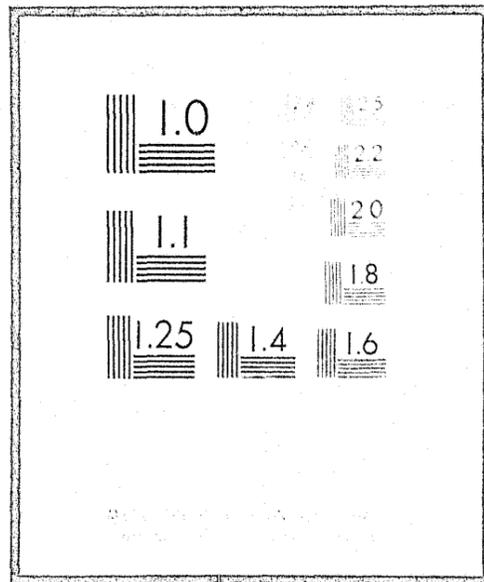


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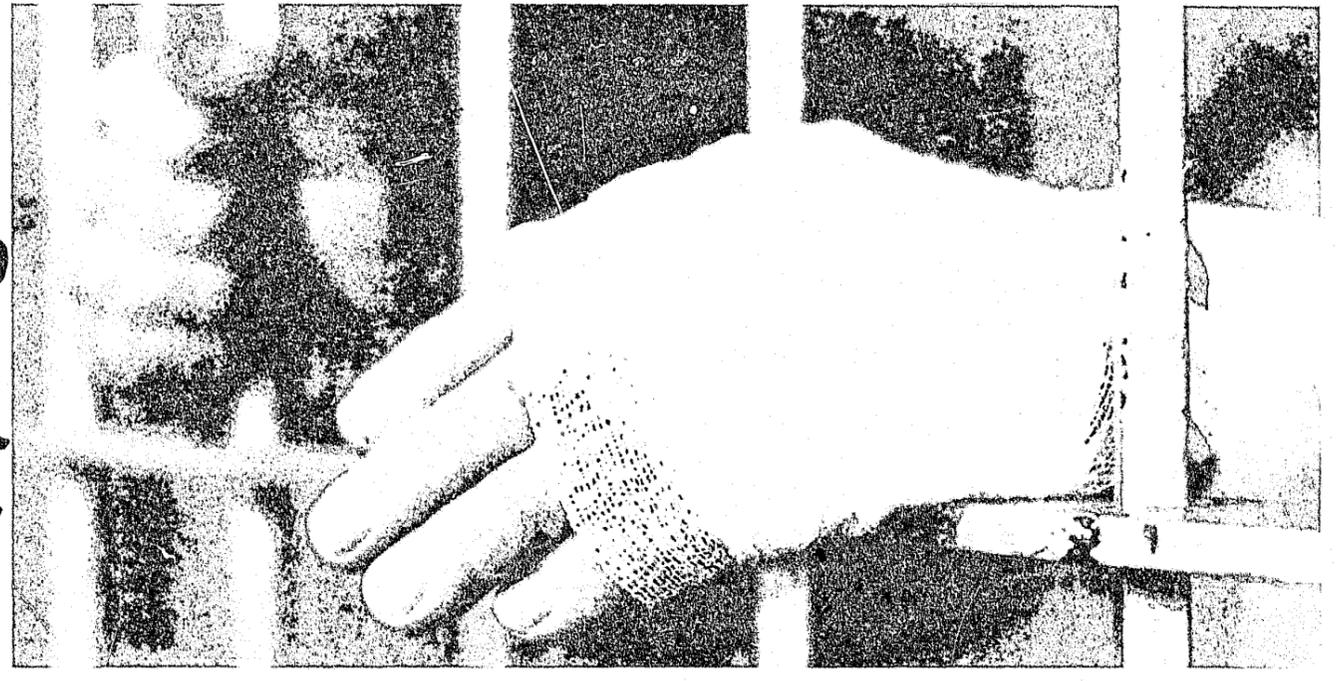
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The role of state & local medical society jail advisory committees



American Medical Association

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The greatest single need in the entire field of crime and delinquency handling is for a better informed and involved public which will then support sound public policies and provide the tools necessary to do the job properly. State and county medical societies are performing a valuable public service through the operation of jail advisory committees.

As outlined in the President's Crime Commission Report, jails have remained relatively unchanged for over a century. While the crime and delinquency rate has been steadily increasing over the years, jails have been the most forgotten part of the criminal justice field. They generally occupy the bottom rung of the ladder of financial priorities.

In order to upgrade medical care and health services in jails, the most important thing is that state and local medical societies involve their members in finding out what medical care exists, determine needs and priorities and then proceed to develop a proper program.

Frequently, representatives from other concerned groups participate on the committees, including the sheriff or head of the state sheriffs' association, state jail inspector, local/regional/state planning agency disbursing LEAA monies, county commissioner or head of the state association, bar association, chamber of commerce, county/state health department, mental health department and the dental society.

"Why should inmates be provided with adequate medical care?" There are several good reasons. It provides

better protection to the community if diseases are detected early, particularly contagious diseases. Early detection, early referral, early diagnosis and early treatment are more effective and economical in the long run.

Further, Federal Court suits have been successfully pursued by inmates in facilities which did not have adequate medical care. This was ruled to be "cruel and unusual punishment" and "lack of due process" in violation of our Constitution. In some instances, resolving a medical problem in the jail saves monies which would be spent later on welfare to treat a possibly worsened condition. Also, there has been enough experience to show that people who feel better act better.

What can Advisory Committees do?

They can get the job done! In many instances they will be the only ones who can. The advisory committee should be the eyes and ears of the community regarding jail operations. The public has a right to know the public's business and if the jail had been more of the public's business in the past, we wouldn't have to wait for over a century to see needed basic changes brought about.

Before the first meeting, advisory committee members should benefit from reviewing the facts on the jail from study reports, grand jury recommendations, media stories and any other materials gathered by society staff. During its first meeting the jail advisory committee probably should hear from society staff who may have a wealth of knowledge to share. At the same time, advisory

committee members should consider reviewing the documentaries on jails called, "The Revolving Door" and "Children in Trouble -- A National Scandal." Members may be benefited by reading pamphlets such as "Modernizing Criminal Justice Through Citizen Power" published by the American Bar Association and "Marshaling Citizen Power Against Crime" issued by the Chamber of Commerce of the United States. The Fact Sheet on the Criminal Justice System should help give an overview of the system.

Advisory committees should observe the jail medical program first-hand. Discussing it in some hotel room is not the most effective approach. Interviews should be held with the jail physician, nurse and any other health providers. In many instances only emergency medical services are provided, and the health providers will not know much about the medical care delivery system in jail because a system does not really exist. In these instances advisory committee members or the committee as a whole should sit down to talk with the sheriff and/or chief jailer to learn how medical services are provided and what is needed to meet minimum standards.

After studying the medical care and health services system in the jail, or connected with the jail the advisory committee will no doubt want to determine *priority needs*. Then, follow-up discussions with groups or individuals who may be able to help resolve jail medical care problems will, hopefully, bring about some positive results. When medical societies and other key groups band to-

gether around a common cause, positive things occur. Alone, strength is frequently missing and the best decisions are not made. *Concerted*, joint efforts frequently open up avenues for accomplishment.

In considering how the medical care delivery system for jail inmates can be improved, advisory committee members will no doubt come up with several different approaches to the problem. They might find some help in reviewing Models for Health Care Delivery In Jails (outlines some of the existing models throughout the country and others with potential), developed by AMA.

After approaches or models for health care delivery have been agreed upon, the public needs to be informed regarding problems and proposed solutions. Hopefully, by this time, media will have been involved on the advisory committee and/or fact finding reports will have been disseminated to the public. As the story goes, no program will be any better than the degree to which the public understands it. "When the public gets the facts, it makes the right decisions."

Members of the advisory committees who represent key groups in the community should then return to those groups for meetings to involve their membership. If the advisory committee represents the various key groups in the community, *the job will be done*. The end result will be a concerted effort program in which the major groups in the community speak with one strong voice.

After the groups represented on the advisory committee complete their work, it will probably be time for

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the advisory committee to hold a meeting with the county commissioners. In most states, the county commissioners or boards of supervisors play the key role because they are the financing body for the county. Sheriffs must get their monies from them to operate jail medical care programs. Prior to the formal meeting, individual meetings with members of the advisory committee and selected county commissioners, to "pave the way", may be effective.

Some monies to "prime the pump" -- to help get new programs or aspects of them started -- may be gotten through the local regional or state planning agency responsible for disbursing LEAA monies. Generally, the medical society would not be the grantee, but could lend strong support for such. In some states funds are gotten from legislatures, either to subsidize local communities or to actually administer the jails.

It may be necessary for public forums to be held on the subject of upgrading jail medical care programs. Crime is a subject of major interest as far as the community is concerned and the forum can be a means of involving other groups which are not represented on the advisory committee.

In summary, the role of the successful advisory committee will probably be as follows:

1. **Study** - for the sake of action (not research). Society staff may have all or most of the facts but they should be verified by individual discussions with the criminal justice officials and health providers and on-site visits.
2. **Determine medical care and health service needs**

and develop priorities for action. Models for health care delivery should be developed.

3. **Inform** the public. An uninvolved and uninformed public constitutes the greatest single problem in the entire crime and delinquency field.
4. **Concerted action.** If "one person with courage constitutes a majority", how much more effective will the accomplishments be with a broadly based concerted effort program?

While obtaining medical care providers may be the major priority need, sometimes the system can be upgraded in other ways with little additional expenditures. For example:

1. Helping to see that community regulatory inspection agencies do their job.
2. Expanding the booking form to include health status information for triage upon admission.
3. Developing a training program for jailers to do health receiving screening.
4. Effecting a model health records system.
5. Establishing a manual on medical care/policies/procedures/protocols.

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A more detailed document, "Organizing and Staffing Citizen Advisory Committees To Upgrade Jail Medical Programs," is available for medical association staff by writing AMA Jail Project.

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