

The prison physician in Arkansas, Dr. Gwyn Atnip, was paid \$20,000 a year for his work in the plasma program there. As a desperately needed doctor among the inmates, he received \$8,000 annually from the state.

GOT POLICIAL AID

Dr. Stough also lined up political support outside the prisons, a tactic that demonstrated its importance when members of the Oklahoma Legislature began to ask whether his penitentiary operations were sanctioned by law.

One of Dr. Stough's most vehement opponents was Gene Stipe, then a State Senator. But early in 1963 Senator Stipe changed sides and successfully pushed a bill that firmly established the physician's standing in the prison.

Later it was discovered that at about the time this change of direction occurred and the saving law was enacted, Mr. Stipe, a lawyer, began to receive a \$1,000-a-month retainer from the concern headed by Dr. Stough.

A spokesman for the organization asserted that the money was for legal services only. Mr. Stipe agreed. Henry Bellmon, then Governor, expressed displeasure but noted that the state had no applicable conflict-of-interest law.

The political nature of the matter was usually most apparent when Dr. Stough moved to enter the penitentiary system in a new state. His drive on the major prison at Reidsville, Ga., was an example of the technique.

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Dr. Joseph Arrendale, the institution's medical director, one day telephoned Dr. Ronald F. Johnson, then on the staff of the National Communicable Disease Center in Atlanta.

Dr. Johnson had followed Dr. Stough's plasmapheresis operations for some time, and Dr. Arrendale wanted advice. In a memorandum of the conversation, Dr. Johnson reported as follows:

"It was clear that Dr. Arrendale did not favor [a plasma program]. However, he felt that Dr. Stough might be 'bringing political pressures to bear through the state legislature' which could clear the way for such a program."

The Georgia campaign ultimately failed, and a similar move on the state prison at Parchman, Miss., was also turned back. But by then Dr. Stough had encountered serious difficulties in his existing programs.

The five prisons in which he was operating by the end of 1963 all were drastically in need of operating funds, and all exhibited obvious signs of longstanding general neglect.

NO RECORDS

The factors pertinent to Dr. Stough's activities included a lack of medical attention (it bordered on the nonexistent in Arkansas), an absence of records, and an atmosphere of isolation and secrecy.

Still, Dr. Stough's trail remains vivid at each significant turn, and its progress behind the high walls of Kilby Prison serves to illustrate the type of infection that was spread through four other institutions.

By April, 1963, five months after Dr. Stough had opened his plasmapheresis center at Kilby, the incidence of viral hepatitis, an often fatal disease of the liver, was climbing sharply.

From none or one or two cases a month, the disease now rose to more than 20 in a single period. Moreover, the outbreaks held generally firm between 10 and 15 a month through the following November.

The rates then soared again. There were 29 cases in December, 22 in January, 1964, 23 in February, 27 in March, and 27 in April. A tenth of the prison population had been admitted to the Kilby hospital.

Joe Willie Tifton, 46, died on March 18. Emzie B. Hasty, 42, died on April 14. Charlie C. Chandler Jr., 31 died on April 16. David McCloud, 27, died on May 22. Each death was attributed to infectious hepatitis.

Little bits and pieces then began to leak to the outside world. A penciled note from one inmate said, "They're dropping like flies out here."

But a prison spokesman said:

"The doctors are quite confident that there is no connection between the plasma program and the cause of hepatitis and jaundice."

Dr. Stough's partner, Dr. Long, spoke as the senior prison physician.

"That same program is being carried on at Draper and Atmore," he declared, "and there have been no cases reported there."

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