The term "prisoner-patients" applies to those persons who were committed to St. Elizabeths Hospital under section 24–301 as a result of a verdict of acquittal by reason of insanity. There are currently 738 "prisoner-patients" at St. Elizabeths; 395 are in John Howard Pavilion, the maximum security ward for men; 30 women are at Dix, the maximum security ward for females; about 100 persons are in medium-security wards; and 152 are given unaccompanied ground-leave privileges (minimum security). Fifty are on conditional release.

Most of the 147 "prisoner-patients" who have escaped this year were on unaccompanied ground-leave privilege. Only two persons in the last 5 years have escaped from John Howard Pavilion. Twenty-nine criminal offenses were committed by the escapees while at large. The offenses covered a range of murder, rape, robbery, assault, larceny, auto theft, housebreaking, traffic offenses, forgery, and unauthorized use of a motor vehicle.

As a result of the publicity on the escapees, a special subcommittee of the House Committee on Education and Labor was formed, with the title of Ad Hoc Subcommittee on the Investigation of the Administration and Operation of St. Elizabeths Hospital.

The special subcommittee began hearings on November 12. Those testifying at the hearings were: Boisfeuillet Jones, special assistant to the Secretary of Health, Education, and Welfare for health and medical affairs; Dr. Dale Cameron, Superintendent of St. Elizabeths Hospital; Dr. Walter Barton, medical director of the American Psychiatric Association; Dr. Layton, head of the Bureau of Mental Health of the District of Columbia Department of Health; and John B. Layton, Deputy Chief of Detectives, Metropolitan Police Department.

The hearings focused on the general problem and future of St. Elizabeths, and not merely the problem of detention of persons committed as a result of criminal proceedings. It appeared that the aim of the committee was to get a picture of what studies of St. Elizabeths were already underway—such as studies being carried on by the Department of Health, Education, and Welfare, and in the Health Department of the District of Columbia, which are focusing on the future role of St. Elizabeths in relationship to the mental health program of the District of Columbia—what future studies are needed, what form they should take, and what should be their goals. Particularly emphasized by Dr. Barton in his testimony was the need for a study of the mentally ill offender. The security aspects of St. Elizabeths were of particular interest to the committee members. In his testimony, Dr. Cameron stated that the escapes from St. Elizabeths were due to (1) lack of personnel; (2) inadequacies of buildings; and (3) errors in judgment.

As for lack of personnel, Dr. Cameron estimated that there is a realistic need for one employee per patient. Dr. Cameron said that the competence of the physicians immediately responsible for making judgments about a patient's readiness for increased responsibility was particularly important in connection with the escape problem. This is because most of the prisoner-patients have just walked off the grounds while unaccompanied on the campus.

Dr. Cameron's long-range solution to the problem was a security hospital with a completely separate subcampus at St. Elizabeths. This would provide for continuity of care, flexibility of restrictions, and the necessary security to prevent elopements.

"John Howard Pavilion is quite satisfactory as a maximum security unit. Needed are approximately 400 additional beds for medium and minimum security, so located in relation to maximum security facilities that there can be a free and ready flow of patients among maximum, medium, and minimum security areas without a change in the professional staff responsible for their treatment and supervision. This means that John Howard Pavilion should be so modified that it can provide all three levels of security within that building, and the staff involved take care of patients in that facility throughout their entire period of hospitalization. Two additional smaller, but comprehensive, units are required. To state more precisely the number of beds needed, a more definitive study than we have been able to make is needed. Such a study