HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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Medical Facilities and Practices
within the Department of Corrections

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House Judiciary Subcommittee
on Crimes and Corrections

City Hall Building
Room 201
Philadelphia, Pennsylvania

Monday, February 22, 1999 - 1:00 p.m.

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BEFORE:

Honorable Jerry Birmelin, Majority Chairperson
Honorable Harold James, Minority Chairperson
Honorable Joseph Petrarca
Honorable Donald Walko
Honorable LeAnna Washington

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ALSO PRESENT:

David Bloomer
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C O N T E N T S

THE CHAIRPERSON: Good afternoon. We would like to welcome you. The subcommittee on Crimes and Corrections is conducting this hearing, although the members of the full committee are always invited to attend.

And there will be several here. Some are here already. I will take the time to introduce them.

First of all, let me tell you that I am the chairman of the subcommittee. My name is Representative Jerry Birmelin, and my district is in Wayne and Pike Counties.

And I'll ask the other members who are here to introduce themselves and tell us where your district is.

REPRESENTATIVE WASHINGTON: Thank you. My name is Representative LeAnna Washington from Philadelphia County.

REPRESENTATIVE JAMES: Harold James, South Philadelphia.

THE CHAIRPERSON: And to my immediate right is Dave Bloomer. He is a member of the Judiciary staff. He is accompanied by another staff member Brandy who is seated on the couch to my far right.

And we have another or two members who are here, and both have left and, hopefully, will be back shortly. They are Representative Don Walko from the Pittsburg area and Representative Petrarca who is also from the Pittsburg area, but I'll introduce them as they make themselves present.

We have for you an agenda. There are some copies to my right near the doorway. If you are interested in knowing who is speaking and in what area, you may get those.

Also, the people who are testifying today are asked to present written testimony. Some of them we will have enough available for those of you seated in the audience who are not participants.

But if for some reason they don't have enough copies, if you will let us know your name and address before you leave, we can mail you copies.

So, we are going to get the meeting started. I want to pass along a couple of quick housekeeping chores. The first is the meeting is filled with people testifying who I will do my very best to keep within their time frames.

I will allow members of the Judicial Committee to ask questions of those who are testifying, if we have not exceeded the time allotment for those people.

If we have exceeded that time allotment, I will not allow for questions from the Judicial Committee people.

So, if you are willing, as a testifier, to answer questions and want to leave time for that, that's up to you. If you are, for instance, speaking from 1:30 to 1:50 and you go to 1:50, there won't be any questions because we will move on to our next witness.

We need to keep things moving along as quickly as possible. We have a lot of people who want to testify. And this meeting was set up in a way that it's only going to take hopefully about four hours or three hours.

We are going to try to keep things on schedule. With all of that being said, the first preliminary agenda item is the opening remarks by myself.

And to keeping with that spirit of being brief, I will now conclude my remarks and ask Representative Harold James -- Harold is my

Democratic co-part on the committee.

He and I have both served as subcommittee chairman for several years. And we work together quite well on different issues. And this meeting is essentially a request of Representative James, and we want to give him every opportunity to make an opening statement. Representative James.

REPRESENTATIVE JAMES: Thank you, Mr. Chairman. And in order to keep with the time frame, although, my remarks are not as brief as his.

Anyway, I'd like to thank both the chairman of the House Judicial Committee, and I'd like to thank my counterpart as subcommittee chairman, Jerry Birmelin, for authorizing these hearings to explore medical testing in Pennsylvania.

I hope we can use this forum to begin a full review of accusations that our prison inmates have been used for past medical tests and experiments.

As policymakers, it is our job to find out the true severity of this problem and to begin taking steps to correct the injustices.

We must develop legislative policies to

prevent any further atrocities against our citizens. And we must look at ways of making reparations to the victims and their families for the testing they had to endure while incarcerated.

As we examine these issues, we must determine whether any form of compensation -- either by the state or the testing institutions -- should be provided to test subjects who have ongoing medical problems as a direct result of the experiments.

Too many times our prisoners are treated like second-class citizens, even though many of them are forced into a life of crime because of economic and social barriers that prohibit them from achieving their goals.

Nonetheless, for their crimes they should be punished. But they should not be subject to such treatment as medical testing or random research experiments.

As Democratic chairman of the Judiciary's Subcommittee on Crime and Corrections, I want to work with committee members to make sure such atrocities do not occur again in Pennsylvania, as they already have in the past.

Published reports late last year

indicated that inmate testing at Philadelphia's former Holmesburg State Prison took place for more than two decades, beginning in the late '50s and running through the '70s.

The testing and experimentation -- sponsored by the University of Pennsylvania and branches of the U.S. military -- exposed many inmates to severe gastrointestinal problems, visible body scars, and psychological problems that remain today.

Allen Hornblum's book, "Acres of Skin," brought attention to the inhumane practices spurring public debate and scrutiny that is partly responsible for our hearings today.

Newspaper stories in the Philadelphia Inquirer and the Philadelphia Tribune further detailed the medical testing and experimentation of prison inmates, and a number of news shows across the country have featured similar stories.

It is unconscionable to think that these atrocities were done on human beings held in our state's prisons. And it would be unthinkable that all of us here would not want to set up safeguards to make sure that it never happens again.

I am encouraged by these discussions, and

I look forward to working with the committee to develop policies that will make sure such actions do not occur again.

Also, I would like to ask the chairman if he would allow us a week or two for those people that may want to submit written testimony.

THE CHAIRPERSON: That would be fine. If you have any additional testimony that you want the record to reflect, I would suggest you either leave your name and address with Dave Bloomer, who is my assistant here today, and we will see that you have that opportunity.

Generally the reports are not finished for a few weeks anyway, so I would say two weeks shouldn't be a problem to get that information to us.

Our first testifier this afternoon is going to be Martin Horn, who is the Secretary of Corrections for Pennsylvania. He is accompanied by Dr. Fred Maue, who is Chief Medical Director and Catherine McVey, the Director of Health Care Services for the Department of Corrections.

Gentlemen and lady, I welcome you. And, Mr. Horn, you have a prepared statement you would like to read, as I understand?

MR. HORN: Yes. I will try to summarize it in the issue of time. Thank you.

THE CHAIRPERSON: Let me interrupt you for just one second. I had indicated earlier that the agenda was on the table to the far right. Probably some of you went over there and found out it wasn't there. I apologize for that.

But they are there now. So, if you are interested in finding out who the speakers are throughout the afternoon, you may want to get over there and get that.

Sorry for the interruption, Mr. Horn. But I thought people would want to know who you are.

MR. HORN: Good afternoon, Mr. Chairman, Mr. James, members of the committee. You have asked us to speak to you today about the medical care the Department of Corrections provides to our inmates and our policy on medical experimentation.

With me today seated on my left are Dr. Fred Maue, Medical Director for the Department, and Catherine McVey on my right, who is the Director of Healthcare Services.

The Department of Corrections provides healthcare services to inmates which meets

community standards and also the standards of the American Correctional Association.

Our responsibility is to ensure that three basic healthcare rights of inmates are achieved.

First, inmates have the right to access to care. Second, they have the right to receive the care that is offered and, thirdly, they have the right to receive the benefit of professional or mental adjustment.

We manage our medical system through a central bureau of healthcare services, which is run by Dr. Maue on the clinical side and Ms. McVey on the administrative side.

We audit and manage this process through a very extensive quality improvement process, which I would be delighted to explain to you a bit later.

But what we attempt to do is monitor the quality of care by ensuring that certain basic practices, which are necessary to the delivery of good healthcare, are being achieved.

We see approximately 30,000 medical care treatment contacts per month. These include blood pressure checks, immunizations, dressing changes,

and so on.

The most common chronic care clinic is for hypertension, followed by asthma and diabetes. We also provide inmates with a significant amount of dental care, seeing an average of 5500 inmates each month through our dentists.

Obviously, and it's quite well known, that some contagious diseases are of particular concern to us in the administration of our prisons. And let me speak to those for a moment.

The number of inmates with AIDS has grown from 39 known cases in 1991 to 273 at the end of 1998. However, at the same time, the number of deaths attributable to AIDS has declined from 35 in 1995 to 23 last year.

We believe this is the result of new medication, which we now provide to inmates. Also, we believe that because of the beneficial treatment that is now available, additional inmates are identifying themselves and seeking treatment, seeking testing.

As a result, the number of inmates we have identified with HIV infection -- which I would distinguish from AIDS -- has increased from 404 in 1995 to 704 in 1998.

I want to say this does not necessarily represent an increase in the number of inmates who have HIV infection, rather the number of inmates that we are aware of.

As you are aware, testing in Pennsylvania is not mandatory. The Department is increasingly concerned with the growing number of inmates identified with Hepatitis C.

Although Hepatitis C affects individuals from all walks of life, some patient populations present special problems. These include patients with HIV, inmates and patients on hemodialysis, and alcoholic liver disease. These are precisely the elements that our inmates present to us.

Hepatitis C has a long latency period. And untreated, may result in liver cancer or cirrhosis of the liver. Until recently, the effectiveness of treatment was very low.

Recent treatment advances offer the promise of improved response, but at very great cost.

The matter is complicated because most treatments have significant side effects, including psychosis, depression, and suicide.

Treatment contra-indications include

persons with previous psychosis or depression and persons with histories of drug abuse. As you can see, arriving at appropriate treatment strategy is going to be very difficult.

We are moving as quickly as we can to determine the best course of action. And we will ensure that our inmates receive the standard of care consistent with community practice.

The Department has had great success managing containment of tuberculosis through our aggressive testing and treatment protocol.

In the years 1995 through 1997, we had three active cases. Last year, we had none.

Last year, the Department implemented the statutorily mandated medical services co-payment requirement for inmates.

Inmates are charged $2 per sick call visit, but they are not charged for follow-up visits, chronic disease care, infirmary, or long-term care or emergency services.

We have seen a reduction of 48 percent in inmates signing up for sick call during the first six months of medical co-pay.

This reduction in sick call attendance has allowed us to increase the number of scheduled

medical appointments. It has also allowed staff to devote more time to help education and prevention activities.

We believe that co-pay has achieved its intent. It has separated inmates with medical conditions needing care from those with minor complaints.

Our cost of inmate healthcare per year is $3,464 annually. This includes medical, mental health, and dental care as well as pharmaceuticals.

It is important to note that our inmates come to us medically compromised as a result of their previous lifestyle. Therefore, it is necessary for the Department to offer a broad spectrum of healthcare services.

We provide inmates with all medically necessary care that is essential to life and health, including chronic care clinics, specialty consultations, infectious disease management and immunizations, hospice care, and renal dialysis.

There are also limits to the healthcare that is provided. We do not allow cosmetic surgery, sterilization, biofeedback, dental/cosmetic care, and chiropractic services.

In 1996, we established a long-term care facility at Laurel Highlands. This institution is intended to handle those inmates who are elderly and disabled.

And today, approximately 125 inmates are receiving nursing care at that facility. Today, we have 44 inmates receiving renal dialysis at SCI Laurel Highlands and SCI Graterford in state-of-the-art facilities.

Last year, the Department initiated the use of telemedicine. The provision of medical care through video conferencing allows for audio/video and data collection and transmission of information between an inmate and a physician located at a base site.

To date, we have conducted 1,028 consultations primarily in the areas of psychiatry, dermatology, and infectious diseases.

Sixteen of our institutions are now equipped for telemedicine, two more are on the way. We have seen numerous advantages with this tool, including a decrease in the cost of consultation services, increased access to appropriate specialized care and the elimination of security risks and manpower costs associated

with transporting inmates who otherwise would need to be taken to outside appointments.

We believe when all telemedicine programs are operational, the state will realize the savings of approximately half a million dollars a year.

Finally, with respect to medical experiments involving inmates, the Department of Corrections' policy expressly prohibits the use or employment of inmates as subjects in any medical, pharmaceutical, or cosmetic experiments or testing.

This has been our longstanding policy. I would note this policy does not constitute an automatic ban on the use of pharmaceuticals and other medical protocols that, although technically classified as experimental or under testing, are generally accepted by the medical community for the treatment of diseases such as HIV and AIDS.

Our position is consistent with the American Correctional Association standard on inmate participation in research. Quite simply, to allow experimentation would jeopardize our ACA accreditation.

In addition, any requests from legitimate

research, treatment, or medical personnel designed to evaluate the effectiveness of generally accepted medical practices or procedures are accessed by our Medical Practice Review Committee. In practice, this committee has not been activated in recent years for this purpose.

The Department's policy on medical experimentation respects the belief that inmates are not truly free to give consent due to the inherently coercive environment of prisons.

And I might add that the experiments reported on in Hornblum's book took place in the Philadelphia Prison System, not in the Pennsylvania State Prisons.

And so while I am happy to discuss the issue with you today, I don't believe that there is any record of these types of activities occurring during the last 50 or so years within Pennsylvania State Prisons.

This concludes my presentation. I would be happy to answer any questions you might have.

THE CHAIRPERSON: Thank you, before we give the members an opportunity to ask questions, I want to introduce two members who were not here when we began.

To my right, is Representative Don Walko from Allegheny County. And to my far, far right sitting on the couch is Representative Joe Petrarca.

Are you from Allegheny County?

REPRESENTATIVE PETRARCA: Westmoreland.

THE CHAIRPERSON: Westmoreland. Just to the south. We want to thank the members for being here. If other members come throughout the course of this meeting, I will do my best to introduce them and let you know who they are.

The first person that I am going to give the opportunity to ask questions is Representative James. And before I do that, for the benefit of Representative Walko and Petrarca, I will restate what I stated earlier.

As long as we are not passed the time for the next presenter, we will allow for questions. If we have reached that point where we are stepping on someone else's time, we will not be able to ask any questions.

So, that makes it incumbent on us to ask pertinent questions and get to the point. And with that having been said, I will ask Representative James if he has any questions.

REPRESENTATIVE JAMES: Yes, Mr. Chairman. Thank you. Thank you also for your testimony. And I stand to be corrected. I did call Holmesburg a state institution.

But I understand there were inmates there in the county prison doing state time and vice versa. But, of course, no reflection on you because you weren't here at the time.

But anyway, I see that you say that in order for any request from any legitimate agency that wants to do any testing now, they would have to go through a committee you have set up or that is set up under the regulations now?

MR. HORN: Yes. That's for any type of research. Not just medical. Academic, sociological research, for example. Any academic researcher who wants to do studies has to go through our committee.

REPRESENTATIVE JAMES: Now, you said a committee has not been active in a year. Who makes up the committee or when is it active? Or how long has it been inactive?

MR. HORN: I can't, offhand, tell you who is appointed. But this particular committee is a committee that would review any requests for

pharmaceutical or the cosmetic testing.

And the reason it hasn't been activated is because our policy prohibits that there has been no need. So, our answer is, no, in all cases.

REPRESENTATIVE JAMES: So there's no regulations except for this committee. So if we were to initiate or to put in regulations or some kind of law, policies, that would not change anything that you are doing now?

MR. HORN: No. It would not be inconsistent with our practice or what we believe to be good policy.

REPRESENTATIVE JAMES: Thank you.

THE CHAIRPERSON: Representative Washington.

REPRESENTATIVE WASHINGTON: Secretary Horn, my question is that because Holmesburg was a county facility that some guys back in the '40s and '50s were doing state time, is it a possibility they could have got caught in an experiment through that process?

MR. HORN: Yes. I am not entirely comfortable with that expression, state time. I know it's a term of art that is commonly used.

The law in Pennsylvania says that when an individual receives a sentence with a maximum term of more than two years, that individual should be sentenced to state prison.

However, the law says that if the maximum term does not exceed five years, the Common Pleas Court Judge may elect to direct the time be served in the county prison.

And that is a matter of discretion. And judges have a variety of reasons for imposing those sentences. Persons who are so sentenced, are often referred to as serving state time.

So, it is certainly true that people who have received those sentences were serving time in the Philadelphia County Prison, and that does not make them state inmates.

REPRESENTATIVE WASHINGTON: But that's not what I asked you. What I asked you is, is it a possibility that those guys who were serving their time -- I am going to phrase it differently -- in a county facility could have got caught up in some testing that was being taking place in a county facility?

Is it possible?

MR. HORN: Sure.

REPRESENTATIVE WASHINGTON: That's it. Thank you.

THE CHAIRPERSON: Representative Walko.

REPRESENTATIVE WALKO: Thank you, Mr. Chairman. This is not really in line with the main purpose of the hearing. But I was curious what the cost of healthcare per inmate at Laurel Highland was?

MR. HORN: Offhand, I don't know, but it's substantially higher. In fact, our annual cost per inmate -- let me put it in -- I don't have it broken down. I can get that for you.

Our average cost per inmate, across all of our institutions, is about $23,000 per year. The cost to care for an inmate of Laurel Highland this year is $77,000 per year.

Now, there is several reasons for that. One is that the facility is still in the process of -- and I think if you visited, you know -- of being opened.

It has not reach its fullest. Its capacity will be 1300 inmates. Today it houses about 400. So, to the extent that you achieve economies of scale, we haven't reached that operating point yet.

Nonetheless, because we have inmates -- and I think Chairman Birmelin of the committee has visited Laurel Highlands?

THE CHAIRPERSON: No, I have not.

MR. HORN: You will see that we have inmates who are bedridden, inmates who are wheelchair bound. And we deliver a very, very intensive level of nursing care.

We have inmates there who present demands for cardiac care and advanced cancer treatment and so on, which tends to run the cost. We can find that, I think.

I think the other thing that it bears mentioning, Mr. Walko, is that we do not pay for inmate care on an indemnity basis.

Our inmate healthcare basically is more of a managed care model. It is a decapitated model. We enter into contracts with medical care providers who are bound by contract to provide the care at a cost per inmate.

In other words, they bid to provide care at a facility at a fixed price. And they are then responsible for serving all the inmates. And as with any other H.M.O. or managed care endeavor, they are calculating that a larger number of

inmates will not require the level of care that they are being paid to offset those who require care at a much higher rate.

So, we never get a bill for $100,000 for an individual inmate. The average across all inmates is the $3,464 per year. That contains within it the factor for those inmates who require the higher level of care such as those at Laurel Highlands or those, for example, at Graterford who are receiving renal dialysis.

We spread the cost and the risk across the entire pool.

REPRESENTATIVE Walko: With regard to the H.M.O. making decisions or the contractor, if a contractor makes a decision not to give a certain amount of treatment, but an inmate feels or some family member feels that such treatment should be given, what would the family or the inmate do to overrule or modify the contractor's determination?

MR. HORN: First of all, we have a grievance system within the Department. But I think the better answer is to tell you that that's why I have Dr. Maue.

Dr. Maue is our medical director. And I'll allow him to speak to that. But he reviews

all complaints that our contracted member providers are not providing adequate medical care. And I'll let him address that question.

DR. MAUE: We frequently get inquiries from families and inmates themselves regarding the care that they are getting. And we investigate each complaint with the appropriate institution that they are residing in.

And we call the healthcare administrator there. We ask them to investigate the complaint. The healthcare administrator is employed by the prison.

So, they are one of our DOC employees. And they investigate the quality of care and decide if the medical provider is providing the care that is supposed to be provided.

Also, our quality improvement program mandates that all of certain kinds of disorders be treated in a consistent fashion across the state, such as hypertension or diabetes or heart disease.

So, we have monitored that Q.I. program at each facility to make sure that all of those disorders are being cared for in a manner that's consistent with our medical policies.

REPRESENTATIVE WALKO: Thank you, doctor.

MR. HORN: If I may, I would like to ask Ms. McVey to describe our quality assurance program to you.

MS. MCVEY: The quality improvement program is really a team concept where our central staff works with the institutional staff to do monthly monitoring.

We randomly select our vendors in each institution. And we have 13 different quality improvement monitors that we use. This ensures that the inmates who we are randomly selecting, we review their medical records to determine that the appropriate clinically needed care is given.

We then work with the institutions when we find that there are problems to take corrective action. I think at the heart of the matter of quality improvement is prospective rather an reactive in nature.

And that means that we are constantly striving to improve for the future, so that we are repeatedly upgrading the quality of our program and care.

REPRESENTATIVE WALKO: Thank you.

THE CHAIRPERSON: Thank you, secretary and Dr. Maue and Ms. McVey, we appreciate you

coming and sharing with us. Our next testifier is Mr. Angus Love who is a member of the Board of Directors of the Pennsylvania Prison Society.

THE CHAIRPERSON: Mr. Love, do you have printed transcripts of our testimony?

MR. LOVE: Chairman Birmelin, I thank you for the opportunity to testify here today on behalf of the Pennsylvania Prison Society regarding a variety of concerns about the delivery of medical services to the inmate population in the Pennsylvania Department of Corrections.

The Prison Society was founded in 1787 by Dr. Benjamin Rush and several other prominent members of our community, including Benjamin Franklin. We are the oldest prison reform organization in the United States.

We are empowered by our Commonwealth with official visitor status in Pennsylvania's prisons and jails.

I am also the Executive Director of the Pennsylvania Institutional Law Project, which provides civil legal services to institutionalized individuals in our Commonwealth.

Any discussion regarding medical issues in prison context will involve a variety of

different perspectives. Prison officials are primarily concerned about custody and control. Health authorities are focusing on disease prevention and management. Civil libertarians and advocates address issues from the perspective of individual rights.

Thus, there can be much confusion and misunderstanding inherent in such a discussion. Despite the varying viewpoints, I hope that we can all agree that issues of public health affect not only the inmates but the staff and the general public as well. This is especially true regarding communicable diseases that do not recognize prison walls or prison uniforms.

Epidemics are essentially the same inside the prison as they are in our communities from which the inmates come and to which, for the most part, they will one day return.

Each year the Pennsylvania Prison Society and the Pennsylvania Institutional Law Project receive thousands of inquiries from inmates housed in the Pennsylvania DOC system.

A large number of these inquiries involve medical issues. Families are also a regular source of complaints regarding similar issues. We

come to this Committee as advocates for sound public health policy within the correctional context.

We qualify our remarks by recognizing that we are not prison correctional experts nor are we medical professionals.

Prison populations are often characterized by healthcare professionals as "sick" populations. The term "sick" refers to the fact that they have generally received poor healthcare prior to their incarceration.

They are often from low-income backgrounds, with limited access to public health, including prevention such as regular check-ups, vaccinations, and early detection systems.

Significant risk factors for imprisonment, such as poverty, intravenous drug use and race correlate with the exposure to the leading communicable disease risk factors, especially Human Immunodeficiency Virus (HIV), Tuberculosis, and Hepatitis.

These factors are further complicated by the fact that prison life is based on the congregate living environment in a closed society. This heightens the danger of transmission between

the inhabitants of the closed society. Prisons can serve as a breeding ground for communicable diseases.

The Pennsylvania Department of Corrections is to be commended for their recognition of these concerns and for their ability to respond in a positive way to the challenges presented to them by the inmate and advocacy communities.

A recent example of such was the litigation entitled Austin v. Lehman. Upon completion of the discovery phase in that case, including the inspection by various medical experts, the parties were able to reach a voluntary settlement agreement to upgrade the quality of healthcare in the system.

A number of improvements were agreed upon and implemented over the last several years. This included development of a prototypical staffing pattern for all institutions within the DOC system.

It further led to the development of a comprehensive statewide healthcare and medical policy modeled in scope and level of detail on the clinical and administrative guidelines as set

forth by the Centers for Disease Control in Atlanta, Georgia.

Protocols were developed for the management of chronic diseases such as HIV, diabetes, cardiovascular diseases, seizure disorders, and asthma.

The DOC adopted a comprehensive system-wide quality assurance program designed to assure the implementation of the aforementioned policies.

Negative pressure rooms were introduced to handle active TB patients. Special needs units and mental health units were added to several institutions.

The overall result was a significant improvement in the delivery of medical, dental, and mental health systems in our system. All persons involved in that effort are to be commended.

We are now presented with new challenges to the delivery of medical services. As we do not live in a static environment, new diseases, new treatments and new scientific breakthroughs are discovered regularly.

It is important we keep up with the

latest medical discoveries and advances. The two areas that we are receiving the most complaints about, and that we believe are in need of further examination, are Hepatitis and organ transplantation.

We qualify our remarks with an understanding that there have been new scientific discoveries in these areas everyday that include recognition of new types of Hepatitis and new treatments available for both the new and old types.

It is our hope that through a frank discussion of these issues we can keep current with these developments and provide state-of-the-art quality care to the inmate population in our prison system.

Until 1990, there were only two recognized strains of Hepatitis labeled A and B. At that time, an additional strain, given the title C, was developed. And subsequent to that, we have discovered several new strains.

With the recognition of the new strains have come new treatments, primarily through drug regimes. Incident rates of Hepatitis generally run higher in minority populations.

The African-American population has a rate of 3.2%; the Latino population, 2.1%; while Caucasians have a rate of 1.5%.

Hepatitis is contracted primarily through transmission of bodily fluids. Transmission is often accomplished in many of the same ways that HIV is transmitted, i.e., drug injections, needle sticks, transfusions, and unprotected sex.

Hepatitis B has been termed one hundred times more infectious than HIV due to the fact that the virus can live outside the body, unlike HIV, for up to a week.

The disease can be fatal. Hepatitis C alone accounts for 8-to 10,000 deaths per year. It is not an easily recognizable disease, nor is it easy to treat.

One can have Hepatitis but not be symptomatic. One can become symptomatic and then go into remission with the potential for reoccurrence.

Some individuals respond to treatment while others can be infected for the rest of their lives. Hepatitis primarily affects the liver and is the leading reason for liver transplants.

The offices of the Prison Society and

Institutional Law Project have received hundreds of inquiries regarding the treatment of Hepatitis.

We have interviewed these individuals, obtained their medical records, reviewed various grievance procedures, and have requested and received affidavits.

The most frequent complaints concern Hepatitis B and C. These complaints often include the failure to notify the affected individual for several years that they have contracted the disease.

They also complain that they are not getting state-of-the-art treatment once they have been informed of their infection.

There are also concerns regarding lack of uniform standards regarding the treatment of these diseases once they have been discovered and identified.

Additional concerns regard the availability of liver biopsies upon finding that one has been infected, the need for annual liver function tests, the use of the drug Interferon alone and in combination with the drug Ribavirin a/k/a Rebatrin.

We have heard several complaints that

individuals have been diagnosed with Hepatitis but have not been informed for up to five years.

Some of these folks have been released from prison and gone back to prison in the interim. We have heard complaints of liver biopsy tests that do not accompany the initial diagnosis of Hepatitis.

We have heard numerous complaints regarding the lack of the initial Interferon drug regime and the subsequent treatment for a period up to one year of the combination of Interferon/Ribavirin.

We also recognize that as recently as December 1998, a new combination drug Rebatrin has become available in the U.S. marketplace.

As we understand it, the Department of Corrections does not have a standardized protocol or policy for treatment of all forms of Hepatitis.

Inmates are being told, as I mentioned earlier today, Interferon treatments are being withheld due to their limited applicability and often severe side effects.

We are also cognizant of the fact that Interferon costs $300 per dose and is administered three times per week for anywhere from three to

twelve months.

It is further our understanding that with regard to Hepatitis C, the Interferon treatments are effective in only 50% of the cases, with only one-half of those individuals suffering relapses.

Based on the information we have received, there appears to be an atmosphere of confusion and suspicion. It is our hope that through the testimony today and with appropriate follow-up, we can reduce that confusion and educate all parties regarding the particulars of Hepatitis.

If there is not already a standard policy or protocol for all forms of Hepatitis, it is our belief that we are in dire need of such. We welcome any response from the Department to these issues and are willing to meet with them in order to clear up any misunderstandings that currently exist and to work towards a better understanding and appropriate response to our concerns.

The second issue that we are here today to discuss involves organ transplantation. This is an issue that has been brought to our attention due to the incredible advances of modern medicine.

It is not long ago that I recall the

first heart transplant. Nowadays, transplants of kidneys, livers, hearts, and various other organs are done on a regular basis.

We commend the donor option programs that have encouraged the supply for organs for those in desperate need. We recognize that there are ethical issues involved in transplantation that go far beyond prison walls.

We do not pretend to have all the answers in this or any other area, but wish to let this Committee know of our concerns.

These concerns are again based on numerous inquiries to our offices from inmates and family members alike. Once again, we find a lack of protocols and procedures in this area.

It is our hope that we can develop uniform standards for the decision-making process with regard to transplantation. The most frequently mentioned concern involves treatment for kidney failure.

Prior to 1995, the DOC utilized dialysis as the mode of treatment for kidney failure. Individuals housed within the system routinely traveled to outside hospitals, usually three times per week to receive their dialysis treatment.

At that time, the Department of Corrections decided to open the Renal Treatment Unit at Graterford and move all the dialysis patients to that facility.

Initially 40 to 50 people were housed in a special area called the Renal Treatment Unit and received their dialysis in the adjacent area housed with the prison infirmary.

Prior to 1995, individuals treated in outside hospitals were presented with the same options as other individuals would receive at said hospital.

This included the full range of what is known as modality choices. These include peritoneal dialysis, home dialysis, pre-care dialysis, and renal transplants.

Renal transplants are considered the treatment of choice for medically qualified individuals in outside hospitals.

Transplantation for young, otherwise healthy patients provides a significant advantage in survival and quality of life. These issues were recently addressed in litigation entitled Calhoun v. Horn.

Dr. Joseph Bisordi, chairman of the

Medical Review Board for End-Stage Renal Dialysis Network No. 4 visited Graterford and submitted a report to the Court.

He testified that 80 to 90% of the patients on dialysis are eligible for renal transplants. The average cost of dialysis for one year is $50,000. The cost of a transplant is $100,000.

Four out of five renal transplants are successful. He indicated that there was no compelling medical or social reason for the failure to provide for renal transplants or the renal transplant option.

Financial incentives weigh in favor of such a transplant. Several individuals housed at Graterford have had renal transplants prior to the change in policy in 1995.

One individual had a family member willing to donate a kidney but was denied the opportunity. The private medical provider, in the person of Dr. Richard Freedman, acknowledged that the DOC practice excludes the transplant option.

Discovery failed to produce any written policy that addresses this issue. The only oral explanation offered was that the individuals were

inmates and, as such, would not receive transplants.

In light of the important ethical and cost issues involved, we urge the Department to re-evaluate their situation and come up with a policy/protocol that defines their position on this critical issue.

I would also like to briefly mention that the Prison Society also supports fully the efforts of the former inmates of Holmesburg Prison to seek compensation and some kind of justice in their quest for the experiments that were put upon them in the '40s, '50s, and '60s. Thank you.

THE CHAIRPERSON: Thank you, Mr. Love. I'll ask Representative James if he has any questions.

REPRESENTATIVE JAMES: Thank you, Mr. Chairman, and thank you for testifying. Is it my understanding, based on your testimony, that you are saying that inmates cannot receive an organ transplant?

MR. LOVE: That's my understanding.

REPRESENTATIVE JAMES: And that's a policy that you have determined as a policy by the Department of Corrections, but you haven't found

anything written?

MR. LOVE: It's an oral policy. I don't think it is written down. If it is, we haven't seen it.

REPRESENTATIVE JAMES: And if it is, is it not because their sentence or anything like that? Was that described to you because they were sentenced?

MR. LOVE: It just said because they were inmates.

REPRESENTATIVE JAMES: And you would like us as policymakers to look at that to see, if, in fact, that could be a policy that can be implemented?

MR. LOVE: I think so. It would actually save money, which is another reason to look at it. It improves quality of life for the individual and saves the Commonwealth money.

So, I can't see why it wouldn't be considered.

REPRESENTATIVE JAMES: The Commonwealth really understands about saving money. So maybe we can put it to them that way, maybe it can be implemented, if, in fact, it can save money. Because that's one thing that makes them look at

those policies. Thank you.

THE CHAIRPERSON: Representative Washington.

REPRESENTATIVE WASHINGTON: Thank you, Mr. Chairman. My question is, who would pay for -- if it would save money in the long run, but how would you do the security part?

Would it be done in a hospital environment? Would it be done outside the hospital?

MR. LOVE: Prior to '95, these individuals routinely went to the hospital three times a week. It was the same hospital I believe that did the transplant at that point in time.

REPRESENTATIVE WASHINGTON: And my second question is that when I was first elected in 1995, I had taken over a lot of the issues and corrections that Dave Richardson had been taking care of.

And I went to Graterford Prison to deal with the kidney dialysis unit. And I had a lot of issues at the time because of letters that I had received from inmates about their treatment and what wasn't right.

And not being a specialist in the area

myself, and I found out that a lot of people there were not doing their part as well.

Do you find that to be true?

MR. LOVE: Well, it is very complicated. It is very difficult when they went from the outside hospital to in-house. They did their best to improve the flow rates and dialysis, but there is a lot of factors that come into play.

Inmates have to be back on the block for the count. Some people need longer time on machines than others. It is a lot of transporting.

REPRESENTATIVE WASHINGTON: Some people weren't staying on the machines as long as they should?

MR. LOVE: That's true. It is a combination of a variety of factors.

REPRESENTATIVE WASHINGTON: So that means we could review and see if there could be some changes made that could bring that Department or that part of the treatment up to 1999 standards?

MR. LOVE: Absolutely.

REPRESENTATIVE WASHINGTON: Thank you.

THE CHAIRPERSON: Representative Petrarca.

REPRESENTATIVE PETRARCA: Thank you, Mr. Chairman. Thank you for being here, Mr. Love. I have a few quick questions. One, I guess generally, you call yourself a prison reform organization.

How is the care, in your opinion, generally regarding the medical, mental, and dental treatment of inmates?

MR. LOVE: I think it is comparable to most prison systems. I don't think it is as good as people in the outside world get.

REPRESENTATIVE PETRARCA: I was just thinking -- I don't know how many complaints there are in the system or how often you hear complaints about medical treatment.

Is there anyway to quantify that?

MR. LOVE: Well, we brought in national experts as part of the Austin litigation. And they identified certain areas where we were well behind. Tuberculosis was a good example. We were going with a policy that was well out of date.

But the Department, to their credit, recognized that and immediately implemented a new current state-of-art model developed by the Center for Disease Control, that included annual testing

for inmates and for guards and follow-up testing, sputum tests, x-rays, the drug regime that is necessary to contain the TB in its initial stages.

So, they brought themselves up-to-date. I think they are doing a decent job.

REPRESENTATIVE PETRARCA: My last question, I serve on the organ donation advisory board. And, I believe, I am still the only member -- I know I am of the House or Senate to be on that board appointed by the Governor.

I am very interested in what you have to say about organ donation. In fact, I would like to speak to the secretary about it at some point also.

I plan to do that. But I find it outrageous that persons do not even have that option available to them. I know that there are different concerns involved here.

But the whole idea that that option has been closed out for people, I think is outrageous. I would like to look into that, again as a member of that organ donation advisory board, and see if there is a policy and to see what exactly that policy is and go from there.

I thank you for your testimony.

MR. LOVE: It is very tricky. I was on a radio show. And somebody said, well, I would never want to give up an organ if I knew an inmate was going to get it.

And I said, well, what about, would you accept the organ if you knew it was from an inmate? And he said, certainly.

REPRESENTATIVE PETRARCA: I think we should do some investigative work with regards to that.

MR. LOVE: I would be happy to help out.

THE CHAIRPERSON: Representative Washington has a follow-up.

REPRESENTATIVE WASHINGTON: Thank you, Mr. Chairman. Whether or not the person who was denied the opportunity for the transplant, was that before or after the 1995 policy change?

MR. LOVE: That was after.

THE CHAIRPERSON: Thank you, Mr. Love, for your testimony. We appreciate you coming.

Our next testifier is Attorney Charles Artz from the Pennsylvania Academy of Family Physicians.

Is Attorney Artz here?

(No response.)

THE CHAIRPERSON: I will assume he is not here. We will skip over him and come back to him, perhaps if he comes back later. We will go to our next testifier who is not scheduled until 2:10, but hopefully he is here, and that is Dr. Allen Hornblum, the author of the book entitled "Acres of Skin". Mr. Hornblum, are you here?

Mr. Hornblum, in preparing for the meeting today, I was in Harrisburg and happened to go to a book store.

And had your book not cost so much, I probably would have bought it. But I figured you would probably give me an autographed copy.

MR. HORNBLUM: Well, if you walk out of here favorably, you can count on that.

THE CHAIRPERSON: We are only here to listen to you.

MR. HORNBLUM: That could be arranged.

THE CHAIRPERSON: We thank you for coming. And you have your testimony prepared for us. And if you would like to, you may read that. You have the 20 minute time slot that Mr. Artz was going to have.

MR. HORNBLUM: Thank you. Chairman Birmelin, Chairman James, and members of the

committee, thank you for giving me and others in this room an opportunity to address this issue.

Some may argue it is 25 years after the fact, but some of us would say better late than never. This document before you is not my testimony.

In talking to your staff, I decided that I would give you an overview of the issue based on a forthcoming article that I will have in a Pennsylvania History Journal.

You can peruse that at your leisure. So that you may better be prepared to ask myself and others some questions, what I thought I would do is illuminate some of the points of the Holmesburg story and that may foster further discussion on this.

Basically, the story begins in the early '50s, approximately 1951, where Holmesburg Prison, over the course of the next 25 years probably became the largest human experimentation factory in America.

Over the course of the '50s, rudimentary dermatological tests that were being performed by a professor of the dermatology department of University of Pennsylvania started to use

Holmesburg prisoners as the raw materials for experimentation.

This was not anything that was new in post-war America. In fact, throughout the history of the 20th century, prisoners have been used as test subjects.

You can go back to 1915 where prisoners at Rankin Prison Farm in Mississippi were used in paleography experiments, 1934 Colorado Prisoners were used in tuberculosis experiments.

From 1918 to 1922, hundreds of prisoners at San Quentin were used for testicular transplantation experiments.

What really kicked off the drive towards human experimentation, as well as use of prisoners, was the second World War. Hundreds, maybe thousands of men, particularly in the Pacific theater were falling prey, not so much to Japanese bullets or bombs, but to malaria.

And it was considered a major part of the war effort if American doctors could come up with a treatment or a cure for malaria. They initiated a program in four prisons, the best known being Stateville in Illinois and Atlanta Federal Penitentiary where prisoners were laid out in

hospital wards and allowed to have C.C. flies and mosquitoes bite them. And that went on throughout the war and actually for a decade or more after that.

But where many prisoners were incorporated in various assets of the war effort to solve various blood transfusion problems, communicable disease problems, it continued and extended after the war was over.

The pharmaceutical companies during the post war period were growing by leaps and bounds. And one of the key things they needed was the raw material for the experiments, that being the test subjects.

Also, at this time as you were probably aware that they were using retarded children, retarded adults, hospitalized patients, senior citizens.

The most famous example is obviously the Tuskeegee syphilis study, which ran for 40 years starting in 1932 and ending in 1972. And I should point out that over the course of those four decades, there were numerous articles written in medical journals about that experiment.

But no one ever blew the whistle on it in

the medical community. It took a reporter from the New York Times to get tipped off by and expose it and that contributed to the ending of experimentation in this country as it was taking place over the '40s, '50s, '60s, and '70s.

Getting back to Philadelphia, in 1951 Holmesburg started to be used as a test site. And over the years, it expanded so that just about every item in your medicine cabinet would have been tested at Holmesburg Prison.

They were using the men for fairly innocuous experiments -- hair dyes, skin creams, eye shadow, toothpaste, mouthwash, athletes' foot medication. All sorts of items for the commercial market were being tested on prisoners.

But in addition to that, they also used them for more dangerous experiments such as Phase 1 pharmaceutical testing.

Phase 1 testing is the first phase of the process after these chemicals -- these drugs -- have been given to animals. It's the most dangerous phase for humans.

And that is what the pharmaceutical companies came to Philadelphia for. Because the doctor and the University had a cheap and

available test population.

I should point out that there were many, many states across the country -- the majority of states had at least one or two prisons that were being used for experimentation.

Unfortunately, Pennsylvania had more than any other state. Where most states had one or two, Pennsylvania had nine such sites.

These would be the county prisons at Lancaster, Northampton, Berks County, Chester County, Delaware County, Philadelphia, Bucks County, all throughout the state or particularly in southeastern Pennsylvania probably because of the great number of medical schools and pharmaceutical companies that are in this area as well as Jersey.

They all knew about the experimentation at Holmesburg, and they all came because they could get subjects tested there cheaper and more easily than anyplace else.

To point out how some of these experiments went beyond Phase 1 studies, prisoners were also used to test dioxin -- one of the most carcinogenic and dangerous chemicals, substances, known to man -- was tested here in 1964.

That basically originated after Dow Chemical in Midland, Michigan, had a problem with one of its factory sites where some of the men on the work line were coming down with chloracne. They had to shut the plant and figure out very quickly what in their herbicide processing was causing this alone.

Now, of course, there are prisons in Michigan. There are great universities in Michigan. But they still decided to come to Pennsylvania and they decided to come to Philadelphia because we had already developed a representation in the field as a site where dangerous chemicals and substances could be tested without question.

Also, you have R.J. Reynolds coming from North Carolina to test smoking and its impact in causing cancer. It was felt in also the mid '60s that there was a possibility that cancer could affect the body's level of tryptophan and that would lead to bladder cancer.

They also have prisons in North Carolina, fine universities. But they came to Pennsylvania to test their experiments with cigarettes on men in Philadelphia.

There was also the public sector that came to Philadelphia. You had the U.S. Army coming in in 1963. They wanted to test chemical warfare agents on individuals.

They and the CIA have been doing this for many years. And they had put aside the use of LSD for the most part and wanted to expand into some other chemicals.

But when they started using very strong dosages of atropine, denzolite, it started to lay out the soldiers for an extended period of time.

As would arsenals, a small base in Maryland where they would do the chemical experiments, they realized that they needed another site.

Where did they come? They came to Philadelphia because they knew that this operation was taking place here.

That continued over the course of the '60s into the '70s. The CIA piggy-backed on those same experiments. In the early '70s -- and what I am trying to point out is, that even though the general public and maybe some politicians and elected officials and some journalists did not know about it, the people in the business of

testing other people knew about Holmesburg.

It was a well-known commodity where individuals could be used and abused freely. I would like to say that this was a very utilitarian, elitist operation.

In my opinion, they were not using Richards and Dolworth for the Democratic members of council. They were not using Eugene Ormandy and the string section of the Philadelphia Orchestra.

They went to the other end of the socio-spectrum and were using throw-away people. They were using people who were incarcerated.

These individuals did not do it because they were so interested in altruistic motives or patriotism or advancing science.

These were basically unsophisticated, uneducated, desperate men and women who needed money. And they did it for the money. If you were lucky enough to get a job in the Philadelphia Prisons back in the '50s and '60s, you may top out at 15 cents a day.

If you decided to be a guinea pig, you could make a buck a day, a buck and a half, $2 a days. It was wages. So, individuals in many

cases put aside their concerns about their health, the expectations of what may happen for a number of reasons.

Most of all, they needed the money. But they also trusted these articulate, knowledgeable men in white lab coats who said that this would not effect them, this would not hurt them. If there was any harmful effects, they would be there to take care of them.

And this ran from the early '50s until 1974 when it was terminated. I should also point out that although I started my book in 1951, I have been corrected.

Amongst the many pieces of correspondence I have received about the book, I received a call at Temple one day from an individual specifically asking why I started in '51.

And I told him, to my knowledge, that's when it started. He said, that is not true at all. He said he worked in the Philadelphia Prison in the 1940's and was working for the University of Pennsylvania's industrial toxicology department.

And they were putting chemicals on prisoners back during the second World War. And

he said, in fact, when Willie Sutton went over the wall in Holmesburg Prison in the late '40s, he went out with a patch on his back that this gentleman had put on there because he was a test subject.

So, it goes back even further than I thought. But to give you an idea of the dimensions, Holmesburg Prison, basically, had anywhere from 1200 and 1400 individuals at any given time. 75 to 90 percent of the people in the prison were on these experiments.

All were looking for good money and hopefully not being injured in the process. So maybe what I will do is stop there and entertain any questions that you may have.

THE CHAIRPERSON: Thank you. We appreciate you coming here today, and I am looking forward to reading the book. Representative James, do you have any questions?

REPRESENTATIVE JAMES: Thank you, Mr. Chairman. Again, to begin, I want to thank you as chair committee for helping to authorize these hearings and thank you, Allen, for the commitment and dedication you had in doing the book and doing the research to come out with the book to bring

out these atrocities.

As a result of the book and a result of what you have seen, what do you think that we as policymakers need to do?

MR. HORNBLUM: I think first and foremost you have to be extremely vigilant. You have many oversight responsibilities with the subcommittee on crimes and corrections.

I would like to point out that the prisons are very important institutions. And that those walls not only keep the prisoners in, but they keep the public out.

And, therefore, it's very important that you spend as much time as you can free up to study what is taking place in these facilities and how the policies and programs are affecting the men.

That does not mean that these prisons should be turned into the Four Seasons or the Plaza Hotel. But you should make sure that abuses do not take place either on the inmates or on the guards and staffs of these institutions.

And I would encourage you to visit these institutions on a far more frequent basis than you probably do, and, you know, pay as much attention to all of the commentary that you receive pro and

con on any of these issues.

And whatever seems doubtful, investigate yourself because there's a lot of stories in those institutions that very few people really know about.

This is one of them, the Holmesburg story. The experiments that went on there ran for a quarter of a century.

It is very unique. Most of the prisons that did this type of work, tended to focus on one area of study for a short period of time. At Virginia State Penitentiary, a few years they started on flash burn studies.

At Ohio State Penitentiary, they did live cancer cell injections in the mid '70s. They were doing testicular radiation studies in Oregon and Washington. I could go on and on.

I would dare say that very few members of the general public or elected officials knew about it. And, unfortunately, in many cases, if they did, they said that's okay, they are throw-away people, we won't spend anytime with it.

So, I would encourage you to bolster your stabs as much as you can considering the budget and maybe make some more visits into these

institutions to really see for yourselves what is really taking place.

REPRESENTATIVE JAMES: Now, also when this was brought to our attention -- and we have heard that this stopped, this is not allowed anymore. Do you think that there needs to be some additional policies or laws to make sure that this doesn't happen again or that there's sufficient policies on the books now?

MR. HORNBLUM: To my knowledge, experimentation as it took place around the country and in Philadelphia and the post-war period no longer takes place.

Occasionally, I'll get a call from a reporter in Texas or California who wants to know if I know of anything that may have taken place here or there or all sorts of rumors.

But to my knowledge, I don't think anything like that is actually happening. In fact, there has been somewhat of a backlash where men who want to be able to study specifically new AIDS drugs are not allowed to get involved because there is this threat that it could be returned to what it was like back in the old days.

So, I think the basic regulations that

have come down from the FDA and from the EPA and other organizations are basically enough. But that doesn't mean that you should close your minds.

I think vigilance continues to be a key aspect of this.

REPRESENTATIVE JAMES: Now, is it possible that some kind of medical study or testing can be positive?

MR. HORNBLUM: I think theoretically, it is possible that individuals in a prison setting could be used as test subjects. But the history is so dark, the greed on the part of the physicians and the administrators is so dastardly, in my judgment, that I would only trust it if you have somebody at the prison such as a Ralph Nador who was, in my opinion, scrupulous and could never be bought off and could really do a good job to discern what is a threat.

But if you buy into the first principle of the Nuremburg Code, as I read it and I started my book with, if you are in a constrained or coercive environmental, which a prison is, you should not be used as a test subject.

There is no doubt that you have thousands

of men in this state -- 36,000 just in the state system alone -- who, for the most part, you know, could use the money and may want to take part in something worthwhile.

I think it would be very easy to manipulate that into something that would be injurious to them and counter to the notion set forth in the Nuremburg Code.

REPRESENTATIVE JAMES: Thank you. Thank you, Mr. Chairman.

THE CHAIRPERSON: I have a follow-up question. The thought occurs as we are dealing with AIDS patients and that, while you may be able to delay the inevitable, there has not been a cure yet for AIDS.

If prisoners were AIDS victims and had the opportunity to take experimental drugs that may or may not deal with that disease, is that a legitimate area that you think might be --

MR. HORNBLUM: I would lean more towards that if it was a therapeutic initiative. In other words, if it was designed with the hope that it would have some remediation impact on them.

That is much different than what took place in many hospitals and prisons around the

country, including Philadelphia. These were non-therapeutic experiments.

It does not help any of these men who may be sitting behind me that they had dioxin put on their faces or backs or they were given chemical warfare agents.

That is not the treatment that somebody is sent to prison for.

THE CHAIRPERSON: So, that is a distinction that you would accept, if it were a therapeutic experimentation drug?

MR. HORNBLUM: Correct.

THE CHAIRPERSON: And the prisoner willingly agreed to it. And I might add, he would not get paid for it.

MR. HORNBLUM: Correct.

THE CHAIRPERSON: They are not making money on the deal. I could see it in that incident and that circumstance. Thank you.

We are almost out of time for your portion of this testimony. But if Mr. Artz isn't present -- I would like to ask him to come up. But if not, I am going to ask you to stay.

I think the members have some questions for you. Is Attorney Artz here?

(No response)

THE CHAIRPERSON: I have just given you some extended time. I'll ask the members if they have any questions. Representative Washington.

REPRESENTATIVE WASHINGTON: Yes. Thank you, Mr. Chairman. My question is, if these inmates were given this test and it was an experiment and they were paid $2, was there any paperwork that they signed that said if they became honored citizens of Philadelphia, that there were any circumstances that effected their health, like some of the letters that I have received, was there any compensation to them at that time? And because most of those institutions that did those experiments still exist today.

MR. HORNBLUM: Unfortunately, most of the paperwork on the experiments was destroyed, but some still exist. And I was able to get many documents using the Freedom of Information Act with names of individuals and types of experiments on them, such as from the Pentagon or from the EPA.

These were documents that during the course of the experiments had to be sent to the federal government.

So, in some cases it does list individuals, more generally the types of experiments and specifically chemicals they were coming in contact with, the protocols that were being used on the men.

When you talk about a document that the men signed, it was a waiver or release form. It was not necessarily designed to inform the prisoner, but to let them know that you are basically giving up your rights, which I believe was illegal and immoral.

These documents did not exist for the bulk of the testing period. They only started, to my knowledge, in the mid '60s. They became a little bit more elaborate in the early '70s when more people started to look at this issue.

But they basically said, I, John Doe, take part in these experiments for a dollar a day and I no longer have the right to sue the prison system, the University of Pennsylvania, or the doctors involved, if anything untrue should happen to me.

I believe that is one central reason why there was so few lawsuits that emanated from these experts, that these men generally were distrusting

of government, weren't crazy about attorneys.

This document put it to them that if they got the money, they could no longer sue. And I think they bought into that.

REPRESENTATIVE WASHINGTON: My second question is, where are the women?

MR. HORNBLUM: There were women, but it was a much smaller operation. Holmesburg, the largest prison in the city, was a main test site.

But there were other satellite programs, both the detention center and House of Corrections. The women who were in the G-wing at the House of Corrections were incorporated in the studies.

And I think there will be a woman on the panel later who will tell you what she was involved with. But the female experiments tended to be much smaller in scope and size than the men.

REPRESENTATIVE WASHINGTON: Thank you, Mr. Chairman.

THE CHAIRPERSON: In closing, Mr. Hornblum, I would like to share a couple of things with you that may be of some encouragement to you. I served on the Judicial Committee of the House. Now I am going into my 13th year of my 15 years in

the House.

And we have had a succession of chairmen who have done just what you have suggested. I remember one of my first -- it was my second term -- my first time on the Judicial Committee going to Dallas Correctional Institution up in the Wilkes Barre area.

And that was my first state correctional institution visit, though I had been in the Farmview Institution, which was for the criminally insane. Having grown up in the neighborhood, I was very --

MR. HORNBLUM: One of the worse.

THE CHAIRPERSON: I know. And I grew up hearing the stories. But starting in the second term of my office, we had a succession of both Democratic and Republican chairmen who have always made it a priority to make members know what our state prison is, since this committee does have oversight of it.

And a little over four years ago, I was appointed chairman of this committee. And I have picked up where they have left off and have done an extensive number of prison tours.

I am not sure how many, but it is

somewhere near 12 or 13. I have made some visits myself in recent months on my own. I meet with the members of the Judicial frequently. And I think their experience is much like mine in that we frequently get letters from prisoners.

And I will grant you that most of them are people who are complaining about not getting a second helping of mashed potatoes or some guard looked at them and said nasty words to them.

But some of the problems may be a little bit more substantive. And I don't think that prisoners are afraid to write to us. And that if something such as the one that you have documented in your book were to ever reoccur again, I am sure that they would write to us and they would let us know one way or the other through relatives or themselves.

One of the greater developments of the legislative process in Pennsylvania is the broadcasting of not only four sessions of the House and Senate, but also public hearings like this and tours by P.C.N., Pennsylvania Capable Network. And many of our prisoners get that.

That is probably a good reason why I have an increased volume of mail. Because I usually

chair these meetings, and my name will appear at the bottom of the screen and they will write it down. I am the first guy they write to.

But I do get a great deal of correspondence from them. And I think that has opened up within the prison walls because of the fact that many of them are on cable T.V.

And I think that has helped them to see how they can interact with government. Perhaps in the '50s they probably didn't have the foggiest idea of how to do that, but I think that has changed.

And, lastly, I would indicate to you that we have here on the committee, we have regular correspondence with those who work in the prisons -- correctional officers and others who have concerns.

And in some cases, it's a disagreement with the management. But in a lot of other cases it is what I would consider safety issues and health issues.

And I have found that the doors to our prisons have been opened to legislators to come in and see whichever prisons they want at whatever time they want.

That doesn't mean that certain things aren't shown to us or they could be prepared ahead of time. But I have found it to be quite honest, very open, very professional.

I wasn't around in the '50s and 60's when these experimentations were being conducted. I wasn't around in the legislature. But I can assure you that those of us who sit on this panel would be extremely quick to respond to anything that we felt was improper along those lines.

I don't know if that is much satisfaction to you or not. But I know that having public hearings like this -- and Representative James brought the subject up and the fact that we were delving into some of the past history.

I think education to some problems that we don't want repeated. So, with all of that having been said, I don't know if that is any encouragement to you or not.

But I share that with you because I detect a little bit of despair in your voice and that you felt that we sort of didn't know what was going on and weren't as aware as we should be.

But I think most of the members of the Judicial Committee are very in tune to a lot of

the prison issues, not as involved as this committee is.

MR. HORNBLUM: Well, I would commend you on your efforts. And I have no doubt that you will try and do a better job than your predecessors.

Unfortunately, this was a sin of commission by the doctors and sin of omission by everybody else. They basically shut their eyes to it.

And in the course of my research, I talked to Allen Selaff who was a commissioner of corrections back in the late '60s and early '70s. And he said he did not allow experimentation on prisoners in the state system, but he knew it was taking place in the county system, but their oversight regs did not accord him the time to really spend the time he needed to clean that up.

But when he went to Illinois after Pennsylvania, he put his foot down and stopped the experiments that were taking place in the state system.

And I am sure that you and your colleagues would be much more vigilant if anything like that would develop. And I think it is

unlikely; although, there have been individuals like yourselves in the sense that they were elected officials of the state of Missouri -- you are probably aware of this.

A state representative by the name of Chuck Graham last year with some colleagues introduced legislation that would reduce the death sentence penalty to certain individuals and give them life in prison if they would give up a key body part such as a kidney or bone marrow.

So, in a way, that was moving back towards that slippery slope where people are just seen as a means to an end or some sort of vessel.

Now, that philosophic actual bodily trade off never did pass. But I have little doubt that if it did pass Missouri or if it comes up again and passes Missouri, it could effect Kentucky or Tennessee or some border states and move around.

Because there is this disinterest obviously in criminals, people who commit crime. And they are considered of less value. Even our students at Temple, as enlightened as I would like to see them, they feel that people that commit horrendous crimes should not only be in prison but used for experimentation.

So, there is that element out there. I am sure you are aware of it. But, you know, if it's something that we are moving toward the 21st century and hopefully not going back to the 19th.

So, I commend you on your efforts. And if I could be in any of your endeavors, please contact me.

THE CHAIRPERSON: In your earlier part of your remarks when you indicated you wouldn't be reading your prepared statement, you said something about a magazine article. I am not sure I picked up on that.

MR. HORNBLUM: This is a fourth coming article in the Journal of Pennsylvania History. It should be out later this spring or summer. And I thought that may be a better document to give to you than testimony.

THE CHAIRPERSON: Could you provide a copy to the committee?

MR. HORNBLUM: Certainly. This is the article.

THE CHAIRPERSON: Oh, this is the article? I'm sorry.

MR. HORNBLUM: This is the article.

THE CHAIRPERSON: You have provided the

article. I wasn't quite following what you meant by the article. Thank you very much. We appreciate your testimony.

Our next testifier is Nan Feyler. She is an attorney and director of the AIDS Law Project.

MS. FEYLER: Thank you for the opportunity to speak. I am interrupting actually what I see as an afternoon filled with additional information about horrible experiments that took place.

I actually am going to bring us back to the present to some extent.

THE CHAIRPERSON: I'm sorry to interrupt you. But the intent of this hearing is not simply to focus on the past atrocities. It is also to look at what is presently being done as far as medical services being provided to our prisoners in Pennsylvania and also to see what the needs might be in the future.

And, of course, some of the testifiers before you have done that. And so it should be a full spectrum of not just the past, but also the point in the future.

So, my apologies, but you are on track.

MS. FEYLER: Great. I did want to make

two introductory comments though, in reflecting upon what Mr. Hornblum was talking about. One is that indeed access to HIV medications through drug testing and through experimental treatment for therapeutic reasons is an issue I am not prepared to testify about today, but, in fact, is an issue that is not available to inmates in Pennsylvania in many of the county systems in the state and is of concern particularly to HIV infected inmates where standard of care medications have failed.

There are, in fact, medically based treatment protocols in other state facilities and other counties around the country where very strict protocols would avoid that kind of abuse. As you mentioned, no compensation, clear issues around consent, and treatment protocols purely for therapeutic basis are important, in fact, where outside institution review boards are involved.

So, I would caution us to be able to separate out abusive experimentation and be able to look forward perhaps to having Pennsylvania join those states where access to experimental medical treatment for people with HIV is available, something that's not true right now.

The other comment I wanted to make is

that part of what we see in terms of assisting HIV infected inmates in the state system, access care is the inherent mistrust, certainly of medical care providers, correctional medical care facilities.

And as you may know, particularly in the African-American community, there's been an historic mistrust of HIV medications. I think we are overcoming that.

But I just wanted to comment that I see an additional impact of Tuskeegee and the history of abuse of experiments impacting on people's access to life sustaining healthcare and would support the efforts to look into that.

I am an attorney. I run the AIDS Law Project of Pennsylvania. And for interest of time, I am not going to actually read my testimony as much as highlight a few issues and invite you to comment.

I do appreciate the opportunity to talk to you today. The AIDS Law Project is a non-profit public interest law firm, which provides free legal services to over 1700 people a year throughout the Commonwealth.

In the last two years, we have

established an HIV prison project. And much of our work is advocating for the community standard of medical care to be enforced within correctional facilities, both within the counties and the state, as well as looking at the larger public health dilemma to ensure the continuity of medical care from arraignment through discharge.

And those are a few issues I would like to talk about. You are probably well aware of the epidemiological profile. But we know that HIV is as much as 14 to 20 percent higher within the correctional community or the institutional inmates than on the street partly because of who is being incarcerated because the risk factors for becoming effected with drug use, and other poverty related issues as we see it are sort of consistent with who is getting arrested.

Throughout the country -- I work in a lot of national panels as well -- the issue of HIV in corrections has skyrocketed and is an expensive one.

While it's not clear, according to my recent correspondence with the Department of Corrections, I am not sure of an exact number of HIV infected inmates within our state Department

of Corrections because we don't have mandatory HIV testing.

We know that in 1998, there were 221 inmates confirmed with AIDS, which as you know is the end of the continuum of infection. And I thought an interesting fact was that 113 inmates learned for the first time that they were HIV infected in 1998.

There were 19 deaths from AIDS in 1997 within our State Department of Corrections. I might add that there's an even higher percentage if you add, obviously, all of inmates in the correctional facilities.

My other point from an epidemiological standpoint I think we sometimes miss is that while women are under-represented in prison, they are substantially over-represented in terms of HIV infection and present unique challenges to the women.

What I wanted to comment on was to give you a bit of what we see as the state of affairs for HIV medical care within the State Department of Corrections and highlight some issues of concern.

What I would say in the eight years I

have been doing this work is that we have a variety of ways where I am making these conclusions. We correspond with about 200 or 250 HIV infected inmates.

And throughout our treatment newsletter that we do, we recently have been surveying HIV infected inmates in the state correctional facilities. And we communicate pretty regularly with infectious disease nurses and doctors within the state facilities.

We also confer with Dr. Dusty Lewis, a former medical director of the State Department of Corrections. And I would say the good news is that from what we see overall, the community standard of care is being more routinely implemented within the state facility.

We have recently begun, as I said, a survey -- while it's small -- 47 percent of inmates from 19 different state correctional facilities have indicated that 90% had CD4 and viral-load testing every 3 months.

This is pretty much the standard of care. 72% were on protease inhibitors and 84% on other anti-retroviral medication.

So, I do believe as a result of lots of

people's hard work and perhaps even some litigation that I wasn't part of it, we have gotten to a point where Pennsylvania is now providing a good baseline care across the board.

The concerns I wanted to share though are three fold. The first is that where we see the most serious problems right now is when the medical care fails.

The medical literature makes it very clear and something we have advocated across the board is that people who have HIV infection need to have access to experienced physicians.

It is a very complicated disease. It's ever changing. And it is expensive and can really be very damaging to people's healthcare, if you rely on general practitioners.

My understanding is the Department of Corrections' policy is to rely on general practitioners. And at least based on our survey, only 41 percent of inmates had acces to these experienced physicians. And it was about three to six months.

Without expanding on it further, I will say that the study showed, for example, at Johns Hopkins there was a 12 percent reduction in cost

and 20 percent increase in survival where experienced physicians were involved in people's care.

We more than once have been advocating for inmates where the medical protocol has failed -- viral loads have begun to go up, CD 4 counts have gone down, and where community-based clinicians have said you need to be more aggressive in making changes. You need to change more than one medication at a time. You need to be more experienced in looking at the medications.

It may sound like fine tuning, but as we have an increasing number of infected inmates within the facilities, we need to -- whether we look at tele-medicine or other technological solutions -- we need to take advantage of some of the best physicians in the country, in this state having access to inmates where medications fail.

The second problem that we see is that there's a significant problem that I think is going to catch up with some difficult results in nutritional support.

Again, early intervention -- this is a major problem with people with HIV and people on HIV medications. Side effects of medication are

mouth lesions, altered sense of taste, malabsorption, and dysfunction causes significant weight loss.

And one thing we always see in the inmates that we work with is, across the board, inmates are losing weight and having nutritional problems within prison.

In addition, a concern I wanted to raise is that we are hearing from inmates in the last three months, there's been a dramatic cut back in nutritional support, in vitamin therapy, Ensure, extra meal portions.

And I bring this to your attention because it is so stark. I, frankly, my own theory is that the vendors are using this as a way to cut back.

I don't know that that is true. But I will tell you that there is a pattern. I have an inmate right now that I am working with that has full blown AIDS and severe wasting, and he can't swallow.

And he has been transferred from one facility to another in a different region of the state. And all of his nutritional support and other medications have been stopped.

So, what I believe you need to do is to have an across the board standard of nutritional medical care with access to nutritional experts that is consistent from institution to institution.

It is pro-active. It will make sense in the long run from a fiscal standpoint. It will keep people healthier. And I think you will be dealing with some realities of medical care in a much more effective way.

My last point, which I would like to spend a little bit of time on, if I may, is something I have been working on with programs around the country and is something I really haven't had a chance to talk to my legislators about yet, which is the need for effective discharge plan and linkages for HIV infected inmates.

This is, I may say so, the trend that we are seeing throughout the country. And there are about 8 to 10 programs that we could try to replicate here in Pennsylvania.

It is a serious public health concern. The Association for State Territorial healthcare Officers is trying to address it. But to date, we

have had some support from the Department of Corrections, but no real across the board leadership and funding, frankly.

And in addition, this is a serious issue with our impacted inmates in the county. But let me focus on the issues in the state. As you may know -- let me just briefly remind you of some of the issues impacting or what makes it so important.

One of the points I want to make is that while it is very important that people with HIV have access to the standard of care, one of the complicated challenges of HIV medical care is the threat of resistance.

It is just sort of something that you have to understand with HIV care. It is unlike or to a greater extent than most medical protocols. People who miss medications -- and some of the literature says you have to maintain and adhere to complicated regimes 70 to 80 to 90 percent of the time or that individual will become resistent to not only that medication, but all HIV medications of that class.

Access to not only medication but continued and uninterrupted medication is a key

public health concern. If not, if an inmate leaves a facility and doesn't have access to community-based clinicians and have uninterrupted medical care, not only will that person's health deteriorate and cause a lot more money and suffering in the long term, but they may develop a resistance to HIV, which have been spread as with all strains of HIV and create an epidemic of a strain of HIV that is not impacted by current medical protocols.

This is an across the board public health dilemma whether you are in community-based clinics, psychiatric hospitals, any of the areas. And it is particularly key that our correctional facilities are in the forefront.

In additional, re-arrested inmates come back to prison or jail are going to be much more costly to treat. I was talking to a nurse in one of the prisons about 4 months ago who said that 10 guys came back that were re-paroled, and 3 of them had AIDS and had left in excellent medical condition, give or take.

They had good CD4 count, they had a protocol. And they all came back sick with some illnesses, with full-blown AIDS. It is really in

my mind a tragedy for those individuals and their families. It is also much more expensive.

What programs around the country are doing -- Michigan Department of Corrections is a model which I would be happy to share more information on -- is investing money from corrections, from the Department of Health to not only provide linkages to community-based clinicians, but also staff to provide that support.

I should add that while I am not an expert in HIV prevention, it also gives us a chance to ensure that inmates being released back to the community have had education in prevention.

I will say also the encouraging news, if we look at studies from Rhode Island and Massachusetts and the beginning literature, it is more cost effective. And also Rhode Island had some, I think, really significant results and decreasing recidivism.

If you can help folks get connected with a community-based clinic and then have the other support to help them stay out of relapse and stay out of jail, I think we will not only help our larger public health, we will help everything

else.

Thank you very much. I will be happy to answer questions.

THE CHAIRPERSON: To start off, if we could help keep them out of jail, it's a minor middle challenge.

MS. FEYER: Rhode Island has some really encouraging statistics.

THE CHAIRPERSON: You look at the recidivism rates, I guess it's in the eyes of the beholder, but they are higher no matter whose eyes you are looking at them through.

It is really a concern. That is something we on the Judiciary Committee are always dealing with is, you know, always trying to balance preventive measures with punitive measures.

And you have to balance which works better in the community sometimes. One question I had for you was, in light of what you are mentioning about what you perceive to be a difficulty for adequate treatment for HIV patients, would you recommend that all HIV prisoners be kept in the same prison?

MS. FEYER: No. I actually think that

even in looking at those facilities where there has been segregated care, it's actually been a greater deterrent.

There's no medical -- that I find -- no medical evaluation, there isn't a risk of transmission. And, in fact, those states -- I believe Mississippi has some segregated housing -- have found it really hasn't enhanced any kind of care.

What it does do is provide an obstacle for people to come forward to get tested to learn their HIV status. And I think you really don't want to do that because when people get sick, they are going to be more expensive.

I have been doing this work for 10 years. Five years ago, ten years ago, there wasn't nearly the excellent medical news to keep people healthy. So what you want to do, I think, is to get news out to every inmate that may be infected with HIV, get tested, learn your HIV status and get medical care.

THE CHAIRPERSON: My question was posed because you said that, I think the percentage was less than half the prisoners had the opportunity to get a consultation with an HIV qualified

physician --

MS. FEYER: Right.

THE CHAIRPERSON: -- and general physicians.

MS. FEYER: Right.

THE CHAIRPERSON: It would seem to me that if they were all in one institution, similar to our renal patients that we have in Graterord, you could focus in with the quality of service that you want to provide for them in one location instead of tele-conferencing, which I guess is better than nothing.

But it doesn't sound like really solving the problem of interaction that a doctor needs with a patient, especially with HIV people because it is an every changing situation.

That's why I asked you that question that way.

MS. FEYER: It's a big state.

THE CHAIRPERSON: It would seem to me it would make more sense for concentration of services and probably economically if they were all in the same prison.

MS. FEYER: Well, what I have found, in fact, there is -- I think it is a big state, and I

think we have to address that. I am actually much more optimistic from what the models are telling us and that I have seen in Georgia and others states where they have mandatory HIV testing.

But there are other ways. I think the message we have to get may seem more complicated. It is everybody, particularly people incarcerated in terms of who have a drug use history, is at risk of HIV.

And I might add that all of the statistics show, whether we like to admit it or not, that high risk activity takes place within prisons.

In fact, Canada is doing a tremendous amount, as our European countries, in doing prevention within the prison. So, I think you want to actually get the message out that anybody can be affected. Everybody that wants to should come forward, learn about prevention, learn about medical care.

But at the same time, we need to figure out how to make sure we are delivering those services. And we are delivering the basic services.

What we need to have is a system when we

fail, we have available experts that don't have to travel around to prison to prison in small rural areas, but where we are not driving the disease more underground.

THE CHAIRPERSON: I will turn the questioning over to the other members of the panel. Representative James.

REPRESENTATIVE JAMES: Thank you. Thank you, Mr. Chairman. Thank you again for testifying. I was going to ask you which model -- which state has the best model you think we can look into?

I heard you say Michigan is the best. You also named Rhode Island.

MS. FEYER: Throughout New England there are models. And, in fact, we were also trying to do this initiative in the Philadelphia County as well. But the issues are different.

For the state model, I find the State of Michigan Department of Corrections has integrated the corrections and the public health of the community-based care most effective.

And I think it's more now than Rhode Island, which has been doing it a lot longer but everybody says Rhode Island is small.

So, we have a whole list actually in the office of all the programs around the country that I would be happy to share with you.

REPRESENTATIVE JAMES: Would you share that with the Committee?

MS. FEYER: That would be great.

REPRESENTATIVE JAMES: Thank You. Also, hearing all of these medical problems as it relates to Hepatitis and AIDS -- and I know this issue must have come up before -- but what is the problem with testing all of the inmates?

I know there is no mandatory testing now. But would it be better to have mandatory testing so that we can know?

MS. FEYER: It's controversial. And I will tell you honestly we have a man who was incarcerated for 8 years in the state, works for me, our prison advocate, who was infected with HIV and got his first medical care in prison, saved his life.

And he himself, I will say, is actually an advocate of mandatory testing. I am not willing to go that far, for a variety of reasons. One of which is I think we have to really look very carefully at those states that do and those

states that don't in terms of availability of care, stigma, confidentiality, and as I said, the reality that folks may become infected within prison.

What I do think that we need to be more aggressive about is mandatory counseling to ensure -- and on a regular basis -- to ensure inmates feel -- I mean, I don't have a good sense of how many people are infected and not getting tested or how many people are infected and not getting treatment for fear of implications, repercussions, stigmatism within the prison system. It is very hard to get a handle on that.

But I do think we could be much more aggressive in taking the prevention materials and with offering more aggressive information about why it's good to be tested and what assurances will be given to inmates about the results of their test.

Similarly, Connecticut has an excellent model about the importance of being tested in a pack, which every inmate gets, which includes four condoms.

REPRESENTATIVE JAMES: Does Connecticut have mandatory testing?

MS. FEYER: No. I'm sorry, I sort of slightly switched gears a little bit to say upon discharge. We could be also doing more information about linkages to test sites and HIV prevention.

I consider tests and strategies along with prevention. Because, as you know, learning you are negative is just as important to understanding what that means. It doesn't mean you are not at risk if you engage in high risk activities.

So, there are points within the system where whether or not it's mandatory testing, I think we could be more aggressive in getting out the information.

REPRESENTATIVE JAMES: Thank you.

THE CHAIRPERSON: Representative Washington.

REPRESENTATIVE WASHINGTON: Thank you, Mr. Chairman. I need you to -- maybe I didn't interpret what you said correctly that there was an inmate who had full-blown AIDS and was transferred to another prison who is not receiving care?

MS. FEYER: No. It's more complicated

than that. And I am investigating it right now. But what we have found is more than one inmate who is -- as I understand there is three regions within the state.

But in any case, what we have now learned is that while there may be continuity on basic protocols involving anti-viral care, if it fails or if other things go wrong, for example, this inmate is having -- I don't remember the medical name -- but he is having trouble swallowing because of thrush and other conditions in his mouth.

One doctor prescribed a whole regime of medications while he was, I believe, at Graterford. He has now been transferred to the western part of the state and is being denied those medications.

We have heard this vitamin protocol. Some of the protocols which I find are where a good doctor is saying, let's be more creative. And, frankly, I think that the doctor at Graterford, from my experience, is quite good.

Inmates do not see him often enough, but he is very good. Dr. Culiak. I think that what had happened, whether it's because they are

different vendors or different doctors, but that's where I find that there is breakdowns, is when medications fail, you very much depend on the expertise and access to that physician.

And I would say also the budget constraints of that particular vendor or whoever is calling the shots. So there has been inconsistencies when drugs fail.

REPRESENTATIVE WASHINGTON: So, in other words, we need to look at a method in which whatever is prescribed and works best for that inmate is followed through no matter what part of the state they go to?

MS. FEYER: Yes, beyond the basic protocol.

REPRESENTATIVE WASHINGTON: Especially, if it is going to keep them alive?

MS. FEYER: That's right.

REPRESENTATIVE WASHINGTON: Thank you, Mr. Chairman.

THE CHAIRPERSON: We want to thank you, Attorney Feyer, for hearing your concerns. We appreciate your coming to speak to us.

MS. FEYER: Thank you very much.

THE CHAIRPERSON: Our next testifier is

Larry Frankel. He is an attorney with the ACLU of Pennsylvania.

MR. FRANKEL: The ACLU believes that all persons confined in prisons are entitled to safe, sanitary, and humane conditions of confinement. This includes adequate living space, food, recreation, medical and mental healthcare, and protection from physical mistreatment.

Medical mistreatment or non-treatment may rise to the level of cruel and unusual punishment. The United States Supreme Court established in Estell V. Gamble that a deliberate indifference to the serious medical needs of prisoners constituted a constitutional violation.

John W. Palmer, in his treatise, "Constitutional Rights of Prisoners", states that this deliberate indifference standard contains: both an objective and subjective prong. First, the alleged deprivation must be, in objective terms, 'sufficiently serious.' Second, the charged official must act with a sufficiently culpable state of mind. Deliberate indifference requires more than negligence, but less than conduct undertaken for the very purpose of causing harm. More specifically, a prison official does

not act in a deliberately indifferent manner unless that official knows of and disregards an excessive risk to inmate health or safety; the official must be aware of the facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw inference.

Just last year, the United States Supreme Court held that prisoners are protected under the Americans with Disabilities Act, a case that came out of Pennsylvania. That decision upheld the right of disabled prisoners to toilets, showers, and other essential facilities and services, including medical clinics within prisons.

The ACLU thinks that providing quality medical care to persons confined in our prisons is not only humane and constitutionally required but also sound public health policy. Let me demonstrate that point by referring to a matter we litigated several years ago.

In the summer of 1992, we were noticing an alarming increase in the number of active tuberculosis cases in the state. We went to federal court and sought a preliminary injunction against the Department of Corrections that would

have forced the Department to develop a plan to actively contain and combat this disease.

Ultimately, Judge DuBois, a federal judge in the Eastern District of Pennsylvania, ordered the Department of Corrections to implement a new policy.

And that's pretty much the policy that is in effect now. And you can see from the testimony of Commissioner Horn the benefits of having that up-to-date policy in place.

We believe that there was a great likelihood that tuberculosis epidemic would have spread well beyond the prison walls had the court not required the Department to take such actions.

So, while we are sensitive to the rights of prisoners -- I don't think anybody would deny that -- we also understand that it is the health of all of us that are at stake.

Because if the diseases aren't contained, there is the risk of being spread to the general population. I would like to note at this point -- and I don't contend to have any expertise in this area -- but among the issues not discussed by previous witnesses, and whether there will be further hearings on these issues -- the issues on

drug and alcohol treatment within the prison, what is available, what other needs there might be, how we can increase. The one way we believe would be recidivism, if treatment was available on a more wide spread basis in the prison.

And another issue, again, I would certainly point out some of the mental health services provided in the prison. Many state studies have indicated that this is a proportionately high number of prisoners who do have mental health problems and needs that are not being addressed adequately in the prisons. And, again, we believe that the better treatment will be to reduce the recidivism.

The ACLU also believes that prisoners, just like every other American, have a constitutional right to refuse unwanted medical treatment. We think that right includes freedom from being used as human guinea pigs in medical experiments.

We hope that most Americans agree with that position. And I think there is every indication that they do.

We are hearing from a number of witnesses today who are describing what experiments were

conducted on prisoners at Holmesburg Prison in Philadelphia as well as some of the county prisons here in Philadelphia.

We would submit that these prisoners were subjected to a shocking deprivation of their constitutional rights, violations so severe that they should be deemed in violation of the Nuremburg Code.

Although these experiments ended in 1974, after Congressional hearings put an end to most human experimentation involving prisoners and mental patients, the individuals whose lives were profoundly altered by these experiments continue to be uncompensated victim of social injustice. It is our hope that this hearing today will spark an interest in trying to formulate a remedy for these constitutional violations.

I have had an opportunity to look at some of the testimony while sitting here today. As the budget process starts, maybe some money can be found for some kind of appropriation for some compensation as well as some medical care for these people for the rest of their lives for ongoing medical problems.

It is the public officials in a position

to exsert some pressure on some of the public and possibly some of the private institutions to have culpability here.

I don't think that there's not sufficient evidence to say the Department of Corrections at that time knew with regard to this, but I do believe you are in a position, again, as elected officials particularly during a budget process to exsert some kind of pressures that maybe somebody will listen to. And certainly an expression of your dismay and outrage that this occurred would be noticed. And I think by the people who have to answer more questions about this.

And I do think that your continuous visits -- and I am always impressed whenever I hear that the Judicial Committee is visiting prisons or another Committee.

And I certainly commend you and hope you will continue the ongoing visits to the prisons and the open communication with the prisoners and guards.

And I would hope this sad chapter of history does not repeat. Thank you again for providing me with this opportunity to testify.

Thank you for coming to Philadelphia and

having experts on some of these health issues. And if you have any questions, I will try to answer them.

THE CHAIRPERSON: Thank you for your testimony. We have a few minutes. We can allow the committee to ask questions, if they would like to.

I'll ask Mr. James if he has any questions.

REPRESENTATIVE JAMES: Thank you, Mr. Chairman, and thank you, Mr. Frankel, for testifying. I am glad you didn't have to make the trip on the train. So, we brought the committee to you so you don't have to.

And you can follow us tomorrow as we will be visiting some other prisons tomorrow -- Delaware County and Chester -- between the date tomorrow and Wednesday.

I want to go into the question I raised with the last speaker. And I know you are conscious as it relates to constitutional rights, etc.

And I am wondering though, in listening to all of the health problems that we have coming into the institutions, should there be mandatory

testing for Hepatitis, for AIDS?

Seemed like to me -- I haven't studied -- but it seems to me if we knew what the testing results were, that it would help the administration, the correction officers, the inmates.

We would know what the medical problems are, and we can address the medical problems as they should be addressed. I would just like to know what do you think about that?

MR. FRANKEL: There is a number of responses. First of all, as a general proposition, whether it is prisoners or not prisoners, we do not feel that -- except under extraordinary circumstance -- no American should be mandated to submit themselves to any kind of medical testing.

Medical care should be voluntary. It shouldn't be involuntarily, and that would include testing except under extraordinary circumstances, and I do not believe the prisons provide that extraordinary circumstance.

In addition, through the nature of how we test, how one tests for HIV, one may be infected, but it may not show up on a test or may not

develop until many months later.

So, the tests done upon entry to prison may not be relevant to whether a person is infected or not, particularly, if they develop infection through unsafe behavior while in prison.

Thirdly, until we know that there are adequate, truly adequate protections against discrimination, against physical harm, against retaliatory behavior, it would be very dangerous to start testing people.

Because unfortunately it has occurred in prisons throughout the country, that when there's a prisoner known to be HIV infected, they are subjected to some pretty cruel behavior from fellow inmates or even guards.

Until we are in a state where we can provide the kind of medical care one should receive in return for being tested -- I think Ms. Feyler was pointing out there have been a lot of the things with regard to treatment for people who are infected with the HIV virus.

Some of the treatments are expensive. Some of them are not widely available. By testing somebody, we think we are implicitly saying you are entitled to treatment, if that test is

positive.

There is a determination that, one, the state is willing to bear the burden of that cost and, two, is truly going to make it available. Mandating on people is truly dangerous.

REPRESENTATIVE JAMES: I appreciate that. But do you know or are you aware if there are any states that have mandatory testing now?

MR. FRANKEL: Well, I'll rely on what the previous witness stated. And she indicated there were some that do have those policies.

REPRESENTATIVE JAMES: Thank you, Mr. Chairman.

THE CHAIRPERSON: Before you leave, Mr. Frankel, I just wanted to thank Representative James for reminding me. For the benefit of those of you who were here earlier, in particular Mr. Hornblum, whom I see is still seated here, as an inference of what I was saying, tomorrow morning the Judicial Committee is touring the Chester Prison.

It is the newest state correctional prison. They have an interesting drug and alcohol treatment program. They are contracting those services out through an organization called

Gadenzia who has had great promise and effects in other areas that they have been working. And that's, I think, a good step in the right direction.

And tomorrow afternoon, just a half a block away, we are meeting with the Philadelphia Youth Aid Panel, which is an attempt to try to cut them off at the pass, if you will, teenagers who are embarking on a life of crime before they wind up in these state correctional institutions and we will have to deal with them.

We, as a Committee, last year made two trips to Vermont. Vermont has a community review system, which is very similar to what our Youth Aid Panels are.

And I am currently drafting legislation that I hope will become law in Pennsylvania that will do what the Youth Aid Panels are doing state-wide for all vendors.

Sort of an ARD advanced type program. ARD for those who are first-time offenders and on a first-time basis. But cutting people off from the life of crime in the early stages is very, very important.

It's something that is significant and

has shown to have great effect in Vermont and I think with our Philadelphia Youth Aid Panel.

So, these are the sorts of things that we are doing. We also on Wednesday morning are visiting the Delaware County Prison, which is a fairly new prison, which has been privatized.

So, we do, as a Committee, not only look at state institutions or correctional institutions, but we also look at some of the county institutions as well.

So that has nothing to do with your testimony, but you gave me an opportunity to share that with everybody before they left.

MR. FRANKEL: Since I gave you an opportunity, you give me an opportunity to again commend you for those efforts. I think that -- and I can speak on behalf of the members of my organization -- that we are very pleased that the Judicial Committee is taking a look at the drug and alcohol treatment issues as well as some alternatives or ways to try and address crime without it all being in incarceration.

THE CHAIRPERSON: And I would agree with you. Simply put, an ounce of prevention is worth a cure. We want to thank you, Mr. Frankel, for

coming all the way from whatever street in Philadelphia you live on.

We came to your backyard. Thank you for coming.

The next testifier is Dr. Ackerman. We want to thank you for coming, Dr. Ackerman. In regards to your testimony, you can either read it for us, you can ad-lib, or you can disregard it and say whatever you would like to say.

I don't know if your testimony included your background, but maybe you could give us a brief resume and then give us your testimony.

DR. ACKERMAN: Surely. Good afternoon. I went to Philips Academy and Princeton University where I majored in religion and literature.

I went to medical school at Columbia, did my internship at Mount Sinai Hospital in New York City, did a first year residency at Columbia Presbyterian Medical Center.

I was in the military for two years at Andrews Air Force Base. And during those two years, I taught at Howard University in Washington.

I did my second year of residency at the University of Pennsylvania and my third at

Harvard. In 1969, I went to the University of Miami to become the director of dermatology, and I remained there until 1973.

In 1973, I went to New York University where I was director of dermatology, which is my field. I was there for 20 years. In 1993, I came to Everson Medical College also as director of an institute for dermatology and in July went back to New York City to begin a center in my field.

It is a given that the city of Philadelphia -- including officials in city government and officials of Holmesburg Prison, as well as those of the University of Pennsylvania, including its administration and its physicians -- failed the prisoners at Holmesburg Prison during the entire period that human experimentation was conducted there.

By their failure to ensure that medical and ethical standards were maintained at Holmesburg Prison, they violated the Nuremburg Code that was formulated in 1947, just four years before the experiments on human beings began at Holmesburg Prison. That code was developed by American jurists following the trial at Nuremburg of Nazi physicians for crimes against humanity.

I want to concentrate on how the University of Pennsylvania not only failed the prisoners, but failed medical students and residents such as I was then, by its forfeiture of responsibility in regard to medical and ethical standards of Holmesburg.

I came to the University of Pennsylvania in 1966 to do a second year of residency in dermatology there. At the outset, I was enthusiastic about being able to do "research" part time at Holmesburg by virtue of repeated pacans to the marvelous contributions that the Department of Dermatology and in particular of Dr. Albert M. Kligman was making to the inmates there.

I was told that not only were we advancing the cause of science at Holmesburg, but we were giving prisoners the opportunity to participate in the advance of science, affording them the chance to learn to be technicians and medical assistants upon their release from prison, and offering them the possibility of earning more money than they could in any other penal institution.

In fact, what was purported to be a research institute at Holmesburg, under the

direction of Albert M. Kligman and under the auspices of the Department of Dermatology at the University of Pennsylvania, was little more than a commercial operation in which Dr. Kligman, the University of Pennsylvania, and possibly others, reaped huge financial dividends.

Never once during my times at Holmesburg did I ever see anyone from the administration of the University of Pennsylvania visit the cell block on which experiments were conducted. Nor was there a single attempt, in word or deed, on the part of the University of Pennsylvania to oversee what transpired -- medically and ethically -- at Holmesburg.

At the same time that it was the beneficiary of a financial windfall, the University of Pennsylvania was not engaged in supervision of human experimentation at Holmesburg.

Not only did the University of Pennsylvania have a responsibility to the prisoners, but it also had an obligation to me and other trainees who were their charges.

That responsibility was to set ethical standards, to alert the violations of the

Nuremburg Code, and to ensure that the research done under their authority was serious and meaningful. It did nothing of the sort.

It had an obligation to us to set standards for informed consent. It did not. It had an obligation to mandate that scientific work at Holmesburg was truly scientific. It did not. It had an obligation to us to make a distinction between commerce and medicine. It did not.

What can now be done about the serious lapses of the University of Pennsylvania in regard to the operation that it bore the responsibility of Holmesburg now that the culpable parties have either died or are autumnal?

What follows is the least that can be done:

1. The prisoners are owed an apology and compensation.

2. The trainees, medical students, and residents, such as I also, are also owed an apology.

3. Courses should be given to medical students and residents at the University of Pennsylvania in which medical and ethical violations by the University of Pennsylvania at

Holmesburg are discussed openly and frankly and lessons of that sorry period are learned by the next generation, not only of the University of Pennsylvania, but throughout the country and world.

4. An end should come to the University of Pennsylvania's stonewalling, rationalizations, excuses, and denials about what went on at Holmesburg and at the schools for retarded children in New Jersey.

Such behavior ill becomes a great university. Until the wrongs at Holmesburg and at the schools for retarded children are acknowledged and rectified in some measure by the University of Pennsylvania, there will always be a blot, worse than any dermatologic blemish on its escutcheon.

If the University of Pennsylvania is not ashamed, it should be shamed by the force of moral authority and public outrage. You, the representatives of state government in Pennsylvania, can act to right, even if incompletely and very late, that which was very wrong.

THE CHAIRPERSON: Thank you, Dr. Ackerman.

REPRESENTATIVE JAMES: Thank you, Mr.

Chairman, and thank you, Dr. Ackerman, for your testimony. As a result of what has happened and now, what would be one of two suggestions that you would have for us as policymakers -- aside from the recommendations that can be done now by us -- to help to make sure this doesn't happen?

DR. ACKERMAN: Well, I think that unlike what was conducted at Holmesburg, this should be done in a dispassionate, fair, and objective fashion. The data should be accumulated and assessed as scientists are supposed to assess data.

If the evidence is, as I perceive it to be, and there was a terrible failure in responsibility by the University of Pennsylvania, to say nothing of the officials of the city of Philadelphia, then I think that you should use your good auspices to bring some kind of moral force to bear on that university.

Because they have done everything possible to do the impossible, which is to make it look as if nothing happened there when, in fact, they know very well it did.

It's unexcusable. We are the first, we Americans, to point fingers at every other country

in the world that behaves in this fashion. And yet, when it happens here, we turn away. And I suggest that that not be done, that they be stared down.

REPRESENTATIVE JAMES: Thank you, Mr. Chairman.

THE CHAIRPERSON: Thank you, Dr. Ackerman. We appreciate you coming this afternoon and thank you for your testimony.

We will conclude today's meeting with a panel of experimentation survivors from the Holmesburg Prison. And I will hopefully pronounce your names correctly.

And I'll ask you folks, if you would, to come up here. There are only three chairs at the table, so we will need three more if all six of you are present.

Leodus Jones, Edward Anthony, Dorothy Alston, Alfonso Skorski, Joseph Smith, and William Harper. Before you sit down, I am going to ask you sit in the order in which I read your names so that when the members ask questions, for the stenographer's help.

I'll ask you to try to help each other out by passing the microphone.

Leodus Jones, since you are at the top of the list, why don't we ask you to give your testimony first.

MR. JONES: Good afternoon, Mr. Chairman, and members of the panel. My name is Leodus Jones. I am the director of the Community Assistance for Prisoners referred to as C.A.P., which is a community-based organization with a history which spans over two decades.

In spite of its limited financial and human resources, C.A.P. has consistently demonstrated a noteworthy level of commitment and dedication to meeting its target population needs. We welcome the opportunity to testify before you today in reference to the experiments that took place in Philadelphia County Prison, sponsored by the University of Pennsylvania, headed by Dr. Albert M. Kligman, head dermatologist of the Medical Research Department at the University of Pennsylvania.

I'm one of the survivors. The most horrifying, humiliating, embarrassing, and depressing experience I've had was to allow myself to be used in the human experimentation/medical testing that was taking place in the Philadelphia

County Jails.

Horrifying because I knew little concern at the time. I believed what I was being told by those who posed as doctors, wearing their long white coats.

As a child, I was taught that those who wore white coats/white collars were to help heal the sick and men of God, only to learn in my later years that I must be made aware of the imposters.

The embarrassing side of this all was to learn that I was played. Accepting Kibbles and Bits for the use of my body, while corporate business, the U.S. Government, along with the medical community, made millions.

I'm upset because after all of these years, I woke up to the realization that I was a victim of coercion, manipulation, exploitation, and deceit, along with hundreds of others.

Some do not wish to make it known that they took part in these studies because they have since made major changes in their lives for the best. Either they are ashamed or afraid to come forth out of respect for their families or losing their jobs or in some cases being sent back to prison.

Since the book "Acres of Skin" hit the shelves of book stores across the country, some 30 to 40 men have come forth, not to mention the women that were also used.

These men wish to be heard. They want the public to hear directly from them what their life has been like since the experiments and the suffering by all parties experienced.

They know by now that they have been misused and abused. This has been extremely depressing. Their only wish now is not to be misrepresented, and to be compensated for their pain and suffering by all parties responsible.

For over 30 years, this sort of practice has been conducted by the medical communities, Ivory research as well as corporate business and the like, understanding that the City of Philadelphia, Commonwealth of Pennsylvania were at the time our caretakers.

We realize that they were more concerned about dollars and cents than human welfare.

Let us examine the results of tests/sorts. Let's explore. Men became bald. Some developed sores from shampoo studies. Some of the prisoners' sweat glands were removed, toxic

chemicals placed on their skin, mind altering and hallucinating drugs were being tested.

Toothpaste studies leaving men with no teeth or useless teeth. Pill studies from cancer, STD sperm test, athletic foot test, the list goes on and on. Violating the hippocratic oath, Medical Code of Ethics, and the Nuremburg Code.

Til this day, there has been no known follow-up treatment. For too long men and women who participated in these studies have been left with unexplainable illnesses, primary care physicians. Til this day, we do not know what the medical problems are that these men are suffering from, nor do they know how to treat them.

Who's footing the bill? What should be done concerning this?

The Universal Declaration of Human Rights adopted two of four freedoms, i.e., Freedom from Want and Freedom from Fear. Freedom from Want is economic freedom that involves basic economic rights of individuals, i.e., decent standards of living without which individuals are easy targets for exploitation, abuses, and inhumane treatment.

Without Freedom from Want, there is no human dignity. Freedom from Fear served as the

basis of the struggle against murder, torture, slavery, and genocide anywhere in the world.

Human rights consideration was equally central to the trial of Nazi doctors by the U.S. Military Tribunal at Nuremburg, December 1946 - August 1947.

At that trial, 23 Nazi doctors and scientists accused of torturous and murderous experiments on concentration camp inmates were sentenced to death and life imprisonment.

The U.S. judges sitting in judgment of the Nazi doctors rejected the defense argument that the defendants only followed orders by their superiors. Following orders was no excuse for harmful, dangerous, and inhumane treatment. The judges ruled that certain basic principles must be observed in order to satisfy moral, ethical, and legal concepts.

The judges articulated a set of 10 research principles, known as the Nuremburg Code, that centers on the human rights of research subjects, the first of which is the right of the subject to refuse participation in research and the ninth is the right of subjects to withdraw their participation to an experiment at liberty.

The contribution of Nuremburg was to insist that human rights, equality in dignity, and human worth of men and women are universal, i.e., they transcend state sovereignty, state laws and practices.

When developed countries conduct research in developing countries where poverty, endemic diseases, and low investment in healthcare are the main features, they violate human rights because poor and desperate people will consent to anything.

They are unable to give free, voluntary, and understanding informed refusal.

What we want:

1. Follow-up medical treatment at the expense of all parties responsible.

2. Compensation for pain and suffering.

3. Financial support towards rehabilitation programs for prisoners and ex-prisoners.

4. The lawmakers to introduce a Bill to stop further practices of this sort.

Yours respectfully, Community Assistance for Prisoners.

THE CHAIRPERSON: Thank you. Mr.

Anthony, if you can please take the microphone.

MR. ANTHONY: My name is Edward Anthony. I reside at 401 West Walnut Lane. I participated in University of Pennsylvania studies during 1964 to 1966 at Holmesburg Prison.

During the time I was in prison there I spent approximately the first 15 months in Holmesburg Prison. I went to the House of Corrections for the last 6 months.

When I was being checked into the prison the first time, I thought that it must have been a crazy place with guys trying to kill each other because everyone was walking around with bandages on their hands and body.

Later I learned from my cell mate, that this was because of the medical tests. At night, the University of Pennsylvania guys would come over and distribute pills.

Another guy, an inmate, had a portfolio on all the tests. And he would tell us about the tests that we could get involved in.

My cell partner told the inmate to hook me up with something good. I was told that the tests were safe and that I could make some money.

They were really selling the tests to us.

I saw other guys on the tests and figured it was okay. I read the consent form that the University of Pennsylvania people gave to us, and it scared me. The form said that I couldn't hold the University of Pennsylvania responsible for anything.

I asked them, "What's up with this? Is this risky?" And the University of Pennsylvania person said, "Oh, that's just a formality."

I did a patch study for Johnson and Johnson bubble bath for $30. My understanding was that they were going to see how irritated my skin would be. They sprayed something on my back to make the tape stick.

Benzoate went into my blood stream. As soon as I returned back to my cell, I fell on the floor and passed out. I complained for two or three weeks.

And a male nurse named Otto gave me Emprin for my pain. It didn't help. So I kept complaining. And the University of Pennsylvania people gave me some pain relievers that were like morphine, which they got out of the safe.

They then bathed my back with a vinegar-like substance and gave me calamine

lotion.

I went to Philadelphia General, and they did a surface treatment. I went to various hospitals and clinics too. I had an internal itch in my hands. And the only way to make it feel better was to put my hands under scalding hot water.

In prison, I would take really hot showers because that was my only relief. In 1969, I was in prison for 7 months at Lexington, Kentucky, and my rash broke out again. They treated me there and operated on my feet. And I also took pills. They had me soak my hands and feet everyday.

I went to PGH several times. The last time was in 1973. And I was hospitalized for three weeks. I had joined an Islamic mosque, came off the streets, and became a custodian at the mosque.

One day my feet and hands had swollen over three times their normal size - like boxing gloves - and they smelled real bad.

The stuff had gone to my hands and feet because of gravity and because of my prayer ritual.

At PGH the nurses cut off skin from my hands and feet. I was put on steroids, pain pills, valium. And they soaked my hands and feet three times a day in something that smelled like vinegar.

The doctors there never gave a positive diagnosis. They didn't know what I had. In the laboratory they said I was a "gold mine" for research.

They eventually operated on my hands and feet. My doctor there was the head of dermatology.

I was also in a diet test for $30 for the University of Pennsylvania. For this test, I had to take seven pills, three times a day. After 21 days, I suffered dehydration of the colon. I couldn't pass my bowels.

They gave me a laxative, and I had piles that were indescribable. The University of Pennsylvania had no one there to treat me. They were supposed to take me to PGH, but I think they didn't want PGH people to see what they had done to me.

One morning the institution doctor, Dr. Geizer, a ghoul, did an operation on me. They

took me into the back of C-block, the quarantine block, into a small room.

Dr. Geizer used novocaine to numb the rectum, but three inmates had to hold me down while he cut and burned my hemorrhoids.

Despite the novocaine, it was so painful that I hollered and passed out during the operation. The doctor left after the operation and didn't give me any care or instructions for my aftercare.

They left a drain in my rectum for three days that should have been taken immediately. I went back to Dr. Geizer because I was in pain and he said, "No wonder. He still has the cork in his ass."

He pulled the cork out, and I began to bleed. I was sent back to the housing area. And it was three months before I could sit and eat with the other inmates.

Another test I participated in was the Army test in 1965 for $75. We were paid for each injection they gave us and for each math problem we did. I was only in the primer test. This primer test was what they did to see which guys were going to be used for the real test.

They gave me mathematical problems to do and then they injected me with something, but I don't know what that substance was.

They told us to do the mathematical problems again, but I was spaced out and couldn't concentrate and couldn't do more than three problems.

Because I had reacted so badly to that first injection, they didn't take me out to the trailers for the rest of the test. I just went back to my block. They sent me back to the block. And for three or four months, I was still spaced out.

Who knows what could have happened if I hadn't had friends in the jail to watch out for me. Some of the guys who had done the test had to go to the mental ward in the hospital. I was a candidate for this, but because other inmates watched out for me, I never got sent there.

There were three other studies I remember participating in. One involved sleeping pills and the other was a barbiturate test. And I also did a dye study where they shot dye into my veins. I was in a trailer and could taste butter in my mouth and they monitored my arms for one night.

I don't know the long-term effects of these three studies.

I had a flashback occurrence around 1969, and was sent to the psychiatrists, Dr. Guy and Dr. Case, in the House of Corrections. This was the first time I was treated for my mental troubles. I was diagnosed as having psychosis paranoia. They gave me medication and I also did therapy.

I was under pressure in that jail. It was so corrupt. The experiments were a release from that tension. They were a way to get out of the blocks, a social thing.

I got money to get things from the commissary without dealing with the loan sharks. With the money I made in prison, I bought letterhead so I could write to my family. I bought items from the commissary such as ice cream, chips, movie tickets, candy bars.

Buying these things relieved the boredom of being in prison. I had other sources of income. Every now and again, I'd get a visit and someone would leave a few dollars. I also had a job. I worked in a knit shop and a tailor shop, but I got out of work to do the experiments.

But I eventually had to terminate my job

after my hemorrhoid operation and become a worker on the C-block.

When I had gotten out of jail, I didn't know that there was anything I could do. Because I had signed that form, I thought I had sold my rights away.

I didn't know who could show me my rights or get a lawyer. I became suicidal. I thought there was no way of being helped. I didn't even believe there was a God. I promised that I would never let another doctor treat me. The University of Pennsylvania people had no compassion.

My body and mind are deteriorating because of the aftereffects of the experiments I participated in. I had hemorrhoid problems, but was afraid to go to the doctor.

I used to use Preparation H or vaseline everyday to put the hemorrhoids back in place. I have developed arthritis. I still have gastrointestinal problems from the diet study.

I get migraine headaches about two to three times a week. I have seen a psychiatrist for the last 14 years at the Warny-Smith drug rehabilitation center.

I take blood purifiers -- Echinacea and

red clover. Everyday I take a laxative called tsyllium to have a stool. This is because of my rectum operation.

Last year Dr. Khabani operated on my foot because of the patch test deteriorating my bones from the toxic Benzoate that they sprayed into my system. I go to doctors -- Dr. Strickland and Dr. Usef Khabani -- for my skin about two or three times a year.

Recently, I had an operation at Temple on my hemorrhoids because it had gotten like a tumor.

I feel used. My IQ is low, and I was functionally illiterate at the time I took the experiments. When I got out of prison, I couldn't be around my kids and my family because I wasn't physically and emotionally okay. I was an outcast. I've only recently been able to win back the respect of my family and earn the right to spend time with them.

I look awful and they don't want me to even be in the house. I can't work. I can't ball up my fist. I'm permanently disabled. Some days I feel good and the next day I feel bad.

I'm mentally strained. Especially after I started working with Allen Hornblum, I could

cry. And I didn't know why. And I couldn't sleep. I've stopped working with him except for some things because of that.

I'd like to see follow-up treatment for the guys for these tests. I don't want anybody to go through this again. I want science to be used right.

People should do experiments according to the Nuremburg rules. These experiments by the University of Pennsylvania are an example of injustice and iniquity.

THE CHAIRPERSON: Thank you, Mr. Edwards. Next is Ms. Dorothy Alston.

MS. ALSTON: Thank you. My name is Dorothy Alston. I live at 6422 Haverford Avenue, Philadelphia. I am 62 years old. I was in the House of Corrections in 1962 for approximately 3 months, and in 1963 for approximately 4 months.

During my stay at the House of Corrections, I participated in 2 studies -- the tampon study in '62 and a biopsy study in '63.

I heard of these studies by word of mouth and also through an inmate that worked in the nurses' office.

The University of Pennsylvania people

never solicited for test subjects. They had others, such as this inmate, do that.

At the time I decided to participate in the University of Pennsylvania study largely because I needed money. I occasionally got money from my family or through writing letters for other inmates.

But other than that, I had no other source of income. I was trying to save up some money for when I got out, in addition to buying commissary items such as cigarettes, soap, writing materials, and cosmetics.

The experiments seemed like the only way I could get some money. There is a mistake there. It wasn't 30 or 40 jobs for the females. There were only about 3 or 4 jobs for the females -- paying jobs -- paying 25 cents a day in the House of Corrections. There were over a hundred women staying there.

There were no openings during the time I was in the House of Corrections. The first study I participated in was a tampon test 1962, even though I wasn't normally a tampon user. At the time I was a pre-trial detainee without the resources to pay bail. I had been arrested for

shoplifting two steaks.

The University of Pennsylvania people came up, gave us a survey to fill out. On the survey was questions such as what kind of flow we had, how many tampons we used per day, what our brand preference was.

If I had been asked to sign a consent form, I wasn't aware of it. We had to put our institution number on the survey as well so that they could keep track of the results.

They gave us tampons according to our menstrual flow - heavy, medium, or light. We were given clean plastic bags to put the tampons in after we had used them. I used one tampon. And when I pulled it out, I noticed that the head was loose cotton.

I only used one more until I gave the rest of the tampons to another woman who completed the study in my place. After my period ended that month, I had a bad pain in the bottom of my stomach.

I had the nurse examine me and she said that maybe I should go to the Philadelphia General Hospital to have the -- Philadelphia General Hospital is where they took inmates at -- to have

the cotton removed. I went there and had it removed because it had not come out before.

I received approximately $15 to participate in this study. After I had participated in this tampon test, a female inmate named Roberta Barns told me about another study, a biopsy study.

At the time of my understanding of the study, it was that they were going to pull out flesh once.

I agreed to do the study by telling Roberta Barns who told the nurse. And then the University of Pennsylvania people came over. This was in 1963.

There was no paperwork that I had to fill out before I participated in the biopsy study. As I waited for the biopsy study, I stood in line with the other women.

The people conducting the study did not let us talk to one another. A person with a white jacket that had a big UP on it came out and asked each of us our name.

Only nine people were to participate in the experiment. We lined up in the order that the person told us, and we entered the room one by

one.

After the biopsy was performed, they made us go out through another door that was a ways down the hall from the first door so that would we could not talk to the other people still in line.

I was the third person in line. So I did not see the first woman come out of the other door where Gladys Mack Burnett, an officer, stood making sure that the women went back to their cells. The woman looked hurt.

When I went into the room, they put my legs up in stirrups. They didn't use any anesthesia. They had a lot of instruments set out. They ripped flesh from by womb and it hurt terrible.

They told me that if I only came in one time and didn't complete the study, I wouldn't get my $100. I had to come in 4 to 6 more times for this experiment. Each time, they took a biopsy.

This biopsy had to be done when I wasn't menstruating. So, I didn't come in for a biopsy the week I was having my menstrual cycle.

At the end of the experiment they told me that I would receive my money in seven to ten days. I received $100 for participating in this

study. At first I was excited to go in for the biopsy study. I thought the University of Pennsylvania people would do a pelvic exam on me first.

I hadn't had a pelvic exam when I arrived at the House of Corrections because I was having my menstrual. At the time of my arrival, they only tested my blood for syphilis.

The prison was dirty and some of the women weren't very clean and even the nurses' office and equipment weren't very clean. So I wanted to be examined to make sure that I was doing okay.

My normal menstrual cycle came every month and lasted only three to five days. There is no history of menstrual or gynecological problems in my family.

About the time I got the money from the biopsy study -- a month later -- I started having irregular menstrual cycles. My periods began to last longer. I complained to the nurse and she told me to see the University of Pennsylvania people.

I went to the University of Pennsylvania people and they told me that they were at the

prison for a different study. So they told me that they would send somebody else. No one else ever came. I kept asking the University of Pennsylvania people in the prison, but each time they just passed it off.

I finally had to put in to see a social worker to have them call my family. I was hoping that my family could do something about the problem.

To see the prison doctor was a slow process. I had to put my name on the list. About 10 days later, the doctor would come. He had a nasty attitude and would sometimes refuse to see inmates whose name had been put on the list. He'd say, "I've seen too many of you today. Go away."

I put my name on the list and finally got to see the doctor once about my irregular bleeding. He gave me a couple aspirin and told me to go back to my cell and elevate my feet.

I don't think he knew I participated in the studies. But the nurse, Ms. Wolfe, I think had seen me go in for the study.

After the biopsy test, I didn't participate in anymore studies. When I got out of jail, my medical problems relating to the studies

I had participated in continued.

I still had irregular bleeding and my periods were lasting 12 to 13 days. The longest one of my periods lasted 22 days. Some days I couldn't get out of bed. I had to use towels to absorb the blood.

I was 32 when I went to the PGH where a doctor did a D & C. The irregular bleeding stopped for 4 months. But then it began again. And I thought it won't stop. I went to Einstein Northern and checked into a gynecology clinic there. The doctors gave me a shot to stop the bleeding.

Excuse me, please. Excuse me, please.

THE CHAIRPERSON: Take your time. We are not in a hurry.

MS. ALSTON: They gave me pills, birth control pills I believe. And that helped a little bit. I went to the emergency room three different times for a transfusion.

On the last visit to the emergency room, they put me in the hospital. The doctors had tried everything they knew how at this point. I followed all the instructions they had given me.

THE CHAIRPERSON: That's fine. We

understand. We have your written testimony. I am sure we will read the remaining page.

MS. ALSTON: I want to say that when I go and talk about this, it erupts the pain that I have tried to suppress over the years. It's not going to go away.

I don't want this to ever happen to nobody else. I don't want any female -- me, being a female -- or any of the men to ever have to go through anything like this.

This tore my life. It tore my marriage up. It ended my childbearing years at 34 years. I couldn't have no more children because they gave me a hysterectomy, if you read on, due to being on an experimental test. Not in having no known -- they didn't know what the unknown was going to be.

This is what I participated in. Thank you.

THE CHAIRPERSON: Thank you. Mr. Skorski.

MR. SKORSKI: Good afternoon, ladies and gentlemen. My name is Alfonso Skorski. My address is 2379 Duncan Street, Philadelphia PA. 19124. I am 49 years old. I was incarcerated from 1970 to late 1973 or early 1974. During my

approximately three years in prison, I spent the first two years at Holmesburg Prison. And then I was transferred to the House of Corrections for approximately a year.

I finished my sentence while on the work release program. While I was in prison there, I participated in two University of Pennsylvania studies.

The first study I participated in was a cosmetic patch test. Being a sentence inmate, I worked. So, I worked in the knit mill. Someone in the knit mill where I worked told me about the University of Pennsylvania experiments that were going on. I went to the prison guards and asked them if I could get signed up for these experiments.

They said it was no problem. After that, a couple guys -- I didn't know who they were. They were dressed in long white coats. They came up to me. I assumed they were doctors because of the way they were dressed, but I don't know whether they were actually.

These guys said that I could sign up for this patch test. They told me that there would be no side effects, damage, or harm. I also didn't

see any forms, like a consent form, an acknowledgement of what I was going through, anything that would have made me suspicious and probably caused me to not do the experiments.

These guys looked like professional men. And I was in pretty good shape so I believed them when they said that the experiment wouldn't hurt me.

To do the cosmetic patch test, I went to the University of Pennsylvania cell block where the experiments took place. They put some sort of a substance on my left arm and on my left, back shoulder blade.

They covered that with gauze and then used medical tape to hold the gauze in place. I wore that patch about three to four days and then they removed it. I was paid only a little bit for this test, approximately $5.

The other study I participated in was an athletes' foot test. The year was 1970, or early 1971. I was told I could get ten times more money for this test, about $40 or $50. It made it appealing.

I worked at the knit mill in the prison, but that only paid 25 cents a day. I needed some

money to buy some necessities such as toothpaste, soap, shampoo, combs, and cigarettes, candy bars -- things I could enjoy while in prison.

For the test, I went back to the block where the University of Pennsylvania experiments took place. I don't remember signing a consent form. They asked for my name and number so that they could pay me. And then they told me that they were testing an athletes' foot deterrent.

They sprinkled powder on my right foot and then they placed a plastic bag over my foot. The plastic bag went up to the middle of my calf. Then they wrapped the plastic tight with duct tape to create a vacuum. No air could get in, no air could get out. They said they needed heat and moisture.

I wore the plastic bag over my foot for one week. I was told that if I took it off, I wouldn't get paid for the test. I returned to the University of Pennsylvania testing block with three other gentlemen that had also done the athletes' foot test.

They took off the plastic that had covered our foot, and I thought I was going to faint because of the test. I immediately gagged

from the stench. They didn't do anything to help the smell in the room. I just had to put up with it for about 10 minutes until they were finished.

I went back to the showers to wash off that smell. And I didn't think anymore of the test.

About a week went by. And one morning as I got out of bed, I fell down to my knees. My right foot had no feeling. I couldn't control it or lift it. I stood up straight and I walked by taking a step forward with my left foot and dragging my right foot.

I was very upset and concerned about what was happening with my foot. In prison, you can't show any weakness. I was worried that if I was crippled, that other inmates would treat me badly, that whey would steal my stuff or harm me. I wanted to do something immediately.

I went to the sergeant of the guards and asked if I could go to the doctor. I saw the prison doctor, but he couldn't explain what was happening to my foot.

At the time I didn't connect what was happening to the experiment I had participated in the week before for the University of

Pennsylvania.

I didn't tell the doctor about the experiment. So, I'm not sure if he knew that I had participated in it.

I was shipped to the PGH hospital about two days after seeing the prison doctor. Several doctors came in to see me in the examining room. My vital signs were okay, but I still had no feeling in my foot.

Finally, a nurse specialist came in and did a probe on my foot. The specialist diagnosed me with nerve damage.

The nerve had been severed right where the bag -- the plastic bag -- had been wrapped with duct tape. I had never had nerve problems before this.

I was next sent to St. Luke's Hospital located on 8th and Gerard. I stayed in the prison ward there for one month. Everyday I would go into a therapy room and the nurse would put the probes -- electric probe -- on my foot and below my knee for about an hour.

And it would send an electrical impulse about every 15 seconds. This was therapy that made another nerve connection to replace the nerve

that had become severed. Everytime the impulse went through the foot, the foot erratically moved.

At St. Luke's, they also made a brace for me. They placed a metal plate in the right foot of one pair of shoes. There were also two metal strips on the side that went up the sides of my right leg up to the knee. I still had to drag my foot. But with the brace, the foot was in an upright position.

When I left the hospital and returned to prison, I wasn't given any medication. They just said, "let's hope this works."

I wore the brace for one year. Every morning I would take the brace off and work the muscle myself. Slowly the feeling came back in my foot. I don't have to wear the brace to keep my foot up. But even today, if I don't concentrate as I go up the steps, my foot will still droop and I end up tripping.

I have also experienced emotional distress because of this because I haven't been back in prison since my time in Holmesburg and then House of Corrections.

And I have that part of my life behind me. I still have this reddish discoloration on my

skin, though. It's an ugly sight. I don't wear shorts because that foot looks ugly. And I don't want to have to explain to others -- especially to my children -- how I came to get this scar.

I don't do simple things like go swimming at the beach with them. Because then they would see this problem with my foot and ask me questions that I don't want to answer.

It wasn't until I heard the other former inmates' stories that I connected my foot problems with the University of Pennsylvania's athletes' foot test.

Learning this has finally given me peace of mind about what my foot is.

Basically, I want to see something done about this so it will never happen again. I don't want others to be put in the position where they are used as human guinea pig.

THE CHAIRPERSON: Thank you, Alfonso. Joseph Smith is next.

MR. SMITH: I can't see. So, I asked her to read it for me.

THE CHAIRPERSON: That's fine. Ask her to speak into the microphone.

AUDIENCE MEMBER (reading for Mr. Smith):

My name is Joseph Smith. I live at 6249 Addison Street, Philadelphia 19143. I am 70 years old. I was in and out of Holmesburg Prison between the years of 1956 and 1965, never spending more than one year at a time in the prison.

During my stay at Holmesburg, I participated in five different experiments. Another inmate in the prison told me about these experiments.

I'd give the pharmacy guys -- a group of inmates who worked in the pharmacy -- packs of cigarettes so they would sign me up on a list to do experiments.

One experiment I participated in was the patch test. I did this experiment three different times -- once on my arm, once on my back, and once on my leg.

The only thing that they told me before the test was that they were going to put some gauze on it with my initials. They said that that way they would know if I didn't keep the gauze on me, and then they wouldn't pay me for the experiment.

Then, they applied patches to me skin that resulted in a lot of pain. At night I would

lie in my bed with my arm in the air just shaking it so that it would ease the pain.

Some of the guys would take the bandages off and put them on the wall and then it would eat the paint on the wall.

Another experiment I participated in was one in which I took injections once every three hours for a period of three months. The people administrating the test never told me anything about what was going on.

I didn't know what substance they were injecting or what they were trying to find out. Usually they injected me in the buttocks because that was the easiest place, but they also injected me in other places as well.

These injections made my buttocks swell up like balloons, which was very painful. Sometimes, though, because of all the injections, my buttocks would be numb.

I kept going back for shots because I received approximately $2 for each shot.

A third experiment I participated in was the Army LSD test. For this experiment I was taken out into the Army trailers. I wasn't told that the substance they gave me was LSD, but I

assumed that it was because of the effect it had on me.

They also never told us what the LSD would do to us. I assumed it was like marijuana or heroine and that the drug would affect me for a while, but wear off eventually.

I remember sitting on a bed in the Army trailer watching TV. I don't remember much else of what happened. I don't even remember eating during that time. I knew that I wasn't right in the head, however.

Another experiment in which I was a subject was one that I call the "sight" test. Four dots were put on my shoulders and then my eyesight would go almost completely blind. Just as this happened, they would give me a shot and it would bring back my eyesight.

The last experiment I recall participating in was a toothpaste test. Before the experiment they told us that they were trying to figure out which toothpaste worked the best. I had to brush my teeth with the toothpaste they gave me.

The toothpaste tasted like mouthwash and I had to dilute it a little so it wouldn't tingle

in my mouth quite as badly.

During all of these experiments I never saw a doctor. Inmates who wore nurses' jackets were the ones who administered the tests. They looked like they were official because they were wearing the white jackets, so I didn't question what was going on.

I signed a consent form before each experiment, but I never understood what it meant. They did not explain to me before each test what they were going to do or what effects I should expect.

I thought that signing that form meant that I allowed them to do the experiment on me. At the time I just felt lucky to be doing the experiment because it meant I could earn some money.

The money was the biggest reason I participated in these experiments. I wanted to get all of the money I could to send home to my mother. She was a widow and had a hard time.

I also used the money to buy things at the commissary such as cigarettes, ice cream, or candy. Sometimes my mother would send me a little bit of money when she could, but really the money

from the experiments was my only income.

I also participated in these experiments so that I could get out of sweeping and mopping in the block. Doing the experiments meant that I could get away from the guards and other inmates and just be left alone.

I also thought it was special to get to watch TV for a while, which is what we got to do in the Army trailer during the LSD test.

After I got out of prison, my mother finally took me to Embreeville State Hospital. At the hospital, Dr. Leroy N. Foster, a psychologist, examined me.

This was on August 26, 1964. The doctor said that I had mild schizophrenic schizoid characteristics and that I lacked an adequate sexual identification.

He said I was lost under the moments of stress and he suspected impulse problems.

Because I am a veteran of World War II and the Korean War, I have attended the VA Hospital in Philadelphia. My other medical records regarding things such as my eyesight are there.

I never saw the prison doctor while I was

in Holmesburg. I have been out of Holmesburg Prison for over 30 years. I think about these experiments and what they did to me all the time. In this time, I have never really been able to keep a job because my mind drifts and anything can upset me.

Before the tests I considered myself a pretty happy person. I was talkative and friendly. Now I have bad nerves and I'm not really happy.

I believe my lack of attention and bad nerves are because of the LSD test I participated in while in Holmesburg Prison.

I can still see the places where the patch test was administered on my arms, legs, and back.

My skin there is discolored, and it is insensitive to touch. My teeth started falling out in 1969 and now I wear dentures. I believe this is because of the toothpaste test I was involved in at Holmesburg.

I also have glaucoma that I believe is related to the "sight" test that I was given while in prison. Since the tests, my stomach has hurt everyday.

Now I can't believe how foolish I was to participate in experiments like these. I never thought about taking any action against the prison or the University of Pennsylvania before now because I figured nothing could really be done.

Since the time I answered Mr. Hornblum's article in the newspaper I have learned that there are other people who are in the same situation as me because of the University of Pennsylvania's experiments.

Now, I want to know what happened to me during those tests; in particular, I want to know what was in the shots that I was given during the experiments.

I want the University of Pennsylvania and others to know that they shouldn't have done what they did.

THE CHAIRPERSON: Thank you. Mr. Harper is the next testifier.

MR. HARPER: My name is William Harper. I live at 1828 West Thompson. I am 63 years old. I was in Holmesburg Prison between 1964 and '67.

During this time, I participated in one study and worked in the dermatology laboratory for the University of Pennsylvania.

I never participated in a University of Pennsylvania experiment as the subject until near the end of my stay in prison in 1967.

I was in contact with the studies before that time because I worked in the dermatology laboratory. I had never had any medical training before I started working in the dermatology laboratory in the prison for the University of Pennsylvania. I only went to the eleventh grade.

I was trained to work in the dermatology laboratory by other inmates by the name of Charlie Frye and Benny Trimel, who had already been working there. We were the three guys who worked in the dermatology laboratory. And our supervisor or director was named Solomon McBride.

I learned to make solutions and ointments, to occlude areas for blisters. I learned to punch a biopsy suture. I also learned to take blood, to use the autoclave, an incubator, and the metric system.

We were only told certain -- we were only given information for the protocol. And that's what we did. We weren't told what they did with the results or what they were looking for in the study. We only knew our part of the study.

In the laboratories we did dandruff studies, blister studies, elliptical and punch biopsies and also injections. We would use zolocaine to anesthetize the area that we were going to use.

I collected cerebrum levels from people's heads. We did radiation studies. There were creams that weren't labeled by name, only by code numbers. We helped administer sweat studies and we also did skin scrapings.

Sometimes for studies we used drugs like DMSO and SLS on guys. I became what I called a blister expert. As I did these things, there was not a doctor present.

The prison doctor knew what was going on and didn't interfere with the experiments unless there was an emergency.

After we had done the experiments, we were told to print out the results and send them to Dr. Kligman or to the director, Mr. McBride. We also did the billing for the study.

When I began working for the University of Pennsylvania in the dermatology laboratory in Holmesburg Prison, I was getting paid $25 per month. I got raises as I continued working there.

And when I left, I was getting paid almost $100 a month.

At that time, I had been working at the dermatology laboratories for 16 months. I was head technician. The money from working in the laboratories was the only money I received at that time, except if a relative or friend sent me a little bit of money in the mail.

I did get some special treatment because of working at this job. I didn't have to stay locked up in my cell all day. The prison officials didn't bother me because I worked for the University of Pennsylvania.

We, the laboratory workers, were trusted. And they seldom searched what we were doing. Somebody else did our laundry. And we could arrange to get swags so that we didn't have to eat prison food all the time.

Swags were food, usually hot sandwiches, but sometimes other things such as steaks, pork chops, or eggs. And because we had hot plates and other things like that in the laboratory, we could make our own food.

Guys would bring me this food for keeping them on the experiments. I remember that at the

time everybody wanted to be on the H-block for the experiments. It was the place to be.

The job working with the University of Pennsylvania consumed my time. I spent my free time trying to read up on medical information. I tried to learn all of the words and the protocol.

I thought it was an opportunity to do something worthwhile. I know now that I was mislead during that time. Even though I worked in the dermatology laboratory for over a year, I didn't gain any skills that would have helped me outside prison.

Also, since I've seen other former inmates who were suffering because of the experiments they participated in, I realize I did something wrong.

I realize now that I looked the other way, so to speak, during the studies because they didn't directly affect me.

In 1967, when I was no longer working in the dermatology laboratory, I was a subject in a University of Pennsylvania study where they transplanted my skin.

Before they did the transplant, they told me that they were going to do a blister

transplant. I had to sign a paper or release saying I knew what I was doing and that I was consenting to the test.

That paper had to be signed every time a test was conducted. They explained part of what they were going to do to me, but they never explained what effects this could have on me before I signed the form.

I also wasn't very capable of understanding what they were explaining because I didn't know the medical terms they used. There was never any follow up to this test.

Dr. Popper from the University of Pennsylvania administered the transplant experiment that I participated. He was Dr. Kligman's brother-in-law.

He put part of my lip on my left arm and part of my arm on my lip. After the transplants where my lip had been put on my arm, it would chafe and sometimes it would swell.

I thought they would eventually take it out. They never did however. And even today, I still have part of my lip on my arm. At the time, I felt that it was a simple sacrifice.

I was told I'd get $150, and I wanted to

use that money to support my needs. I also wanted to be able to afford a lawyer. Now I realize participating in the experiment was a stupid thing to do.

I would like to see some compensation for the people who were hurt. This case is about the others really, not about me. I feel bad about what happened in the studies at the prisons and I have had to come to grips with my role in it.

I feel like I was part of the problem because I helped do the experiments. I would like to think I have learned something from this whole experience. Thank you.

THE CHAIRPERSON: Thank you. I have one question for Mr. Jones. I think you might be able to answer that. How many identified victims of the University of Pennsylvania experimentation are known to be alive today?

MR. JONES: Well, we have a little over a hundred in the group, the experimentation survivors, which were individuals that participated in the experiments.

There's only a little over a hundred. But there are scores of others that won't come forward.

THE CHAIRPERSON: So you have identified a hundred?

MR. JONES: Yes.

THE CHAIRPERSON: I have one other question. With the experimentation that took place there, and your subsequent involvement with Mr. Hornblum and his book, would you say that the book that he wrote is accurate and complete as far as you know concerning what took place at Holmesburg?

MR. JONES: Yes.

THE CHAIRPERSON: Would the others of the panel echo that sound as well?

MR. HARPER: Yes.

MR. SKORSKI: Yes.

MS. ALSTON: Yes.

THE CHAIRPERSON: As you may have heard, he testified that he's been getting reports since the book that things happened before he was aware himself. But from what you know of the book yourself, it's accurate in its descriptions?

MR. JONES: Yes.

THE CHAIRPERSON: Thank you very much. I'll turn the questioning over to the members of the committee. Representative James.

REPRESENTATIVE JAMES: Thank you, Mr. Chairman. And I would like to take the opportunity to thank all of you, Mr. Jones and the organization and those of you who have been victims of experiments for taking the time put the things together and coming forth and bringing your testimony.

Right after this hit the news back in the fall, I was contacted by the University of Pennsylvania. And at that time they gave me a phone number, an 888 number.

They told me to give to you and that if anybody had any medical problems, that they would take care of.

Has that been happening?

MS. ALSTON: I can answer that question. I went to a conference a couple weeks ago with one of the survivors and myself. And it was one of those question -- she brought out subjects, topics. And then you had a question and answer portion of it.

And I asked a question on this subject, on the testing and on, you know, this and, in other words, what was she going to do.

And she gave us the one 1-800 number to

call and things would be taken care of through the 1-800 number. So the next day when I got home, I called the 1-800 number.

On the 1-800 number they put you through a switch board and then through another person. And this is what they ask you, they want to know what is your specific problem?

The next question is, what type of insurance do you have? When you tell them that you don't have any insurance, that your understanding was that the problem was started by the University of Pennsylvania and you feel as though they should -- and they said no, give us a specific name.

So, I gave them the lady's name that spoke. And they told me they knew nothing about her, that if I didn't have insurance, they couldn't treat me.

REPRESENTATIVE JAMES: That was as a result of dialing this 888?

MS. ALSTON: 1-800-787 whatever, whatever.

REPRESENTATIVE JAMES: Thank you.

THE CHAIRPERSON: I want to thank you who came here to testify. We appreciate your input.

And just as a matter of explanation, public hearings of this sort are oftentimes held about specific legislation, although that was not the case toady, but specific legislation may result and has from the hearing and testimony that was presented today.

The members of the Judiciary Committee who are not present today will all receive copies of your testimony. There are I believe 26 members. So, we will make sure that they get copies. And they will be encouraged to read that and to know what happened here today.

And I want to thank Representative James. It was at his suggestion that we have this meeting. I am sure he is doing his best to follow up. I would suggest you contact Representative James and ask him to help in your cause.

I want to thank all of you for coming. And as I mentioned earlier if you are in need of any copies of anybody's testing, if there is some still available, you can help yourself to it.

If not, before I leave or before Dave Bloomer, my assistant, leaves, you may want to give him your name and address. We will provide you with the testimony.

Since we have no further witnesses, I will declare this meeting adjourned. Thank you.

(At or about 4:10 p.m. the hearing adjourned.)

C E R T I F I C A T E

I, Michelle S. Parke, Reporter, Notary Public, duly commissioned and qualified in and for the County of Lancaster, Commonwealth of Pennsylvania, hereby certify that the foregoing is a true and accurate transcript of my stenotype notes taken by me and subsequently reduced to computer printout under my supervision, and that this copy is a correct record of the same.

This certification does not apply to any reproduction of the same by any means unless under my direct control and/or supervision.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office this 18th day of February, 1999.

Michelle S. Parke, Notary Public
My commission expires
November 12, 2002.