

HYDRA

book 2 - earth

94/100

STATE OF NEW YORK
DEPARTMENT OF CORRECTION
EMPLOYEE'S PASS

NAME MOREHOUSE, William R. MD 203

SIGNATURE *W. R. Morehouse*

INSTITUTION Attica Corr. Fac.

~~XXXXXX~~ HOSPITAL

EMPLOYMENT Part Time Physician

~~XXXXXX~~

DATE 5/22/72



[Signature]
WARDEN
SUPERINTENDENT

This pass must be carried on your person at all times.
when working inside the institution. It must be turned
in at the gate on leaving and picked up when re-entering.

HYDRA



In search of a human hydra, an experiment in the evolutionary development of human society.

Volume 1
A Trilogy



Compiled by
Bill Morehouse

Attica Institute of Human Resources

HYDRA



In search of a human hydra, an experiment in the evolutionary development of human society.

Volume 1
A Trilogy



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Bill Morehouse

Attica Institute of Human Resources

Book 2 of 3

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This book is essentially the gemstone file of an attempt to improve the quality of medical care delivered to inmates of the Attica Correctional Facility by the State of New York. It is best understood within the context of its two companion books.

to my friends

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book 2 - earth



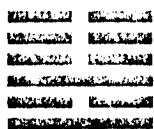
book 2 - earth



1944-1945
1946-1947
1948-1949
1950-1951
1952-1953
1954-1955
1956-1957

Part I

Formation of a matrix



Part I

Formation of a matrix



STATE OF NEW YORK
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AND GOVERN YOURSELF ACCORDINGLY

PENAL LAW
OF THE STATE OF NEW YORK

SEC. 205.20 Promoting prison contraband in the second degree.

A person is guilty of promoting contraband in the second degree when:

1. He knowingly and unlawfully introduces any contraband into a detention facility; or
2. Being a person confined in a detention facility knowingly and unlawfully makes, obtains or possesses contraband.

Promoting prison contraband in the second degree is a class A misdemeanor.

SEC. 205.25 Promoting prison contraband in the first degree.

A person is guilty of promoting contraband in the first degree when:

1. He knowingly and unlawfully introduces any dangerous contraband into a detention facility; or
2. Being a person confined in a detention facility, he knowingly and unlawfully makes, obtains or possesses any dangerous contraband.

Promoting prison contraband in the first degree is a class D felony.

DEPARTMENT REGULATIONS PROHIBIT:

1. COMMUNICATING WITH INMATES
2. GIVING ANY ARTICLE TO AN INMATE
3. RECEIVING ANY ARTICLE FROM AN INMATE

THIS PASS MUST BE RETURNED UPON REQUEST

Fingerprints available: Attica Correctional Facility, 1972.
United States Air Force Academy, 1959, 1962.



FAMILY
MEDICINE
PROGRAM

September 1, 1972

M E M O R A N D U M

To: Gary Hankins, M. D.
William Morehouse, M. D.

From: Eugene S. Farley, Jr., M. D.
Director, Family Medicine Program

Re: Attica

Brainerd Prescott, Aid to Senator LaVerne, called today to discuss whether our Program could work with the Attica Community and develop a relationship and commitment there that would encourage the development of an ongoing system of providing medical care there. He has already talked with Sheldon Williams and is aware that you two have been going to Attica. I told him some of your ideas about developing a group which could provide care to the community and to the prisoners. I told him, however, we could make no solid commitment to the community until such time as there were some practitioners there committed to these concepts to whom we would work, i.e. you, someone else from our program or someone from elsewhere. We did not want it to be a part-time temporary coverage such as Warsaw Hospital is proposing, but a permanent practice with a group of committed doctors such as you and Sheldon Williams suggested. Anyway, Senator LaVerne and Brainerd Prescott would really like to work to help the community and us develop a program and get the monies to support it so that these goals can be achieved. He will be up here some time in October (I think the 17th) and if you want and are able, you might like to meet with him at that time. If by chance you can't, brainstorm with each other and I can present more of your ideas to him.

ESF:sjh



September 14, 1972

S. T. Williams, M.D.
Attica Correctional Facility
Attica, New York

Dear Dr. Williams,

It was good to get a chance to see you again and renew the contact which we had made with each other earlier in the summer. I think I am beginning to get a feel for the multitude of complex factors with which you must deal in attempting to deliver good medical care to a group of rather unusual men within a prison setting. Having a "feel" for problems, however, in no way puts me in a position to think that I have any ready "solutions" to the health care delivery difficulties which face Attica. I would be interested in learning more.

For the next four weeks my schedule will be more relaxed than it usually is, and I would be interested in spending Thursday mornings with you for the next few weeks, if it would not be too inconvenient for you. As you already know, I have a special interest in the psychological problems of patients, but I enjoy all areas of general medicine and would be pleased to have the opportunity to see any difficult or puzzling patients which you may have while I am visiting.

I will look forward to seeing you again on the 21st. I will try to arrive shortly before 8am to get a chance to start rounds with you. Thanks.

Cordially,

William R. Morehouse, M.D.



FAMILY
MEDICINE
PROGRAM

September 15, 1972

Harold Smith
Deputy Superintendent
Attica Correctional Facility
Attica, New York

Dear Mr. Smith,

Earlier in the summer Dr. Gary Hankins and I met you briefly as we were leaving the prison grounds after one of our visits with Dr. Williams. As a member of the Family Medicine Program, a young physician, and a private citizen, I have a number of mixed but compatible interests in the health care delivery system at Attica. Like many of my contemporaries I have a concern about the current and future conduct of our social institutions, but unlike a number of my contemporaries I do not enjoy attacking institutions and their complex problems with ideologic haranguing and simplistic "solutions." Through my contacts with Dr. Williams I have begun to develop a feel for some of the difficulties which are involved in attempting to deliver good medical care to the inmates at Attica, but I would like to learn more. After I have had a chance to study health care at Attica more thoroughly, I may have some ideas to offer, but right now you people have much more to offer to my understanding of the problems than I do to yours.

I will be spending the morning with Dr. Williams again next Thursday, the 21st, and would welcome the opportunity to meet with you informally while I am on the prison grounds, perhaps for lunch or early in the afternoon. If this would be convenient for you, could you have your office contact Ann Heath, my secretary, at 716-442-7470 to specify a time and place for us to meet? I look forward to seeing you again.

Cordially,

William R. Morehouse, M.D.

WRM:ah

MONROE COUNTY LEGAL ASSISTANCE CORP.

570 JEFFERSON AVENUE
ROCHESTER, NEW YORK 14611
TEL: 328-2410

JOAN DE R. O'BYRNE
Executive Director

DAVID C. LEVEN
Deputy Director

MICHAEL J. NELSON

WILLIAM A. SHAPIRO

STEVEN L. BROWN

JOHN J. CAPOWSKI

MARIANNE ARTUSIO

**HEALTH AND
NUTRITIONAL
DEVELOPMENT**
106 Tremont St.
Rochester, N. Y. 14608

ARTHUR STERN, III
Director

JOHN F. SOJA

EDWARD FOX

JOHN KENNEDY

September 25, 1972

BRANCH OFFICE

628 Clinton Ave. North
Rochester, N. Y. 14605
232-5400

William Morehouse, M.D.
Highland Hospital
South Avenue
Rochester, New York

Dear Dr. Morehouse:

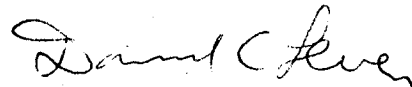
I am writing you pursuant to a letter I recently received from an inmate at Attica, Homer J. Causer, #27552. I have enclosed a copy of Mr. Causer's letter to me which indicates that Mr. Causer is having some problems which he claims are not being properly treated.

According to Mr. Causer's letter he did file an action in Federal Court earlier this year claiming a denial of medical treatment. While this case was dismissed that does not mean that Mr. Causer's claim is unfounded although it certainly might be.

As you will note, Mr. Causer has requested that we make some arrangements for him to see a doctor and we would therefore appreciate it very much if you or one of your colleagues could see Mr. Causer at your earliest convenience.

Thank you for your cooperation.

Very truly yours,


David C. Leven
Deputy Director

DCL:st

cc: Homer J. Causer

September 17, 1972

Re: Malpractice

Dear Sir;

I am in constant pain and I have been every since I have been incarcerated in this institution. for some reason I have been unable to get proper medical attention. I have seen Doctors, Bachman, and Erway and Dr. Wilson all of Wellsboro, Penna. (Re: Soldiers and Sailors, memorial hospital in Wellsboro, Penna. their diagnosis was incomplete, But their examination did showed that I have inflammation in my chest and also showed that I have users. they also recommended I should have extensive diagnosis. Doctors At Arvot Ogdon Hcsp. in Bath, New York said that I may have hardenings of the arteries. My medical case involved an accident at the rate of sixty M.P.H., I was taken to Bath hospital and the examination showed that I was bleeding from my lung and yet this institution Doctor contend that my pains are psychosomatic. Dr. Williams and Dr. Steinburg said that if I should confront them again with this problem again I would be subject to be put into observation. I have had Dr. Williams in court once before concerning this matter but I did not have enough evidence. I am hoping that you can do something about the way that I am being treated, it's gotten so now it is almost impossible for me to bear these pains and I would appreciate it if you would please make some kind of arrangements for me to see a Doctor who is willing to help me

Thank You
Respectfully yours,
Homer J. Causer

Institution No. 27552

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

October 12, 1972

S. T. Williams, M.D.
Medical Director
Attica Correctional Facility
Attica, New York

Dear Dr. Williams,

I will be able to be in Attica again on Thursday morning, October 19, if it would not be too inconvenient for you. I will plan to arrive shortly before 8:00 so we can round together in the infirmiry. If possible, I would enjoy having the opportunity to visit informally with your staff Psychiatrist sometime, either on this visit or a subsequent one. Could you possibly see whether arrangements could be made for me to see him on this visit (it may very well just not be possible). Thanks.

Sincerely,

William R. Morehouse, M.D.

WRM:ah

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

October 12, 1972

William VanOsburg
Attica Correctional Facility
Attica, New York

Dear Bill,

I will be in Attica on the afternoon of October 19 (this coming Thursday) and would enjoy getting together with you and some of the people from DVR, if possible, to chat about some of the medical aspects of inmate education programs. It would be fun looking at it the other way too--the educational aspects of inmate medical programs. I will have just spent the morning with Dr. Williams at sick call, so I should be in very good spirits. Perhaps we can get together for some lunch and then cruise over to DVR (if you're able to mobilize some time). I'll check in with your office when I arrive. Looking forward to seeing you then.

Cordially,

William R. Morehouse, M.D.

WRM:ah

RECEIVED

OCT 17 1972

PHONE: 442

SELDEN T. WILLIAMS, JR., M. D.

330 EAST MAIN STREET

ATTICA, NEW YORK

FAMILY MEDICINE

October 16, 1972

*Will be
12/1/72
Hankins
after post*

Eugene S. Farley, Jr., M.D.
Highland Hospital
South Avenue at Bellevue
Rochester, New York 14620

Dear Doctor:

Please bring this letter to the attention of your residents in Family Practice who are about to finish their three year training program and are thinking about places to settle in practice. To begin a practice in one location is about like getting married - you must get to know the place you are going to settle and work in.

Therefore, I would like to suggest Attica, New York. We are a rural community of about 2,500 with a surrounding area population of close to 10,000 plus a prison of 1,600.

The citizens of this area are banding together physically and financially to build an Intercommunity Medical Building with the facilities to house two to three physicians and one dentist. These offices will be rented at a nominal fee to take care of the upkeep and overhead. There will be no strings attached in the renting of these offices to interfere with your private practice of medicine. The amount of money to be raised is over one half accomplished and I am sure, should two or three doctors come here, the rest would be assured and the building completed.

When I came here in 1948, there were six other physicians practicing in this area and now there are just two of us. We have three hospitals in close proximity, two in Batavia only twelve miles away and one in Warsaw just fourteen miles away. We are only 45 minutes from the teaching centers of Buffalo and one hour from Rochester. The cultural and educational opportunities of these two nearby cities are excellent. Our schools in Attica are modern and have excellent facilities.

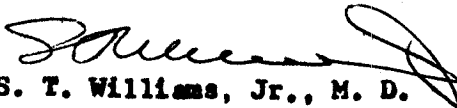
I am not planning to be in this medical building as I have adequate office for myself which will be across the street. We have a fine, congenial medical group in all three of the hospitals in the two cities of Batavia and Warsaw, and staff privileges are easily obtainable in all three if you so desire.

-2-

The Medical Building Committee has requested that I send you the enclosed fact sheet. If you wish any further information, do not hesitate to contact me or come and see for yourself. I will be glad to visit your Family Practice unit should you so desire.

I am sending this letter to several Family Practice residencies programs in the hopes of interesting two or three doctors in Family Practice to settle in our community. I hope to hear from you.

Sincerely yours,


S. T. Williams, Jr., M. D.

STW:ab
encl



MEDICAL BUILDING, INC.

Maplewood and Main
P.O. Box 134 • Attica, N.Y. 14011

INFORMATION SHEET ON INTERCOMMUNITY MEDICAL BUILDING, INC.

* * *

Intercommunity Medical Building, Inc. is a non-profit organization formed to erect a medical building in Attica, N. Y. and which will serve an eight township area. These towns are Darien, Alexander and Bethany in Genesee County and Bennington, Attica, Middlebury, Sheldon and Orangeville in Wyoming County. In the ten mile radius of Attica, four doctors have retired or died within the last ten years and no new practices have been established. We estimate that 12,000 people reside within this ten mile radius.

We propose to erect a 104 x 40 building in Attica to ultimately house four professional people. A local dentist has consented to move into this building and we hope to get two General Practitioners to locate permanently. The remaining space will be utilized for specialists in both the medical and dental profession, probably on a weekly basis. We already have several offers of the latter. The medical building, as projected, fits the concept of family health care as proposed in a recent study by the Wyoming County Comprehensive Medical Planning Board.

The eventual responsibility of ownership and management of our proposed building will be resolved by the Supervisors of the participating townships. A commission or authority will be appointed by the supervisors with equal representation for all participating towns. The building will be self sustaining from rents received and all practitioners will operate on a fee for service basis.

Public response to our appeal has been excellent to date. Our goal is \$125,000. Nearly 6,000 mailings of fact sheet, letter, and pledge card have been made. As of this date, we have received a total of \$66,220.76 representing 53% of the goal. This excellent response to the appeal shows the concern of the area and should be an indication to the new doctors of the support they will receive from their new clientele.

Attica is a truly rural town and a great place to bring up children. We have a convenient nearness to cities, but also a convenient distance. The nearest New York State Thruway interchange is 12 miles. Our terrain is rolling. A ride up our Tonawanda Valley at this time of the year is beautiful. There is fishing in our reservoir, snowmobiling in the winter, a golf course, and many camping areas. There are ski slopes of high quality within a one hour ride. There is harness racing in nearby Batavia. Wyoming County's Letchworth Park (The Grand Canyon of the East) draws tens of thousands of visitors yearly from all over the world.

These are but a few of our attributes. We hope that you will consider joining us.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

October 20, 1972

Charles VanBoskirk
Division of Vocational Rehabilitation
Attica Correctional Facility
Attica, New York

Dear Chuck,

Just a note to say once again that I am pleased to have found you within the walls and felt that my encounter with your program and meeting with you and Bill VanOsburg constituted one of the most productive days I have spent at Attica. I will be back again on October 26, and will stop by to fill you in on some of the more recent developments from the Rochester end (that is, if you are in town/not on vacation). In the meantime, set aside the evening of November 8, as that turns out to be a mutually convenient date. More details later. Thanks.

Cordially,

William R. Morehouse, M.D.

WRM:ah

(Hope I didn't misspell your name.....)

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

October 20, 1972

William VanOsburg
School Superintendent
Attica Correctional Facility
Attica, New York

Dear Bill,

I think you realize how much I enjoyed seeing you again. The opportunity which you arranged for me to meet with Chuck Van Boskirk and the DVR staff was even more than I had hoped for. I have arranged the program development meeting which we spoke about for the evening of November 8 (Wednesday), as this seems to be a mutually convenient date. Rochester is enthusiastic. I will be back in Attica on October 26 to spend the morning with Dr. Williams and will get in touch with you then to fill you in on the details of our planned meeting. Thanks again.

Cordially,

William R. Morehouse, M.D.

WRM:ah

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

October 20, 1972

Willard Baker, Sr. Counsellor
Service Unit
Attica Correctional Facility
Attica, New York

Dear Bill,

I enjoyed our chance encounter in officers' mess Thursday noon and would look forward to chatting with you at greater length about what you folks do in the Service Unit, if it could be arranged. Perhaps we could plan to meet again in the mess hall for lunch and then I could spend the afternoon touring the Service Unit and possibly observe Jim DeLong interviewing with inmates for a while. The inner workings of Attica have begun to fascinate me. I will be back on Thursday morning, October 26, to attend sick-call with Dr. Williams again and will call your office sometime during the morning to see if we can make connection later that day at your convenience. Thanks.

Cordially,

William R. Morehouse, M.D.

WRM:ah



FAMILY
MEDICINE
PROGRAM

November 10, 1972

William VanOstberg
School Superintendent
Attica Correctional Facility
Attica, New York

Dear Bill,

Things are on for this coming Wednesday, November 15, evening at 8:00. Chuck VanBoskirk is probably coming up to Rochester earlier in the afternoon to look over the rehab unit at the Monroe Community Hospital with me, so separate transportation with you and Mary coming up later may be necessary. In case there are some address and map mixups, I will append another map to this letter which will get you from South Avenue in Rochester to my residence at 221 Mount Vernon Avenue. Chuck has detailed directions which get him to South Avenue on his way to Monroe Community Hospital, in case you want them. I am looking forward to seeing you again.

Cordially,

William R. Morehouse, M.D.

WRM:ah
encl.



FAMILY
MEDICINE
PROGRAM

November 10, 1972

Charles VanBoskirk, Director
Division of Vocational Rehabilitation
Attica Correctional Facility
Attica, New York

Dear Chuck,

I have spoken with Janet Whitmore, M.D., who heads the rehabilitation unit on floor 5W of the Monroe Community Hospital. She is a board certified medical specialist in Rehabilitation Medicine, and, as such, would currently qualify as a legitimate referral resource. To my knowledge, the program which she directs is the only one of its type, in terms of comprehensiveness and consistent excellence, in the area. She and her staff have shown a warm interest in meeting with you the afternoon of Wednesday, November 15, as we discussed on the phone a couple of days ago. When you arrive at Monroe Community Hospital, which is a complex of buildings too mixed up to describe accurately in a letter, just go in some convenient door and ask someone to call me on floor 5W in the rehab unit. I'll come down. Janet will be free at 3:30, but considering the troubles you may have with my map perhaps shooting for 3:00 would be better. Count on dinner to follow at our house prior to our evening meeting. See you then.

Cordially,

William R. Morehouse, M.D.

WRM:ah
encl.

Turn left onto South Avenue from Elmwood Avenue and go to the third traffic light. On the way (about 1 mile) you will pass through a section of Highland Park, by the Highland Hospital on your right, and will see a small shopping center to your left just before the intersection which you want. Turn right onto Linden Street at the light. The Corner Store is, would you believe, on the corner. In two city blocks you will be at the intersection of Linden Street and Mount Vernon Avenue. We live in the only red house on this corner. It's 221, but the numbers aren't on it.



November 15, 1972
Evening meeting in Rochester

Gene Farley	Director, Family Medicine Program
Gary Hankins	Chief Resident, Family Medicine Program
Pete Kariher	Assistant Administrator, Highland Hospital
Bill Morehouse	Senior resident, Family Medicine Program
Marshall Rozzi	Administrative Director, Genesee Neighborhood Health Center Network
John Stevens	Administrator, Highland Hospital
Chuck VanBoskirk	Director, Division of Vocational Rehabilitation Attica Correctional Facility

FINAL DRAFT

ATTICA ELECTIVE

November 29, 1972

SOME THOUGHTS FOR THE ORGANIZATION OF THE ATTICA ELECTIVE

By Gary C. Hankins, M. D. - November 21, 1972

Background:

As a result of communications between Dr. Bill Morehouse and Dr. Gary Hankins, Senior Residents in Family Medicine, and Dr. Seldon Williams, Medical Director for the Attica Penitentiary, the concept of an elective in prison medicine was first conceived and preliminary plans were made in the Summer of 1972. The elective was to be made available to Family Medicine Residents during their "Family Medicine" rotation. It was to cover a one month period, consisting of one full day a week. Preliminary discussion in July, 1972, showed at least 50% of the Family Medicine House Staff interested in such an experience. The faculty of the Family Medicine Program encouraged and supported the idea and Dr. Donald Treat, Director of the Family Medicine Residency Training program, agreed to help develop the elective. In mid-August, Dr. Seldon Williams spent a half-day visiting in the Family Medicine Unit, during which time, in a meeting with Dr. Treat, interest in the elective was reaffirmed by both parties. In the interim, continued contact with Attica has been maintained by Dr. Morehouse, but no further details of the elective have been worked out. The present memo is an attempt to specify the basic structure of the elective and to launch the first resident by December 1, 1972.

AIMS OF THE ELECTIVE

General:

- A. To expose the Family Medicine Residents to the problems and issues involved in providing health care to an inmate population.

- B. To strengthen and reinforce the already positive tie between the Attica Prison medical staff and the Family Medicine Staff.

Comments:

It is hoped that through the exchange and stimulation provided by the educational experience, one or more medical professionals might be challenged to undertake a practice which included service to a prison population. However, it is not the intent of the elective to provide any medical service to either the inmates or staff of the prison, or the residents of the surrounding community.

Specific Goals:

- A. To teach the student the basic anatomy of the prison health system:
1. Staffing patterns
 2. Physical facilities
 3. Schedules and routine
 4. Information and record system
 5. Budget and financing
 6. Relationships with outside medical facilities and channels of consultation and referral
- B. To teach the basic psychology of the prison health system:
1. Methods by which resources are deployed to meet health need in the prison
 2. Types of medical problems seen and how they are dealt with
 3. Basic attitude and approach of the medical staff to the inmate
 4. Basic attitude and approach of the inmate to the medical staff

- C. To demonstrate the inter-relatedness of the health care system with other aspects of the prison and the surrounding community:
 - 1. Impact of security requirements on medical care delivery
 - 2. Medically related needs and demands of lawyers and the courts
 - 3. Inter-relations with the medical care system of the community of Attica
- D. To provide support and stimulation to the existing medical staff at Attica:
 - 1. To provide free exchange of information and consultation between the resident staff of Family Medicine and the Medical Staff of the prison concerning present cases, problems, and future plans
 - 2. To give the Attica community a chance to expose future Family Practitioners to the challenges and opportunities available in their area
- E. It is important that every Resident taking this elective have its goals clearly in mind. What is intended is a deep and well guided case study of a total health care system to broaden the knowledge, objectivity, and sensitivity of the resident. This is not a "social action" program.

METHODS AND MATERIALS

The method of instruction will be that of unstructured interviewing, free discussion, and direct observation. Prior to the onset of the elective, a set of resource materials will be made available to the resident. This file (see attached) will provide background and

conceptual information on prison health, in general, and on the situation at Attica, in particular. Prior to and throughout the elective, the resident may on an ad hoc basis make contact with one of the elective resource persons (see attached). Each resident or group of residents will be assigned a preceptor from among group of resource persons in the Rochester area. The resident will be required to meet with this preceptor on at least two occasions. Once about one week before the elective begins and again after his last visit. Other meetings may be arranged on an ad hoc basis.

The initial part of the elective is structured so as to bring the resident into contact with key persons in the prison health system. The later portion of the elective is open and unstructured so that the resident can arrange his time to suit his unique interests as he becomes familiar with the system. The preceptor may provide guidance in this area as needed.

The resident will be responsible for his own automobile transportation to and from the prison.

If more than one resident wishes to take the elective in any one month, they will have to work as a group -- separate electives will not be arranged.

ADMINISTRATION AND SUPERVISION

Dr. Donald Treat will take overall responsibility for the administration of the elective.

Dr. Seldon Williams will act as field director for the residents and will help arrange all interviews and observational experiences.

Scheduling will be arranged through Dr. Treat's secretary, Rori. The basic time structure of the elective is shown in Figure I. As with all other Family Medicine electives, this must be selected and scheduled two months in advance.

EVALUATION

At the end of each elective, the resident will be asked to submit an evaluation of the experience to Dr. Treat, in writing. In addition, each resident will be asked to submit a brief written summary of his impressions, feelings, and assessments of the medical care situation at Attica. Any of the evaluative material may be shared with Dr. Williams at his request.

GCH:sjh
11/21/72

Attachments:

FIGURE I

TIME SCHEDULE FOR ATTICA ELECTIVE

<u>VISIT I</u>	<u>VISIT II</u>	<u>VISIT III</u>	<u>VISIT IV</u>
8:50 a.m. - Arrive Front Gate	7:50 a.m. - Arrive Front Gate	7:50 a.m. - Arrive Front Gate	7:50 a.m. - Arrive Front Gate
9:00 a.m. - Introduction to Dr. Seldon Williams & Tour of Physical Facilities	8:00 a.m. - Round in Infirmary with Physician on call	8:00 a.m. - Round in Infirmary with Physician on call	8:00 a.m. - Round in Infirmary with Physician on call
10:00 a.m. - Interview with Dr. Williams to achieve Specific Goal A.	9:00 a.m. - Observe Sick Call - Informal Discussions	<u>O P E N</u>	<u>O P E N</u>
11:30 a.m. - Lunch with Harold Smith Deputy Superintendent	11:30 a.m. - Lunch	11:30 a.m. - Lunch	11:30 a.m. - Lunch
1:00 p.m. - Chuck VanBoskirk Division Vocational Rehabilitation	1:00 - 3:00 p.m. - Time for Interviews To be arranged	1:00 p.m. - Interview with Mayor of Attica and review of community's present facilities and plans	<u>O P E N</u>
2:30 p.m. - William Van Ostberg School Superintendent			

GCH:sjh
11/21/72

RESOURCE PERSONS AND MATERIALS FOR ATTICA ELECTIVE

Persons:

1. Dr. Gary Hankins
- Chief Resident in Family Medicine (#271-1970)
2. Dr. Bill Morehouse
- Senior Resident in Family Medicine (#271-8489)
3. Dr. David Barry
- Medical Director of Monroe County Penitentiary (#454-7200)
4. Dr. Donald Treat
- Director of the Family Medicine Residency Training Program

Materials:

1. Attica - The Official Report of The New York State Special Commission on Attica (McKay Commission Report). New York, New York: Bantam Books, Inc., (1972).

- particularly Chapter II, pg. 21-102, "A Look at Attica".
2. Reprints from Democrat & Chronicle articles, covering the September, 1971 Riot.
3. Reprints of Democrat & Chronicle and Times-Union articles, published around September, 1972, reviewing the situation within the prison one year after the riot.

GCH:shh
11/21/72

DEPARTMENT OF CORRECTIONAL SERVICES
MEMORANDUM

TO: Ernest L. Montanye, Superintendent, Attica Correctional Facility ✓
FROM: Edward Elwin, Deputy Commissioner *Elwin*
SUBJECT: Approval of Elective Residence Program for Students from
Highland Hospital in Rochester
DATE: December 14, 1972

In response to your letter of December 1, 1972, to Commissioner Oswald, the Department approves of the proposed program as it is outlined by Dr. Williams.

Enclosed please find a letter from Dr. Bradley indicating his approval.

bes
Enc.

ACF 72 A
ATTICA CORRECTIONAL FACILITY

INTER-OFFICE COMMUNICATION

Office of. .Superintendent . .

December 18, 1972

S. T. Williams, M.D.
Clinical Physician II

Dear Sir:

In response to your memorandum of November 29, 1972 regarding the Family Practice Residency Program at the Highland Hospital in Rochester, which was sent to the Albany Office for comments and permission, we are attaching correspondence from Albany which indicates their approval of this program.

cas
attach.

Don. This come in mail. This week. I have written Sheldon thanking him for his assistance.
[Signature]
Ernest L. Montanye
Superintendent



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
OFFICE OF THE MEDICAL DIRECTOR

RUSSELL G. OSWALD
COMMISSIONER

P. O. Box 930
PLATTSBURGH, N. Y. 12901

JAMES D. BRADLEY, M. D.
MEDICAL DIRECTOR

11 December 1972

Edward Elwin, Deputy Commissioner
Department of Correctional Services
P. O. Box 7033
Albany, New York

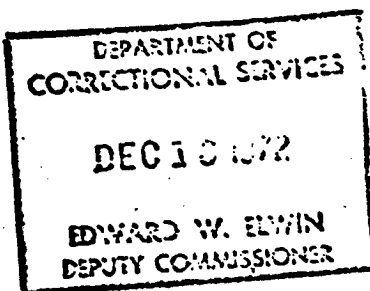
Dear Commissioner Elwin:

This is in regard to the Family Practice Residency Program at the Highland Hospital in Rochester, specifically regarding indoctrination in prison medicine to be carried out at Attica Facility.

I note that the first group was to arrive on 1 December and the second visit was to be on 8 December, both of which dates have already passed.

I trust that this Program already is in effect because I am fully in accord with it. Such a program, certainly, would be a wonderful Public Relations gesture and as stated in the brochure there still is the possibility that family practitioners could be attracted at a later date to prison Facilities. This type of liaison would be invaluable.

After the course is completed by the Resident it calls for comments to the instructor in charge and the comments specifically concerning medical care at Attica. I believe such comments would be valuable to Attica and to the whole system and should be reviewed and I certainly would be happy to review them if they were available.





STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
OFFICE OF THE MEDICAL DIRECTOR

RUSSELL G. OSWALD
COMMISSIONER

P. O. BOX 930
PLATTSBURGH, N. Y. 12901

JAMES D. BRADLEY, M. D.
MEDICAL DIRECTOR

-2-

I might mention that there is in effect, or at least has been in effect, a similar program at Auburn where the students come down from the Medical School and observe the functioning of the Medical Department at Auburn.

I would like to see a program of this type instituted at any of our Facilities which are fairly close to a Medical Teaching Program.

Very truly yours,


James D. Bradley, M.D.
Medical Director

JDB/b

Encl:

The attached statement and list of demands was just received from inside the walls of Attica. It is for immediately release.

THE ATTICA DEFENSE COMMITTEE OF BUFFALO
BOX 74, BIDWELL STATION, BUFFALO, NY, 14214
884-2863

ON THE MOVE
185 EAST AVE.
ROCHESTER, N. Y. 14604
PHONE 454-2272

11/30/72

MANIFESTO FROM THE MONSTER ATTICA

(1) It has been more than one year since the September MASSACRE, four months since a three day strike in which three-fourths of the men in ATTICA participated, and almost two weeks since a peaceful demonstration in "A" Block yard. A chronology of resistance so clear in its message that no one can claim ignorance any more. We are still waiting for the Legislature to make the changes that fall within their jurisdiction. And we are still waiting for Commissioner Oswald and Superintendent Montayne to fulfill their part of the bargain agreed to in "D" Block yard on September 13, 1971. Like the Indians that recently protested at the B. I. A. in Washington the prisoners' plight is also a trail of broken treaties. Here in ATTICA, Superintendent Montayne allows our most basic demands for Medical, Educational, and Vocational improvements to go unanswered. To these he says: "The Hell With You!" and calls for more deadly weapons. And to the Public he points to such SHOW-CASE reforms as the construction of a gymnasium to support the claim that things have changed in ATTICA. In spite of "SHOOT TO KILL" orders such as the guards had on November 8th, our resistance will continue. And because of the very real possibility that more men will die in ATTICA, we feel the Public has a right to know exactly what we want. Very simply:

(A) WE WANT THE IMMEDIATE DISMISSAL OF THE PRISON DOCTORS STERNBERG AND WILLIAMS.

(B) WE WANT AN END TO ALL RACISM, POLITICAL, AND RELIGIOUS DISCRIMINATION THAT IS CURRENTLY BEING PRACTICED BY THE CORRECTION OFFICIALS ON ALL LEVELS. THIS DEMAND IS NOT AN

ABSTRACTION; WARDEN MONTANYE CAN ISSUE ORDERS THAT WOULD STOP THESE ACTIVITIES. AT PRESENT WE CAN ONLY ASSUME THAT THEY ARE BEING SANCTIONED BY WARDEN MONTANYE.

- (C) WE WANT TO BE ABLE TO SHOWER DAILY.
- (D) WE WANT EDUCATIONAL PROGRAMS THAT CAN BE USEFUL AFTER WE ARE RELEASED. WE CONSTRUE THIS TO MEAN ETHNIC STUDIES, BLACK STUDIES, CULTURE, PHILOSOPHY, HISTORY, ECONOMICS, AND POLITICAL SCIENCE. WE KNOW THAT MANY PEOPLE FROM COLLEGES AND UNIVERSITIES HAVE TRIED TO ESTABLISH CLASSES IN ATTICA AND HAVE BEEN TURNED DOWN BY MR. DICKENSON, THE PROGRAM SUPERVISOR.
- (E) BECAUSE OF THE ACTIONS OUTLINED IN POINT (D) WE WANT THE REMOVAL OF MR. DICKENSON.
- (F) WE WANT VOCATIONAL TRAINING PROGRAMS THAT WILL ALLOW US TO UPGRADE OUR SKILLS CONSISTENT WITH THE NEEDS OF INDUSTRY TODAY. AT PRESENT THERE ARE NO VOCATIONAL TRAINING PROGRAMS AVAILABLE TO THE GENERAL POPULATION.
- (G) WE WANT CONDITIONS AND WAGES IN PRISON INDUSTRIES TO CONFORM TO THE STANDARDS ESTABLISHED FOR SHOP SAFETY AND PAY SCALE IN COMPARABLE INDUSTRIES OUTSIDE OF PRISON.
- (H) WE WANT RECOGNITION OF THE PRISONERS' LABOR UNION AT ATTICA.
- (I) WE WANT INMATE REPRESENTATIVES TO BE ALLOWED TO ACT AS OBSERVERS AND ARBITRATORS DURING ALL DISCIPLINARY PROCEEDINGS BEGUN AGAINST PRISONERS. AT THE PRESENT TIME MEN ARE BEING SENTENCED TO KEEP-LOCK AND THE BOX FOR SUCH MINOR THINGS AS GIVING AWAY FOOD, OR NOT HAVING A SHIRT TUCKED IN. THIS IS UNFAIR AND DEMEANING AND MUST STOP.
- (J) WE WANT TO BE ABLE TO EXERCISE AND STUDY TOGETHER IN THE YARD. AT PRESENT THE OFFICIALS SEEM TO FEEL THAT UNITY IS SUBVERSIVE. FOR US UNITY IS DIGNITY.....



MEDICAL BUILDING, INC.

Maplewood and Main
P.O. Box 134 • Attica, N.Y. 14011

December 22, 1972

Dr. William Moorehouse
c/o Highland Hospital
Rochester, New York 14620

Dear Dr. Moorehouse:

Allow me to introduce myself. My name is Len Bifarella, and I am the Chairman of the Board of Directors of the Intercommunity Medical Building, Inc., a new corporation established to raise money and build a Medical Building to house three doctors and one dentist in the Town of Attica.

Your name was given to me by Dr. Garry Hankins who met with our group a few weeks ago. He stated that you would be completing your residency next July. We are interested in getting two doctors to practice general medicine in our new building. We know that we have something very unique to offer and would like to talk to you about our program to see if it would be a good move on your part in becoming a part of this program.

May we please have the opportunity of meeting with you and other members of your class? You have nothing to lose, only a few hours of your time.

Sincerely yours,

L. J. Bifarella
Chairman, Board of Directors

LJP:ab

My office phone # is 591-2525
" home " 591-2433

RECEIVED
JAN 10 1973
FBI - NEW YORK
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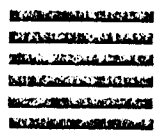
January 8, 1973
Visit to prison

Inmate and correctional officer grapevines
fed with charged metacommunication

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Part II

A paper hydra



Part II

A paper hydra

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

UNIVERSITY
SCHOOL OF
MEDICINE
PROGRAM

January 17, 1973

Ernest Montanye
Superintendent
Attica Correctional Facility
Attica, New York

Dear Mr. Montanye,

As you are aware, I have been a frequent visitor to Attica in recent months as a physician-observer concerned with the complicated issue of medical care delivery within your prison. During this experience I developed a personal feeling of involvement with the issue which has led me to develop and articulate a possible approach to constructive medical program change at Attica. When I visit the prison again this coming Monday, January 22, I will bring the first copy of my proposal to your office and would be interested in talking with you about your impressions of it later in the day before we consider the advisability of any further distribution.

I look forward to seeing you then, as I think we could work well together to reverse the reputation which Attica earned in September 1971 and begin to make it into an institution to which Americans can turn with pride.

Sincerely,



William R. Morehouse, M.D.

WRM:rm

A practical proposal for the development of a new comprehensive medical care system within the Attica Correctional Facility.

William R. Morehouse, M.D.
January 18, 1973

Second Printing
May 10, 1973

Copy ____ of 50

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ACKNOWLEDGEMENT

The proposal which follows, although it bears my name, represents an undertaking sustained through the concern and enthusiastic support of many friends, both within Attica and in the community. I could not have written it, much less developed the courage and strength to follow through, without their continued presence. If I am able to return to others as much as I receive from them, I will perceive a balance which will give my life meaning.

BACKGROUND AND NEED - PHILOSOPHY

Our maximum security prison population, a sample of which is incarcerated in Attica, represents a fringe or border zone phenomenon in our culture. For a complex variety of obscure, ill-understood and often apparently incomprehensible reasons, the human beings who comprise the inmate population have allegedly behaved in disregard of society's most fundamental rules of decent human conduct. For their behavior, they have been sentenced to live a portion of their lives together, isolated from the wider society. During the 19th century, when even enlightened criminologists felt that punishment was an appropriate function of incarceration, there was little conflict between the security demands of such isolation and the stated purpose of imprisonment. Although much of the general populace still adheres, perhaps naively, to the penal philosophy of a former century, most modern criminologists advocate a philosophy which traces criminal behavior to its psychological and social roots, and which views a primary role of the penal institution to be correction or rehabilitation of the inmates. Punishment does not fit well into this model. But, perhaps as the result of institutional design and security requirements, it remains in the ambient atmosphere of most maximum security prisons, including Attica. Thus, an individual whose behavior may indicate serious interpersonal and intrapersonal disturbance is often thrust into an institution permeated with the paradoxical (some inmates would term it hypocritical) promise of both rehabilitation and punishment.

After his arrival, the inmate must adapt himself to his new social surroundings. Some inmates become "institutionalized", that is, they accept the goals and expectations of the correctional facility. To the extent that these behavioral expectations match those of responsible society,

the inmate learns how to live a life outside of crime. Many other inmates, however, choose to ally themselves with their sociologic peers within the walls, often reinforcing the attitudes which brought them to prison in the first place, and learning new ways to continue a life of crime after parole.* Choosing adaptive roles is not easy for many inmates who are beset by intense and often conflicting demands from fellow inmates, correctional officers, and "the system" alike, during their stay.

To put it another way, the adaptation of a prisoner occurs within a very stressful social environment. This is part of the punishment of imprisonment. It is predictable that such stress will unmask or aggravate emotional disturbance in a portion of the men, often unstable to begin with, who are immersed in it.

These facts are well known to most observers of prison life. Perhaps, then, the most important demand, independent of rehabilitation, which will be placed on a prison medical system falls into the area of preventative psychiatry. The medical system and its staff must be so organized and integrated into the administration of the prison that they are able to point out and influence the structuring of institutional systems which contribute to the unnecessary stress borne by inmates.¹ This is part of the obligation which the physician and his proxies, within the institution, must bear through the phrase in the Hypocratic Oath which commands that the physician must above all "never do harm to anyone". In addition, for those men who begin to evidence emotional disturbance after their arrival, the

*In this regard, it is important to note that fully one half of the inmates in the Attica population, at the time of the riot, had a record of an incarceration in a state or federal institution prior to their arrival at Attica. When local penal institutionalization is counted, this proportion exceeds two thirds.

system is obligated to provide adequate diagnostic and treatment programs. This obligation can be contested, but, given our current level of understanding of the etiology of psychological disorders and the fact that inmates have very little control over their environment, the arguments against it are becoming weaker with each passing year. Psychiatric treatment is not precise, simple or inexpensive. Fortunately, prevention is much less costly.

A prison medical system should be an integral part of the institution's total rehabilitation program, working in close conjunction with the educational, recreational, vocational and social rehabilitation systems. In this context, the medical program would have several roles:

3

1. Direct physical and psychiatric rehabilitation services which would include establishing appropriate mechanisms for the diagnosis, treatment and post-treatment retraining of inmates with chronic correctable disorders.*
2. Involvement in the staffing and development of new rehabilitation programs within the institution.
3. Cooperation with, and/or coordination of research evaluation of institutional programs.
4. Responsible use of the authority which society has bestowed upon the medical profession in helping influence community resources to cooperate, through active participation, with the rehabilitation goals of the prison.

4

*Given a population in which over 25% of the men have been involved in drug abuse, a drug detoxification and re-education program would need to be developed in partial fulfillment of this role.

It almost goes without saying that a modern prison medical system would be vitally concerned with the preservation and maintenance of inmate health, monitoring factors which influence sanitation and safety. Further, there are many chronic medical conditions which, although they may not be cured, can be arrested or alleviated through the use of medication and/or prescribed modifications in diet and exercise. Appropriate diagnosis and treatment of such disorders would require the development of an adequate screening program in conjunction with a comprehensive care oriented out-patient facility and medical record keeping system.

As one of its most fundamental responsibilities, the medical system must develop a well organized and efficient program, complete with consistent and smoothly functioning referral patterns for handling the acute medical, surgical and psychiatric needs of the prison. The basic structure of such a program would include:

1. A readily accessible ambulatory facility, similar in as many ways as possible, to a modern community office practice.
2. An out-patient specialist referral network.
3. An in-patient infirmary for inmates with episodic or chronic illness which requires moderate nursing care.
4. Referral provisions for patients requiring intensive in-patient treatment.
5. A workable system for the distribution of prescription and non-prescription medications.
6. Provision for meeting crisis needs in employee health,

7. An emergency facility to stabilize patients with acute critical conditions prior to their transfer to an intensive care hospital.
8. Family medical referral in civilian settings for parolees and other released inmates.

Finally, the medical system should, through specific instructional programs and in its entirety, serve as a model to educate the inmate in personal health care and in the evaluation and appropriate use of medical services in the community upon his release.⁶ Further, in having seen the problems, it has the obligation to assist in as many ways as possible to heal the wound which separates the citizens of the community of Attica from the inmate population incarcerated there. Since the health care network provided by a correctional facility is the only one to which inmates have access, it cannot be satisfied with sub-standard or even average performance. It must strive for consistent excellence.⁷ Fortunately, excellence in medical systems is probably more influenced by vision, ideas, staff selection, organization, and appropriate program development than it is by sheer monetary considerations. Given its current medical budget, Attica deserves and could have a better health care system. What follows is an expansion of this thesis.

THE PRISON POPULATION

In many ways the prison population is an unusual collection of people for a physician (and the health care system which he creates) to serve. Traditionally, physicians have been trained to practice medicine in a community setting in which an adequate health care delivery system has already been established and within which they must merely discover the niche of need which most nearly fits their training and personal interests. The community which they serve is part of a free and open society in which individuals have equal access, under the law, to as many facets of the medical care system as they desire. The physician, therefore, is under little, if any, personal obligation to provide comprehensive health care services to the population in which he practices his brand of medical care. In addition, there is enough homogeneity in American culture so that the physician can assume, with reasonable certainty, that the population which he serves will bear some resemblance to population with which he is familiar in his everyday life and in his medical training. A prison population represents, in many ways, a radical departure from the population which a physician had assumed he would be serving while he was going through his medical training process.

Table 1 presents the age distribution of the men imprisoned at Attica and compares this with the age distributions of men found in Wyoming County, New York State, and the United States as a whole.*

*Tables I-VIII describe the Attica prison population at the time of the September 9, 1971 riot and are drawn from the McKay Commission Report.

Table I
AGE DISTRIBUTION PERCENTS

<u>Age</u>	<u>Attica</u>	<u>Wyoming County</u>	<u>New York State</u>	<u>United States</u>
20-24	17.1*	6.8	7.3	8.0
25-29	22.1	7.8	6.7	6.7
30-39	33.6	13.0	11.4	11.2
40-49	17.4	11.6	12.4	11.8
50-59	7.1	9.8	10.9	10.2
60-	2.7	13.1	13.9	12.6

*Includes 1 to 2 per cent ages 18-19

In studying this table, the first observation which one is likely to make is that whereas the populations of Wyoming County, New York State and the United States are quite similar, that of the prison differs substantially from the remainder. There are no children. There are no women. Men, who, by virtue of their age, would be considered to be in the prime of their life in the wider community, are over represented up until age 50, where the numbers begin to diminish. There is a small elderly population.

Most general practitioners are serving an entirely different population. At least half of their population is comprised of women and approximately 30% of their practice is spent with children. Children whose medical problems revolve primarily around infectious disease and well-child maintenance check-ups, have a very low hospitalization rate.

Specialists in Internal Medicine, on the other hand, are accustomed to working with the medical problems of a somewhat older population. When they see young men, it is usually to minister to the acute medical care needs which are found in the younger age group, such as accidents or infectious disease. The emotional needs of the younger population are

usually considered by the internist to be not part of his medical responsibility, and he leaves their care to others in the community.

Psychiatrists are not trained to handle medical problems on a continuous basis.

There is no such specialty as "prison medicine."

Nearly 40% of the Attica population is 29 years old or younger. Many of these men have been sentenced to Attica as their first prison experience. The incidence of drug abuse and serious psychiatric disturbances is extraordinarily high in this youthful population, many of whom are young enough so that they have not yet completely passed that fuzzy threshold from adolescence to full maturity. It is in this age group, if any, that we would place our highest expectations and hopes for rehabilitation within the prison setting, and therefore, it is to this group that a prison medical system, unlike a medical system in the community which considers younger people to be of low medical priority, that we must address some of our high priority medical programs.

Young men are, as a group, energetic, and if these energies can be channeled into constructive pursuits and away from the destructive behavior which preceded their imprisonment, their rehabilitation prospects are high. Medical problems of accidents and violence are over-represented in this age group and a prison medical care system must be prepared to handle these problems.

Inmates aged 30 to 39 represent a group approximately three times larger than what one would expect in an ordinary community. In addition to the problems previously mentioned, this group of men is more likely to have serious screening deficiencies. It is here that one would expect to find such neglected or undiagnosed conditions as orthopedic deformity, hypertension, ulcer disease and early indicators of a tendency towards coronary artery disease.

The personality characteristics of men in the 30-39 age group are more likely to be fixed than those of younger men and are, therefore, less likely to respond to simple programs in rehabilitation. It is here, perhaps even more than in the younger age group, that close cooperation between medical care systems and other systems, such as vocational rehabilitation and education, would be of definite value in altering the future outlook of these potential productive citizens.

Men in the 40-59 year age group are slightly more numerous than one would expect in the general population, representing approximately one/quarter of the population rather than the expected one/fifth. In this age group, coronary artery disease, diabetes mellitus, hypertension, ulcer disease, depression, cancer, and the problems of institutionalization become some of the more significant of the medical care problems. These men, many of whom are considered to be "hardened criminals" (some hardened by the wider community, others hardened within Attica), represent an even greater challenge to the rehabilitative skills of the correctional facility than the two preceding groups mentioned. Nevertheless, at a very minimum, a prison medical care system must provide for

this age group facilities for the early diagnosis, prevention, and treatment of coronary artery disease, which is by far the largest killer in this age group. In addition, it must be prepared to handle the problems of cancer in the many patients who have been transferred to Attica in order to be closer to the Roswell Park Facility. These requirements hold true even more for the small percentage of men in the 60 and greater age group found within the prison in which cancer, stroke and heart disease are paramount.

Table II
ETHNICITY

	<u>Per cent</u>
White	36.6
Black	54.2
Puerto Rican	8.7
Other	0.5

Table II breaks down the prison population by ethnicity and, here again, differences between the prison population and the outside community become immediately apparent. In addition to the racism and discrimination one would expect in a population of this type, there are specific medical problems associated with two of the ethnic groups represented. One would expect to find in the large black population an increased incidence of hypertension in young men as well as evidence of sickle cell disease or sickle cell trait in approximately 10% of the black population. In the Puerto Rican or Spanish-speaking population the medical care system will need to provide interpreters in order to give adequate health care. Further, the health care system should be prepared to serve a Puerto Rican population in which many members have learned a cultural mythology of illness which is quite different from our own.

Table III
COUNTY OF COMMITMENT

		<u>Per cent</u>
	New York City	43.8
Erie	(Buffalo)	14.3
Monroe	(Rochester)	13.1
Onondaga	(Syracuse)	6.1
	Other	23.5

Table III shows the County of Commitment representative of the Attica population. This tells us where these men lived before they were sent to Attica. Over 75% have come from large urban areas. This is in sharp contradistinction to the profile of the Attica correctional officers, most of whom have come from rural areas where they have learned somewhat different sets of values and expectations for human conduct. An important option for a prison medical care system to exercise would be for it to take up the challenge of trying to develop mechanisms whereby inmates and correctional officers could come to understand one another better, in view of their differing backgrounds.

Table IV
DRUG USE

	<u>Per cent</u>
User	28.0
Nonuser	71.5
Unknown	0.5

Table IV outlines the prevalence of drug abuse in Attica inmates prior to their imprisonment. The table speaks for itself and mandates that the prison medical system provide an adequate drug detoxification and re-education program for its inmates.

Table V
LEVEL OF EDUCATION

	<u>Total Population</u>	<u>Spanish Speaking</u>	<u>White</u>	<u>Black</u>
Illiterate	2.4	9.7	0.5	2.5
Elementary	11.6	17.4	10.0	11.5
Junior High-school	36.7	44.5	38.1	34.2
Some High-school	27.2	19.1	20.7	33.0
Graduated High-school	7.7	5.1	9.4	7.0
High-school Equivalent	8.2	2.6	12.8	5.9
Beyond High-school	4.1	0.5	5.8	3.8
Unknown	2.1	1.1	2.7	2.1

Table V outlines the educational level attained by inmates at Attica, and breaks it down further by ethnicity. From the medical standpoint, the main observation to be gleaned from this table is that, on the whole, inmates are less educated than their counterparts in the wider society. The medical care system must take this into consideration when designing its programs, so that they are comprehensible and thereby usable to the bulk of the prison population.

Table VI
MARITAL STATUS

	<u>Per cent</u>
Never married	41.9
Married, Common Law	39.1
Divorced, Separated, Widowed	18.8
Unknown	0.2

Marital status is outlined in Table VI, in which it is noted that approximately 60% of inmates can be assumed to have had some form of continuous sexual relationship with a member of the opposite sex prior to their arrival at Attica. The number is probably even higher than the figures would indicate. When men who have had an extensive heterosexual experience are placed together in isolation from women, one can anticipate that there

will be problems engendered by sexuality. Probably the most obvious of these, which calls for medical attention of some sort, is the problem of homosexuality within the prison, although problems of aggression and frustration are probably even more important in the broad overview.

Table VII
ADULT CRIMINAL RECORD

Unknown	0.3
No prior record	11.7
No prior conviction	12.3
Conviction	75.7
no commitment	(6.0)
local imprisonment	(21.0)
state or federal prison	(48.7)

When the adult criminal records of Attica inmates are studied in Table VII, it is found that approximately 25% of the inmates have never before been convicted of crime. For this group of men, rehabilitation goals should be high. For the remaining 75%, with recurrent criminal records, it is the responsibility of the prison system to study the underlying causes of such recidivism and to design programs and institutional change aimed at lowering the rate of recidivism in this group in the future.

Table VIII
CRIME FOR WHICH COMMITTED

<u>Crime</u>	<u>Per cent</u>
Against man	
Murder, homicide, assault, weapons, sex	38.9
Against Property	
Robbery, burglary, larceny, forgery	46.4
Drugs	8.7
Other felonies	3.0
Misdemeanors	1.8
Youthful offenders	1.2

Table VIII gives us an idea of the kinds of crime which account for sentencing to Attica. It can be seen that crimes against man constitute

approximately 40% of those committed. This type of crime often results from emotional disturbances or momentary aberrations in aggression, hostility, and acts of passion or punishment. This is the province of psychiatry. Close to 50% of the population has been imprisoned for crimes against property. In contradistinction to crimes against man, crimes against property may often be socio-economically motivated, and rehabilitation programs should keep this in mind. Convictions for dangerous drugs constitute another 10% of inmates at Attica, quite a different form of criminal behavior from the preceding two. Some "pushers" may be economically motivated but many men in the drug conviction category are themselves probably the worst victims of their own criminal behavior. For these, as well as others who have been involved in drug abuse, the availability of a drug treatment and re-education program would be an essential part of a medical care system.

Then there is the very small fraction of "youthful offenders". This is a chronological, age-determined definition. If a psychological definition of youthful offender were used, the number would probably be much larger. The psychological needs of many youthful offenders are critical.

A final, but extremely important characteristic of the Attica population, to be considered when designing a health care system, is the population's mobility. Attica receives and processes approximately 600 new inmates each year. It is the responsibility of the prison medical care system to devise a screening program which would rapidly integrate these new men into the medical care system in such a way that their health care needs can be met in a comprehensive and expeditious fashion.

In summary, a study of many of the unusual characteristics of the Attica prison population provides us with much of the important information needed to devise an appropriate medical care delivery system for the institution.

MEDICAL PROGRAM DEVELOPMENT:

Currently the medical care system within the Attica prison is based upon a crisis-care model of health care delivery in which comprehensiveness, continuity of care and the goals of rehabilitation medicine are not prominent. This model of health care is not unusual in the United States today and is quite characteristic of the kinds of medical programs to be found in most of our rural areas. Where it differs from most crisis-care systems is in its reliance upon a sick call system for the detection of disease. Inmates, whether they have minor illness which would be taken care of on the outside by self medication or whether they have more serious illness requiring professional attention, are all channeled through one mechanism in which the physician must, in a short period of time, see each one and weed out the serious medical problems from the inconsequential. In this form of medical care, the burden is often upon the patient to prove to the physician that he has an illness worthy of consideration. Further, in this type of system, it is extremely difficult for a positive doctor/patient relationship to develop to the mutual satisfaction of both patient and physician. It is upon the development of a trusting relationship, that the foundations of modern medicine are built, for it is only within such a relationship that the patient is able to reveal and the physician is able to gather the relevant information needed to provide appropriate medical care.⁸ Replacing the sick call system with a more appropriate office practice model would be a first priority change at Attica. This could be accomplished in a staged, step-wise fashion as follows:

Stage I: Unburdening the sick call

Many medical problems which arrive at sick call at Attica do not require the attention of a physician and this is known by both physician and inmate. These include such problems as minor upper respiratory illnesses, tension headaches, minor aches and pains, episodic constipation, indigestion and minor skin illness. Currently the only mechanism the inmate has for handling such minor problems is to arrive at sick call where non-prescription medications are dispensed by the handful. Since the sick call bay and the pharmacy are now physically separated, but still in very close proximity, it would be possible to establish a new administrative mechanism whereby inmates could "drop a slip" to go either to sick call or to pharmacy call. The two groups would be brought together, as they are currently, into the medical area where they would divide into two lines depending upon their needs. Within the pharmacy, the pharmacist would have on hand a stock of appropriate non-prescription items selected by the physician and prepackaged in quantities which were appropriate to minor illness. Medications would then be dispensed to the inmate at no cost, as they now are, but in quantified amounts. The pharmacist would have on hand a record-keeping system which included one sheet for each inmate which charted each available non-prescription medication and that particular inmate's usage of it. Medications could be refilled only at specified intervals. For instance, 5 grain aspirin tablets could be dispensed in quantities of 50 with refills permitted at intervals of no closer than one week without the specific permission of the physician. At regular intervals, perhaps once every three months, a Xerox copy of each inmate's medication chart could be made and transferred to the out-patient medical record to be used by the physician in de-

termining the appropriateness of the individual inmate's use of non-prescription medications. If at any time the pharmacist felt that an inmate was using palliative treatment for a potentially remediable medical condition, he could suggest that the inmate see the physician. The effect of such an administrative change would be to unburden the physician's sick call so that fewer patients would be seen in the same period of time and those patients who were seen would be ones who felt that they had a medical problem requiring a physician's attention. With much of his screening done for him and fewer patients to see in the same period of time, the prison physician would then, even within the sick call model of health care delivery, have more of an opportunity to develop positive doctor/patient relationship with the inmates. With a better relationship and more time for medical assessment, it can be assumed that the quality of care delivered would rise. A full time Spanish-speaking interpreter would be available in the morning, both to the pharmacy call and to the physician call. After making all necessary administrative and inmate liaisons, in February and March, I would like to see this modification implemented in late March, 1973.

Stage II: April-June, 1973

Stage II would be a period of rapid but smooth development in the establishment of Attica's new medical care system. During this period all of the ground work necessary for the implementation of a full office practice would be established, preliminary staff selection would be completed, and two early programs--one in drug detoxification and another in the training of paramedical personnel--would be initiated.

Office practice has become an organizational keystone in the development of modern medical care delivery systems, supplanting former systems based on a crisis-care model of delivery, such as the sick-call system and the open office system. The expansion of medical knowledge in the 20th century is almost frightening, especially in the areas of early disease detection, management of chronic illness, and the preventative aspects of medicine. Physicians have found that it is no longer possible to carry all of the relevant information about each of their patients around with them in their heads alone, and sophisticated methods of medical record-keeping, data-base collection and retrieval, and office organization have been developed to meet the needs of a physician to have all relevant material available to him as he delivers care to patients. In addition, physicians have discovered that personal and private consultation with patients is essential in the development of an effective doctor/patient relationship for the mutual exchange of medical information.

A modern physician's office has several examining rooms, a waiting room with a receptionist area, a small office laboratory, a record keeping room, and provisions for a personal secretary, dictation equipment, and an accessible communication system via the telephone to the outside. In addition, it has become organizationally necessary, in order to make efficient use of the physician and his staff's time in the delivery of comprehensive medical care, as well as to respect his outside time commitments, for office practices to be established on an appointment schedule basis. During Stage II arrangements would be developed with security for the establishment of a workable system of scheduling patients for individual appointments. Using such a system, the physician and his staff would be able to organize their work as follows:

From 8:00 to 9:00 A.M., while the physician was making rounds in the Infirmary, his staff in the office would be making preparations for the start of the day. Patients would "drop a slip" for either pharmacy call or office call. When they arrived at the office, they would speak to the medical triage worker ("receptionist") about their medical problem and arrange for an appointment with the physician either that day or at some appropriate subsequent date for handling the problem. New inmates who had been given appointments for screening examinations would be being seen by the medical staff who would collect the necessary information about each patient's medical history and would initiate screening laboratory procedures, including blood and urine testing, chest x-rays, and cardiograms.

When the physician arrived in the office at 9:00 A.M., he would see new inmates for an intake interview and physical examination first. We can anticipate that there would be approximately two new inmates being screened each day with the physician spending approximately one-half to three-quarters of an hour with each patient. During the remainder of the day, with a break for lunch and/or meetings, the physician would see scheduled patients for acute medical care needs or follow-up consultation for previously identified medical problems.

Using currently available data about office utilization and applying this to the Attica inmate population, suggests that the average office visit would last approximately 15 minutes, and initial appointments would be based upon this average. Complicated problems would be scheduled for more time and simpler medical problems could require less. With an appointment system, a physician could accurately assess the time commitment.

necessary for good patient care and schedule his meetings with other members of the prison staff at appropriate times.

Obviously, much ground work will have to be done in order to establish such a system within the walls of Attica. With this in mind, the first major program to be implemented in Stage II would be the medical screening program. A temporary office suite for screening examinations would be established with the cooperation of Chuck Van Boskirk and his DVR staff in their E-Block facility. Patients would be scheduled on an appointment system and would be seen by the office nursing and paramedical staff for intake interviews, screening laboratory work, and orientation to the idea of an office system with an appointment schedule. Assuming no acute medical needs were identified in this session, they would then be rescheduled for an appointment with the physician approximately one week hence, at which time their medical record would contain a full data base, including the results of laboratory tests, chest x-ray and cardiogram. During his appointment with the patient, the physician would make his first contact in the doctor/patient relationship, would complete the data base, particularly with psychological and physical examination data, and would arrange for appropriate follow-up of identified problems.

The first patients to be seen when the program would begin in early May, in addition to newly-arrived inmates, would be those current inmates who had identified themselves through a system of self-referral, as being in need of evaluation for treatment of a chronic disability. After this group of men had been evaluated, the screening program would be opened to the general inmate population and inmates would be systematically

scheduled for entry via the screening program into the new medical care program at Attica. A minimum of return appointments for follow-up care would be given during the first months of May and June, with the remainder of follow-up being scheduled either through the sick-call system, still in effect at the time, or through appointments postponed until July when the new system would go into full operation. It is probable that screening of the general population would not be completed by July 1 and that some remaining inmates would need to be screened for a while after the new system was in full operation.

Concomitantly with the implementation of the screening program in DVR, appropriate modifications to the physical structure of the new medical office would be begun with the aid of an architectural consultant. Given the current space and floor plan of the medical building, such modifications need not be extensive and would probably only involve the addition of a few new walls, acquisition of office furnishings and some diagnostic equipment, and the installation of an intercom system, a dictation system, and a telephone network. Such revision would be determined on the basis of necessity and should not be costly, since inmate labor could be tapped for much of the construction work, and furnishings and equipment, perhaps used, would be selected with cost in mind.

During Stage II, full operational staff selection would be completed as much as possible, although the final decisions about staff recruitment and selection would be made by the physician, the needs and wishes of administration and security, as well as the inmate liaison committee, would be taken into careful consideration.

During Stage II, also, the physician would--using inmates identified in the screening program--begin to test his fledgling referral patterns, particularly in the areas of medical rehabilitation and intensive diagnosis of chronic medical problems, including disabling neurologic and orthopedic conditions. Appropriate security provisions would be established at the referral end so that by the time the full office practice was ready to begin, these considerations would have been handled.

Plans for the prison's new drug detoxification program would start their formulation in June, and would include making arrangements for a small in-patient service within the Infirmary for acute drug withdrawal states and an ambulatory service run out of the prison pharmacy and using its pharmacy call system for a short-term methadone withdrawal program similar to those being established throughout the country at hospitals such as the Rochester General Hospital. In conjunction with the medical aspects of drug abuse, appropriate liaison would be established with Willard Baker and his men in the Service Unit, as well as with John Redfern's teachers in the prison school for patient counselling and re-education.

A final program, which would begin in pilot form toward the end of Stage II, would be a paramedic program involving both inmates and correctional officers. Currently, almost all inmate medical complaints are channeled through the Sick Call, whenever possible. The responsibility for deciding whether an inmate's complaints require acute medical attention after hours is unfortunately often left to correctional officers who have not received the training necessary to make such decisions.

In the process, friction between correctional officers and inmates is bound to erupt episodically around the issue of medical triage. Occasionally, I am sure, an inmate with significant medical complaints is not seen with appropriate rapidity. More often, however, the Sick Call is probably often over burdened with medical problems which need not have been seen by the physician if a smoother system of triage were in effect.

A proposed solution to this problem would involve having a correctional officer and an inmate who had been trained in the paramedical skills of first aid, and acute care triage in each cell block during the evening and night shifts. These men would go as a pair to visit the cell of any inmate with a medical complaint who requested attention. After seeing the patient together, the two would confer with one another and arrange, with the patient's consent, a disposition appropriate to the problem. The disposition might include calling the physician, postponing assessment until the following day, or handling the problem on the cell block without involving the daytime medical staff. If, at any time, an inmate wished to see or speak to the physician, in spite of the advice given by the paramedic pair, he would be allowed to do so. Stage II would see the early implementation of such a paramedic program on a limited basis, involving newly recruited medical personnel who would be working with the program and six paramedic selectees--three correctional officers and three inmates. The men would undergo a course of instruction which would span six weeks and include a weekly didactic session given by the physician, complemented by appropriate reading and study materials and involvement with the school educational staff. At

the end of their training, they would be ready to try the new program in one cell block. If the program proved to be a success, it would be expanded at a later date to include training of paramedics who would be able to cover the entire prison. I can see only positive gain coming out of such a venture, in spite of some of the administrative difficulties which might be encountered during its development.

Stage III July - October 1973

Stage III, commencing with the occupancy of the remodeled office in the medical building and the dismantlement of the temporary office which had been established in E-Block, would last through the summer and into the fall of 1973. During this time, numerous organizational and administrative wrinkles would have to be ironed out, both within the prison and in the referral network system. Medical liaison with other departments within the prison and the wider community would be continued, and, out of these liaisons, ideas for new program development would be discovered and plans for their initiation would be introduced into future program planning. Careful attention would be given during this period of time to the development of interdisciplinary programs for the handling of psychological and emotional needs of the inmate population.

Stage III would begin with the full implementation of the office practice. At this time, a mutual decision would be made by the current physicians (Dr. Selden Williams and Dr. Paul Sternberg) and the inmate population about their future role as physicians within the prison. If, during the Spring months, their reputation with the inmates remains on

the current level, they will probably return to full-time office practice in the community. If, however, during the intervening months, a rapprochement has been established between some of the inmates and the current physicians, they would certainly be welcome to stay on in a part-time capacity, working within the office system. Inmates would then have the choice of seeing either Dr. Williams, Dr. Sternberg, or the new Chief Medical Officer on an appointment basis. If they were to remain, their salaries would be determined on a pro-rated basis referred to a 40 hour work week. If, for instance, Dr. Williams continued to work 10 to 12 hours per week, he would be salaried as a part-time physician, receiving one/quarter pay. If he were to stay on at the request of inmates and correctional officers, I am sure that the new physician could work well with him.

The 26 bed prison Infirmary, given its small size and its location in an isolated rural community, cannot be expected to handle medical problems which require continuous highly-skilled nursing care. Neither can it be expected to equip itself to handle problems which require elaborate and round-the-clock laboratory and x-ray back-up. It should, however, be equipped to manage the emergency needs of patients with serious illness or injury until they can be stabilized for transfer to an acute care facility. In addition, it would handle patients convalescing from medical or surgical conditions who no longer required intensive nursing care. The Infirmary would also be the place where patients with minor self-limited medical conditions would be housed when they could not be cared for in the cell block.

Stage III would see the utilization of the Infirmary along these guidelines, appropriate staffing of the Infirmary facility, and necessary modifications and revisions of the intensive care back-up referral system elaborated during Stage II.

During Stage III, methods will be investigated along with the dietary staff, for the inclusion of specially prepared medical diets for those patients who have been officially identified by the physician as being in need of them. Special diets would be prepared for men with diabetes, ulcer disease, coronary artery disease, congestive heart failure, obesity, and hyperlipidemic states. The establishment of an appropriate system for medical diet distribution will be a difficult problem and may well take many months to solve even with the full cooperation of security and administration, but it is a serious medical problem and cannot be ignored.

The research data collection system, established during Stage II, would be subjected to some initial tests with a number of small research projects being carried out, probably by medical students under the direction of the University of Rochester, Department of Preventive Medicine and Community Health, after administrative and inmate approval had been obtained. The paramedic program, which had been initiated in Stage II would be tested and, if appropriate, expanded during Stage III.

At the end of Stage III, when the new medical care system was firmly established and running fairly smoothly, hopefully by October of 1973, a period of rigorous evaluation of program success would be undertaken following which budget requirements for the next fiscal year would be determined and submitted for approval in proposal form.

STAFF REQUIREMENTS - FISCAL YEAR 1973-74

We have examined the special needs which a prison population will bring to its medical care system, needs identified both from a philosophical point of view and from an understanding of the social and personal characteristics of the population and its members. A preliminary system has been elaborated in developmental form which will attempt to meet many of these needs while subjecting itself to continued re-evaluation with the goal of steadily improving its perception of need and modifying itself accordingly.

This section will enumerate and describe briefly the staff positions necessary to sustain a Stage III system as outlined. A number of the positions described are currently available and appropriately filled, but several new positions are presented which would be integral to the functioning of the new system.

Since much of the communication which occurs between people in a medical office setting contains privileged information, some of which might be damaging, most of the available staff positions must be filled by non-inmate personnel. However, it will be recognized that inmates and correctional officers alike will be intimately involved in the daily functioning of the medical unit.

POSITIONS:

- 1 Chief Medical Officer (full -time) -- equipped with the administrative authority of a Deputy Superintendent within the prison, who would implement necessary program changes as outlined above and deliver primary medical care.

1 Staff Physician (full-time) -- Funds for this position would be made available to the Chief Medical Officer to be used at his discretion in obtaining appropriate physician coverage for vacation time, post-graduate education, additional office hours, and night call when necessary.

1 Psychiatrist and 1 qualified Psychologist (both full-time) -- who would work within the medical system under the supervision of the Chief Medical Officer and address themselves to program development and patient care relating to issues of inmate psychological adjustment and rehabilitation.

1 Pharmacist (full-time) -- who would have his office in the Pharmacy and would be in charge of the morning Pharmacy Call as well as the distribution of prescription medications, maintaining the Pharmacy stock and records, and accounting for the distribution of restricted medications out in the prison. He would be actively involved in the methadone withdrawal program and would use his training to advise inmates about the appropriate use of non-prescription medications.

1 Medical Dietary Specialist (full-time) -- who would have an office near the mess hall kitchen and would be in charge of preparing the menus for special medical diets, supervising their preparation, and making necessary arrangements for their distribution at meal time to the appropriate inmates.

1 Head Infirmary Nurse (full-time) -- who would have an 8 to 5 shift in the Infirmary five days per week and would be responsible for over-

seeing the nursing needs of Infirmary patients, scheduling the nurses who rotate in shifts to cover the Infirmary beds, selecting nursing staff along with the help of the Chief Medical Officer, and seeing that the educational and professional needs of her staff are met along with the needs of patient care.

1 Administrative Assistant (full-time) -- who would be a full member of the medical system staff and would be responsible for liason with the prison administrative, fiscal, and security staffs in working through details of program implementation in conjunction with the Chief Medical Officer and other members of the medical staff.

1 Executive Secretary (full-time) -- for the medical staff, with her own office. This secretary would be responsible for arranging program development meetings under the supervision of the Chief Medical Officer, preparing correspondence, typing the manuscripts of budget and project proposals, and handling phone calls which did not involve the immediate health care needs of individual inmates.

2 Office Nurses (full-time) -- both of whom would be trained as General Medical Nurse Practitioners. These people would be involved actively in the inmate screening program and, during regular office hours would conduct individual patients to an examining room and initiate the medical evaluation of the patient. They would be responsible for maintaining efficient utilization of office space and, in that capacity, would be partially responsible for keeping the appointment schedule running on time. The Nurse Practitioner/Physician Assistant role would be determined over a period of time by the relationship which each nurse formed with the physician and with the

inmate population, as well as by her prior training.

- 1 Medical Triage Worker ("receptionist", full-time) -- Located in the waiting room area, she would be responsible for the preliminary triage of inmates who had "dropped a slip" for office call and for keeping a disposition list of all phone calls which would include the name of the caller, the name of the patient, time of the call, the complaint, and the disposition which she arranged. She would also be responsible for keeping the physicians' appointment book and for receiving patients into the waiting room.

- 5 Infirmiry Nurses (full-time) -- Working in shifts according to a schedule worked out with the Head Nurse, these people would be part of a nursing system which would insure 24 hour a day, 7 day a week, coverage in the Infirmary.

- 1 Spanish-speaking Interpreter (full-time) -- This man would work in direct patient contact with the medical staff both within the Office and Pharmacy area and out in the prison, working with the physician in health-related discussions which involved Spanish-speaking inmates.

- 1 Research Clerk (half-time) -- who would maintain a medical data bank which would include coded baseline information as well as morbidity-indexed material for use by approved outside academic medical research organizations. This data could be used within the prison medical care system itself and, with the appropriate legal considerations to protect inmates taken into account, could be made available in some form to penologists conducting related research projects.

2 Medical Record Transcription Secretaries (full-time) -- With their

office in the medical record-keeping room, these people would be responsible for: 1) initiating new medical records for incoming inmates; 2) maintaining current medical records, including the incorporation of dictated progress notes into the medical records; 3) filing medical records; 4) making the appropriate records available to the medical staff, using the appointment list as their guideline; and 5) abstracting medical information from the patient's record for the use of outside physicians who, with the patient's written permission, have requested such information.

1 Laboratory Technician (full-time) -- This person would be in charge

of doing minor, routine office laboratory procedures, such as urinalyses, and micro-hematocrit determinations, as well as drawing blood for outside laboratory determinations, applying skin tests, and keeping his laboratory well-equipped and maintained. He would be the office liason with blood-banking facilities in the area and would be actively involved in any inmate blood donation program which might be developed.

1 Pharmacy Technician (full-time) -- Located in the prison Pharmacy, he

would be responsible for assisting the Pharmacist at morning call and maintaining medication stocks and records.

1 X-Ray Technician (full-time) -- who would be responsible for taking

all x-rays (except those special procedures which would be conducted by a board-certified specialist in Radiology), developing x-rays maintaining equipment, keeping a film file, and arranging emergency night call coverage for himself.

2 Medical Aides (full-time) -- These men would be responsible for escorting patients to and from their office appointments, if necessary, and performing a variety of technical and supportive functions within the office setting. They could be inmates.

Infirmay Aides (full-time) -- These could also be inmates, the number, function, and selection of whom would be determined by the Head Nurse in the Infirmary.

BACK-UP STAFF:

1 Radiologist -- Visiting the prison two half-days per week this person would conduct special procedures and would read all x-rays taken within the prison and dictate an official interpretation.

Referral Consultants -- would be available in Internal Medicine, Rehabilitation Medicine, Radiology, General Surgery, Orthopedics, and Forensic Psychiatry.

In addition to directly identified medical staff, the medical care system should have access to personnel who are assigned to the Departments of Vocational Rehabilitation, Counselling, and Education. A direct involvement with members of the dietary staff around issues related to specially prepared medical diets will be necessary. The medical system will also be interested in the development of recreational programs which have medical impact.

PROPOSED EXPENSE BUDGET AND BUDGET ADMINISTRATION

This section includes a proposed line-item breakdown of a "program budget" for the medical system. It includes expenses for the outpatient and Infirmary operations as well as pharmacy, laboratory, x-ray and other associated ancillary services. The budget does not include the dentistry component since there is insufficient information concerning the current operation and expenses of this component.*

Although it has been stated previously in this proposal, it is worth reiterating that the Chief Medical Officer must have complete administrative authority and responsibility for the entire medical system if it is to succeed. This is a basic administrative rule characteristic to all successful programs, whether they be medical, business or any other organization.

In order to be effective and efficient the Chief Medical Officer should have agreement on the following points concerning budgetary and closely related matters:

1. A "program budget", that is one in which the total expenses of the medical system are identified, must be established and maintained. This

*Currently, dental services are being delivered, apparently very well, through an organizational system which is functionally independent of medical care. Within a new medical care system, this arrangement could be preserved explicitly by establishing a separate Dental Budget for independent operation. It would probably represent a more efficient utilization of funds and personnel, however, if a mutually satisfactory program interdependence could be arranged between the Medical and Dental branches within the prison facility. Stage I would include an active investigation of the possibilities for such an arrangement.

kind of budget allows a reasonable and effective method of monitoring the progress of the medical system while controlling costs. It is also essential to the planning of important individual programs within the medical system (e.g., drug detoxification).

2. The Chief Medical Officer will require monthly expense reports by category of expenditure compared against those of the approved program budget, by month and "year to date".

3. Given the ability to control the budget carefully (which points 1 & 2 provide), the Chief Medical Officer should have the authority to make reallocations within at least a) personnel and b) non-personnel categories. Also, if consistent with the goals of the medical system, the Chief Medical Officer should be able to reallocate funds between personnel and non-personnel categories.

4. It is stated elsewhere in this document that the Chief Medical Officer will have the responsibility for choosing the staff of the medical system. While the job descriptions will allow the institution to assist in recruitment of personnel, the Chief Medical Officer should give final approval for the hiring of applicants.

The proposed new budget, broken down by developmental stages, follows. Appended to this for reference is an abstraction drawn from the McKay Commission Report of annual medical expenditures at the time of the September 1971 riot.

PROPOSED ATTICA MEDICAL SYSTEM BUDGET

Operating Budget

STAGE I* February 1, 1973 - March 31, 1973

A. PERSONNEL

<u>Number of Positions</u>	<u>Category or Title</u>	<u>Annualized Salary</u>	<u>Percent of Time</u>	<u>Number Months</u>	<u>Total Salaries</u>
1	Chief Medical Officer	\$28,000	100%	2	4,667
1	Executive Secretary	8,500	100%	2	1,417
1	Spanish-speaking Interpreter	8,000	100%	2	1,333
1	Pharmacy Technician	7,000	100%	2	1,167
					<u>\$ 8,584</u>
	Fringe Benefits (estimated at 15%)				<u>1,287</u>
	Sub-Total				<u>\$ 9,871</u>

B. CONSULTANTS

Architectural Consultant, 4 days @ \$100/day	<u>\$ 400</u>
Personnel Total (A + B)	<u><u>\$10,271</u></u>

C. NON-PERSONNEL

Pharmacy Record Keeping System	<u>\$ 400</u>
Non-Personnel Total	<u><u>400</u></u>
GRAND TOTAL (A, B, C)	<u><u>\$10,671</u></u>

*These positions and non-personnel items are supplementary to the existing 1972-73 Attica budget for the Medical component.

STAGE II* April 1, 1973 - June 30, 1973

A. PERSONNEL

<u>Number of Positions</u>	<u>Category or Title</u>	<u>Annualized Salary</u>	<u>Percent of Time</u>	<u>Number Months</u>	<u>Total Salaries</u>
1	Chief Medical Officer	\$28,000	100%	3	\$ 7,000
1	Medical Dietary Specialist	15,000	50%	3	1,875
1	Administrative Assistant	10,000	100%	3	2,500
1	Executive Secretary	8,500	100%	3	2,125
2	Office Nurse Practitioners	11,000	100%	3	5,500
1	Spanish-speaking Interpreter	8,000	100%	3	2,000
1	Medical Records Transcriber	7,000	100%	3	1,750
1	Pharmacy Technician	7,000	100%	3	1,750
					<u>\$24,500</u>
	Fringe Benefits (estimated at 15%)				<u>3,675</u>
	Sub-Total				<u>\$28,175</u>

B. CONSULTANTS

Architectural Consultant, 3 days @ \$100/day	\$ 300
Consultant for Drug Detoxification Program Development, (10 days @ \$100/day)	1,000
Research and Evaluation Consultant, 5 days @ \$100/day	500
	<u>\$ 1,800</u>
Personnel Total (A + B)	<u>\$29,975</u>

C. NON-PERSONNEL

Medical Records System	\$ 2,500
Identification Card System	1,200
Other Supplies, consumable	<u>1,500</u>
Non-Personnel Total	<u>\$ 5,200</u>
GRAND TOTAL (A, B, C)	<u>\$35,175</u>

*These positions and non-personnel items are supplementary to the existing 1972-73 Attica budget for the Medical component.

STAGE III* July 1, 1973 - June 30, 1974

A. PERSONNEL

<u>Number of Positions</u>	<u>Category or Title</u>	<u>Annualized Salary</u>	<u>Percent of Time</u>	<u>Number Months</u>	<u>Total Salaries</u>
1	Chief Medical Officer	\$28,817	100%	12	\$28,817
1	Staff Physician	25,000	100%	12	25,000
1	Psychiatrist	27,000	100%	12	27,000
1	Psychologist	15,000	100%	12	15,000
1	Pharmacist	15,000	100%	12	15,000
1	Medical Dietary Specialist	15,188	100%	12	15,188
1	Head Infirmary Nurse	11,000	100%	12	11,000
1	Administrative Assistant	10,125	100%	12	10,125
1	Executive Secretary	8,677	100%	12	8,677
2	Office Nurse Practitioners	11,138	100%	12	22,276
1	Medical Triage Worker	8,000	100%	12	8,000
5	Infirmary Nurses	8,000	100%	12	40,000
1	Spanish-speaking Interpreter	8,233	100%	12	8,233
1	Research Clerk	7,000	50%	12	3,500
2	Medical Record Transcribers	7,000			
		7,088	100%	12	14,088
1	Laboratory Technician	7,000	100%	12	7,000
1	Pharmacy Technician	7,204	100%	12	7,204
1	X-ray Technician	8,000	50%	12	4,000
					<u>\$270,108</u>
	Fringe Benefits (estimated at 15%)				<u>40,516</u>
	Sub-Total				<u>\$310,624</u>

B. CONSULTANTS & CONTRACTS

Outside Medical Services (including hospitalizations)	\$100,000
Other Consultants	<u>500</u>
	<u>\$100,500</u>
Personnel Total (A + B)	<u><u>\$411,124</u></u>

*This budget represents the entire operating budget for the medical system (excluding Dental) for Fiscal Year 1973-74

C. NON-PERSONNEL

1. Consumable Supplies

Pharmacy, including drugs and pharmaceuticals	\$20,000
Medical Supplies, office and infirmary	25,000
X-ray	22,000
Non-Medical Supplies	<u>8,000</u>
	\$75,000

2. Other Expenses

Medical Books and Journals	\$ 1,000
Outside Printing and Services	1,000
Travel and Educational Expenses	3,000
Miscellaneous other Expenses	<u>5,000</u>
	\$10,000

Non-Personnel Total

\$ 85,000

GRAND TOTAL (A,B,C)

\$496,124

PROPOSED ATTICA MEDICAL SYSTEM BUDGET

Capital Budget

STAGE I* February 1, 1973 - March 31, 1973

A. Renovation

\$ -0-

B. Equipment

-0-

Stage II April 1, 1973 - June 30, 1973

A. Renovation

Renovation of outpatient office space of approximately
2,000 sq. ft. @ \$25/sq. ft. plus architect fees

\$ 55,000

B. Equipment

1 Dictation System	\$1,800
1 Intercom System	2,000
1 IBM Mag. card selectric system	2,300
2 Typewriters, electric	1,060
5 Examination Tables	1,750
2 Otoscope-Ophthalmoscopes	200
5 History Tables	500
10 Chairs for Examination Rooms	900
10 Desks	2,300
20 Chairs, desk and guest	1,800
1 Calculator	500
Other Furniture and Equipment	2,300

\$ 17,410

Total A + B

\$ 72,410

Stage III July 1, 1973 - June 30, 1974

A. Renovation

Minor renovation to Infirmary

\$ 2,000

B. Equipment

2,000

Total A + B

\$ 4,000

GRAND TOTAL, Capital

\$ 76,410

IDENTIFIED ATTICA MEDICAL EXPENDITURES

Fiscal Year 1971-72

PERSONNEL	\$167,125.05
SUPPLIES & MATERIALS	42,196.16
CONTRACTUAL SERVICES (estimated)	80,000.00
EQUIPMENT PURCHASES	<u>803.75</u>
	\$290,124.96

It is assumed that many additional expenditures incurred during the delivery of medical care at Attica could be located in other areas of the total prison budget (e.g., those borne by the Division of Vocational Rehabilitation) if details of the current operating budget were known.

DEVELOPMENTAL SUMMARY TABLE

TIME	STAGE I			STAGE II			STAGE III		
	February 1 - March 31, 1973			April 1 - June 30, 1973			July 1, 1973 - June 30, 1974		
PROGRAM ACTIVITY	Involvement with prison population (staff and inmates)			DVR, School liason			Full office practice		
	Final budget negotiations			Appointment schedule system			Infirmary reorganization		
	Start active recruitment			Screening program			Psychological program development		
	Pharmacy Call system			Establish and test referral network			Service Unit liason		
	Dental liason			Medical records and data base			Community liason		
				Office modification			Test, expand paramedic system		
				Initiate drug program			Establish medical diets		
				Pilot paramedic program			Research projects		
				Complete staff recruitment			Program evaluation		
							New budget proposal		

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NEW STAFF	STAGE I			STAGE II			STAGE III		
	February 1 - March 31, 1973			April 1 - June 30, 1973			July 1, 1973 - June 30, 1974		
	Chief Medical Officer			Medical Dietary Specialist			Psychiatrist		
	Executive Secretary			Administrative Assistant			Psychologist		
	Spanish-speaking Interpreter			2 Office Nurse Practitioners			Medical Triage Worker		
	Pharmacy Technician			Research Clerk			Transcription Secretary #2		
				Transcription Secretary #1					

EXPENSES	STAGE I			STAGE II			STAGE III		
	February 1 - March 31, 1973			April 1 - June 30, 1973			July 1, 1973 - June 30, 1974		
Operating:	current +			current +			\$496,124		
	\$10,671			\$ 35,175					
Capital:	- 0 -			72,410			4,000		
Total:	\$10,671			\$107,585			\$500,124		

TERMS OF IMPLEMENTATION

I will be available full-time on February 1, 1973, to accept the position of Chief Medical Officer as outlined in the foregoing proposal. If offered the position, I would like my salary to be paid in full through June 30, 1973, to the Family Medicine Program, 335 Mt. Vernon Avenue, Rochester, New York so that I can officially complete the requirements for board-certification as a specialist in Family Medicine.

L. H. Moulton, M.D.

REFERENCES

The following quotations are all drawn from Chapter 26, "Health and Medical Services", in the Manual of Correctional Standards, Third Edition 1966, published by The American Correctional Association.

1. (p. 440) "Special attention should be given to the integration of the psychiatric and psychological services into the general medical service to insure that the whole medical staff achieves the best possible understanding of the importance of psychological factors in the management of their patients. The inclusion of psychiatry and psychology into the general medical program can bring about the most effective development of psychiatry within the institution, through the widest possible dissemination and application of sound principles of mental hygiene."
2. (p. 441) "Reciprocating arrangements with nearby universities in the areas of teaching, training, and research should be developed whenever possible."
3. (p. 441) "Experience has shown that from 15 to 20 percent of the prisoner population is found to have a diagnosable emotional or mental disorder including neuroses, personality and behavioral disorders and various types of prepsychotic and psychotic conditions. Suitable screening programs should be developed to insure that all prisoners in need of psychiatric attention are recognized and given indicated treatment."
4. (p. 441) "Every prisoner who has a remediable physical condition should be offered suitable medical treatment or surgical correction, to the end that he will be restored to the fullest measure of health prior to his release from the institution. Disfiguring and disabling defects which might interfere with future employment should receive the highest priority in the correctional surgical program."
5. (p. 441) "In the preventative health area the medical service should provide inspection and advice on matters relating to institution sanitation including food handling and preparation, milk and water supply, and on industrial health hazards."
6. (p. 442) "Thus, it is apparent that most measures for the promotion of health must be broadly social or educational in character in order to achieve rehabilitation of the patient in a social as well as a medical sense."
7. (p. 443) "Within this framework, it is clear that both prisoner and physician are captives of the system, in the sense that freedom of choice is limited for both. Under these conditions, special efforts must be made to develop the best possible patient-doctor relations in order to insure quality and continuity of services."

8. (p. 436) "In the prison setting, where freedom of choice for both patient and physician is limited, special attention must be given to the personal relationships between patient and doctor to ensure continuity of service, and to foster the development of the best possible patient-doctor relations. Medical services for prisoners must be ever on the alert to recognize and deal constructively with those impediments to patient-physician relationships which may occur in the institutional organization."

REPRINTED FROM "POEMS OF MAX EHLMANN"

DESIDERATA

MAX EHLMANN

*American poet and dramatist
(1872-1945)*

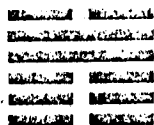
GO PLACIDLY amid the noise & haste, & remember what peace there may be in silence. As far as possible without surrender, be on good terms with all persons. Speak your truth quietly & clearly; and listen to others, even the dull & ignorant; they, too, have their story. * Avoid loud & aggressive persons, they are vexations to the spirit. If you compare yourself with others, you may become vain & bitter; for always there will be greater & lesser persons than yourself. Enjoy your achievements as well as your plans. * Keep interested in your own career, however humble; it is a real possession in the changing fortunes of time. Exercise caution in your business affairs; for the world is full of trickery. But let this not blind you to what virtue there is; many persons strive for high ideals; and everywhere life is full of heroism. * Be yourself. Especially, do not feign affection. Neither be cynical about love; for in the face of all aridity & disenchantment it is perennial as the grass. * Take kindly the counsel of the years, gracefully surrendering the things of youth. Nurture strength of spirit to shield you in sudden misfortune. But do not distress yourself with imaginings. Many fears are born of fatigue & loneliness. Beyond a wholesome discipline, be gentle with yourself. * You are a child of the universe, no less than the trees & the stars; you have a right to be here. And whether or not it is clear to you, no doubt the universe is unfolding as it should. * Therefore be at peace with God, whatever you conceive Him to be, and whatever your labors & aspirations, in the noisy confusion of life keep peace with your soul. * With all its sham, drudgery & broken dreams, it is still a beautiful world. Be careful. Strive to be happy.

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Part III

The gathering of men



Part III

The gathering of men

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

January 22, 1973

Edward Elwin, Deputy Commissioner
Dept. of Correctional Services
P.O. Box 7033
Albany, New York

Dear Mr. Elwin,

Although we have never formally met, I have the feeling from the discussions which I have had with Chuck Van Boskirk that we already know each other. Enclosed is a copy of the proposal for a new comprehensive health care system at Attica which I delivered to Superintendent Montanye this morning. You will recognize as you read it that it represents a very serious effort to develop a mechanism for solving a crucial problem in the penal system and, as such, has broad implications for the entire New York State system.

The meeting which we had this morning was, I felt, very productive. Dr. Selden Williams and William Dickenson were present and actively involved with Mr. Montanye and myself in discussing the reception which they were prepared to give to the proposal. We met as men and parted company in a spirit of warm cooperation. Copies of the full proposal (with specific salaries deleted from the budget section) are being distributed to the three Deputy Superintendents in the facility as well as to Chuck. The Superintendent has several extra copies which he has been encouraged to distribute at his discretion, with careful precautions being taken to prevent a premature leak of information to the inmate population. The last thing any of us want now is to have our hands forced. He has indicated a desire to forward a copy to you, but I suspect that he will wish to spend some time sitting on the egg in his own nest first, so your official copy may not arrive for another couple of weeks. The full staff is meeting on the morning of January 29, 1973, in the Superintendent's office at his request to discuss the proposal after they have all had a chance to read and digest it.

There are several features built into the fabric of the proposal which I would like to highlight as issues which warrant further personal discussion. The first, which accounts for my decision to exercise Chuck's counsel in writing directly to you without delay, has to do with the urgency represented by the proposal timetable and its built-in requirement for rapid, committed decision-making. I feel it is necessary for

our penal system to recognize the reality that in 1973 the intensity of feeling which underlies the issues of prison reform, "crime in the streets", prisoner welfare, "law and order", drug trafficking, rebellious behavior, riots, and the very definition of the humanity of men who have been convicted of crime is probably higher than it has been at any time in the history of our nation. What hangs in the balance is a broad human issue, and society's decision could swing either way. I fear that in the current political climate another bloody, high-visibility riot, such as the one suffered by Attica, could swing the decision-making process into a backlash of almost irreversible repressive "solutions", similar in many ways to the backlash which created Attica in the first place. But the world is different now, and the magnitude of such a backlash could assume cruel proportions, masking its irony. We can, and should, act now as men of good faith.

The second feature of the proposed system which I would like to mention is its capacity for self-replication. It is a comparatively low-cost system which could be rapidly and smoothly reduplicated with local modifications in penal institutions throughout the state, primarily because it has great appeal to people in the health professions from a professional as well as humanitarian point of view. The amount of enthusiasm and eagerness to participate in such a program which I have encountered has been astonishing, even to me, and I am a dreamer--very practical, but a dreamer nonetheless. The program is essentially already staffed, and enough people are beginning to pop out of the woodwork to staff another. These are people who have developed the philosophy that the solutions to difficult social problems are to be found through opening channels of communication with other men rather than shutting them down. The proposal, in many ways, is an experimental test of that philosophical premise and has broad appeal on those grounds, not only within the health professions, but in the wider community.

There are some problems. The more easily surmounted of the two which I see looming as potentially crippling to program success has to do with the budget. More specifically, it has to do with budget bureaucracy, in that the program must have a degree of flexibility within its budgetary confines which is unusual in what I have seen of the New York State penal system if it is to be able to adapt the talents of its staff to the needs of the men in the institution at any given time. Administrative policy change ("grease") could solve this aspect of the budget problem. The actual increase in expenditures outlined in the proposal should, in fact, be much less of a problem than many may think. Implementation is designed in three stages, the first of which calls for an exceedingly modest addition to current expenditures. The second stage outlay is primarily for capital improvements to the physical plant and at Attica could probably be funded in large measure out of the emergency monies allocated for repair of riot damage. The third stage, or full operational program, is on the order of 50% more expensive than the current, woefully inadequate program. Ideally this expense should be borne by the correctional system for a number of reasons having to do with publicity, restoration of faith in state government, and future feasibility, but other sources of revenue are available in the form of Foundation demonstration project grants, if it should turn out that funds are too hopelessly tied up in Albany to be

mobilized this year. I have discovered strong six-figure interest in two major Foundations so far, based upon the proposal as it now stands, should worse come to worse. An ace up our sleeve.

The second, more thorny problem has to do with discretionary flexibility in program staff selection. The Civil Service System method of staff selection and utilization of human resources stifles professional program creativity and engenders so much vocational frustration that it is a source of never-ending amazement to me that anything at all of a constructive nature gets done within it. To attempt the creation of a cohesive unit, staffed with professional people with interlocking talents, from an aggregation of civil servants selected irrevocably through a faceless examination procedure would so severely tax my capacities that I would be unhappy. I would rather do other things with my life. Any suggestions which you might have along these lines would be vital.

I would enjoy and value the opportunity of meeting with you personally to discuss your view of the feasibility of implementing the enclosed proposal. I could clear time for a visit to Albany either January 26, 28, or 29, although I should probably reserve the latter date for intramural discussion at Attica. A message at the office, 716-442-7470, will get through. Home phone 716-271-8489. I apologise for the rush of time: if I could see a more relaxed approach, given my current commitments and the still extracurricular nature of this undertaking, I would welcome it.

Thanks.

Cordially,



William R. Morehouse, M.D.

WRM:ah
encl.

Bill-

I liked your proposal very much. I hope they accept it. My only concern is the number of people you are requesting. It would seem to me you could accomplish all your same ends without as many personnel, especially for the size of the patient population served.

A half million dollar yearly budget is considerably above a quarter million. If all of it is needed to give good care then I would go for it, I would bet though with that many more time would have to be spent inter-communicating, less time in patient care and much free time- which can cause a serious morale problem as you know,

I'm eager to hear what happens to your proposal. If you need any input from me or want me to talk to anyone about your proposal I shall be happy to.

A handwritten signature in cursive script, appearing to read "J. L. Davis".

THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
260 Crittenden Boulevard
Rochester, New York 14642

Department of Preventive Medicine
and Community Health

Community Health Unit
(716) 275-3057

January 27, 1973

Co-Preceptor: William Morehouse, M.D.

Task Force: Prison Health

The following students have been assigned to your Task Force:

<u>Student</u>	<u>Box Number</u>	<u>Telephone</u>
David Garver	127	275-9776
Michael Kelleher	142	442-6334
Jack Riggs	176	275-7581
Neil Swanson	186	381-5381

Marion Emerson, M.D.
275-3271

Donald J. Ciaglia
275-3259 or 275-3057

DJC:sd

TELEPHONE: 591-1036
SELDEN T. WILLIAMS, JR., M. D.
339 EAST MAIN STREET
ATTICA, NEW YORK

January 24, 1973

Dr. William Morehouse
Family Practice Residency Program
Highland Hospital, Rochester N.Y. 14620

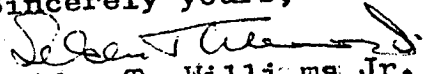
Dear Dr. Morehouse;

I have read your thesis and have found it inappropriate. I hope that it does not reflect the thinking of the entire Family Practice Residency Program for if it does, I feel it better to discontinue the elective course at our facility. At the moment, I feel this is not the case and am happy to continue it.

You must realize that if your thesis gets in the wrong hands it could be very incendiary but I believe your better judgement will see that this doesn't happen.

Hoping that you may see this in the proper perspective, I remain,

Sincerely yours,


Selden T. Williams Jr. MD

Copy to Drs. Donald Treat and Dr. Eugene Farley

January 29, 1973

Selden T. Williams, Jr., M.D.
339 East Main Street
Attica, New York 14011

Dear Selden:

I have just had an opportunity to read your letter to Dr. Morehouse and I am sorry that you found his proposal inappropriate. I hope you feel that the content of the proposal has considerable merit. I know that Dr. Morehouse's intention is to be constructive and helpful. I hope it will be accepted and considered in that light.

Both Drs. Scott and Morehouse have told me that they have found the elective at Attica a worthwhile educational experience. Dr. Scott is planning to write a report of his elective, and I will be happy to send you a copy if you would like to see it. I think that both men have acquired some understanding of the problems and challenges in the health care delivery system located within a correctional facility.

Sincerely yours,

Donald F. Treat, M.D.
Chairman, Internship & Residency Committee
The Family Medicine Program

DFT/rm

February 7, 1973

Selden T. Williams, M.D.
339 East Main Street
Attica, New York 14011

Dear Dr. Williams,

I apologise for being so long in answering your letter of January 24. Helen and I just returned from Philadelphia after an emotionally draining week settling the small estate of her mother who died suddenly in a violent train accident on January 25. It will be a while before we are feeling whole again.

I was dismayed to find that you felt my proposal was inappropriate, although I understand well that parts of it unavoidably touched on issues sensitive both to the institution and to you personally. In fact, the entire issue of medical care delivery within our penal system is a sensitive one to all concerned.

What I fear may have been misinterpreted are the personal motives which led me to incorporate an offer of my own services to the prison. After several visits to the prison I began to see a need within the institution, similar to the need which one finds within many other institutions and areas of our society, for an organization of medical care delivery akin to that which we have learned to create through our postgraduate training in the Family Medicine Program. The proposal which I submitted, although I must bear full responsibility for its specific content, has been derived through the use of standard techniques of systems analysis and incorporates well-known management principles into its organization.

Some colleagues have asked me why I would wish to go into prison medicine full-time at a relatively low salary level when more money could be made in a less emotionally charged (or "incendiary", as you termed it) climate out in the wider community. It is a difficult question to answer fully. Part stems from the warm feelings which I felt within myself for virtually all of the men, staff and inmates alike, I have met in my visits to the prison. This kind of feeling towards one's fellow man may appear naive in our times, especially within a prison setting, but it has been a working reality in my own life for some time now, and I cannot abandon it. Part, I am sure, derives from the enthusiasm which developed in me as I was writing

the thesis for applying personally many of the principles which I have learned about medical delivery systems. And part generates out of a series of mixed feelings which I have about personal income, as it relates to my life. My wife and I have both been generously salaried in our training programs in recent years: we already own our home, two late-model cars, and many beautiful furnishings and other possessions. We are happy. At our age, an enormous increase in income, although it would not be refused, is not high on our list of priorities. My father, who may be at the height of his career and whose creative mind and constructive input to the communications industry I have always valued, is currently earning a lower salary than a position in the penal system would pay me (a clipping from the February 1973 Scientific American is enclosed to illustrate an aspect of this feeling). I have examined my motives closely and have yet to find one which is rooted in anger.

I sincerely hope that you, along with the staff at Attica, will be able to read and respond to the proposal in the spirit of mutual help in which I have tried to offer it, devoid of any personal slights which might be perceived. Believe me, none were intended. I consider the many years of close experience which you have had with the delivery of prison medical care to be one of the more valuable resources I will have in designing appropriate and constructive change in medical care delivery at Attica if the proposal is accepted. I would like to work with you and would welcome the opportunity to speak with you personally about any ill feelings which may linger between us.

Sincerely,



William R. Morehouse, M.D.

WRM:ah

encl.

copy to Mr. Montanye
Dr. Bradley

Technical Director \$36,000

**NAVAL WEAPONS LABORATORY
DAHLGREN, VIRGINIA**

The position of Technical Director of the Naval Weapons Laboratory, Dahlgren, Virginia will be refilled in July, 1973. The Laboratory is recognized as one of the most progressive and innovative laboratories within the R&D community. NWL employs a staff of 2800, including more than 1100 scientists and engineers.

The Laboratory conducts research, development, test and evaluation, principally involving surface warfare systems. It provides fleet engineering support in warfare analysis, electromagnetic systems and other programs in warfare areas and fields of technology.

The selectee will provide technical direction for all RDT&E programs of the Laboratory. He will become principal architect in developing highly innovative approaches to management, requiring managerial competence and technical expertise of a high order. Applicants must have demonstrated ability in planning, directing, organizing and coordinating research and development programs of substantial importance.

Education at the graduate level is desired. Full Civil Service benefits apply.

Send Standard Form 171 and/or resume (including concise employment summary and educational background) to:

**Dr. J. S. Lawson, Jr.
Director of Navy Laboratories
Washington, D.C. 20360**

An Equal Opportunity Employer

February 13, 1973

Selden Williams, M.D.

Attica, New York

Dear Selden:

I have just finished reading Bill Morehouse's proposal for Attica which I had not done when I received your letter. I was very enthusiastic about the potential of his proposal but, at the same time, can see why you would be disturbed by parts of it. All of us here in Family Medicine find that often our residents are far ahead of us in some of their ideas and proposals. For the most part we find their proposals and ideas extremely sound whether dealing with internal problems of practice management or teaching goals here in the Family Medicine unit, some of the areas of patient-care, or some of their concerns of society in general. As you know, they are an active group of doctors who like to see patients, who like to give care, identify themselves as practitioners, and get very upset when they feel the systems do not allow doctors to maximize their potential.

The men have been enthusiastic about their electives at Attica and feel frustrated that the system has thwarted the maximum use of your medical potential at Attica. They see that this system can change so that no doctor will be in the frustrating position you have been in these years of being unable to do those things you were trained to do and might want to do in relation to caring for a patient population. In this respect, I think this proposal obviously reflects a lot of what they have learned from you and in working with you. It obviously recognizes the heavy burden you have been carrying these years of caring for your own practice population as well as the inmate population. I can see that as in the way it is stated it could look as though it were "a takeover". From my discussions with Bill I feel this is not the case but it is a clear statement recognizing the bind you have been in and rather just making a platitudinous response to this bind, he is in essence saying he would be available to become involved with working towards a resolution of these binds by offering to come to work there. We at the unit here have been very impressed with your contributions to these ideas and with your recognition of many of the problems and very much appreciate your input.

February 13, 1973

-2-

Obviously, Bill will be happy to talk with you about any of his proposals and any of the faculty here in the unit would also be happy to talk to you about them as you know how they are his proposals not ours even though we are extremely supportive of them and are impressed with the thought that has been given to the development of these by you, others, and Bill. Again, we very much appreciate your involvement. My very best regards to you.

Sincerely,

Eugene S. Farley, Jr., M.D.
Professor and Director
Family Medicine Program

ESF/BM

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

February 8, 1973

James D. Bradley, M.D.
Medical Director
Department of Correctional Services
P.O. Box 930
Plattsburgh, New York 12901

Dear Dr. Bradley,

In keeping with the desire which you expressed in your December 11 letter to Mr. Elwin, I am forwarding a copy of the study which I have written, in proposal form, of health care delivery at the Attica Correctional Facility. Enclosed also, for your information, is correspondence which relates to the presentation of the proposal within the institution. On January 22 I met with Superintendent Montanye, Dr. Selden Williams, and Deputy Superintendent Dickenson and presented the first copies of the paper to them. The Superintendent's staff met again the following week after which they forwarded copies of the proposal to Deputy Commissioner Quick's office. Additional copies have been received by Deputy Commissioner Elwin.

I would appreciate any comments which you may have about the feasibility of implementing a new medical care delivery system, such as the one outlined in the proposal, at Attica. Thank you for your consideration. If I can be of any assistance, please do not hesitate to contact me.

Cordially,



William R. Morehouse, M.D.

WRM:ah
encl.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

February 8, 1973

Edward Elwin, Deputy Commissioner
Department of Correctional Services
P.O. Box 7033
Albany, New York

Dear Mr. Elwin,

I am sorry about the time lag in getting additional copies of my proposal through to your office in Albany. The enclosed correspondence, for your information only, between Dr. Williams and myself should help to clarify the nature of the delay.

I am, perhaps wishfully, interpreting your request for more copies as an indication of continued interest in the basic fabric of the proposal. If I can be of any further assistance, do not hesitate to call.

Cordially,

Bill

William R. Morehouse, M.D.

WRM:ah
encl.



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
ATTICA CORRECTIONAL FACILITY
ATTICA, N.Y. 14011

Ernest L. Montanye
Superintendent

February 2, 1973

Dr. William Morehouse
Family Practice Residency Program
Highland Hospital
Rochester, New York 14620

Dear Dr. Morehouse:

Your recent proposals relative to medical care at this facility have been reviewed by me and members of my staff. I have forwarded copies of the proposal to the Honorable William C. Quick, Deputy Commissioner of Correctional Services in Albany.

Any further correspondence relative to this proposal will be predicated upon Commissioner Quick's reply to my letter.

Very truly yours,


Ernest L. Montanye
Superintendent

ELM/cas

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

February 9, 1973

Ernest L. Montanye, Superintendent
Attica Correctional Facility
Attica, New York 14011

Dear Superintendent Montanye,

I appreciate the attention which you have given to my proposal in reviewing it with your staff and in sending copies on to Deputy Commissioner Quick in Albany.

I have taken the liberty of forwarding copies to Dr. Bradley's office in response to his request for any studies which might be produced by Attica's participation in the residency elective with the Family Medicine Program. I hope this does not represent a breach of Protocol.

Enclosed please find correspondence between Dr. Williams and myself relating to issues which he has raised regarding the proposal. If I can be of any assistance to you in answering questions which your staff may have about the proposal or its intent, do not hesitate to contact me.

Cordially,

William R. Morehouse, M.D.

WRM:ah
encl.



MEDICAL BUILDING, INC.

Maplewood and Main
P.O. Box 134 • Attica, N.Y. 14011

February 6, 1973

William R. Morehouse, M. D.
c/o University of Rochester School of Medicine
355 Mt. Vernon Avenue
Rochester, New York 14620

Dear Dr. Morehouse:

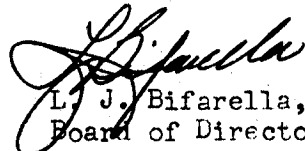
It has been brought to my attention by Dr. Eugene S. Farley, Jr., that you have not committed yourself to any area in the practice of medicine. We sincerely hope that you will consider the Attica, N. Y. area.

Enclosed is information on the work being done by the citizens of this area to attract young Doctors to help eliminate the critical need for Doctors in Primary Health Care. We hope that you will give our group the opportunity to meet with you, so that we can explain the benefits you would derive by locating in this area.

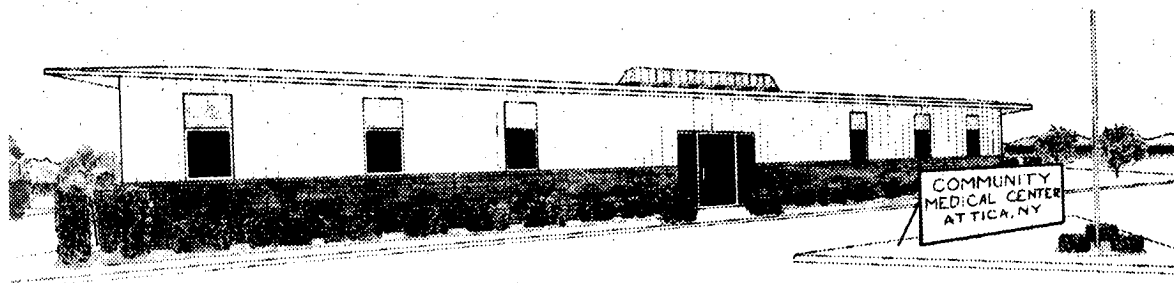
Our building is progressing very well. We are shooting for an opening date between June 15 and July 1st. If you decide to locate here, we would ask your assistance in the selection of furnishings for the consultation rooms, examining rooms, etc. This has to be done by March 1st, in order to meet shipping deadlines.

I would like to invite you and your wife to dinner, at your convenience, so that we may meet, and answer any questions you may have. I will call you within the week to arrange a dinner date.

Very truly yours,


L. J. Bifarella, Chairman
Board of Directors

LJB:ab
encl



**THIS AREA IS IN CRITICAL NEED OF DOCTORS FOR PRIMARY HEALTH CARE!
ARE YOU THE ONE WE ARE LOOKING FOR? PLEASE READ ON --**

The above picture is the artist's concept of Intercommunity Medical Building which is now under construction and over 50% completed. Intercommunity Medical Building, Inc. was formed as a "not for profit" corporation in 1972 for the express purpose of erecting a building to attract primary health care physicians to our area.

The building is located in the center of the Intercommunity area at Attica, N. Y. This area is primarily made up of all or part of eight townships with an estimated population of 12,000 people. The attached map shows a ten mile radius from the building and depicts the primary drawing area of the building, but we have stated that there are no geographical boundaries. The area is made up of suburban-rural residents. A State Prison with a population of 1600 is located in Attica. As present local doctors retire, the Prison should prove to be a rewarding challenge for new doctors within our area, if interested.

Attica is located in the heart of Western New York. Our rolling terrain offers many outdoor activities. Two hospitals are located in Batavia, twelve miles away, and one in Warsaw, fourteen miles away. We have been advised that staff privileges in all three hospitals are easily available. We are 45 minutes from Buffalo and one hour from Rochester. The cultural and educational opportunities of these cities are well known.

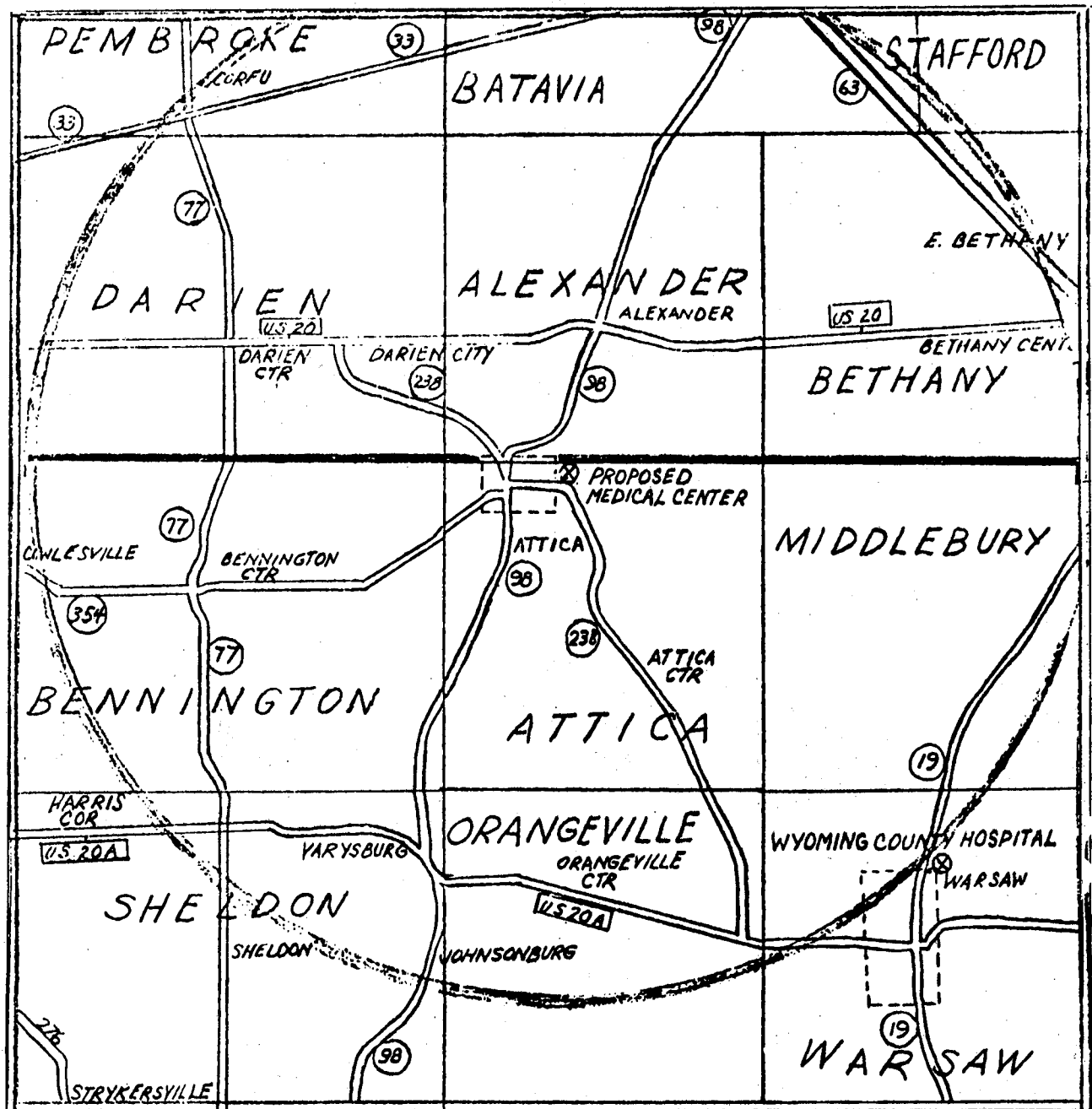
The whole Intercommunity area has been involved in the fund drive to erect this building. We feel that the public attitude and involvement generated by the fund drive will prove to be the nucleus of a successful practice in the building. The Board of Directors have actively kept the Intercommunity Medical building in front of the area populace by intensive use of all media. It has been our stated goal to raise the money, build the building, and turn the building and management over to the municipalities which choose to accept the responsibility. It is our further goal to accomplish this with no tax dollars involved.

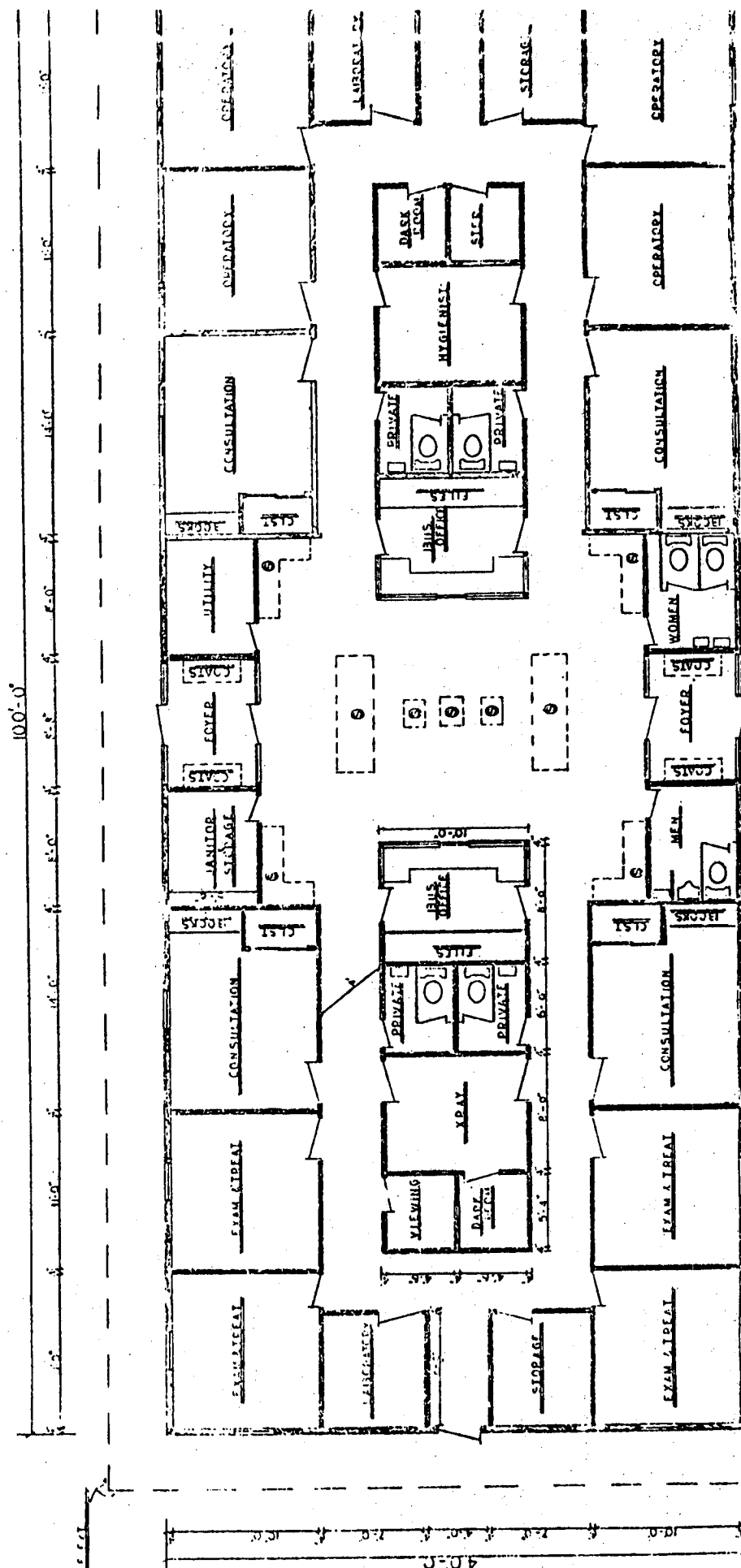
WHAT DOES THIS MEAN TO YOU? The building will operate on a "cost only" or break even basis. No capital amortization will be required. The resultant rental rates should be most appealing. Doctors who establish their practices in this building will operate their practices on a fee for service basis. The committee has exercised much care and study in the planning and construction of the building. As a result, it should prove attractive for a physician to locate here. The superior construction includes complete air conditioning, electric heat, adequate soundproofing, comfortable common waiting room, and other patient conveniences. The building has been designed around guidelines recommended by AMA, The Sears Foundation, and other professional sources. A copy of the floor plan is enclosed for your study.

At present, one dentist plans to move into the building and a radiologist will install an X-Ray unit to serve doctors needs. We have inquiries from specialists on the possibility of renting office space on a regular basis by appointment. It is our plan to use one consultation room and examining rooms for this purpose. Our goal is to attract two physicians to occupy the remaining two suites. A team basis practice would be ideal. Lease negotiations are now available and the committee anticipates rent concessions during the establishment period as an additional attraction.

We assure you that our proposal is everything we say it is and more. We hope that our concepts appeal to you. We will be glad to meet with you any time for more information. If you would like to hear more from us before looking us over, please contact any of the following:

716-591-1121 Arthur L. Young, President, IMB, Inc.
716-591-2525 Leonard J. Bifarella, Board Chairman, IMB, Inc.
716-591-1036 Seldon T. Williams, Jr., M.D.





FLOOR PLAN
SCALE: 1/8" = 1'

COMMUNITY MEDICAL CENTER ALITICA, N.Y.	DATE: 11/2/72 TIME: 4:27 PM	N. H. VAN SON CONST. CO. INC. IRATAVIA, N.Y.
---	--------------------------------	---

INTERCOMMUNITY MEDICAL BUILDING, INC.
INCOME & EXPENSE REPORT
AS OF FEB. 21, 1973

INCOME:

Cash	\$ 92,276.47	
Pledges	<u>13,645.40</u>	
Total	105,921.87	\$ 105,921.87

EXPENSE:

Postage	\$ 345.90	
Photos	29.02	
Printing	595.48	
Signs & Material	478.73	
Arch. Fees, Binders, Blueprints	996.87	
Bldg Expense	45,927.71	
Legal Fees	42.64	
Insurance	409.00	
Utilities	82.00	
Misc.	<u>29.81</u>	
TOTAL	48,937.16	-48,937.16
TOTAL BALANCE		53,984.71
LESS PLEDGES		<u>-13,645.40</u>
TOTAL BALANCE LESS PLEDGES		\$ 43,339.31

2-21-73;	
Bal. in chk a/c Marine Midland	883.84
" " sav. "@ " "	29,400.00
" " " " Citizens Bank	<u>13,055.47</u>
	\$ 43,339.31

INTERCOMMUNITY MEDICAL BUILDING, INC.
FINANCIAL STATEMENT
AS OF FEB. 21, 1973

	<u>CASH</u>	<u>UNPAID, PLEDGES</u>	<u>TOTAL</u>
ATTICA	28,319.22	8,715.40	\$ 37,034.62
ALEXANDER	6,970.00	555.00	7,505.00
DANIEL	1,740.00	125.00	1,865.00
BENNINGTON	3,485.00	235.00	3,720.00
SHELDON	1,990.00	200.00	2,190.00
ORANGEVILLE	622.00	10.00	632.00
BETHANY	546.00	25.00	571.00
MIDDLEBURY	347.50	25.00	372.50
JAVA	105.00		105.00
AREA ORGANIZATIONS	32,458.17	2,925.00	35,383.17
OTHER CONCERNED DONORS	10,407.00	850.00	11,257.00
MEMORIALS	3,206.10		3,206.10
PROFIT - SALE OF KITS	1,008.53		1,008.53
INT. ON SAVINGS	1,071.95		1,071.95
TOTALS	\$ 92,276.47	\$ 13,645.40	\$ 105,921.87

THE UNIVERSITY OF ROCHESTER

INTRAMURAL CORRESPONDENCE

February 26, 1973

To: Penitentiary Health Task Force Students
From: Dr. Gary Hankins
Dr. William Morehouse

This will serve as background to your decision concerning the two possible geographic sites for the semester's activities: (Attica State Prison; or the Monroe County Penitentiary). Both have programs in which students may have an active role; but potentially a greater one at Attica.

However, the two disadvantages to Attica are its distance from here and the problem of entree which will hopefully be resolved favorably. Attica is ten miles south of Batavia, over an hour away from Strong.

If the main focus were the local penitentiary, the direct contact would be through Mr. Ciaglia and Dr. Emerson, while we would act as resource people.

If Attica is chosen, there would be three stages:

- (1) 2-3 weeks of inter-action with us, using written material and our experiences here the past 2 years
- (2) an overview of the town of Attica as a community
- (3) the major time would be (after approval from Albany) at the Attica Prison, in an advocate role with 1-2 prisoners with relatives in Rochester

plm



Merger of goals with Attica community leaders

Lunch with Dr. Selden Williams

Meet Tom Laverne

LAW OFFICES

LAVERNE, SORTINO AND NOTO

THOMAS LAVERNE
ANTHONY M. SORTINO
ANTHONY C. NOTO
ROBERT E. HANKS
TERARD D. DIMARCO
RICHARD A. KROLL
RALPH D. CALABRO
ANTHONY L. AMOROSO

707 EXECUTIVE OFFICE BUILDING
36 MAIN STREET WEST
ROCHESTER, NEW YORK 14614

TELEPHONE 546-5960
AREA CODE 716

March 12, 1973

T. N. Hurd
Director of State Operations
Office of State Operations
The Capitol
Albany, New York 12224

Dear Norm:

Whenever a matter has come across my desk that is complex and yet "doable", it has been my habit to get in touch with a man who in a quite deliberate way "does".

Dr. William R. Morehouse, a resident of Rochester, has come up with what I believe would be an extraordinary proposal for medical care in penal institutions. The model fits Attica.

Dr. Morehouse is a Senior Resident in Family Medicine at Highland Hospital. The Family Medicine Program, in my judgment, is one of the most progressive programs that offers a viable solution for primary health care needs of our communities. This program is a joint project of the Medical School at Strong Memorial Hospital and Highland Hospital.

He has been working with the people at Attica and others, but I fear that unless we can get a person like you interested in this program it will be bogged down in red tape.

I am sending a copy of the enclosed report to John Dunne, Warren Anderson, Perry Duryea, and Dick Dunham and certainly would follow any other suggestions you may have to get this project moving.

The program has the virtue of building on the present medical

T. N. Hurd
March 12, 1973
Page 2

staff of the prison, with additions which on an annual basis will cost only \$150,000.00 more. It would seem to me that the money involved is very small and could be provided from Federal or Foundation sources.

Dr. Morehouse has stated that he is willing to meet with you or anyone else in the follow up on this matter.

I would appreciate your keeping me advised of your progresses. This is another one of my "freebees" but if I can be of help I would get great satisfaction in my involvement. Please let me know if there is anything that I can do to assist you.

Kindest personal regards,

Very truly yours,

LAVERNE, SORTINO & NOTO

Thomas Laverne

TL/cas
Enc.

LAW OFFICES

LAVERNE, SORTINO AND NOTO

THOMAS LAVERNE
ANTHONY M. SORTINO
JOSEPH C. NOTO

JOHN R. HANKS
EDWARD D. DIMARCO
RICHARD A. KROLL
RALPH D. CAMARDO
ANTHONY J. AMEROSO

707 EXECUTIVE OFFICE BUILDING
36 MAIN STREET WEST
ROCHESTER, NEW YORK 14614

TELEPHONE 546-5960
AREA CODE 716

March 12, 1973

The Hon. Warren M. Anderson
Senate Majority Leader
New York State Senate
Albany, New York 12224

Dear Warren:

Dr. William R. Morehouse, a resident of Rochester, has come up with what I believe would be an extraordinary proposal for medical care in penal institutions. The model fits Attica.

Dr. Morehouse is a Senior Resident in Family Medicine at Highland Hospital. The Family Medicine Program, in my judgment, is one of the most progressive programs that offers a viable solution for primary health care needs of our communities. This program is a joint project of the Medical School at Strong Memorial Hospital and Highland Hospital.

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The Hon. Warren M. Anderson
March 12, 1973
Page 2

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Very truly yours,

LAVERNE, SORTINO & NOTO

Thomas Laverne

TL/cas
Enc.

LAW OFFICES

LAVERNE, SORTINO AND NOTO

LAVERNE
SORTINO
NOTO
WATKINS
D'AMARCO
KROLL
CAMARDO
AMOROSO

707 EXECUTIVE OFFICE BUILDING
36 MAIN STREET WEST
ROCHESTER, NEW YORK 14614

TELEPHONE 546-5960
AREA CODE 716

March 12, 1973

The Hon. Perry B. Duryea Jr.
Speaker of Assembly
State of New York
Albany, New York 12224

Dear Perry:

Dr. William R. Morehouse, a resident of Rochester, has come up with what I believe would be an extraordinary proposal for medical care in penal institutions. The model fits Attica.

Dr. Morehouse is a Senior Resident in Family Medicine at Highland Hospital. The Family Medicine Program, in my judgment, is one of the most progressive programs that offers a viable solution for primary health care needs of our communities. This program is a joint project of the Medical School at Strong Memorial Hospital and Highland Hospital.

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The Hon. Perry B. Duryea Jr.

March 12, 1973

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Kindest personal regards,

Very truly yours,

LAVERNE, SORTINO & NOTO

Thomas Laverne

TL/cas

Enc.

LAW OFFICES

LAVERNE, SORTINO AND NOTO

THE HON. LAVERNE
A. SORTINO
NOTO

WILLIAM R. HAYES
GERARD E. MARCO
RICHARD A. KROLL
RALPH D. CAMARDO
ANTHONY J. AMOROSO

707 EXECUTIVE OFFICE BUILDING
36 MAIN STREET WEST
ROCHESTER, NEW YORK 14614

TELEPHONE 548-5940
AREA CODE 716

March 12, 1973

The Hon. John R. Dunne, Senator
State of New York
Albany, New York 12224

Dear John:

Dr. William R. Morehouse, a resident of Rochester, has come up with what I believe would be an extraordinary proposal for medical care in penal institutions. The model fits Attica.

Dr. Morehouse is a Senior Resident in Family Medicine at Highland Hospital. The Family Medicine Program, in my judgment, is one of the most progressive programs that offers a viable solution for primary health care needs of our communities. This program is a joint project of the Medical School at Strong Memorial Hospital and Highland Hospital.

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The Hon. John R. Dunne
March 12, 1973
Page 2

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Very truly yours,

LAVERNE, SORTINO & NOTO

Thomas Laverne

TL/cas
Enc.

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707 EXECUTIVE OFFICE BUILDING
36 MAIN STREET WEST
ROCHESTER, NEW YORK 14614

TELEPHONE 546-5960
AREA CODE 716

March 12, 1973

Richard L. Dunham, Director
Division of the Budget
The Capitol
Albany, New York 12224

Dear Dick:

I have never hesitated to ask your assistance on which I hope have been worthy projects in the past. I have now come upon one that provides an answer for a very sensitive area of State concern. I would appreciate your getting the matter some attention from some of your key staff so that you can make some quick comments on a program which urgently needs attention. I have sent a copy of the report to John Dunne, Warren Anderson, Perry Duryea, and Norm Hurd, however, I did not send one to Oswald because I didn't know if he would be around long enough to look at it. Let me know if you think I should send a copy of the report to anyone else.

Dr. Morehouse is a Senior Resident in Family Medicine at Highland Hospital. The Family Medicine Program, in my judgment, is one of the most progressive programs that offers a viable solution for primary health care needs of our communities. This program is a joint project of the Medical School at Strong Memorial Hospital and Highland Hospital, and would be an extraordinary proposal for medical care in penal institutions.

He has been working with the people at Attica and others, but I fear that unless we can get a person like you interested in this program it will be bogged down in red tape.

The program has the virtue of building on the present medical staff of the prison, with additions which on an annual basis

Richard L. Duhman, Director
March 12, 1973
Page 2

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Kindest personal regards,

Very truly yours,

LAVERNE, SORTINO & NOTO

Thomas Laverne

TL/cas
Enc.

3/12



DOROTHY WADSWORTH
DIRECTOR OF DEVELOPMENT
2-2719 464-2816

Mr. Morehouse —

Told Steve Rosenfeld

To Take the necessary
Time for comment —

hope that was all right
with you — DW

50 MAIN STREET WEST
ROCHESTER, NEW YORK 14614

March 9, 1973

Mrs. Dorothy Wadsworth
Director of Development
Rochester Institute of Technology
50 Main Street West
Rochester, New York 14614

Dear Dorothy:

Thank you for sending me Dr. Morehouse's paper. I certainly will read it with interest.

My father is currently out of the country until March 18, but I am sure he would be interested. Can I keep the paper that long?

I always enjoy receiving notes from you, because they are always so cheerful and encouraging. Actually, the interest in Attica from my vantage point shows no sign of abating. Aside from continuing to do battle with Judge Fischer (he has just filed his appeal from Judge Ball's order), I have occasionally been speaking -- last night at Riverside Church for instance. There are also major articles on the report in this month's Commentary (unfavorable) and in an upcoming issue of The Nation (very favorable). Whether favorable or unfavorable, it is encouraging to see that national magazines are still at this late date commenting on the report.

Please let me know what my time deadline is on returning Dr. Morehouse's report.

Sincerely yours,

Steve

Steven B. Rosenfeld

SBR:jmm

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

March 16, 1973

Leonard J. Bifarella
Assistant Vice President & Manager
Marine Midland Bank--Western
Attica Office
Attica, New York

Dear Bif;

Enclosed you will find some preliminary work on the recruitment effort which we talked about Monday morning. Contents:

Preliminary classified ad pattern

National Family Medicine canvassing of 157 programs

Tom Laverne's "swan song" paper (for background only)

Much of this material is in rough draft form. The parts involving our program in Rochester are being refined, and I would be interested in your suggestions for refining the parts having to do with the Attica community. Write down some of your ideas and send them back to me. When Helen and I return from England on the 26th we can pick up where we left off.

Enclosed also, for your personal information only, are copies of some of Tom Laverne's more recent correspondence. Maybe Barber Conable would appreciate what is going on.

Have fun.

Cordially,

William R. Morehouse, M.D.

WRM:rm
Enclosures



RICHARD L. DUNHAM
DIRECTOR OF THE BUDGET

EXECUTIVE DEPARTMENT
DIVISION OF THE BUDGET
STATE CAPITOL
ALBANY 12224

*after 26th
in England*

March 19, 1973

Thomas Laverne, Esq.
707 Executive Office Building
Rochester, New York 14604

Dear Tom:

This is in reply to your letter of March 12 forwarding the proposal for the development of a new comprehensive medical care system within the Attica Correctional Facility prepared by Dr. Morehouse.

OK → A quick review by my staff indicates that the proposal was well thought out and presented by Dr. Morehouse. I have been informed, also, that the Department of Correctional Services, on February 16, 1972, made arrangements for the Health and Mental Hygiene Facilities Improvement Corporation to undertake a complete study of all its medical and hospital requirements. I suggest, therefore, that copies of Dr. Morehouse's proposal be sent to Mr. J. Lawrence Murray, Executive Director of the Health and Mental Hygiene Facilities Improvement Corporation, 44 Holland Avenue, Albany - and to Mr. Walter Dunbar, Executive Deputy Commissioner, New York State Department of Correctional Services, State Office Building Campus, Albany, N. Y. 12226.

I am sure that the above-mentioned individuals will find the proposal pertinent to their overall study.

Thank you for the assistance in this matter of concern to all of us. I will let you know of further developments in this area.

Sincerely,

CC: Mr. Walter Dunbar
Department of Correctional Services

Mr. J. Lawrence Murray
Health and Mental Hygiene Facilities Corporation

RECEIVED MAR 21 1973



STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

T. N. HURD
SECRETARY TO THE GOVERNOR

REC.

March 20, 1973

Dear Tommy:

Thank you very much for your letter of March twelfth and for your relaying of information concerning Dr. William R. Morehouse and his proposal for medical care in penal institutions.

I have asked Mr. Leslie Mikalson our Program Associate who handles correctional matters to review the proposal and give me specific suggestions as to whether or not Dr. Morehouse's program appears to be feasible in our Department of Correction.

When Les has had an opportunity to review it and to give me his suggestions, I shall be happy, indeed, to get in touch with you again concerning it.

Best personal regards,

Sincerely,

Norm

Thomas Laverne, Esq.
Laverne, Sortino and Noto
707 Executive Office Building
36 Main Street West
Rochester, New York 14614



RECEIVED MAR 23 1973

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

PERRY B. DUREYA, JR.
SPEAKER

March 21, 1973

Mr. Thomas Laverne
Laverne, Sortino and Noto
707 Executive Office Building
Rochester, New York 14614

Dear Tom:

I appreciate being advised of your supporting position on Dr. William R. Morehouse's proposal for medical care in penal institutions. I am presently reviewing his proposed report with great interest.

I will refer Dr. Morehouse's proposal to my legislative counsel and discuss the recommendations carefully. My counsel will then direct any communication, regarding possible legislation, to me or to the respective Committee such as Assemblyman Clark Wemple's Sub-Committee on Correctional Review and Penal Institutions.

Many thanks for sending me a copy of the report. Best wishes and kindest personal regards.

Sincerely,

Perry B. Dureya, Jr.

PBD:mib

cc: Mr. Charles Webb, Legislative Counsel

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

April 2, 1973

Selden T. Williams, Jr., M.D.
339 East Main Street
Attica, New York 14011

Dear Selden:

We have two Family Medicine Residents this month, Dr. Stephen Smith and Dr. Joseph Mancini, who have elected our training exposure to prison medicine in Attica. They will be free on Fridays for the next four weeks and would enjoy meeting with either you or Dr. Sternberg for 8:00 Rounds this Friday, April 6th, if that is convenient for you.

I will bring them down for their first visit and would have time later in the day to introduce them to staff in some of the prison's other rehabilitation programs.

Helen and I had a marvelous time in England -- even though it was only for one week. If our pictures have come back from processing by Friday, I'll bring some along.

Looking forward to seeing you again.

Sincerely,

W. R. Morehouse

William R. Morehouse, M.D.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

April 9, 1973

Pauline Feingold, Director
Coalition Action Council
New York Urban Coalition, Inc.
55 Fifth Avenue
New York, New York 10003

Dear Pauline,

Enclosed please find a copy of the proposal which I mentioned on the phone a few days ago. I hope you enjoy it. Chances of Albany approval seem to be improving with each passing week, and I will certainly need all the constructive help I can find in the community if life is to be breathed into this total program after acceptance.

I would value any ideas or opinions which you might wish to share.

Sincerely,



William R. Morehouse, M.D.

WRM:rm
Enclosure

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

April 10, 1973

MEMO TO: James D. Bradley, M.D.

FROM: Gary C. Hankins, M.D., Chief Resident, Department of Family Medicine

This is regarding the highly successful Family Medicine House Staff Elective in Prison Health. I am happy to report that this experience has been enthusiastically received by our house staff. This month, two Family Medicine Residents, Drs. Joe Mancini and Steve Smith, will be participating under the direct preceptorship of Dr. William Morehouse.

Recently, Dr. Robert Berg, Chairman of the Department of Preventive Medicine and Community Health at The University of Rochester, and his staff have shown an interest in this course and I have been directly approached about making this experience available to physicians-in-training from The University of Rochester. Dr. William Morehouse and myself have agreed to this and have committed ourselves to providing the preceptorial and supervisory support. Four individuals will be participating beginning this month. Dr. Morehouse will take them for their first visit to the Attica facility on Tuesday, April 17th. We are attempting to arrange a meeting with Mr. Harold Smith on that first encounter.

I am most encouraged by the interest and enthusiasm which has been generated in the medical problems of the prison and the community of Attica. The major single factor in the success of the program has been the open acceptance and support offered by your office and the staff of Attica. Thank you for your continued support. We hope that you have found the involvement of the Department of Family Medicine worthwhile from your point of view.

GCH/rm

cc: M. Emerson, M.D.
W. Morehouse, M.D.
H. Smith
D. Treat, M.D.
S. Williams, M.D.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

April 10, 1973

FAMILY
MEDICINE
PROGRAM

Ernest L. Montanye, Superintendent
Attica Correctional Facility
Attica, New York 14011

Dear Mr. Montanye,

I was pleased to have a chance to see you again on Friday to clear up a misunderstanding which could have promoted distance between us. For a moment I thought that an institution which had always treated me with hospitality had suddenly grown cold, but I'm relieved to have found a warm reception instead. There is still a degree of understandable apprehension in the minds of the current medical staff which will probably remain until the depth of sincerity underlying the proposed changes has been demonstrated in action for some weeks. In my view, open cooperation is not only my personal preference but a matter of practical necessity, given the nature of a maximum security prison. Staff support will have to be strong and sustained for any new medical program to be able to turn inmate support into a constructive positive force toward personal rehabilitation and away from angry rhetoric. Confrontation politics not only are unpleasant; they do not work.

Enclosed is a copy of the letter to Dr. Bradley which you suggested that I write.

Thanks.

Sincerely,



William R. Morehouse, M.D.

WRM:rm
Enclosure

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

April 9, 1973

FAMILY
MEDICINE
PROGRAM

James D. Bradley, M.D.
Medical Director
State of New York
Department of Correctional Services
P. O. Box 930
Plattsburgh, New York

Dear Dr. Bradley,

When I was in Attica last Friday I had the opportunity to talk with Mr. Montanye and he again mentioned the possibility, which you had apparently raised last month, of your visiting the facility. He suggested that I write to ask whether you still plan a trip to Attica this Spring. If so, we would both welcome the chance to talk with you and Dr. Williams about the implementation potential of the new health care system described in my recent proposal. To my knowledge, the proposal has been favorably received in Albany so far, but you would know more about its status there than I do.

I believe Dr. Gary Hankins has forwarded information to you about an extension of the current residency elective at Attica to include four 1st year medical students who are doing course work in Preventative Medicine and Community Health at the University of Rochester. This elective has been, and will continue to be, completely independent of my personal involvement with medical care at the institution. Although some of the residents in our program have been unavoidably aware of my proposal, this material and the concerns which underly it have not been shared with the medical students due to the very sensitive nature of the issues involved.

I think we have been very fortunate that news of the proposal has not yet leaked to either the press or the inmate population and that the merits of the system outlined can still be discussed in a calm and rational atmosphere. I hope we are able to meet while this atmosphere exists, since I am a bit concerned that somehow, somewhere the word will get out and we will all find ourselves in a less favorable position.

Hoping to hear from you soon.

Sincerely,



William R. Morehouse, M.D.

WHR:m

Copy to: Mr. Montanye

601 ALBANY AVENUE / ROCHESTER, NEW YORK 14620 / TELEPHONE AREA CODE 716 / 442-7470

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

April 11, 1973

FAMILY
MEDICINE
PROGRAM

Selden T. Williams, Jr., M.D.
339 East Main Street
Attica, New York

Dear Selden,

I hope you don't mind sharing some of your professional experience in prison medical care with two of the medical students mentioned in Dr. Hankins' recent memo to Dr. Bradley. In addition to introductory course work in Community Health, the students have several Tuesday mornings free to do field work in Rochester and Buffalo as well as in Attica. If their limited exposure (perhaps three half-day visits) to the prison proves to be valuable and not an inconvenience to you, we may consider offering a similar experience to a few students when this course meets again in the Spring of 1974.


The interests of the students are as follows:

David Garver - inpatient medical care
Michael Kelleher - psychiatric services (Dr. Reynolds)
Jack Riggs - dental care (Drs. Vanwallendael and Grey)
Neil Swanson - ambulatory medical care

These are all bright and mature young men with no axes to grind, so the time spent should be mutually enjoyable. I will take as much or as little supervisory responsibility as you wish on our April 17 visit. See you then.

Thanks.

Cordially,


William R. Morehouse, M.D.

WRM:rm
Copy to Harold Smith

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

April 11, 1973

Harold Smith
Deputy Superintendent
Attica Correctional Facility
Attica, New York


Dear Harold,

I just received a memo from Dr. Hankins (which you will also have received by this time) about one of our teaching commitments at the University. He leaves me very little time to make the arrangements which he mentions. I hope the short notice is not an imposition.

Enclosed are the names and pictures of the four students who will be involved and a copy of correspondence which I am sending to Dr. Williams in advance.

I'll try to remember your book on this visit...

Sincerely,


William R. Morehouse, M.D.

WRM:rm
Enclosures

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

April 11, 1973

Dr. Bill Grey
223 South Main Street
Albion, New York

Dear Bill,

It was a genuine pleasure to find you at the drill in Attica on Friday. Enclosed is a mildly controversial piece of work which you may already have seen and a copy of correspondence relating to a proposed visit to the prison on April 17 by four University of Rochester medical students. Could you and Roger show Jack Riggs what you men do in there?

Let me know what you think. Perhaps we'll both be in the prison on the 17th and can have some lunch together at officers' mess.

Cordially,

William R. Morehouse, M.D.

WRM:rm
Enclosures

Home 271-8489
Office 442-7470

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



April 11, 1973

FAMILY
MEDICINE
PROGRAM

Richard Williams, M.D.
38 Park Street
Warsaw, New York

Dear Dr. Williams,

I enjoyed meeting you at the hospital last Friday, after having worked with Randy and Rob at Highland. I know that Rob, in particular, is very interested in our program in Family Medicine and has been recently investigating ways in which our surgical training exposure can be strengthened. When it comes to practice preferences, all three of us have Wyoming County in mind, but for some complex variety of reasons (which even I question from time to time) I'd like to come in through the "back door".

Enclosed is a copy of the proposal which I have submitted through the Department of Corrections to develop a new medical care system within the Attica Correctional Facility. From the looks of things in Albany, it will probably be implemented. If so, I would like to integrate the referral patterns of the prison with those of the area in order to provide more comprehensive, continuous, and personal care. Let me know what you think.

Cordially,

William R. Morehouse, M.D.

WRM:rm
Enclosure

Bill -
hope his journey
helpful
u.

April 24, 1973

Selden T. Williams, M.D.
Director, Medical Service
Attica Correctional Facility
Attica, New York 14011

Dear Dr. Williams:

This is ~~for~~ forward in writing the thanks from Dr. Berg concerning your continual kindness regarding the 4 first year students coming to Attica, which I expressed today by phone.

A key aim of the spring semester course in Community Medicine is to give each of the ninety-nine students a close view as an observer - participant of health care delivery in the community.

These students who have chosen prison health are lucky to have had an opportunity to meet with you.

Would it be convenient for two of them to meet you a time or two more? They could be there in your office at 8:00 a.m. on Tuesday, May 1st. Just let me know (by message if I am not in) at 716-275-3271 if this would not work out...

They would appreciate the chance again to go on infirmary rounds, to observe sick call, and talk with a few patients in the infirmary. A brief tour of the prison would also be very helpful.

We hope you will come by our department and turn to us if there is some way we can return your kindness.

Sincerely,

Marion S. Emerson, M.D.
Associate in Preventive Medicine
and Community Health and in Medicine

cc: Dr. Robert Berg
Mr. Ernest Montayne

MSE/mes



MEDICAL BUILDING, INC.

Maplewood and Main
P.O. Box 134 • Attica, N.Y. 14011

April 24, 1973

Eugene S. Farley, Jr., M.D.
Director of Family Practice Program
Highland Hospital
South Avenue at Bellvue
Rochester, New York 14620

Dear Dr. Farley:

A little over one year ago, we started out with a dream that we could build a medical facility to attract some young doctors to our area. Half of that dream has come true - we have the facility, but no doctors!

Our sparkling new air-conditioned building is virtually complete. It is a three doctor, one dentist complex completely air-conditioned, electrically heated and fully carpeted for everyone's comfort. Basic medical and office furniture will soon be installed and the X-ray room is ready for the new equipment. There is a full ground level basement with ambulance garage for future expansion of medical facilities. It is a complete unit almost ready for occupancy in a good area in need of primary medical care.

We again respectfully solicit your help in securing doctors, both current or past graduates, to staff this new facility. We would be most happy to talk with any possible doctors at their convenience and trust that you share our enthusiasm in staffing this new building.

We thank you for your help and courtesy in the past and sincerely hope that you will help us in our continuing efforts to find doctors.

Very truly yours,

Arthur L. Young

Arthur L. Young, President

ALY:ab

RECEIVED
APR 26 1973

FAMILY MEDICINE

LAW OFFICES

LAVERNE, SORTINO AND NOTO

THOMAS LAVERNE
ANTHONY M. SORTINO
ANTHONY C. NOTO

ROBERT P. HANKS
GERARD D. DIMARCO
RICHARD A. KROLL
RALPH D. CAMARDO
ANTHONY J. AMOROSO

707 EXECUTIVE OFFICE BUILDING
36 MAIN STREET WEST
ROCHESTER, NEW YORK 14614

TELEPHONE 546-5960
AREA CODE 716

April 30, 1973

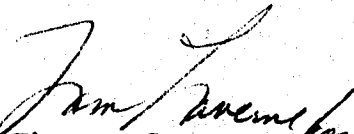
William R. Morehouse, M.D.
221 Mt. Vernon Avenue
Rochester, New York 14620

Dear Dr. Morehouse:

I am enclosing herewith a copy of correspondence from Walter Dunbar, Executive Deputy Commissioner of the Department of Correctional Services.

Very truly yours,

LAVERNE, SORTINO & NOTO


Thomas Laverne

TL/cas
Enc.



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
THE STATE OFFICE BUILDING CAMPUS
ALBANY, N. Y. 12226

RUSSELL G. OSWALD
COMMISSIONER

April 17, 1973

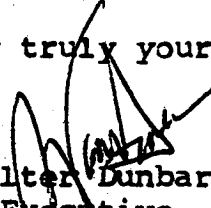
Hon. Thomas Laverne
The State Senate
Legislative Office Building
South Mall
Albany, New York

Dear Senator Laverne:

This acknowledges with appreciation your letter of March 30, 1973 which enclosed Dr. Morehouse's proposal for a new comprehensive medical care system for Attica Correctional Facility.

You may rest assured that this proposal will be given full consideration.

Very truly yours,


Walter Dunbar
Executive
Deputy Commissioner

WD:me
cc/Mr. Edward Elwin
Deputy Commissioner of Correctional
Program Services

THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
260 CRITTENDEN BOULEVARD
ROCHESTER, NEW YORK 14642

DEPARTMENT OF PREVENTIVE MEDICINE
AND COMMUNITY HEALTH

COMMUNITY HEALTH UNIT
(716) 275-3057

May 1, 1973

William Morehouse, M.D.
221 Mt. Vernon
Rochester, New York 14620

Dear Dr. Morehouse:

On Thursday, May 31 at 6:00 p.m. in the Chancellor's Dining room at the Faculty Club we will have a dinner to show appreciation for the Task Force preceptors involved in the first year course in Preventive Medicine during the past semester.

This is said to be a unique situation for busy community people to take a turn in introducing these students to specific "here and now" examples of the medical care system.

We would be happy also to hear from you the highlights of your Task Force activities and the key suggestions you might care to make.

Mark your calendar now and please let Mrs. Dudman at 275-3057 know by May 18 whether or not you can come.

Sincerely,

Bob Berg

Robert L. Berg, M.D.

Marion E.

Marion Emerson, M.D.

Don

Donald J. Ciaglia

RLB:LD

THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
260 CRITTENDEN BOULEVARD
ROCHESTER, NEW YORK 14642

DEPARTMENT OF PREVENTIVE MEDICINE
AND COMMUNITY HEALTH
DIVISION OF REHABILITATION MEDICINE
716-275-3271

May 3, 1973

Mr. Michael Morris
Attica State Correctional Facility
Attica, New York 14011
(Box 149)

Dear Mr. Morris:

This is to corroborate our phone conversation of May 2 in which a day was set for three or four of our first year medical students in a Community Medicine course to meet with you. Michael Kelleher, Jack Riggs, David Garver, and Neil Swanson will be with you from 9:00-11:30 A.M. on Monday, May 14. Your arrangements sound great. They are earnest, responsive, fine young men. Thank you for your part in explaining to them some things about the important and difficult approach to health care for prisoners.

I hope to have the opportunity at some point to thank you in person and also Mr. Montayne, on behalf of our Department Chairman, Dr. Berg.

Sincerely,



Marion S. Emerson, M.D.
Associate

Preventive Medicine and Community Health,
and in Medicine

MSE:rvb

cc: Dr. Robert L. Berg
Mr. Ernest Montayne

THE UNIVERSITY OF ROCHESTER

INTRAMURAL CORRESPONDENCE

May 3, 1973

TO: Russell Barton, M.D.

FROM: Marion S. Emerson, M.D.

RE: An enclosed proposal by Bill Morehouse, a family medicine fellow,
for a change in the Attica Prison Health Care System.

I have just finished reading this proposal, which is being studied at the Albany level. Bill would like very much to have your opinion on it and hopes he may contact you for an appointment, possibly next week. His phone is 271-8489 should you prefer to reach him.

I also want very much through you to extend our thanks to Dr. Kapitan - I will also be in direct touch with him. He was very helpful in arranging for Mike Kelleher's visit with him to Attica on Monday April 30.

MSE:r vb

cc: William Morehouse, M.D.
Dmytro Kapitan, M.D.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

May 8, 1973

Darryl Lumaco, M.D.
2133 Judah Street
San Francisco, California 94122

Dear Darryl:

I was very pleased to have heard about you from Bruce Immerman, and to have had the chance to talk with your wife on the phone last week.

Attica is not the most scenic or culturally stimulating (in the conventional sense of the term) place in the world, but it turns me on.

Enclosed is a packet of information, from my perspective, about the community. If this is tantalizing to you, hop on the phone and I'll fill you in some more.

Sincerely,



William R. Morehouse, M.D.

Enclosure: a/s

WRM/rm

HIGHLAND HOSPITAL OF ROCHESTER
A MAJOR AFFILIATE OF THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE



FAMILY
MEDICINE
PROGRAM

May 9, 1973

Tom

Attached some recent correspondence. Your special attention to the letter from Dr. Selden Williams, currently Medical Director at Attica, who for some unpredictable reason apparently feels threatened. I have always had cordial, if somewhat strained relations with him and thought we had developed a mutually agreeable working relationship relative to my proposal.

I have been working with Dr. James Bradley, Medical Director for Dept. of Corrections, and in these dealings have sought to preserve Dr. Williams' position. Jim has been in contact with both the Governor's office and Walter Dunbar, Executive Deputy Commissioner. We expect a serious meeting with the Commissioners re the proposal within the next week or so.

Thanks for the lesson. Best regards.

Rice



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
ATTICA CORRECTIONAL FACILITY
ATTICA, N.Y. 14011

April 26, 1973

Ernest L. Montanye
Superintendent

Dr. Eugene Farley & Dr. Donald Treat
Highland Hospital
Family Practice Medical Residency Program
Rochester, New York

Dear Dr. Farley & Dr. Treat:

I am quite willing to have your residence come up on Fridays
for observation of the Medical Department at work at this institution.
However, I do not wish Dr. Moorehouse in this institution again.

Hoping this will meet with your approval, I remain,

Sincerely yours,


S. T. Williams, M.D.

cds
cc: Mr. Montanye
Superintendent

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

May 1, 1973

James D. Bradley, M.D.
Medical Director
State of New York
Department of Correctional Services
Office of the Medical Director
Post Office Box 930
Plattsburgh, New York 12901

Dear Dr. Bradley:

I'm sure you realize how appreciative I am of your taking the time last Wednesday to visit and exchange ideas about Attica. It would be a joy to work in a department where candor and innovation are expected.

Perhaps the next time you are planning a trip to this area you could bring your wife and give us a call to let us know that you are coming. Rochester is a nice place to spend an evening and we would enjoy sharing our city with you.

Reflecting on the Psychiatric Section has led me to the conclusion that one positive note is the dedication (unfortunately unrecognized by critics of the department) of Drs. Barton and Kapitan. I would hope to ameliorate some of their frustration if the proposal becomes a reality. It would certainly be safe to say that Psychiatric Services within the prison would be high on my program's priority list.

Enclosed for your information (unofficially) is Dr. William's latest epistle. In spite of this, I would frankly still wish to work with him, simply because we cannot afford to lose access to his years of prison experience. Also enclosed, is some correspondence, relative to the proposal, which you might find of interest. The accompanying pamphlet, which I meant to call to your attention when you were here, explains my respect for Tom Laverne, the former State Senator, who has maintained a close relationship with Family Medicine. Although minor errors in statistics appear on page 7, the publication contributed significantly to the creation of the climate of favorable recognition which the program enjoys.

Again, with sincere appreciation for your visit,

Respectfully,

William R. Morehouse, M.D.

WRM/rm

335 MT. VERNON AVENUE / ROCHESTER, NEW YORK 14620 / TELEPHONE AREA CODE 716 / 442-7470



April 12, 1973

William R. Morehouse, M. D.
221 Mt. Vernon Avenue
Rochester, New York 14607

Dear Dr. Morehouse:

Enclosed is your proposal and memo of comments and criticism from Dr. Rosenfeld. My decision was to send it on to you because I think this kind of comment is valuable and perhaps will strengthen the proposal in the long run.

Many thanks for sharing your dedicated work.

Sincerely yours,

Dorothy Wadsworth
Director of Development

DW:ckd

Encs.

(716) 464-2916

Metropolitan Center
50 Main Street W.
Rochester, N. Y. 14614

(716) 262-2719

PAUL, WEISS, RIFKIND, WHARTON & GARRISON

345 PARK AVENUE

NEW YORK, N. Y. 10022

TELEPHONE (212) 935-8000

CABLE LONGSIGHT, N. Y.

TELEX 12-7831

RANDOLPH E. PAUL (1946-1956)
LOUIS S. WEISS (1927-1950)

JOHN F. WHARTON
ROBERT E. SAMUELS
COUNSEL

WASHINGTON OFFICE

1775 K STREET, N. W.

WASHINGTON, D. C. 20006

TELEPHONE 202 293-6370

CABLE LONGSIGHT WASHINGTON

WRITER'S DIRECT DIAL NUMBER

(212) 935-8186

April 4, 1973

SIMON H. RIFKIND
LOYD K. GARRISON
HOWARD A. SEITZ
ADRIAN W. DEWIND
RAMSEY CLARK
MORRIS B. ABRAM
MORDECAI ROCHLIN
PAUL J. NEWLON
JOSEPH S. ISEMAN
JAMES B. LEWIS
THEODORE C. SORENSEN
MARTIN KLEINBARD
RICHARD H. PAUL
NORMAN ZELENKO
JOHN E. MASSENGALE
JAY H. TOPKIS
EDWARD N. COSTIKYAN
ROBERT H. MONTGOMERY, JR.
JOHN C. TAYLOR, 3rd
BERNARD H. GREENE
ERNEST RUBENSTEIN
ALLAN B. ECKER
STUART ROBINOWITZ
JAMES L. PURCELL
ARTHUR KALISH
DAVID T. WASHBURN
BERNARD FINKELSTEIN
ARTHUR L. LIMAN
RICHARD R. DAVIDSON
SEYMOUR HERTZ
WALTER F. LEINHARDT
GERALD D. STERN
ANTHONY B. KUKLIN
MARTIN LONDON
DAVID C. BRODHEAD
PETER R. HAJE
LEONARD V. QUIGLEY
ALLAN BLUMSTEIN
NEALE M. ALBERT
JAY GREENFIELD
KEVIN J. O'BRIEN
ALFRED D. YOUNGWOOD
DONALD F. MOORE
JOSEPH E. BROWDY
SIDNEY S. ROSENTHAL
ROBERT L. LAUFER
ALLEN L. THOMAS

Mrs. Dorothy Wadsworth
Rochester Institute of
Technology
50 Main Street West
Rochester, New York 14614

Dear Dorothy:

I am returning herewith Dr. Morehouse's proposal. As you can see, my father read it with great interest and sent me the attached memorandum of his comments and criticisms.

While the memo (until you get to the last paragraph) might seem harsh, that is merely my father's straight-forward style. He told me he was very impressed with the proposal. I will leave to your discretion whether to forward his memo to Dr. Morehouse.

I read with interest the report in this morning's paper about the new Department of Correctional Services report on restructuring the prison system. On the surface, it seems to be a giant step forward. I can't wait to get my hands on it to see if that impression is sustained!

I wish I could say "see you at the National Book Awards ceremony next week," but as Dean McKay so aptly put it, we are all holding the date, but not our breaths.

Best regards.

Sincerely yours,

Steve

Steven B. Rosenfeld

SBR:jmm

Enclosures



April 2, 1973

Steven B. Rosenfeld, Esquire
Paul, Weiss, Rifkind, Wharton & Garrison
345 Park Avenue
New York, New York 10022

Dear Steve:

I am returning herewith the Morehouse Attica proposal with the following comments:

1. Dr. Morehouse seems to have a reasonable grasp and understanding of the deficiencies and inadequacies of medical care at Attica. His expressions of purpose and goals have all the catch words currently used in attempting to define correction and rehabilitation versus penalizing and incarcerating, but the proposed organization and staffing for medical, psychiatric and psychological services doesn't even begin to scratch the surface, if indeed much more in the way of care is to be provided and anything in the way of rehabilitation is to succeed.
2. The proposals are centered around physical health maintenance, even though the analysis correctly identifies the greater problems of emotional health, drug addiction, etc. Provisions made for staffing in these areas are minimal to say the least and do not in any way identify the current role of the State Department of Mental Hygiene, nor even appear to acknowledge its existence, nor anticipate a role for it in the future.
3. The problem of providing hospitalization, definitive and/or elective surgical care and continuity of care involving outside hospitals, is totally overlooked, except to say that when necessary prisoners will be hospitalized in outside hospitals. In point of fact, this is a serious problem requiring specific fund allocations, policy and staffing relationships and an organized, formalized program.
4. A major deficiency in the proposal is that it will continue the staffing and direct care services without program definition, budgetary controls, interrelationships with other health care educational and delivery agencies, all of which have been seriously neglected in the past and that it continues to anticipate staffing by full or part time professionals when it is abundantly clear that to do a really competent job in prison medicine it is really necessary to affiliate the prison with a health educational institution and to rotate staff over acceptable periods of time.

Steven B. Rosenfeld, Esquire

April 2, 1973

Page Two

As to the rest of the report and the proposal I find them imaginative, and if carried out organizationally, certainly will represent a significant improvement. Dr. Morehouse's proposal for reorganizing sick call is good indeed and the other personnel that he proposes will be very helpful.

EDR/k

Enclosures

Rad

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

May 1, 1973

E. D. Rosenfeld, M.D., President
E. D. Rosenfeld Associates, Inc.
Hospital and Health Services Consultants
25 West 43rd Street
New York, New York 10036

Dear Dr. Rosenfeld:

Thank you very much for the time you spent in reviewing and commenting upon my recent Attica proposal. I have been especially interested in your views since your analysis of health care at Attica in the Commission Report has formed the basis of much of my thinking about the issue. The full Correspondence Club version of the report was a delight to discover. My observations over the past year confirm your findings since very little of any substance has changed during that time within the Attica medical program.

I agree wholeheartedly with most of your organizational conclusions, with the possible exception of the amount of faith you are willing to place in the capability of University Medical Centers, as institutions, to provide medical care services to the penal system. I am more willing to place faith in the organizational capacity of committed individuals. I see them emerging from residency training now. But these men will need a broad degree of flexibility within their staff selection mechanism and budget.

The only major difficulty which I see with your analysis is that the Department of Correction is not yet ready for it. Their staff is already overtaxed with the enormous task of trying to keep medical care from deteriorating further within the prisons. Primary medical care has all but died in the remote rural areas in which most prisons are located. It is a problem everywhere, not just in prisons. The public is angry but doesn't know whom, if anyone, to blame. Do we?

I would enjoy keeping in touch with you in the future to exchange ideas about program development at Attica, especially if my proposal is accepted in Albany.

Thanks again,

Sincerely,

William R. Morehouse, M.D.

WRM/rm

315 MI. VERNON AVENUE / ROCHESTER, NEW YORK 14620 / TELEPHONE AREA CODE 716 / 442-7476

E. D. ROSENFELD ASSOCIATES, INC.

25 WEST 43rd STREET, NEW YORK, N. Y. 10036

Hospital and Health Services Consultants

E. D. ROSENFELD, M.D. President • Member
American Association of Hospital Consultants

May 15, 1973

William R. Morehouse, M.D.
University of Rochester School
of Medicine and Highland Hospital
335 Mt. Vernon Avenue
Rochester, New York 14620

Dear Dr. Morehouse:

I feel the necessity of commenting on the second paragraph of your letter of May 1st to me, in respect to your assumption that I am willing to place more faith in the capability of university medical centers, as institutions, to provide medical care services in the penal system than you do. Perhaps my report to the Attica Commission did not go into the matter in sufficient depth to explain the basis for my suggestion that such services be rendered through contract by university medical centers and if so, this was an oversight, but the primary justification for this recommendation has nothing to do really with the amount of faith one may have in either university medical centers or in "committed individuals."

As you will recall, I very specifically recommended that the assignment of medical personnel to penal systems should not be on a long-term and permanent basis, but that there should be some rotation so that the physicians and others would not have time on any one assignment to become so thoroughly soured as to cease to render dedicated service. It seems to me improbable that any organized medical care group, staff, or agency other than a university medical center will generally have the depth of personnel necessary from whom to draw for rotation or intermittent assignments. Further, the need for a permanent contractual relationship with some agency, rather than with individuals, imposes a permanent responsibility much more likely to be accepted by a university medical center than by other agencies or organizations, primarily because the objectives of the medical center, while basically teaching, have broader community implications than is usually true of other health care delivery groups.

In addition, the need for research in needs, methods, procedures, etc., to provide care for a group (inmates) who are outside "the cultural and social mores of our society" is a clear requirement. This need is not apt to be of concern to any agency other than one already dedicated to such research efforts - e.g., the university. It has become increasingly evident to most of the professionals, who in one way or another have been trying to provide services, both for urban ghetto dwellers or for the

William R. Morehouse, M.D.

May 15, 1973

Page Two

rural poor, that lack of even a basis for communicating, for understanding each other's attitudes, and for identifying expectations play a greater role in depriving the communities of services than the many other identifiable inadequacies. Hence, the need is urgent to seek new ways to reduce these "understanding" barriers. These observations apply certainly to the prison population which is largely indistinguishable in respect to these cultural and communicative deficiencies from the people in the residential areas mentioned, and from which most prisoners derive.

Further advantages in contracting obligations for medical care from university medical centers can be attained in that consultation, followup, and continuity (even though difficult and always a serious problem) will, I think, be more effective when based upon the staff depth and larger numbers of specialists and facilities in the university hospital systems. I have no illusions about the lack of dedication that may well characterize individuals within a university system or any other, but I would argue that placing one's faith alone in the capacity to recruit dedicated individuals and to base a program of development for prison care on this alone has probably less potential (including the occasional exception) than an organized system based upon contractual relationships to university medical centers. I suspect that between the University of Rochester and the University of the State of New York at Buffalo, a much better job could be done than has been attempted in the past, at least for Attica.

It was a pleasure to read your paper, and indeed, let's do keep in touch. Best regards.

Sincerely,



E. D. Rosenfeld, M.D.

EDR/k

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

May 11, 1973

James D. Bradley, M.D.
Medical Director
Department of Correctional Services
Post Office Box 930
Plattsburgh, New York 12901

Dear Jim,

Enclosed please find a copy, for your information, of our reply to Dr. Williams. In addition, both Don and Gene have arranged to visit with Dr. Williams in Attica on May 23 in an attempt to resolve our differences so that our programs may work more closely in the future. As you know, the Family Medicine Program has been very supportive of my proposal from the start, and we would like to work things out without hard feelings in any quarter, if possible. I hope these efforts will be of some assistance to you.

Thanks.

Sincerely,



William R. Morehouse, M.D.

WRM:rm

Enclosure

Copy to: Mr. Thomas Laverne

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

FAMILY
MEDICINE
PROGRAM

May 9, 1973

S. T. Williams, M. D.
Department of Correctional Services
Attica Correctional Facility
Attica, New York 14011

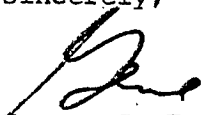
Dear Selden:


We received your letter stating your willingness to have our residents continue to participate in the Attica Elective, and that you do not wish Dr. Morehouse in your institution again. We appreciate some of the concerns you have had about his proposal and his efforts to have input into future prison health programs. Dr. Morehouse is receiving credit towards the completion of his residency training in Family Medicine for his work in the Attica Elective, therefore we need to know what the problems have been and why you do not wish to have him continue to participate. If irreconcilable conflicts develop, obviously we need to know so we can respond to them, particularly if they affect his career choice.

Obviously, we hope to continue the Attica Elective so our residents can see something of the problems involved in prison medicine. Hopefully, this elective will attract some of our graduates to practice in the community of Attica.

We are eager to hear from you so that we can get this resolved, and again thank you for all you have done in allowing the development of this elective. My best regards to you.

Sincerely,


Eugene S. Farley, Jr., M. D.
Professor and Director
Family Medicine Program


Donald F. Treat, M. D.
Chairman, Internship/Residency
Committee
Family Medicine Program

ESF/DFT: dc

cc: Dr. William Morehouse
Dr. Ernest L. Montanye, Superintendent, Attica Correctional Facility

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

May 16, 1973

Theodore Goldberg, Ph.D.
Wayne State University
School of Medicine
1400 Chrysler Freeway
Detroit, Michigan 48207

Dear Dr. Goldberg,

Your name has been given to me by Gene Farley, Director of our program, as one who is interested in and actively involved with the issues of prison medical care and penal reform in general. What are you folks up to?

Enclosed is a copy of our current foray into the issue. The proposal is almost at an Albany decision point now. Any comments which you may have would be most welcome.

Sincerely,

William R. Morehouse, M.D.

WRM:rm
Enclosure

CHARLES KELLER, M. D.

42 LAKE AVE., HILTON, N. Y. 14468

LEON N. ZOGHLIN, M. D.

716-392-9441

April 9, 1973

William R. Morehouse, M. D.
Family Medicine Program
Highland Hospital
Rochester, New York

Dear Bill:

The resource I mentioned to you is the John Howard Association. My wife's cousin, the president, is Mr. Julius Hemmelstein, 6455 North Long Meadow, Lincolnwood, Illinois.

Sincerely yours,



Leon N. Zoghlin, M.D.

LNZ/w

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

May 16, 1973

Julius Hemmelstein, President
John Howard Association
6455 North Long Meadow
Lincolnwood, Illinois

Dear Mr. Hemmelstein,

Your name has been given to me by Dr. Leon Zoghlin as one who might be interested in what we are doing in the area of prison reform locally. Enclosed is a copy of my recent proposal for changes in medical care delivery at the Attica Correctional Facility, a maximum-security prison located not far from Rochester. The proposal is currently on the verge of an Albany-level decision. Any comments which you may have would be most welcome.

Thanks.

Sincerely,

William R. Morehouse, M.D.

WRM:rm
Enclosure

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

May 16, 1973

Edward S. Ryan
180 Colony Manor Drive
Rochester, New York

Dear Mr. Ryan,

Your name has been given to me by a number of people (most recently by Dr. Gary Hankins, one of my close associates at Family Medicine) as one who would have much to offer to any discussion of proposed changes in the New York State penal system. Enclosed is a copy of my recent proposal regarding medical care at Attica. It is currently on the verge of an Albany-level decision. What do you think?

Thanks.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bee" or "Bee".

William R. Morehouse, M.D.

WRM:rm
Enclosure

ROCHESTER INSTITUTE OF TECHNOLOGY

College of General Studies
One Lomb Memorial Drive
Rochester, New York 14623
(716) 464 2444

May 21, 1973

William R. Morehouse, M.D.
University of Rochester School of Medicine
335 Mt. Vernon Avenue
Rochester, New York 14620

Dear Dr. Morehouse:

I greatly appreciate your sending me a copy of your medical care proposal. I think there is no doubt that the medical care at Attica, at best, has been inadequate and, often, more of a crime than some of the offenses of the inmates. For anyone who questions this assertion, I suggest they poll ex-inmates of Attica on this matter.

I would suggest that a reviewing panel with the unlimited right of investigation and overview of medical care be established. The guarantee of review and unannounced investigations of day to day medical operations as well as a protected grievance mechanism for inmates to voice complaints is a necessity.

It is also important to have this panel operate free of any political or governmental administrative influences. I would suggest that a panel consisting of medical doctors and criminal justice professionals be established.

I think the proposal is a good one and drastically needed. However, although there are excellent proposals affecting the criminal justice system, their implementation is often extremely difficult for myriad reasons. Accordingly, I would suggest that the regulatory power and decision making autonomy of the panel be firmly established before any attempt at implementation. You might recall that the most popular (and reputedly most effective) nurse at Attica was dismissed. You should plan and protect your proposal against possible (and I think probable) negative influences.

Sincerely,

Edward S. Ryan

Edward S. Ryan
Associate Professor and Director
College of General Studies
School of Criminal Justice

ESR/lmr

PREVENTIVE MEDICINE
First Year Course

FINAL EXAM

DUE MAY 22, 1973

1. Outline significant strengths and weaknesses in health care delivery and financing that are apparent from work in your task force.

In addition, you may add comments on health care delivery based on other observations.

2. Review the Administration Health Program of 1972.
 - a. Which of the weaknesses identified above would be remedied by this bill?
 - b. What additional legislation would be needed to remedy remaining problems?

You may wish to make additional comments on pending legislation.

ATTICA PRISON HEALTH TASK FORCE

Papers Submitted May 22

URGENT

David Garver, Prison Health Task Force: Inpatient Care.
Michael Kelleher, Psychiatric Care at Attica State Prison.
Jack Riggs, Dental Care at Attica.
Neil Swanson, Part Four: Basic Ambulatory Care.

THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
260 CRITTENDEN BOULEVARD
ROCHESTER, NEW YORK 14642

DEPARTMENT OF PREVENTIVE MEDICINE
AND COMMUNITY HEALTH
DIVISION OF REHABILITATION MEDICINE
716-275-3271

May 23, 1973

Mr. Roy Fabry
Rehabilitation Service
E.J. Meyer Memorial Hospital
462 Grider Street
Buffalo, New York 14215

Dear Roy:

Thanks so much for all you did last week to help the students from our Penitentiary Health Task Force in the first year course in Community Medicine.

Please pass along our appreciation also to Mrs. Mattie and other staff on the H 1 Ward.

Sincerely,

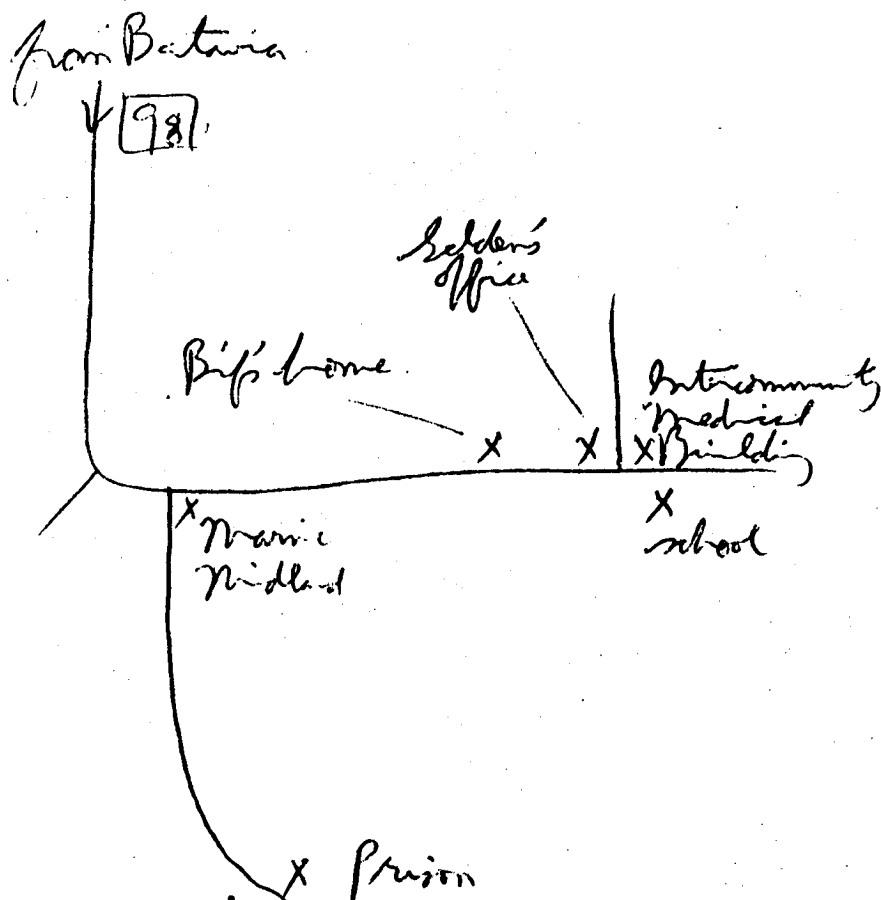


Marion S. Emerson, M.D.
Associate in Medicine; and in
Preventive Medicine and
Community Health

MSE:clm
cc: William Morehouse, M.D.

THUMBNAIL SCETCH OF ATTICA

5/23/73



Leonard Bifarella, Chairman, Intercommunity Medical Building, Inc.
meet at Marine Midland Bank 2:00 pm

Selden Williams, Medical Director, Attica Correctional Facility
Meet at 3:00 pm

This is the community in which I would like to spend several years early in my career. Please treat it with loving diplomacy, not a difficult task in my experience. Thanks and good luck.

Bice

(Prepared for visit to Attica by Don Treat and Gene Farley, May 23, 1973)

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

May 29, 1973

Selden T. Williams, Jr., M.D.
339 East Main Street
Attica, New York

Dear Selden,

Two members of the Family Medicine Program, Dr. Howard Amann and Dr. Charles Payton, have signed up for our elective in prison medicine this coming month. As in the past, visits to Attica will ordinarily be on Friday mornings. Due to scheduling irregularities, however, we would like to arrange for their introductory visit to start at 8:00 am on Wednesday, June 6, at which time Dr. Eugene Farley would accompany the residents in the capacity of preceptor, a role which I have fulfilled until recently. I hope this initial Wednesday visit will not represent an inconvenience for either you or Dr. Sternberg.

I am pleased that you have not allowed your feelings about my proposal for change in health care delivery at Attica to interfere with the residency elective relationship which we have established between the University of Rochester and the Correctional Facility. Perhaps, as we come to understand each other better, the two institutions will be able to work even more closely together in the future.

Again, thank you for your continued support of our residency elective experience at Attica. The residents who have participated so far have found it to be a valuable part of their post-graduate educations.

Sincerely,

William R. Morehouse, M.D.

WRM:rm

Copy to Mr. Ernest Montanye



FAMILY
MEDICINE
PROGRAM

June 5, 1973

James Bradley, M.D.
Office of Medical Director
Department of Correctional Services
Governor Alfred E. Smith
Office Building
Post Office Box 7033
Albany, New York 12225

Dear Dr. Bradley:

I am writing with regard to the "Attica Elective", which you will recall the Family Medicine Program at The University of Rochester began under our general supervision last year. In our opinion, the participating residents and medical students have had a very worthwhile experience.

There was one jarring note, however. Dr. Selden Williams wrote and informed us that Dr. Bill Morehouse would no longer be welcome in his department. In his letter, he did not indicate his reasons for this action, but he did state that he was willing to see the Elective continue.

Dr. Gene Farley and I were concerned enough about this action to visit Selden last week at his office in the town of Attica. Our purpose was to determine the cause of Bill's dismissal from the Elective. As far as we could determine, Selden was disgruntled that Bill had not consulted him prior to submitting his Proposal - "A Practical Proposal for the Development of a New Comprehensive Medical Care System Within the Attica Correctional Facility." Selden also indicated that in his opinion the Proposal threatened his job. We said that we understood his concern but disagreed with his conclusions. We pointed out that Bill specifically included him in his Proposal and had indicated a willingness to work with him. We were unable to persuade Selden to reconsider his position.

James Bradley, M.D.

- 2 -

June 5, 1973

Incidentally, we explicitly asked Selden if there was any other action or attitude which prompted him to refuse Bill access to the institution, and Selden did not recall any.

We do not believe that there is anything to be gained by pressing Selden further on this matter. It is evident that he is firmly opposed to Bill's Proposal and his presence in the institution.

We hope to be able to continue the Elective in some form, although it will be less meaningful without Bill's presence at the facility.

We would be willing to meet with you to discuss these issues and problems further if you think such a meeting worthwhile.

Sincerely yours,

Donald F. Treat, M.D., Chairman
Internship & Residency Committee
The Family Medicine Program

(Signed in Dr. Treat's Absence)

DFT/rm

cc: E. S. Farley, Jr., M.D.
W. R. Morehouse, M.D. ✓

BY-LAWS FOR DELPHI DRUG ABUSE CENTER, INC.

ARTICLE I - The purpose of the Corporation is as follows:

To render counseling to persons addicted to the use of drugs and their friends and thereby to work towards the solution of drug abuse problems within the operating territory of the corporation.

To receive and maintain a fund or funds or real or personal property, or both, and subject to the restrictions and limitations hereinafter set forth, to use and apply the whole or any part of the income therefrom and the principal thereof exclusively for charitable, educational and scientific purposes.

ARTICLE II - Board of Trustees

Section I - Function

The Board of Trustees shall have general charge of the management of the affairs, funds, and property of the center. They shall have the power and obligation to carry out the purposes of the center according to its Certificate of Incorporation and By-Laws.

Section II - Composition.

There shall be seven (7) members appointed to the Board of Trustees.

Section III - Meetings

The Board of Trustees shall meet monthly and as the need arises.

Section IV - Voting

A minimum of five (5) directors must be present at any meeting at which business is to be transacted. A minimum of four (4) "Yes" votes must be cast for the Board of Trustees to pass a resolution.

Section V - Term of Office

The Board of Trustees shall serve for a one (1) year term from the date of selection.

Section VI - Selection

The initial Board of Trustees shall be selected by the Program Administrator with the advice of the staff. Subsequent Board members shall be selected by the Board of Trustees with the advice of the Program Administrator.

Section VII - Compensation

No member of the Board of Trustees shall receive any compensation for his participation on the Board.

Section VIII - Voting Abstention

Any member of the Board of Directors shall disqualify himself from voting on any issue which he himself is directly involved. The determination of this disqualification shall be made by the entire Board of Trustees prior to voting. A single majority vote of those present shall cause disqualification.

Section IX - Additional Duties and powers of the Board of Trustees

1. The Board of Trustees shall be responsible for the obtaining and maintaining of necessary funding for the operation of the program.

2. The Board of Trustees shall further have the responsibility for all decisions relating to the expansion of the program or its activities.

3. They shall make appointments pursuant to the By-Laws of the corporation.

4. They shall conduct hearings pursuant to Article Section of the By-Laws.

ARTICLE III - Advisory Council

The function of the Advisory Council shall be to advise the Program Administrator and the staff on such matters of expertise as each member of the Advisory Council may have pertinent knowledge. The Advisory Council shall be composed of members with expertise in but not limited to the following:

1. Law
2. Education
3. Medicine
4. Psychiatry
5. Psychology
6. Social Sciences
7. Media
8. Finance

The Advisory Council shall be available to the Board of Trustees and the staff for ad hoc consultation. In addition the Advisory Council shall meet bi-monthly informational meetings involving the briefing and definitions of mutual concern to the Council and the staff. The Advisory Council shall receive compensation for its services as the Board of Trustees authorizes.

ARTICLE IV - Program Administrator

The Program Administrator shall be vested with the authority and responsi-

bility of the day to day management of the affairs of the program. He shall seek the advice of the staff periodically to aid him in the operation of the program. The Program Administrator shall have the following responsibilities:

1. Manage staff operations and functions together with the scheduling of program activities.
2. Hire and discharge
3. Prepare the annual budget
4. Draft the proposals required by the funding agencies
5. Appoint any and all committees
6. Designate responsibilities to staff members
7. Implement programs within the center
8. Act as community liason and supervise community relations
9. Serve as Advisor to Board of Trustees
10. Coordinate and cooperate with other programs of similar nature locally, state wide and nationally.
11. Maintain all records involving the operation of the program
12. Prepare performance reports of staff members and clients
13. Approve punishment and expulsion of clients
14. Arbitrate final appeal for client complaints presented by proper member
15. Draw all checks and drafts of the corporation
16. Supervise the selection of proper members
17. Attend meetings of Board of Trustees

The Program Administrator shall be selected by the Board of Trustees with the advice of the staff. The Program Administrator shall serve for a one (1) year term which may be renewed by the Board of Trustees, at their pleasure.

ARTICLE V - Assistant Director

The Assistant Director shall act in the place of the Director in his absence, or when so directed by the Director. The Assistant Director shall also assume the function of the Director in the event that the Director resigns or is terminated, pending

further action of the Board of Trustees.

ARTICLE VI - Staff

Section I - Composition

The staff shall be composed of the Director, Assistant Director, and all full and part time counselors. The number of staff members employed shall be determined by the Program Administrator.

Section II - Responsibilities

Section III - Authority of Staff

ARTICLE VII - Notice of Meetings

Any meeting held by the Board of Trustees Advisory Council, Program Administrator, or staff, shall be held upon three (3) days written or oral notice given to each member of the group participating in said meeting.

ARTICLE VIII - Amendment of the By-Laws

The By-Laws may be amended, repealed or altered in whole or in part by the majority vote at any duly organized meeting of the Board of Trustees of the corporation. Proposed change shall be mailed to the last reported address of each member at least ten (10) days before the time of the meeting which is to consider the change.

HIGHLAND HOSPITAL OF ROCHESTER
A MAJOR AFFILIATE OF THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE

FAMILY
MEDICINE
PROGRAM

June 1, 1973

Tom,

Let's see what happens to this. I
enclosed a copy of your "Modern
Approach to Primary Family Care".
Hope you don't mind my often rather
breezy letter-writing style.

Thanks.

Bill

115 ME. VERNON AVENUE / ROCHESTER, NEW YORK 14620 / TELEPHONE AREA CODE 716 / 442-2400

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

June 1, 1973

Edward Elwin
Deputy Commissioner
Department of Correctional Services
P.O. Box 7033
Albany, New York

Dear Ed,

Just a note to express my appreciation for the hospitality which you shared with me on Wednesday. I could swear I dreamt about something wagging something on Wednesday night, but the image more resembled a hydra than a dog. Another image was of two bees caught in an incredible spider web but really enjoying it as they heard the drone of their hive wafting closer. I seem to remember a magic labyrinth with delightful, if not wholly unpredictable, surprises at every turn. Altogether a rather productive night for dreaming. I can hardly wait to see what is going to happen next.

When I got back, I shared the news with a number of friends and supporters who were similarly enthused and interested in helping in any way that would be truly constructive. Former State Senator Tom Laverne, who has been an invaluable source of advice and support, would be pleased to assist in any way which you thought appropriate within the Executive or the Civil Service Commission to establish our program's viability. He is in agreement that approaching the Civil Service Commission with a program of such possible importance to the State and designating it "experimental" might serve to afford it special treatment: in fact, he feels that such an approach should not present many problems at higher levels in the Commission. It would be a matter, I guess, of insuring that those people in Civil Service who devote much of their time to Corrections do not become offended by a surprise policy change from above. Give Tom a call any time. Good luck.

I had a chance to speak at a dinner for community task force preceptors in the University's Department of Community Medicine last night and tried out some of our shared philosophy about the approach of the community to Corrections. Well received, especially by the full-time faculty who would love to be involved in the design and monitoring of programs to study the effectiveness of screening measures and the prevalence and distribution of illness in the inmate population, among other things. A solid University appointment is there.

We could put together an interesting group of people if anyone from Albany wanted to spend an enjoyable day or two in Rochester--hopefully not like one of those high level military tours of Saigon. Green carpet.

(over)

We think we can make the State an offer it won't want to refuse: too many good vibes.

Thanks for the beginning of a relationship that I hope will last for several years. If there is anything further that I can do to help out, please don't hesitate to call.

Sincerely,



William R. Morehouse, M.D.

WPM:rm

Copy to: Thomas Laverne
Laverne, Sortino, and Noto
707 Executive Office Building
36 Main Street West
Rochester, New York 14614
Tel. 716-546-5960

June 1

Bill,

Pete Klosterman and Sue Zebelman, both second year students, thought you might be interested to see where the folks at Buffalo are at with respect to Attica.

Marshall Logel. (address enclosed) is apparently the man to talk to for particulars.

Yours Truly,

Mike Kelleher

D R A F T

Proposal for University Participation in a Health Care Program for Attica

The need for major prison reform is now widely accepted. For many years it has been an important issue for those concerned with the administration of criminal and social justice. For obvious reasons it has not held public attention for long periods, except in the wake of scandals, proven atrocities, or disasters such as the recent uprising at Attica. In spite of an austerity budget, Gov. Rockefeller has identified prison reform as a priority item in his annual message to the state legislature.

In September 1971 faculty of the School of Medicine SUNYAB and staff members of the county hospital participated in emergency surgical and medical care in the aftermath of the Attica rebellion. At that time the Dean, in consultation with medical school department heads, the director of the Meyer Hospital, the president of the University and state officials agreed that the University would participate in the development and implementation of a comprehensive health program for the inmates. This was seen as an immediate expansion of pre-existing University-County surgical services and a longer range project directed toward health care in a broader sense.

In an effort to fulfill this commitment following the resignation of the Dean, the Vice President of Health Sciences assigned Assistant Dean, Dr. J. McDaniel, to explore the problem further. After consultation with several department heads, and other interested faculty members, Dr. McDaniel and Dr. E. Marine (representing the Department of Medicine) visited Attica for a meeting with the superintendant (Vincent Mancusi) and the senior prison physician (Dr. S. Williams). The hospital and other health care facilities and programs were observed and reviewed with these officials. In addition, Dr. McDaniel has been in frequent contact with Dr. Bradley, New York State Commissioner for the Department of Health - Department of Corrections. Dr. Bradley has been most cooperative and indicated a strong desire for University assistance in development of a comprehensive health program.

A meeting was held in the Faculty Club on Wednesday, January 12, 1972 for the purpose of developing an approach to the problem. Dr. Bradley and Dr. Schenk were expected, but unavoidably detained. Those present were Drs. C. Randall, J. McDaniel, P. Isacson, and E. Marine, and Professor H. Schwartz for the Law School. This group was constituted by Dr. Randall as an Ad Hoc Committee to develop a preliminary strategy for discussion within the school and possible presentation to state and other interested agencies. After a review of available information, it was agreed that the health care problems within the prison are sufficiently complex as to require a thorough study before any long-range plans can be effectively implemented.

The need for a studied approach involving other disciplines is justified by the moral, legal and ethical complexities of the individual health issues in the prison population. Are prisoners' rights to health care substantively different from those of free men? What differences are justifiable for the sake of effective security precautions? Can there be any confidentiality in the relationship between prisoner and health worker? What are the standards in diet, exercise and hygiene for the physically "healthy" prisoners? What variations are possible for the diabetic, hypertensive, coronary prone, or other inmates with definite illness or special risks of illness? How are conflicts between penal authority and individual health requirements resolved? Is it wise or appropriate for the Department of Corrections to hold responsibility for health standards rather than, for example, the Department of Health? Should a prisoner with a heart attack be managed in the prison hospital where special equipment and expertise in coronary care is not available? What are the prisoners' rights in refusing examination, special diets or treatment when ill? Is it reasonable that only prisoners with financial resources can obtain outside consultation? On what definitions of health and health care should the University base its involvement?

Our conception of an appropriate role for University involvement requires an attempt to answer these and other related questions. Perhaps, as has been suggested, expansion of existing consultative support for the prison physicians may be the only

practical step we can take. It may develop that only this step will be acceptable to the Department of Corrections. In either case, it is our view that we must at least begin with the broadest definitions of health and health care, and further define our own conditions for any long-term participation in new or existing programs.

It is our belief at present that the University is ill suited to assume the major responsibility on a long-term basis for any health care program where teaching and research are not in sharp focus. On the other hand, it is quite possible to envision many specific areas of health care research and education wherein appropriate university goals can be pursued while delivering humane and effective health services to the prisoners.

Certain problems in the delivery of health care to prison inmates are quite obvious and not likely to be considered controversial by authorities in the Department of Corrections. Work in those areas which have been identified can provide us with an ideal mechanism for conducting the necessary evaluations while actively supplementing existing health programs.

(1) Initial or intake evaluation. It is proposed that an initial health evaluation be made available to each man assigned to Attica preferably at the county hospital before entering, or as close to the time of entry as possible. This might include: (a) thorough history and examination by an internist (b) a psychiatric interview (c) screening laboratory tests and x-ray examinations (d) dental, eye and other specialty examinations when indicated. On the basis of this evaluation a health care data base would be established and individual health needs projected in terms of treatment and preventive care with recommendations for interval evaluations. -

(2) Disease Surveys. Identification of commonly occurring disorders such as diabetes, hypertension and anemia, by readily available screening techniques. For example, hypertensive screening could be conducted by teams of students initially with emphasis on blood pressure measurement, followed by health questionnaires, urine and blood studies, with more refined techniques available on a referral basis.

(3) Treatment Protocol. Specialists in certain specific disease areas might be assigned to analyze the adequacy of existing treatment programs: e.g., diabetes, epilepsy, hypertension, peptic ulcer, etc. They would then develop basic programs for management of individuals with specific disorders working, whenever possible, within existing limitations.

(4) Vocational Programs in Health. At present, a few inmates are selected for on-the-job-training as health aids to work with x-rays, eye examinations, dental service, and hospital services. Although this is not intended as a vocational rehabilitation program a few such men have learned enough to find employment as technicians after parole. We would hope to enlist the support of the school of Health Related Professions to develop a number of training programs in areas where skills would be both immediately useful in the prisoner health program, and marketable after release.

(5) Since the high proportion of Attica inmates who were addicted to hard drugs have withdrawn in confinement prior to coming to Attica, no drug education or rehabilitation programs exist there. On the other hand, prison officials inform us that many of the men resume their drug habit immediately after release. We propose the development of a drug abuse education and rehabilitation program enlisting the expert assistance of the growing number of university faculty members now working in this area.

There are many other specific health care needs which were obvious to this group on preliminary review and we may be sure that still others will be uncovered with further study. For example, it is reasonable to suppose that a significant incidence of liver abnormalities would be found and yet no special diagnostic or treatment program exists in this area. Respiratory and enteric infections occur with some frequency and yet there are no facilities for bacteriology of any kind.

PROPOSED STRATEGY

A University Health Task Force will be appointed to: (1) conduct a study of the health care programs and facilities at Attica; (2) explore available models at other correctional institutions; (3) develop a proposal to meet the comprehensive health needs of the inmates of Attica including definition of the appropriate long-term university role. (4) Seek out necessary financial support for the study and implementation phases of this project.

It is expected that this committee will work with the continuing cooperation of Dr. Bradley and other state officials. Membership will be determined in consultation with the Vice President for Health Sciences. It will include appropriate individuals from the Health Sciences, Legal and Social Sciences faculties. Where essential expertise is not available within our university faculties, consultative support will be obtained from recognized authorities elsewhere.

Prepared by:

Drs. E. Marine and J. McDaniel

(Spring 1972)

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

June 6, 1973

Michael Kelleher
228-B Conant Road
Rochester, New York 14623

Dear Mike,

Thanks for the link to Buffalo that I've been looking for. My response is enclosed (I also called Marshall Logel and Jim McDaniel) as well as the copy of my proposal which I promised.

I was talking with Don Ciaglia yesterday. If my proposal goes through, would you be interested in doing some medical field work, much of your own design, at the prison this summer? My comments are on your paper, which I fully enjoyed. Let me know what you think.

Sincerely,

William R. Morehouse, M.D.

WRM:rm
Enclosures

HIGHLAND HOSPITAL OF ROCHESTER
A MAJOR AFFILIATE OF THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE



FAMILY
MEDICINE
PROGRAM

June 6, 1973

Thomas Laverne
Laverne, Sortino and Noto
707 Executive Office Building
36 Main Street West
Rochester, New York

Dear Tom,

I think the enclosed represents my last effort on behalf of Attica prior to the 15th. Contents:

Firm link to the Buffalo medical community.
List of current sources of major support.
Status of physician recruitment for the town of Attica.
Assorted oddities relative to the project.

I am preparing my correspondence for limited circulation publication (see list).

If I can do anything further to help at this stage of the game, let me know. Thanks.

Sincerely,

William R. Morehouse, M.D.

WPM:em
Enclosures

65 AL VERNON AVENUE / ROCHESTER, NEW YORK 14620 / TELEPHONE AREA CODE 716 / 442-7470

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

June 6, 1973

Edward Elwin
Deputy Commissioner
Department of Correctional Services
Post Office Box 7033
Albany New York

Dear Ed,

I don't mean to inundate you, but there is a rich amount of detail associated with this project and I thought you might be interested in some recent details. The cover letters will tell the story from a somewhat different perspective.

I hope things are going as well at your end.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bill".

William R. Morehouse, M.D.

WRM:rm
Enclosures

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



June 6, 1973

FAMILY
MEDICINE
PROGRAM

Erwin Caulkins, M.D.
Chairman, Department of Medicine
SUNYAB College of Medicine and
Meyer Memorial Hospital
Capen Hall
Bailey Avenue
Buffalo, New York

Dear Dr. Caulkins,

A copy of Buffalo's "DRAFT: Proposal for University Participation in a Health Care Program for Attica" has just arrived in my hands via the student grapevine which loosely links the University of Rochester with SUNYAB. I only wish I had come across it sooner.

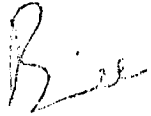
Enclosed please find a copy of my proposal for a new comprehensive health care system at Attica. The proposal is currently on the verge of an implementation decision in Albany with Civil Service being one of the final hurdles. In the Rochester area the proposal has attracted the interest and support of a broad range of individuals and institutions who have been concerned about conditions at Attica since the riot (partial list attached). It sounds like there may still be a similar network of people in Buffalo.

I think our approaches probably interdigitate at many levels, judging from the format of the "Draft", and I would be very enthusiastic about exploring with you ways in which supportive individuals and institutions in Rochester, Buffalo, and the Attica area could effectively interlock their efforts in issues relating to medical care delivery at the prison. I believe my proposal could, if implemented, offer a framework for such a mutually cooperative venture. It is my feeling that the problems represented by Attica are of such a magnitude that nothing short of the combined efforts of many responsible members in the community can hope to offer constructive long-range solutions. Medical care would be a good place to start.

If possible, would you be able to share your impressions with me some time in the near future? I anticipate a decision in Albany on or before June 15, and your response could influence the outcome of the decision-making process.

(over)

Sincerely,



William R. Morehouse, M.D.

WFM:rm

Enclosure

Copy to: Edward J. Marine, M.D.

James B. McDaniel, M.D.

Marshall Logel

Michael Kelleher

Edward Elwin, Deputy Commissioner, Corrections

PARTIAL LIST OF INTEREST AND SUPPORT

ROCHESTER AREA

University of Rochester, School of Medicine and Dentistry
Family Medicine Program
Department of Preventative Medicine and Community Health
Community Mental Health Center
Highland Hospital administration
Monroe Community Hospital, Rehabilitation Unit
Delphi Drug Rehabilitation Program
Rochester Institute of Technology
Dorothy Wadsworth, Director of Development
School of Criminal Justice
Empire State College
Monroe County Legal Assistance Corporation
Rochester Neighborhood Health Center Network
Colgate-Rochester Theological Seminary
Rochester Interfaith Jail Ministry
Thomas Laverne, former State Senator
David Boehm, judge
Intercommunity Medical Building, Inc. (Attica)
Marine Midland Bank, Trust Division
Russell Barton, M.D., Rochester State Hospital
George Finegan

OUTSIDE

New York Urban Coalition
E. D. Rosenfeld, M.D. (McKay Commission)
University of Nottingham, England, School of Medicine
Ford Foundation
Robert Wood Johnson Foundation
Darryl Poole
R. D. Laing

DEPARTMENT OF CORRECTIONAL SERVICES and
ATTICA CORRECTIONAL FACILITY

James D. Bradley, M.D., State Medical Director
Edward Elwin, Deputy Commissioner for Program
Charles VanBoskirk, Director, Division of Vocational Rehabilitation
John Redfern, School Superintendent

The above resources will receive a full copy of my correspondence relating to this proposal shortly after June 15 so that they may assess what has happened. If you wish, I'll put you on the list.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



FAMILY
MEDICINE
PROGRAM

June 6, 1973

Leonard J. Bifarella
Chairman, Board of Directors
Intercommunity Medical Building, Inc.
Maplewood and Main
Post Office Box 134
Attica, New York 14011

Dear Bif,

Enclosed is some recent correspondence which might be of interest to you. The materials which I sent out to Drs. Lewy and Lomaco (National Health Service physicians) are the same as contained in the recruitment package I showed you earlier in the Spring. Bob Lewy is planning to visit if my proposal goes through, since his interest in the community has been captured, in part, by the presence of the prison.

Hope to see you at the Grand Opening.

Sincerely,

William R. Morehouse, M.D.

WRM:rm
Enclosures
Copy to: Edward Elwin

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL



June 6, 1973

FAMILY
MEDICINE
PROGRAM

Robert Lewy, M.D.
Hardwick, Vermont 05843

Dear Bob,

Enclosed please find the materials which I mentioned over the phone earlier in the week. I should find out about my proposal from Albany by the 15th of the month and will be able to say more about whether you would be able to participate in the prison then. Let me know when you might want to visit the area and I can serve as a tour guide of sorts, providing introductions at a minimum.

Good luck in whatever you choose to pursue.

Sincerely,

William R. Morehouse, M.D.

WRM:rm

Enclosures

Copy to: Leonard Bifarella
Darryl Lumaco, M.D.

HIGHLAND HOSPITAL OF ROCHESTER
A MAJOR AFFILIATE OF THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE



FAMILY
MEDICINE
PROGRAM

June 6, 1973

Darryl Lumaco, M.D.
2133 Judah Street
San Francisco
California 94122

Dear Darryl,

Enclosed some recent developments.

Has your position in Seattle come through?

Sincerely,

William R. Morehouse, M.D.

WRM:rm
Enclosures

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE & HIGHLAND HOSPITAL

June 11, 1973

FAMILY
MEDICINE
CLINIC

James D. Bradley, M.D.
Medical Director
Department of Correctional Services
Post Office Box 930
Plattsburgh, New York

Dear Jim,

It seems that things are rolling rather swiftly now. I would genuinely enjoy joining you in your efforts to improve the quality of medical care in our penal system.

Don and Gene would be glad to share their meeting of May 23rd with you any time. If there is anything further I can do to help at this stage, just call.

Thanks for your continued interest.

Sincerely,



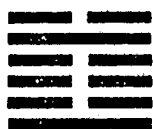
William R. Morehouse, M.D.

WRM/hb

Encl.

cc. Ed Elwin

Tom Laverne



THE UNIVERSITY OF ROCHESTER
DEPARTMENT OF PREVENTIVE MEDICINE AND COMMUNITY HEALTH

INTRAMURAL CORRESPONDENCE

TO: Gary Hankins, M.D., Bill Morehouse, M.D.

DATE: June 21, 1973

FROM: Marion S. Emerson, M.D.

SUBJECT: Prison Health Task Force

Copies to:

Dr. Berg, Mr. Ciaglia and I want to thank you both for the fine job you did under rather unusual circumstances.

Several of the course aims had to go by the boards, such as early 1:1 involvement with "consumers". What the students got instead as they peeped anxiously through the iron doors of Attica was in its way just as important:-- as ^a lesson in how social planning and reform actually get done.

Do keep in touch as to whether you are to be "in" this summer, Bill. If so, by next Spring there may indeed be important contributions that carefully selected and well prepared students might make.

We also wish you, Gary, the best of luck in your exciting new endeavors.

MSE:clm

cc: Dr. Berg

Mr. Ciaglia

WESTSIDE HEALTH SERVICES

Headquarters
Rochester, N.Y. 14611

841 Genesee St.
716-436-3040

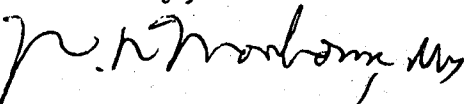
July 3, 1973

Peter Preiser, Commissioner
Department of Correctional Services
State of New York
State Campus, Building #2
Albany, New York

Dear Mr. Preiser:

I have taken the silence of your department in the past two weeks as a sign that you have turned down my offer to implement change in medical care at Attica this year. I had hoped your response would be more formal, so that I would know better where my proposal stands. Nevertheless, I have accepted a position at Westside Health Services this year with the understanding that the proposal may still have a future. Perhaps if we open our channels of communication, things can be worked out.

Sincerely,



William R. Morehouse, M. D.
Westside Health Services - Main Center

cc: Thomas Laverne
Michael Klein, M. D.

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