Considering the present situation we regard it as being distinctly unsatisfactory. The prisoners' welfare is not being adequately safeguarded and the validity of the drug trials themselves must occasionally be seriously in doubt. The chief deficiencies are undoubtedly the lack of an adequately trained staff, the lack of sufficient interest in the prisoner as a patient, the lack of medical supervision, the unique pressure toward signing a "consent form" because of the need for money, unsatisfactory conditions for the treatment of those prisoners who do fall ill and the lack of any adequate peer review of protocol which are submitted. For the staff and facilities which are available, there is no question but that far too many trials are being conducted at the same time. Thus, at the time of our visit it appeared that no fewer than seven separate trials were being conducted in the three prisons we visited.

Faced with the present situation one is tempted to look back and ask, "How did this happen?" It is not our intention, however, to rake over old coals, except where such a review might lead to improvements in the future. In general, we would comment that supervision over the program has been inadequate and the responsibility for this must fall to some extent on all senior administrative levels. Men, no matter how worthy, simply cannot do what they wish to do, without the needed funds. The work of Dr. Stough and, to some extent, Dr. Long, is bluntly unacceptable. Others seem to have been involved more through innocent acceptance than through anything else. In retrospect it is easy to see that a request to the State Health Officer for an adequate control inspection might have saved a lot of grief, but this overlooks reality.

It is only right that prisoners, as wards of the state, should, *in the absence of a drug testing program*, receive medical care of the same general quality as that received by the average citizen of the state.

We believe that with very little help from the State, a sincere attempt has been made at Atmore prison to give this level of medical care. The dedicated physician providing this care has paid not only with time and at the probable price of his own health but, in part, out of his own pocket. It is totally wrong that a physician should, because of his own dedication be forced to meet an obligation that should rest firmly on the shoulders of the taxpayers of Alabama.

Where *there is a drug testing program* the obligation is different. Here the responsibility is to provide the quality of care that a volunteer ordinarily receives at a first class research institution. The fact that the volunteer is a prisoner does not alter this. Because there are fewer prisoners and because (see above) the drugs tested are relatively innocuous, the care of Tutwiler has been of high quality. Again the cost has been met in part from the pocket of a dedicated physician.

The situation at Draper is different in some respects and similiar in others. There are many more prisoners, many more testing programs, and drugs that are far more likely to produce adverse effects are being tested. Despite the strong attempt and the out-of-pocket contributions of a third dedicated physician who like the other two, has the full support of his warden, it has not been possible to provide the minimally acceptable standard of care that could probably have been provided had there been no testing program.

The responsibility for the greatly increased cost of a higher standard of medical care that should be a direct consequence of drug testing is not that of the taxpayers of Alabama. It is directly or indirectly the responsibility of the companies whose drugs are being tested. There is one large difference, the Alabama taxpayers have, as yet, shown no desire to meet their responsibility while the drug manufacturers have seemed willing to meet theirs.

We do not know what the expense of this difference between the cost of average quality health care without drug testing and superior care with drug testing will be. We are certain it will be substantial. Nevertheless, we have hopes that the drug companies will do their part.

It seems to us now that with the exception of the noted errors of fact and their perhaps graver errors of implication the *Montgomery Advertiser* was correct in most of its criticisms of the present drug program. There were insufficient controls over the drug testing program in allowing Dr. Stough a free hand within the prison system. The responsibility for this omission of controls to protect the prisoners must rest by virtue of their authority ultimately on the Board of Corrections. But we repeat that no man or group of men can possibly meet a responsibility that requires funds when they are not provided by the State with even minimal necessary funds.