguous questionnaires

1.2 Development of generalizable computer programs together with specific modifications in software tailored to each source of data, and their aggregation into an overall inventory.

1.3 Design of logistics for combinations of tests, costing and practical integration in non-hospital premises.

2. Interpretation of the nature of this work and its objectives to outside "interests," particularly to those showing concern for neurosurgical treatment of behavioural disorders. While the screening tests aim at detection of a variety of disorders—epileptiform, endocrine and genetic—whose management is unrelated to surgery, it has been hard to escape the concern that they may lead to a diagnosis implying neurosurgical therapy, especially when they

include tests of brain function and, particularly, the electroencephalograph. Much of this is caused by press misinterpretation of reports but it may be combatted successfully, as has been done in local penitentiaries, by considerate, careful and full explanation of the nature of the work to inmates undergoing the medical examination. So far cooperation by inmates, even the habitually antagonistic type, has been good. It may be simplest to establish the Screen as part of the routine examination performed on admission to prison. (This has the added epidemiological advantage that it allows measures of incidence to be made.)

3. Acquiring and guaranteeing full-time skilled and senior personnel to work in a multi-disciplinary team over the period of time required for the social and scientific results of the work to bear fruit. It is important to note that this research is being conducted on a chronic disease and the essential requirement is for sufficient observations to be made over a period of time. The problem is analogous to the longitudinal study of factors entering into the etiology of heart disease: for such studies, a well-established population st nust be pursued by a properly integrated team of workers if worthwhile r s are to be obtained which have bearing on prevention and therapy: the ernative approach is to select particularly high yield aspects of the problem and use the results obtained from successful conclusion of such studies to extend understanding of the overall implications of the work in the minds of the public and correctional agencies. This approach was, in fact, the one used in the disparate genetic, psychiatric and endocrine studies which were adopted as pilot projects for the current program, and there is no doubt that the results they produced defined the existence of specific medical problems hitherto undetected in prison inmates. The implication of these studies for rehabilitation, however, awaits the application of some combination of the individual tests, by units experienced in the laboratory and field reports of the work.

PROTOTYPE MANUAL

A prototype manual of tests available for use in the program is described in the following sections. This manual has developed in the course of studies using psychiatric, psychological, genetic and neurophysiological tests on cases with aggressive emotional illness in prisons or attending hospital psychiatric services. This collation contains a system of tests currently applicable in our work at, for instance, Bridgewater State Treatment Center for Dangerous Sexual Offenders: it will be modified according to the particular needs of future special prison populations.

The design objectives of the tests aim to satisfy one or more of these requirements:

1. Simplicity and low cost.
2. Proven value.
3. Immediate applicability.
4. Within the capacity of groups who have had experience in the design and management of prison studies.

Most of the tests are modifications of similar procedures used in the clinical diagnosis of behavioural disorder due to organic disease.

The need for modification of tests derives from:

1. The logistical problems incurred in the application to population surveys of a combination of tests formally used in individual clinical work. For example, blood samples are drawn both for chromosomal analysis and hormone assays: the former requires less than 10 ml., the latter up to 40. Both tests require at least one portion of unclotted blood, while the chromosome test in addition requires serum from 5 ml. of clotted blood, and the hormone assay requires that the sample be kept close to freezing temperature. In a survey that combines these techniques, 50 ml. of blood may be drawn all at once, but aliquots must be immediately transferred to separate containers which hold appropriate amounts of blood, clotted or unclotted, at normal or cold temperatures respectively.

Similar problems attend the adaptation of EEG tests which usually require tracings made during sleep: this may be difficult to achieve in the field, and may have to be replaced by a multi-lead analysis requiring computer assistance: also the application of a large series of psychometric questionnaires, which must be interspersed among other tests to avoid delay in the latter; and to allow respite between the questionnaires which themselves can lead to emotional variance if applied in unremitting sequence.

The logistical design and management of such *combinations* of tests and their application *in the field* requires time and trial.

2. The requirement that standardization be achieved to reduce replication error and hence to allow evaluation of all cases in a similar fashion without systematic error.

The need for a recording system depends on:

1. The ability of several centers' data to be processed centrally,

2. The collection, processing and recording of data to be done by semi-skilled technicians.

The need for computer programs based upon:

1. The problems of handling rapidly the analysis and cross-correlation of data taken in bulk from large numbers of individuals as opposed to a few or several items measured in one individual. The distinction here is in the measurement of population trends of several items, not all of which may be present in every individual contained in that population; as opposed to the integration of whatever measures, few or many, are available from a given individual in a clinical situation.

2. The problems of minimizing error due to fatigue or replication failure in human data processing as opposed to machine handling.

3. The protection of privacy of data obtained from patients as legal hazard.

The Manual is divided into two parts: Part I contains information on: (a) The nature and purpose of the tests in use; (b) Methods of collection and recording of test data.

Part II is composed of technical addenda on: (a) Validation results from application of the tests to sample populations inside penitentiaries and outside, (b) Computer programs for statistical processing.

The first part, therefore, is concerned with the *collection* and *recording* of materials and data, the second with their *processing* and *analysis*. It seems probable that the two functions can be separated in time and place: that is, tests can be applied and immediate results recorded at any prison(s), and the data then transmitted elsewhere for central processing.

Examples are given, in the first part, of completed forms and, in the second, of test data analyzed from such forms. Maximum use of computer processing is required for quantifiable data (Dermatoglyphic Analysis, CYBER Medical Examination) and least for qualitative data for which relatively few indices are obtained (Standardized Psychiatric Report, Affective Psychometric Tests). An overall list of tests is given in Table 1.

A.1. Nature and purpose of tests (Tests are listed in Table 1).

The tests are as follows:

TABLE 1.—TABULAR OUTLINE OF SCREENING TESTS

Test title	Purpose: Measure of	Method, requirements	Time
1. Initial contact assessment.	Identity and complaint documentation.	Preliminary interview.....	10 min.
2. Standardized psychiatric interview.	Social-psychiatric. Background and current mental status (quantified clinical evaluation).	1. Self-answered questionnaires... 2. Summary abstract of above.... 3. Informed psychiatrist's opinion of above.	Collection 30 min. Processing 1 hr.
3. Affective psychometric analysis.	Emotional status related to aggression.	1. Self-answered questionnaires... 2. Score computed from above.... 3. Comparison with normative data.	Collection 40 min. Processing 1 hr.
4. Dermatoglyphic analysis...	Fingerprint character (related to chromosomal constitution).	Print.....	Collection 30 min., processing 2 hr.
5. Cytogenetic analysis.....	Chromosomal constitution.....	Blood sample.....	Collection 30 min., processing 3 d.
6. Electroencephalographic analysis.	Neurophysiological function....	Scalpelectrodes.....	Collection 2 hr., processing 1½.
7 CYBER Lab.....	General medical condition.....	Automated module.....	Collection 45 min., processing 3 d.

1.1 Before any tests are performed the subject is informed of the nature of the procedures to be undergone: these are detailed in entry forms and the Flow Sheet and Flow Chart (Section 2.1) which are also used by the Unit to check the progress of the subject through the Screen. A preliminary demographic and medical questionnaire is filled out, documenting the patient's *identity* and *complaint*.

1.2 *Standardized Psychiatric Interview and Report* (see Section 2.2 for form).

This provides a measure of the subject's psychiatric history and present condition. It is based upon *standardized* interview and questionnaire procedures which are designed to provide the same approach to all subjects. This reduces bias and permits real comparisons to be made with qualitative data, otherwise hard to quantify.

In this report items extracted from The Clinic Contact Form, The Interview Form and The Personal Background Form are inserted in the appropriate blanks in the matrix to yield the final "report to physicians."

An evaluation of mental status is provided by the Psychiatric Evaluation Form (PEF). Each area of the PEF has been amplified by affect and/or behaviour descriptors. In completing the PEF, the interviewer uses the PEF form to indicate severity of, for example, suicide tendencies, and the descriptive manual to detail symptomatology.

The physician's report is therefore based on objective data gathered in a standardized fashion. The only areas written in an unspecified fashion are the chief complaint and present history of the patient, the diagnostic impression, disposition and recommended treatment.

The report is divided into two parts: the *Psychiatric and Social* History, and the *Current Mental Status.*

1.2.1 The *test questionnaires* for Part 1 are described as follows (see section 2.2.1 for forms):

PRELIMINARY CLINIC CONTACT QUESTIONNAIRE

This questionnaire is to be filled out by the clinic at the time of initial contact. It is designed to provide identification data useful for administrative purposes and some basic medical data as well.

PERSONAL BACKGROUND QUESTIONNAIRE

This questionnaire consists of 50 questions which have been precoded in terms of a number of alternative answers available to the patient. The questions concern the medical and family history of the patients. They deal with such content areas as: history of psychiatric illness, early signs of violence, family and personal evidence of physical illnesses that have genetic loadings, patterns of driving behaviour, criminal behaviour, social difficulties, and behaviour and symptoms associated with menstruation.

INTERVIEW QUESTIONNAIRE

The interview was developed to obtain information from the patients through the use of a structured interview. Some of the items are precoded and others are open-ended and they require a moderately skilled interviewer (a social worker, a psychologist or a psychiatrist). The content areas covered in the interview include: early childhood experiences, descriptions of parental behaviour, frequency of occurrence of family problems regarding school difficulties, violence within the family, marital problems, etc. At the end of the interview, the patient will be evaluated for the presence or absence of specific psychiatric symptoms. Evaluation will be based upon the Spitzer "Psychiatric Evaluation Form" (P.E.F.) This form covers such areas as social isolation, inappropriate affect, speech disorganization, grandiosity, agitation, etc.

A report is then made of the subject's Psychiatric and Social History which is abstracted from the three previous forms according to instructions followed by secretarial assistants (see Section 2.2)

1.2.2 Part 2 makes use of a *Psychiatric Evaluation Questionnaire* (see Section 2.2.2 for form) which documents current psychiatric systems elicited during interview and clinical observation of the subject by a trained observer.

1.3 *Affective Psychometric Analysis* (see Section 2.3 for forms).

These tests measure emotional status related to aggression, and use standardized questionnaires answered directly by the subject. No interview is necessary and this avoids mixed interpretation of emotionally variable responses. The elimination of the interviewer also reduces senior manpower requirements. The tests can be read by a skilled technician and scores made according to a simple formula. Since there are several questionnaires, some of which cross-check on each other, they are interspersed among the other

procedures: this allows time for the subject to come to equilibrium at each stage of the process of measuring emotions.

F–A–V Questionnaire—This questionnaire consists of 22 questions concerning feelings and acts of violence. The respondent is asked to indicate whether each description is true for him using a three-point scale: never true, sometimes true, or often true. An overall score is obtained which reflects an individual's tendency to act violently.

F–A–S Questionnaire.—This questionnaire consists of 20 questions concerning sexual feelings and sexual behaviors. The respondent is asked to indicate whether each description is true for him using a three-point scale: never true, sometimes true, or often true. An overall score is obtained which reflects an individual's tendency to express his (her) sexual drive in overt forms.

Problem check list.—The problem check list is a modified version of the Mooney Check List, with an orientation towards more overt psychiatric problems, rather than toward the everyday problems of college students for which the test was originally designed. The test has a series of brief descriptions of problems which people sometimes have, for example, being overweight, being unable to hold onto a job, feeling afraid to speak up, confusion in religious beliefs, losing one's temper too easily, feeling rejected by one's family or embarrassment about sex. The items are actually grouped into a few major content areas: physical symptoms and problems, vocational difficulties, personal insecurities, difficulties over religious matter, difficulties in interpersonal relations, family problems, and sexual problems. This form is to be completed by the patient.

Barratt scale.—This scale is based on the work of Ernest Barratt, a psychologist who has done a great deal of work in an effort to develop a psychometric index of impulsiveness. The scale consists of 20 statements about an individual's typical behavior, each to be answered as "Yes" or "No". The overall score is believed to be a measure of impulsiveness.

M–D scale.—This scale was developed as part of a long-term study of manic-depressive patients. It consists of 52 statements about an individual's typical behavior, each of which can be answered as "Yes" or "No". The items can be scored in terms of two categories: those items that discriminate depression from normalcy, and those items that discriminate mania from normalcy. Two scores are thus obtained, a depression score and a mania score.

Monroe scale.—This is based upon the work of Russell Monroe concerning episodic behavioral disorders and epilepsy. He reports that a review of his clinical records revealed 18 statements often made by patients with "epileptoid" impulsive disorders. These statements have been slightly modified and associated with a four-point frequency scale ranging from "never" to "often". A single overall score is obtained.

M–M scales.—These scales are a selection of items from the MMPI. The only two MMPI scales that seemed to have some relevance to the objectives of the research project are the Sc or schizophrenia scale and the Pd or psychopathic deviate scales. However, an examination of the items that comprised these scales indicated that very few had face or content validity for the defined scale, and that the scales were too long (e.g. the Sc scale alone had 78 items). Therefore, 20 items, having the highest face validities were selected from each scale and incorporated into this new form. In addition, all 15 items of the L or Lie scale were added. The result is a 55 item test based directly on the MMPI, which provides three scores, a Lie score, a schizophrenia score, and a psychopathic score.

Emotions profile index.—This index consists of 12 affect words, such as affectionate, resentful, and obedient, which have been paired against each other in all possible combinations to produce 66 pairs. The 12 terms have been selected to sample all aspects of the trait or emotion language. Each term has then been coded to represent certain implicit emotional states which have been referred to as primary or prototype emotions in the theory proposed by Plutchik. The theory assumes that all emotions can be conceptualized as mixtures of two or more of eight primary emotions which have certain systematic relations to each other. Since each word on the EPI is scored for these emotion categories, whenever a patient makes a choice of one of the two items in a pair, he is building up a score on the primary emotions. The eight primary emotions have been labelled by the following general terms (with words in parentheses indicating the more familiar subjective aspect of the emotion): protection (fear), destruction (anger), incorporation (acceptance),

rejection (disgust), orientation (surprise), exploration (expectation), reproduction (joy), and deprivation (sadness).

Cattell culture fair IQ test.—This test was developed as a way of assessing intelligence in individuals who may differ widely in cultural background. The test items do not use words at all. The person being examined is presented with diagrams which show a progressive series of changes. He is then required to select the final correct diagram from a number of choices. The test has been well standardized and requires only 12 minutes of testing time.

1.4 Dermatoglyphic Analysis (see Section 2.4 for forms).

This is a physical (anthropometric) measure of the patterns formed by sweat gland ridges on the hands and feet. They represent the embryological development of the skin surface in these regions. They are known to differ between sexes and races, but are unrelated to age. They exihibit specific variations in known genetic diseases including chromosomal abnormalities of the kind found in habitually aggressive offenders. They are also valuable as a screen for cases on whom (more expensive) chromosomal tests are likely to be valuable.

FINGERPRINT CLASSIFICATION

All fingerprint classifications attempt to group patterns in uniform, meaningful classes. Differences in fingerprint classifications are due to:

(1) the purposes for which the classification will be used,
(2) the number of classes which is considered necessary by the classifier,
(3) the factors which are considered important definers of pattern type, and
(4) the evolution of fingerprint classifications.

The differences between the Henry-FBI classification of fingerprints and the medico-biological classification are mainly due to differences in purpose. The FBI system is intended for identification purposes, strict replicability, and with some modifications, ability to be encoded for computer retrieval. The medico-biological system is planned to be a quantifiable definer of body symmetry, to interpret the genetic and medical history of an individual, and to allow analyses of population statistics for genetic, epidemiological, and medico-demographic studies.

A classification system has been devised which satisfies most of the criteria for both FBI and biological purposes and which is essentially a modified version of the FBI's system so that the requisite medical information is also recorded. Both systems recognize the basic pattern types of arch, ulnar and radial loops, and whorls, but there are differences in the definition of tented arches, in the manner of counting ridges, and in the manner of arranging the order of pattern types.

The following are the FBI-Henry definitions of the pattern types:

Arch "In plain arches the ridges enter on one side of the impressions and flow or tend to flow out the other with a rise or wave in the center. There are three types of tented arches: The type in which ridges at the center form a definite angle; i.e. 90°. The type in which one or more ridges at the center form an upthrust. The type approaching the loop type, possessing two of the basic or essential characteristics of the loop, but lacking the third."

Loop The essentials of a loop are "a sufficient recurve; a delta (triradius) a ridge-count across a looping ridge."

Whorl "The whorl is that type of pattern in which at least two deltas are present with a recurve in front in each."

In the medico-biological classification, the following obtain:

Arch A pattern with no triradius
Loop A pattern with one triradius
Whorl A pattern with two triradii.

Accidentals are patterns with three or more triradii in both systems and are considered as whorls in both.

The definitions of the pattern types alone cause one major difference in the two systems—in the biological system the pattern type called tented arch is classified with the loops, not with the arch group. Furthermore, the patterns which are called tented arches are defined somewhat differently due to differences in methods of ridge-counting.

The next major consideration in pattern classification is symmetry. The FBI system specifies symmetry for the loops by calling a loop ulnar or radial, and whorls are specified as inner, meet, and outer sub-types. The biological system

is very similar, using the terms ulnar, symmetric, and radial to designate symmetry. In this sense, loops are sub-typed as ulnar loops, symmetric loops (tented arches of the FBI system), and radial loops; all three of these have only one triradius but differ in symmetry.

In the FBI system, whorls are sub-classified as inner, meet, and outer but because these terms are defined based upon the appearance of the printed pattern without regard to the hand, the ulnar-symmetric-radial designations of the biological system are reversed for the left hand. The following chart shows this:

FBI system, either hand	Biological system	
	Right hand	Left hand
Inner	Radial	Ulnar.
Meet	Symmetric	Symmetric.
Outer	Ulnar	Radial.

The differences may be overcome by tracing from the right triradius to the left on a print of the left hand or by changing the FBI designation for the left hand.

In the FBI system, the whorl patterns are further subdivided into the plain whorl, the double loop, and the central pocket loop. This is essentially the same as the biological system except that the plain whorl type is subdivided into spiral and concentric whorls. All whorls are classified as ulnar, radial, or symmetric types.

Ridge-counting

In the biological system the first ridge-count is always the core itself, whereas in the FBI system neither the core nor the triradius is ever counted as the first ridge-count. This means that some patterns which would be classified by the FBI as tented arches are classified as ulnar or radial loops in the biological system. This change will not effect as many changes as the definition of the pattern type will. The biological system does *not* recognize the "spoiling of ridges" in which many patterns that are otherwise valid loops are classified as tented arches. It is mainly this characteristic which makes the FBI system difficult and requiring cross-referencing often, all of which would be unnecessary when the tented arch is considered as only a symmetric pattern with one triradius and no ridge-count.

Complex measures

Three complex measures of dermatoglyphic character have been developed as tests of organic (ectodermal) abnormality. These detect deviation from normal variation with respect to: 1. Sexual dimorphism; 2. Bilateral and cephalo-caudad symmetry; and 3. Focal morphogenesis.

The sample size required for detection of abnormal variation at each of these levels is smallest in sexual incongruity, intermediate in asymmetry and largest in focal malformation. So far the only measure for which the sample of data is sufficient is sexual dimorphism.

This measure is composed of four elements. Two show a characteristically sex specific dimorphic distribution in a sexually mixed sample of the general population: total finger ridge-count and finger pattern frequencies. The other two measures: total palmar a–b ridge count and total palmar ∠atd, are related to symmetry and local morphology. They are included because sexually dimorphic elements may be influenced by changes in symmetry or local morphology, and in small samples this influence may by chance become significant. The a–b ridge count and atd measures are included therefore to detect spurious promotion or reduction of sexual differences by chance differences between test and control samples due to a symmetry (the a–b ridge count) and local deformation due to age or usage (the ∠atd). As the significance test shows, no differences are seen in the last two elements: therefore differences found in the other measures may be interpreted as solely sex specific.

	Normal variation [1]	
	Male	Female
Total finger ridge-count	144.98 (σ51.08)	127.23 (σ52.51)
Finger pattern frequencies (A, LU, LR, W) (percent)	4.3-61.5-5.9-28.3	5.7-65.6-4.8-23.9
Total palmar a-b ridge-count	83.04 (σ10.28)	83.01 (σ9.72)
Total palmar $\angle$ a-d	85.0 (σ15.3)	85.9 (σ15.7)

[1] Data from Holt, 1968, English subjects; Cummins and Midlo, 1943, English subjects.

1.5 *Cytogenetic Analysis* (see Section 2.5 for forms).

Cytogenetic analysis measures chromosomal constitution in various tissues. It can be used to determine sex (including intersexuality) and to detect genetic anomalies due to changes in number or structure of chromosomes.

Two methods of cytogenetic analysis are used: chromatin assay and chromosomal karyotypy.

1. Chromatin assay makes use of cells from the lining of the mouth or from blood films. The cells are stained with two stains, toluidine blue and quinacrine mustard, which selectively demarcate, inside the nucleus, the X-(female) and Y-(male) sex chromosomes respectively. In this way the number and frequency of sex chromosomes can be measured as follows: XY Male, XX Female; XXY, XYY various types of intersex, XO, etc.

2. Chromosomal karyotypy makes use of blood cells which are grown in tissue culture. When these cells are in the process of division all the chromosomes become microscopically visible and available for enumeration and identification. The results of this test take longer to obtain than in chromatin examination, but provide in addition to a count of sex chromosomes, full data on the frequency of non-sex chromosomes and their structural appearance. Both these characteristics of genetic constitution may be found altered in mental illness.

The method used for chromosomal culture is described in Heuser and Razavi, *Methods in Cell Physiology*, IV, 1969.

Photographs of the chromosomes may be analyzed visually and the results statistically analyzed with computer assistance; an alternative approach is to scan the photographs electronically according to a program developed at the Stanley Cobb Labs by C. Freed.

Chromosome tests must be repeated because the proportion of cells affected may change over time.

1.6 *Electroencephalographic Analysis (EEG).*

This test measures electrical activity of the brain by placing electrodes on the scalp. The activity is related to neural function, and diagnostically useful variations are found in neurological diseases including epilepsy. Epileptiform EEG traces are sometimes found in habitually aggressive offenders.

Since the electrical activity of the brain is complex, changes with time or consciousness, and originates in many neural regions, some far below the surface areas immediately accessible to scalp electrodes, the data furnished by the EEG are usually suggestive rather than definitive and often require several tests taken at different times. The successful analysis of EEG data depends in part on the amount and detail of information available from multiple electrodes; hence there is benefit to be gained from computer processing.

1.7 CYBER LAB Medical Examination (see 2.6 for forms).

This group of tests aggregates a series of medical procedures routinely used in general clinical practice into a semi-automated battery applicable to a large series of individuals. They cover the following items:

Medical History—responses to a standardized questionnaire covering past medical history and current condition.
General Physical Measurements—height, weight, skinfold thickness, etc.
Vital Signs—temperature, pulse, blood pressure
Vision—acuity, phoria, colour, stereopsis
Audiometry
Pulmonary Function
Electrocardiography
Urine Analysis
Blood Chemistry
Hematology.

The tests are applied by a skilled technician using standard questionnaires and instrumentation contained in a mobile module. Data from tests are recorded on computer memory and results printed automatically on a standard report form.

Extracts from CYBER LABS Inc. documentation follow:

VISION

To ease any tension that the patient may be feeling, the first tests performed are opthalmological measurements. Most patients will be familiar with vision testing from prior experience and the passive nature of the tests should eliminate some anxiety as well as give the patient and the examiner a chance to establish rapport. The instrument used is a Titmus Optical Company professional vision tester. The following tests are a part of a standard test set:

Visual Acuity

The acuity of distant central vision is measured on each eye separately and both eyes together, using the Landolt Ring technique. The data are reported in Snellen equivalents ranging from 20/200 to 20/13. The ability of each eye and of both eyes to focus on a near object is measured and reported in a similar fashion. Eyeglasses are used if the patient normally wears them and this is noted in the report. In addition, if the patient has difficulty in the individual eye tests, the untested eye may be occluded. Such occlusion will also be reported.

Color Vision

Selected Ishihara slides are used to test for deficiencies of color vision. Bold numerals are represented in dots of various tints set amid dots of the same size, but of tints which are readily confused by color-blind people.

Phoria

Vertical phoria testing measures, in terms of one-half prism diopter steps, the relative posture of the eyes in the vertical plane when all stimuli to binocular fixation are eliminated. Data are reported in prism diopters of hypophoria or hyperphoria. The lateral phoria testing is done both near and far and measures, in terms of one prism diopter steps, the relative posture of the eyes in the lateral plane. Results are reported as the number of prism diopters of esophoria or exophoria. The lateral phoria test is done as a near point and as a far point test because accommodation and convergence may introduce additional postural problems at the near point.

Stereo-Depth

This test measures the patient's ability to judge relative distances when all clues except binocular triangulation are eliminated. The results are reported as the angle of stereopsis in seconds of arc (from 400 seconds to 20 seconds). These data can also be reported in Shepard-Fry Percentages.

In addition, tests for fusion, astigmatism and peripheral vision can be included in special series. Techniques other than the Landolt Ring technique are also available, at the option of the local Medical Director.

SPIROMETRY

Pulmonary function is assessed by the use of a Chemetron-NCG Pulmonary Function Indicator. This device measures the Peak Flow, the forced vital capacity (FVC) and the forced expiratory volume (FEV) in one second and three seconds. The data reported are FEV one second (FEV_1), FEV three seconds (FEV_3), total forced vital capacity (FVC), and the peak flow rate in liters per minute. The forced expiratory ratio (FEC%) is calculated as FEV_1/FVC. In addition, the predicted vital capacity (PVC) based on age, sex, height and weight is given for comparative purposes and the forced expiratory ratio is calculated as FEV_1/PVC.

FVC is partly a measure of an individual's age, sex, height and weight and partly a measure of the efficiency of the rib cage and lung in moving. "Restrictive" lung disease such as fibrosis or ankylosing spondylitis tends to decrease the FVC, while athletic training will increase it.

FEV is lowered by changes affecting airways resistance, particularly asthma and emphysema. It should be noted the FEV% varies much less in a normal population than the other parameters.

The pulmonary function test is repeated twice at this point in the examination and then again after audiometry. Test repetition is advised because optimum results appear to be dependent on patient familiarity with the test. Flagging criteria are explained in the Cyberlab Physician's Handbook.

TONOMETRY

The intra-ocular pressure of each eye is measured using a Berkeley Mackay-Marg Electronic Tonometer. Asepsis is strictly maintained during this procedure. The generally accepted upper limit of normal range is 25 mm. mercury (there is no significant lower limit) and a measurement in excess of 25 mm. in either eye suggests the need for investigation by an ophthalmologist. Glaucoma is a major cause of blindness and is treatable and alterable if detected in the early stages of development. Such detection is accomplished in a satisfactory manner using tonometry.

AUDIOMETRY

Hearing is tested using the Tracor Rudmose ARJ-4A automatic audiometer. This is a discrete frequency von Bekesy audiometer which automatically records an individual's pure tone air conduction thresholds. Once the test has begun, it continues on without further attention or supervision. However, a test may be interrupted by the examiner or administered manually at any time.

The patient responds to the test by pressing a button during the period of time he can hear the pure tone signal and by releasing the button during the time he cannot hear the tone signal. While the button is depressed, the test tone stimulus decreases in level at the rate of 5 dB per second until the subject can no longer hear it. When he releases the button, the test tone stimulus increases in level at the same rate until the subject again hears the tone and presses the button. Every thirty seconds the audiometer automatically switches to another frequency. During the six-minute test both ears are tested separately at six frequencies covering the range from 500-6000 Hz.

The hearing thresholds for all the test frequencies are reported in the patient's summary report. If the hearing loss is greater than 30 dB at any frequency the value is flagged as abnormal. No allowance is made for the hearing loss which normally occurs with age (Presbyacusis).

ANTHROPOMETRIC MEASUREMENTS

Anthropometric measurements consist of the patient's height and weight, chest, waist, and calf measurements and two measurements of skinfold thickness: triceps and subscapular. Skinfold thickness is a measure of obesity and can be converted to percent body fat. The measurement is taken using a Lange Skinfold Caliper. Flagging is done based on standard actuarial tables.

VITAL SIGNS

The patient's blood pressure, pulse, and oral temperature are the vital signs measured. Oral temperature is measured using an IVAC electronic thermometer with disposable probe. Blood pressure and pulse rate are taken in the standard fashion using a Tycos sphygmomanometer and a stethoscope. The blood pressure is measured on both arms with the patient supine and immediately thereafter on the left arm with the patient sitting up. Significant differences in these measurements may be indicative of circulatory dysfunction.

The practice of making a sharp division between normal and abnormal blood pressures is arbitrary, since blood pressures follow a distribution curve, and vary with age, sex and other factors. Nevertheless, some line of demarcation is useful. In Cyberlab, any systolic pressure over 140 mm. or under 90 mm. is flagged as abnormal, except for people over fifty years of age, in which case 160 mm. is used as the upper normal bound. Any diastolic pressure outside of the range of 60-90 mm. is also flagged. Differences between systolic and diastolic pressures greater than 50 mm. and less than 20 mm. are also flagged. It should be emphasized, however, that the results are not necessarily abnormal. They *could* be abnormal and the flag is merely an indication to the physician who may want to pursue this finding in greater detail.

ELECTROCARDIOGRAPHY

A standard twelve-lead electrocardiogram is administered using a Burdick electrocardiograph. After the completion of all testing, the ECG tracing is

mounted in the standard fashion using a Littman ECG Mounter. The data may then be handled in either of two ways, depending on the specific service purchased: 1) The ECG can be sent as part of the report to the referring physician in its raw form; or 2) The ECG can be sent with a morphological interpretation by a cardiologist. This interpretation must be modified by the referring physician in light of any medication that the patient is presently taking.

CLINICAL LABORATORY

As part of most procedures, blood will be drawn for biochemistry, hematology and serology. All laboratory procedures are performed by automated equipment. A twelve-channel sequential multiple analyzer (SMS-12) manufactured by Technicon, Inc. performs the following tests on a seven (7) cc. sample of serum: Total Bilirubin, Calcium, Cholesterol, LDH, Phosphate, Total Protein, Albumin, Uric Acid, SGOT, Alkaline Phosphatase, BUN, and Glucose.

Hematology tests are performed on a five (5) cc. blood sample using the Technicon SMA-7. The following measurements are made: Red Blood Cell Count (RBC), White Blood Cell Count (WBC), Hematocrit, and Hemoglobin. The red cell indices, MCV, MCH, and MCHC, are also calculated by the SMA-7.

The ART test is used for the serological diagnosis of syphilis. If the specimen is reactive to any degree, confirmatory tests are recommended. Like all laboratory tests, the result of this test can only be evaluated by the referring physician in the context of his clinical findings.

In addition to the above tests a standard urinalysis is also performed routinely. Urine pH, specific gravity, glucose, protein, occult blood, ketones, and microscopic analysis are included in this test procedure.

The major disorders which may yield abnormal results in the biochemical data include, but are not limited to: diabetes, endocrine disorder, collagen disease, renal disease, intestinal disease, malignancy, myeloma, gout, atherosclerosis, cardiovascular disease, liver disease, anemia, and primary polycythemia.

[Item III.B.2]

CENTER FOR THE STUDY AND REDUCTION OF VIOLENCE, UNIVERSITY OF CALIFORNIA AT LOS ANGELES

[Item III.B.2.a]

PROJECT DESCRIPTION, SEPTEMBER 1, 1972—CENTER FOR PREVENTION OF VIOLENCE, NEUROPSYCHIATRIC INSTITUTE, UCLA

INTRODUCTION AND SUMMARY

The incidence of violent crime in America is higher than ever, and steadily increasing. Over the next 24 months more than one Californian out of every hundred will suffer violence at the hands of a criminal.

But the plague of violent crime is merely the tip of the iceberg. Most violence never becomes part of the crime statistics. Self-slaughter (one suicide every 15 minutes); carnage on the highway (60,000 to die this year); near fatal beatings within the home, never reported; these and millions of other individual acts of violence represent the background from which a deadly mugging or a madman's homicidal rampage emerge only as highlights.

Faced with such desperate circumstances a society naturally turns to established procedures: more police on the street, prisons in the country, guard dogs in the suburbs, super-locks on apartment doors. But these measures do not stem the rising tide of violence. They are like 18th century efforts to find safety from smallpox by avoiding crowds, burning incense, and praying daily. The Apocalyptic horse of Pestilence crushed such precautions beneath its hoofs.

Today, despite the urgent plea of the late National Commission on the Causes and Prevention of Violence, there is in the United States not a single major center devoted to research and education concerning the violent person. The Lemberg Center for the Study of Violence at Brandeis University in Massachusetts is concerned only with mass violence. The new Laboratory for Study of Stress and Conflict at Stanford is oriented mainly to research on the chimpanzee. The Center for Studies on Crime and Delinquency of the National Institute of Mental Health serves primarily to consider requests for support by individual investigators across the country, most of whom are concerned with social conditions, neighborhood problems, and penal reforms.

Now there is an unusual opportunity for California to take the lead in a field begging for leadership. Discussions by the Secretary of Human Resources, the Director of the Department of Mental Hygiene, and the Medical Director of the Neuropsychiatric Institute at UCLA, have led to the proposal that follows. It would establish a new, permanent Center for Prevention of Violence at UCLA, receiving major support from the State of California and, eventually, from Federal agencies and private foundations as well.

The proposed Center would be committed to the generation and dissemination of new knowledge about violence and its perpetrators. Its scope ranges from homicide to suicide, child abuse to assassination, the home to the prison. It undertakes to create both basic understanding and practical applications.

A violent act stems from the mind of a human being. What is the state of such a mind? There is no component of the mental health field that impinges more immediately upon the public interest and concern than does violent behavior and its perpetrator.

The failure of psychiatry and the behavioral sciences to focus more powerfully upon this problem in the past cannot serve to justify continuing neglect of a clear and present need. The proposed Center for Prevention of Violence represents a major step toward meeting that need. Therefore, I urge that careful and serious attention be given to this proposal.

LOUIS JOLYON WEST, M.D.,
Medical Director, The Neuropsychiatric Institute, UCLA.

Dimensions of the problem: Life-threatening and other violent behavior including homicide, suicide, physical and sexual assault, child abuse, berserk rage reactions, gang killings, etc.; together with commonly associated conditions such as alcohol and drug abuse.

Goal: The reduction of violence.

Objectives:

1. To gain greater understanding of causative and contributing factors involved in all forms of pathologically violent behavior.

2. To develop better techniques for: (a) Substantial prevention of violence. (b) Successful intervention during violent crises or attacks. (c) Effective postventive methods for victims, survivors, and families of both victims and perpetrators of violence. (d) Improved approaches to treatment, correction and rehabilitation of violent patients, offenders, individuals and groups.

3. To educate and increase awareness of persons in human relations fields, such as teachers, police, mental health professionals, etc., of the symptoms or signs of potential violence and methods of prevention, intervention and postvention.

4. To develop greater comprehension of the dynamics of violence so that countermeasures can be instituted in families, schools, churches, recreation and leisure activities, work situations, and other areas of society to permit deflection of aggressive impulses into more adaptive, less violent modes of expression.

5. To disseminate public information, constantly updated by new research findings, better to prepare concerned members of the community to cope more effectively with violent and violence-prone people.

Background: No contemporary problem causes more universal concern than violence. The spectre of unprovoked attack haunts city-dwellers alone outdoors after dark. Even during the day, doors are triple-locked.

Violent acts are not perpetrated only by strangers. The daily paper in any large city is certain to contain accounts of a husband murdering his wife, a child killing a playmate, companions fatally injuring one another in a barroom brawl, parents battering a baby to death, family members finding the body of a suicide.

In 1968 there were more than 14,000 murders, 31,000 rapes, and 288,000 cases of aggravated assault in the United States, a 10-15% increase over the preceding year. There were also an estimated million cases of assault against infants and children, and 60,000 deaths and 3 million injuries caused by automobile accidents. Today all these figures are even higher.

This pervasive atmosphere of violence exerts a profoundly detrimental effect on the quality of American life. True, the media tend to report such events more fully than they do the happier side of life. Nevertheless violence is becoming a veritable plague in this country. Much of the growing recent