(1) As we see it the chief problem that may stem from the lines of responsibility and of authority that are illustrated in the diagram (Fig. 1) included in this report relates to the Medical Director.

Should the Medical Director for the entire prison system of Alabama be directly responsible to the Board of Corrections or indirectly through its highly respected Commissioner? There are obvious potential advantages and disadvantages in each method. We believe that this is a decision that only the Board should make. However, since it is our present impression that the Commissioner would prefer not to assume any responsibility in health matters, the diagram as presently drawn, indicates direct responsibility of the Medical Director to the Board. Obviously, the Board should have complete authority to make any changes it wishes as regards such an arrangement. We are suggesting that the Medical Director be part-time but that a substantial part of his income come from the Board of Corrections. He should receive no direct payment from any research group.

(2) The Research Foundation has been discussed elsewhere. The Foundation would share with the Board of Corrections the responsibility for obtaining funding which would make adequate supervision of all drug tesing programs in the

prison system a reality.

(3) The Prison Experimental Review Committee has also been discussed elsewhere. It is essential that this Committee take an active interest in what is happening and not degenerate into a rubber-stamp mechanism giving approval as a matter of form.

(4) The Senior Physicians for each prison would continue as at present to be part-time, but an increased remuneration is strongly recommended. It is proposed that this be achieved by augmenting their salaries by additional funds received indirectly (see later in this report) from the Research Foundation

through the Board of Corrections.

(5) It is contemplated that the Junior Physician would be a resident on leave from a medical center for one year. This doctor would be paid by the Board of Corrections an adequate salary plus the benefits accorded other full-time prison system employees. An additional sum of money would be placed in escrow with the academic institution or hospital from which he is on leave to supplement

his residency stipend during his final period of study.

(6) We have noted earlier in this report that the University of Alabama Medical Center has volunteered to do all that they reasonably can to aid in seeing that prisoners get proper medical care. This committee recommends that the Department of Public Health and Epidemiology at the Medical Center be asked to name a medical advisor to the prison system who would be outside the prison system. In addition to advising on the delivery of medical care, he could advise on matters of public health, communicable diseases, sanitation and the relative importance to be attached to health expenditures in a limited total budget.

(7) We have indicated earlier that 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 suggested that the Board of Corrections (with appropriate advice) determine an estimated total cost for providing this extra care and that this cost, through the Research Foundation, be debited back to those drug firms making use of the Alabama Prison System for drug testing. It seems possible to the Committee that this cost might well be more than the present total cost of providing medical care in the prison system.

It must be emphasized that if this arrangement was achieved, this would not relieve the prison system of its own financial responsibility for providing acceptable medical care to prisoners. Indeed, this should provide a stimulus for

much needed improved support from within the prison system.

## SUMMARY

It is the unanimous opinion of this committee that the drug testing program is almost essential and should be continued for the benefit of the prisoners and society in general. However, as presently conducted the program does not provide adequate safeguards for the health of the prisoners and leaves something to be desired in quality of results obtained. In order to alleviate these problems, we have made suggestions for certain structural and organizational changes in the program which should produce a system for drug testing that might serve as an example for the nation.