

Change in a Modern Prison

Robert Claridge

Mr. Claridge, a third-year law student, is a member of the Danbury Prison Project of Yale Law School. Upon graduation he will become a staff attorney in the Criminal Appeals Bureau of the New York Legal Aid Society.

In this essay Mr. Claridge attacks conventional rehabilitation programs, arguing that two crucial failings prevent successful treatment:

1) failure to recognize the existence of an on-going inmate social system and its effects on rehabilitation efforts;

2) the modern correctional ideology itself, which emphasizes professionalism as the central orientation of the staff. He then describes and evaluates the new Narcotics Addict Rehabilitation Act program at Danbury suggesting that its "therapeutic community" contains the beginnings of a working model which would overcome the weaknesses of standard corrections programs.

The prison at Danbury, Connecticut, stands as one of the most progressive in the modern federal correctional system. White and scrubbed, it lies anchored in a rolling landscape. An observation tower just outside is the visitor's only hint that the sprawling structure he approaches is a prison and not a school, factory or corporate headquarters. He enters through electric sliding doors to the spacious prison compound whose athletic fields are bordered by administrative offices and by glove and cable factories. Lining the compound's perimeter on the left and right are dormitories named after nearby towns and states. To the front of the institution on the left are the individual locked cells that make up the "Intensive Treatment Unit" or "hole" that is used for disciplinary punishment. But medium security Danbury Federal Correctional Institution does not have the harsh atmosphere that often surrounds a maximum security institution. Since sentences at Danbury are relatively short, discipline is normally less than severe and there is variety in programs and personnel. Some of Danbury's approximately 700 inmates are serving the final months of sentences that began in higher security federal institutions. Others have been assigned to the FCI to serve either short, fixed terms or sentences which are flexible and give a chance for early parole. Most inmates have been convicted of property crimes—ranging from car theft to bank robbery—or of drug offenses.

No urgent need for radical reform at Danbury was

apparent in 1970. There was no inmate organization with a message of oppression at the prison. The press made no charges of officer brutality or of cruel and unusual prison conditions. Danbury was no San Quentin or Attica.

In fact, Danbury has always operated well above the minimal standards of decency which American prison law is beginning to guarantee. Like other modern "correctional institutions," Danbury provides far more facilities and more professional personnel in the areas of education, vocational rehabilitation and psychological counseling than were available in older penitentiaries and reformatories.¹ Such variety in programs and "individualization" in treatment have long been the pillars of progressive correctional theory. Since about 1920 the diversified and flexible prison has been likened to a "clinic" where each convict can be professionally diagnosed or classified and then programmed for the uniquely suitable combination of treatments that will lead to his rehabilitation.² Twentieth Century correctional institutions like Danbury are prisons where the most advanced treatment and rehabilitation of adult offenders is supposed to take place.

Even though their conditions are more than minimally adequate, these institutions have been due for change of a different sort, for their rehabilitation efforts rest on an outworn theory. Penological theory has stressed the need for individualized as opposed to mass treatment of offenders for a century now. Corrections professionals usually attribute the failure of the theory to achieve desired results to a lack of sufficient numbers of qualified personnel. But the ideology of individual treatment based on individual differences itself stands in the way of innovation and perhaps meaningful rehabilitation. Specifically, this professional correctional ideology does not come to grips with those interpersonal patterns of prison life which may block resocialization of the criminal, or even psychically scar him. Sociologists who have studied the change-over from a custodial to a treatment orientation in youth institutions have found greater permissiveness under the new treatment regimes, but no significant improvement in the patterns of relationships among inmates, among staff members or between inmates and staff.³ Lloyd Ohlin has noted that even group therapy, which is oriented toward changing the personalities or attitudes of individual offenders, has been introduced into prisons without regard to its relation to the social context within which the therapy operates.⁴

To repeat, it may well be that the failure of modern correctional systems to rehabilitate inmates is not merely a result of insufficient resources. Rather, it may be the underlying penological theory itself which is to blame for its neglect of the effects of the inmate social system.

An incarcerated offender is typically confronted by a social system which consists of two sets of competing norms—those of straight society reflected in the values put forth by the prison administration and those of deviant society reflected in the inmate code. The code is more compelling because by obeying it the inmate can maximize his privileges and information and minimize violence to himself while safe-guarding his self-esteem.⁵ The code's prime maxim is that the staff is not to be trusted and therefore the code's major commandment is never to divulge information about other inmates to staff members. Information should travel along the grapevine to inmates who are not staff trustees but should not cross the barrier between staff and inmates. A "rat" is a violator of the inmate imperative to silence. In one harsh custodial institution that has been studied:

... the atmosphere of uncertainty and suspicion created by official secrecy and the fear of "rats" and, perhaps, the social characteristics of inmates prevented all but a minimum of cohesion and integration in the inmate social system. The only approach to a unifying goal that provided a focus for the inmate community was independence from official control and deliverance from the perils of arbitrary, official action.⁶

The code fosters a situation in which many inmates are interested in doing their own time with as little close personal interaction with staff or other inmates as possible. Thus, in one way the inmate code supports the smooth functioning of institutions by encouraging staff and inmates to play their respective roles, with neither trying to rock the boat.

The goals of modern penology, however, are not achieved when inmates quietly do time and institutions simply function smoothly. Today the major justification for incarceration is inmate rehabilitation and not retribution or deterrence. Treatment programs such as vocational rehabilitation and psychological counseling may achieve some rehabilitation. For those few inmates who strongly desire to make significant changes in their own life-styles and identities while in prison,⁷ programmed activities may induce deviation from the inmate code as well as facilitate the acquisition of skills. Of course, the inmate's change during incarceration will be of no ultimate significance if the skills, credentials, and attitudes he acquired are impossible to apply outside the walls.

The most commonly offered treatment programs rarely take sufficient account of the inmate code. They cannot be expected to alter significantly the behavior of the numerous class of inmates who do not wish to indulge in "self-improvement." Many of these "time-doers" participate in activities with knowledge that such participation is a necessary step to quick release on parole.⁸ But they only go through the motions and treat therapy and education as a game. The fact that inmates play the game of rehabilitation while still conforming to the inmate code is frustrating to both staff and inmates.

California correctional programs and administrative practices are aimed more directly at the inmate code. In what is commonly regarded as America's most advanced correctional system, inmate isolation vis-a-vis the staff is

eroded by: 1) the practice of transferring or administratively segregating men who seem to have too much power and are seen as a threat to current prison policies and programs, 2) the indeterminate sentence, which serves as a very powerful control mechanism and thus makes it unnecessary to rely on less formal means of control, and 3) group counseling programs which weaken convict solidarity and encourage communication between inmates and staff.⁹ Penologist John Irwin reports that California inmates desire to present a favorable view of their individual progress in prison and/or remain largely inconspicuous to the prison administration.¹⁰ They are thus less aloof and distant from the treatment staff than the inmate code counsels them to be.

Can these apparent inroads against the inmate code be correlated with success in ultimate rehabilitation? Students of California penology observe that as the variety and intensity of rehabilitative programming increases, recidivism rates do not decline.¹¹ Perhaps, then, the inmate code is not really being mitigated. Time-doers may be dealing with the California system by increasing the subtlety of their role playing, or California inmates may be finding a new form of solidarity and isolation from the staff in radical politics. More likely, a very real reduction of the code may be creating new problems and barriers to rehabilitation. Time-doers seem to have an uncomfortable existence in the California prisons. Irwin quotes one inmate who feels out of place in the California system:

As far as I'm concerned their main purpose has been in taking the convict code away from him. But what they fail to do is when they strip him from these rules is replace it with something. They turn these guys into a bunch of snivellers and they don't have any rules to live by. (Interview, Folsom Prison, July, 1966)¹²

The increasing political activism in California prisons is evidence that inmates are angered as well as alienated by the highly manipulative indeterminate sentence.¹³ When the dollar cost of California corrections is added to the alienation and wrath of its inmate population, that "progressive" system appears to be a failure.

To summarize, the prevailing correctional ideology of individual treatment does not take sufficient account of the inmate code. And where modern correctional programs and administrative practices do inhibit the code, neither theory nor practice offers a more constructive substitute, leaving inmates empty and angry.

Nor is the inmate code the only stumbling block to reform. The corrections staff has its own code—professionalism—which hinders efforts at rehabilitation in three ways. First, since professionalism involves a pre-existing tacit consensus upon goals, arguments are over means rather than ends. Discussion among

corrections personnel is limited to problems of immediate inmate behavior. Sociologists Street, Vinter and Perrow report:

In institutions where treatment-oriented cadres are dominant, the result is an emphasis on clinical processes, diagnostic refinements and the enhancement of professional skills. In time, these patterns can become self-validating.¹⁴

Second, the ideology of professionalism reinforces the split between professional doctors or correctors and inmate patients or subjects. Third, corrections professionals tend to resist innovations which require greater effort or threaten status or security, labelling them unprofessional.

Professionalization of the staff can be one important means to insure orderly and decent prison administration. But in modern institutions like Danbury, professionalism can obstruct efforts to reduce the impact of the inmate code and to find constructive substitutes.

Responding to the addiction crisis rather than to the less visible need for change in progressive correctional institutions, Congress passed a Narcotic Addict Rehabilitation Act (NARA) in 1966. The law stipulated that when a convicted offender was diagnosed to be an addict and likely to be rehabilitated through treatment, he was to be specially sentenced under NARA. Special treatment to be given to the NARA inmate was defined only with the broadest outlines. Congress assigned primary responsibility to the United States Public Health Service for examining, treating and finally certifying addicts as having made progress. For although the legislators were not at all sure that addiction could be effectively treated, they did agree that addiction was a sickness and that psychiatrists and other medical personnel were best equipped to deal with it.

That NARA would stimulate tremendous change at Danbury could not be predicted from a reading of the vague, medical-sounding law.¹⁵ Myrl Alexander, Director of the Federal Bureau of Prisons, arguing for passage of the NARA, urged that it would provide new flexibility and opportunity to apply correctional treatment on the basis of addicts' individual needs.¹⁶ This was not radical rhetoric since flexibility and individual treatment have always been the goals of the Bureau of Prisons. In fact, the Danbury FCI of 1966 could claim to offer many of the services included within the treatment definition of the law.

Danbury's first NARA program, lasting from 1968 until 1970, simply required that NARA inmates attend semi-weekly sessions of group therapy led by a Public Health Service psychologist, psychiatrist or psychiatric social worker. With the mere addition of group therapy and personnel to conduct it, Danbury offered the kind of NARA program that Congress had authorized.

The life of the NARA inmate was not fundamentally different from that of the regular, non-NARA inmate. Although NARA inmates lived together in pockets of each dormitory, they were spread around the entire institution. Many NARA inmates developed loyalties and interests outside the NARA program and came to regard their limited participation in therapy as a game.

After a few months of working with the group therapy program, Dr. Robert Rapkin, the U.S. Public Health Service psychiatrist who became Director of NARA in July 1969, found that:

Inmate group, staff group, Public Health Service group, all cohere around certain labels and isolate themselves from each other.¹⁷

Dr. Rapkin was discovering that Danbury was plagued by the problems of modern prisons.

Finding the group therapy program a failure and recognizing the need for change, Rapkin concluded, "To bridge the gaps between these existing groups was clearly the place to begin."¹⁸ A program was needed that would change the whole social climate in which the inmate code flourished.

Rapkin found a model for more effective treatment of addicts in Daytop, Inc., of Seymour, Connecticut. Daytop, Inc., is one of the East Coast descendants of the Synanon program developed in California in the early 1960's. Elements of the Synanon-Daytop "concept" that Rapkin saw applied in Seymour may be enumerated as follows:

1. Only ex-addicts have the expertise to help and rehabilitate current addicts.
2. Professionals—doctors, psychiatrists, social workers, correctional officers—have only a limited role to play. In Synanon's early years, professionals were entirely excluded. Daytop gives professionals an important role in administering and safeguarding the program. But this professional sphere is strictly separate from the day-to-day treatment decisions which are the domain of ex-addicts.
3. Addiction is not a disease and the addict is not sick. Rather, addiction is a symptom of a problem that plagues many members of American society. In fact, Daytop and Synanon claim to be suitable for non-addicts as well as addicts. Although not sick, addicts are sometimes said to be children; addiction is a form of regression.
4. Addicts need a tightly-knit family structure that will inculcate new values and provide support for rehabilitation.
5. This family is built on an authoritarian model. New members begin at the lowest level. Over time and with effort in clearly indicated directions, they move up to positions of increasing responsibility and power. A visitor entering Daytop in Seymour may hear a "coordinator," one of the most powerful "officers," order silence. Talk ceases immediately, for individual recalcitrance is dealt with by group verbal attacks and ostracism. Decision-making is not democratic: new Daytop leaders are appointed by present leaders. Daytop's chain of command is similar to that in military basic training except that the Daytop "officers" issuing orders are themselves recent recruits. Perhaps some of the enthusiasm that Daytop inspires may be compared with the pride of a soldier in his military unit. Coupled

with pride in the group at Daytop is pride in self. Individual mobility along a ladder of job positions is encouraged.

6. Daytop demands a great psychological investment from each participant. The program is not easy and it is presumed that not everyone can endure it.¹⁹

In January 1970 convicts arriving for diagnosis at Danbury were told that they would have to participate in an altogether new program if they were sentenced to NARA. By March a separate dormitory, Danbury Hall, was set aside for NARA inmates. A contract was let for Daytop, Inc., to establish a program in Danbury Hall. The result was the now two-year-old NARA "therapeutic community."

Danbury FCI was bifurcated by the establishment of the therapeutic community. The approximately 150 NARA inmates are not only differently sentenced and released than are the approximately 500 regular inmates, but also live under a vastly different regime. The recent changes at Danbury are focused in one part of the institution which stands in radical contrast to the rest of the prison.

There is reason to hypothesize that the NARA therapeutic community is an antidote for the correctional problems described above. The effects of the inmate code are probably mitigated where authority is exercised by inmates and ex-addicts other than the staff. At Danbury NARA inmates are responsible for the day-to-day administration of the program. Their responsibilities include diagnosing prospective NARA inmates, orienting them to the program, assigning individuals to groups, scheduling group meetings and maintaining the discipline and upkeep of the therapeutic community. Inmate "coordinators," not Public Health Service psychiatric social workers, lead the groups. These coordinators meet weekly with the director, other members of the NARA staff and Daytop ex-addicts to discuss problems and policies.

Inmate responsibility for day-to-day treatment is shared with the three Daytop, Inc., ex-addicts who work full time at Danbury under contract. Daytop personnel conducted the original training of both inmates and staff in the skills demanded by the therapeutic community. The ex-addicts have continued their training activities. In addition, during the daytime they share authority with the inmate coordinators and exercise veto power over treatment decisions.

The white middle class professional staff of NARA is responsible for the overall administration of NARA.²⁰ This staff is presently composed of two psychologists; four case workers whose background is psychiatric social work; eight correctional counsellors, some of whom used to be correctional officers, and the new director, John McCullough, a psychiatric social worker. Their tasks include setting broad policy, maintaining good relations with the courts, the Parole Board and the rest of the FCI and otherwise assuring the smooth operation of the program. In addition, the Public Health Service staff

determines how much progress each inmate is making and has the sole authority for certifying inmates as eligible for parole. The NARA staff exercises more authority than does the regular institution staff in these important administrative areas. But the NARA staff has intervened less in the daily existence of the inmate.²¹

Daytop philosophy both places limits on the day-to-day intervention of the professional staff and enhances the autonomy of inmates. In these ways it probably inhibits the growth of an anti-rehabilitative inmate code.

Another way in which the therapeutic community may defeat the inmate code is by systematically reshaping the inmates' environment. Formal NARA group activity accounts, on the average, for twelve to fifteen hours per week of each inmate's time. This does not include the time in which NARA inmates interact less formally with each other simply because they live at close quarters. The therapeutic community groups currently include the following:

I. Regular groups

- Encounter or hostility groups: Every inmate who has a complaint or negative feeling about another inmate or staff member is supposed to save it for these group meetings. One person at a time becomes the focus of hostility for the others.
- Peer groups: The activities vary but peer groups are always composed of inmates who are at the same "behavior level."
- Static groups: The membership of a static group is constant. Inmates discuss their personal problems.

II. Special groups which meet less regularly

- Data sessions: They may be used to teach such things as the structure of the NARA house and the chain of command.
- Image-breaking seminars: Inmates act out roles of women and other roles which are contrary to the ones they are perceived as playing.
- Educational seminars: Inmates may have to read in preparation and report on current events.
- General meetings: Meetings of the whole house for discussion on an important matter.
- Recreational seminars.
- Morning meetings: to discuss the day's business.
- Re-entry group and certification groups: for those inmates soon to be released.
- House retreats: These occasional, intensive, house-wide discussions of a single topic may last for several days.

The intensity of the groups and the severity of punishments in the therapeutic community are enough to stimulate full commitment to current activities. Punishments are administered by the NARA group. They include, in increasing degrees of seriousness, a "verbal reprimand," a "stern talking to," a "haircut" and a "general meeting." When one inmate is given a "haircut," he stands in front of a group arranged in a horse-shoe. In the "abusive phase," group members yell at the offender as loud as they can. This is followed by

the "patch-up" phase. Minding one's own business, the inmate code behavior which can protect an inmate in the regular institution, is precisely the behavior that draws these severe sanctions of the NARA therapeutic community.

The NARA therapeutic community should be more effective than the non-NARA part of Danbury or even the California system in attacking the inmate code. Inmate leadership and full exposure can be expected to defeat the means by which time-doers maintain distance from their rehabilitators. Inmates residing in the NARA therapeutic community do indeed seem to be committed to the activities that go on there.

It is more difficult, however, to predict how NARA inmates perform once they are released. Once the pressures and supports of the therapeutic community are removed, can the parolee continue to live a highly ordered and moralistic life-style? And even if the life-style inculcated in approximately fourteen months of NARA participation²² does carry over into the street will this guarantee freedom from drugs and from crime? Post-release success or failure has not yet been adequately evaluated. A national survey for several NARA institutions²³ reported in 1970 that 72% of parolees from the NARA programs remained on the street. Since inmates just released were counted and there is little uniformity in the process of parole revocation, the importance of this figure is open to great doubt. Also, a parolee who resorts to methadone would be reflected as a success in this "remain on the street" statistic, but is a failure in terms of the Daytop, drug-free philosophy. John McCullough, Danbury's present NARA director, has calculated an approximate success rate of Danbury therapeutic community graduates since January of 1970. He considered any reported case of methadone use as a failure. McCullough's estimate was that 71% of therapeutic community parolees were still on the street and not on methadone, although he cautioned that he didn't have complete records of current behavior and that the parolees have not been on the street long enough to show a significant pattern. Of course one must discount this success rate by the possibility that any greater success in rehabilitation shown by the therapeutic community is the result of either the exclusion of difficult cases or the special regard which the NARA experiment enjoys.

Evaluation is further complicated when the psychological cost of treatment is considered. Perhaps the inmate who is profoundly affected by the therapeutic community suffers in ways that are less measurable than rates of crimes and drug use. Even when the NARA parolee stays away from drugs and crime, it is possible that he pays for this abstinence. As illustrated by the earlier discussion of the California prison system, destruction of the inmate code may leave a psychological vacuum. Perhaps the therapeutic community's group cohesion provides a support that substitutes for the inmate code. But can a graduate of this therapeutic community safely continue to relate to street people the way he related to fellow NARA inmates? It is possible that the therapeutic community creates problems as well as solutions that are new to corrections.

When, on balance, NARA is found to be successful the causes should be ascertained—that is, the various facets of the therapeutic community must be correlated to the reported success. Is inmate autonomy the factor which is making the prison experience more constructive than destructive? Or is it the heavy group exposure or the discipline?

If inmate leadership and autonomy proves to be valuable, how far can it be extended in the context of a prison? And if it is the total exposure and hierarchy that is succeeding, how far can a democratic society go in compelling such exposure?

Can the therapeutic community be successful with all inmates? Or is there something about the Daytop methods that makes them more effective for addicts? Are addicts at Danbury a very different lot from the non-addicts?

This essay will not attempt to answer these difficult questions. But it will try to analyse some of the ways NARA has developed at Danbury over the last two years to provide a basis for further evaluation and reform.

When the NARA program adopted the Daytop method of community therapy, it was running counter to the precepts of modern correctional ideology which emphasize treatment of individual offenders by a professional staff. But, consistent with the language of the law, the directors of NARA have maintained an image of NARA as a medical treatment program which cures addicts, thus preserving its orthodox appearance even as it adopted radical new approaches. Supported by this image, the NARA program has gained increasing autonomy from the courts, the Parole Board and the rest of the institution in the areas of admissions, classification, discipline and release. At the same time, the tension created by the divergence between appearance and reality has created serious problems for NARA.

Autonomy in the area of admissions has reached a point where only those offenders whom the NARA staff recommends for treatment are sentenced to NARA. By law, federal judges cannot sentence offenders to NARA without first considering the NARA staff's diagnosis made in a 30-day study period. This determines whether the inmate is an addict and "likely to be rehabilitated through treatment." If the judge accepts the NARA study-period finding that the addict is likely to be rehabilitated through treatment, he is legally required to sentence the offender to NARA. A staff diagnosis of "not likely to be rehabilitated through treatment" is typically based on the offender's bad attitude as displayed in the 30-day study period or on his having too short a sentence for adequate treatment. In the first years of NARA, judges occasionally disregarded negative staff diagnoses, found offenders likely to be rehabilitated and sentenced them to treatment. Now judges almost always follow the staff's findings.

The unusually autonomous stance of NARA in the classification process can be appreciated only after Danbury's regular classification process is sketched. Classification involves acquiring as much information about the inmate as is available from his prior record and from his behavior in his first weeks at Danbury and making assignments with respect to dormitory, work and treatment programs. Decisions are based on the apparent needs of both the inmate and the institution. Classification is usually done by a committee composed of the warden or assistant warden, the chief of classification and parole, and the heads of education, discipline and industry. This committee first classifies an inmate soon after he arrives at the FCI and may reclassify him later in his term. The social case-worker whose case is on the agenda informs the Classification Committee about the inmate's problems and prospects and may even make specific recommendations. Committee members discuss the case and come to decision in a matter of minutes.²⁴

The inmate thus classified typically has little influence over his assignments. He may express certain wishes in pre-classification interviews with his caseworker, and the caseworker may support the inmate's request in committee. But the caseworker does not represent the inmate who himself appears only after the decisions are rendered. And even where the caseworker does recommend what the inmate has asked for, he may well be overruled by the committee members.

The appearance of the NARA inmate and caseworker before the Classification Committee is only pro forma. There is no decision to be made about living place or custody level. He must live in either one or the other of the NARA dorms, and the determination is made by the NARA staff. Any recommendation that the NARA staff has concerning an inmate's work assignment or treatment program is specifically reported to the Classification Committee and the committee follows it. The committee's only decisions concerning a NARA inmate are on those matters where the NARA staff expresses no preference.

A similar deference is shown to the NARA unit in disciplinary matters. In the non-NARA portion of Danbury correctional officers report serious infractions of institutional rules to their supervisors who in turn are responsible for investigation. An average of 25 to 30 disciplinary cases a week are referred to the Danbury Adjustment Committee, composed of the chief correctional supervisor, the supervisor of education, and the chief of classification and parole. The committee disposes of many of these referrals by withholding inmates' statutory good time and/or by committing them to the Intensive Rehabilitation Unit ("the hole") for punitive segregation. Since the creation of the therapeutic community in early 1970, only three or four NARA disciplinary cases have been reported to the Adjustment Committee.²⁵ NARA inmates do commit infractions, of course, but these are normally dealt with in the therapeutic community without referral to the Adjustment Committee.

Like the sentencing courts, the Classification Committee and the Adjustment Committee, the Parole

Board defers to the NARA staff in matters of prisoner release. When the NARA staff is satisfied that the inmate has spent enough time in the therapeutic community, it certifies to the Parole Board that the inmate has made sufficient progress to warrant his conditional release under supervision. Such certification is legally required before the Parole Board can release the inmate.

Non-NARA caseworkers write parole progress reports when their inmates are due to go before the Parole Board. However, in contrast to the NARA certification, the non-NARA report does not always recommend actual release. And if release is requested, the Parole Board frequently denies the request. The wide discretion exercised by the Parole Board in regular cases is not exercised for NARA inmates. The practice of the Parole Board since the commencement of the therapeutic community has been to release an inmate on the heels of a staff certification. So in effect, the NARA staff alone determines the point in time between the minimum and maximum fixed by the court, when the offender will be released.

There are good reasons why NARA enjoys autonomy. In framing the enabling act Congress understood the treatment of addiction as a medical problem demanding treatment by psychologists and psychiatrists. The embryo of the medical image of the program was written into the act. Decisions concerning sentencing of addicts to the special treatment program and releasing addicts from the program become in this view not correctional but medical. The competence that judges, Parole Board members and regular prison officials can be said to have in correctional and penal matters becomes, conceptually, inadequate. It is understandable that within the framework of a medical program they would defer to the impressive staff of credential-bearing psychologists and psychiatrists Congress assembled to administer the act. Especially within the prison, the superior expertise and the superior status of the NARA staff create an aura of authority. Treatment officials see the NARA program as extensive counseling and psychotherapy and, therefore, tend to view themselves as incapable of evaluating it because their opinions, as one case worker put it, are "not that professional."²⁶

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Furthermore, the image of professional competence which was created by the 1966 law and enhanced by the NARA staff has important survival value for the NARA program. NARA is called on to justify all the ways in which it deviates from the non-NARA part of Danbury. One justification it offers is that the therapeutic community practice is no easier on inmates than is the corresponding non-NARA practice. While parole may be sooner, privileges which are occasionally available in Daytop are barred to the therapeutic community. But even though differences between NARA and non-NARA don't seem to result in favoritism for the NARA inmates, they must nonetheless be explained. It is easiest to gain acceptance and a certain degree of freedom to

experiment for NARA by presenting it as a medical treatment program.

However, maintaining this medical identity has several drawbacks. First, since NARA has been packaged as a natural extension of modern clinical corrections, important aspects of the therapeutic community innovation at Danbury have been obscured. Students of American penology have not learned the degree to which Daytop renounces the principles of modern corrections. The Twentieth Century correctional ideology—long due for exposure, evaluation and, perhaps, rejection—stands intact. If Daytop, in whole or in part, is indeed an antidote for the problems of progressive institutions the real nature of the NARA program should surface.

The medical image also locks Danbury NARA into one form of treatment. The current therapeutic community is regarded as *the* treatment program for addicts rather than as one step in the evolution of a treatment or as one of many possible programs. This perception retards needed experimentation and change. For example, some elements of the current therapeutic community might be expendable. Possibly, no one should be sentenced to NARA; rather NARA should be deliberately rendered more palatable than prison life, and all inmates should be allowed to opt in or out. And perhaps there should be a range of therapeutic community regimes differing in their internal organization and in their ethnic compositions. Each inmate could be allowed to choose the NARA house to which he will commit himself. We will never know how NARA *should* evolve until the present program is looked at apart from the medical identity with which it is currently garbed.

There are indeed grounds for believing that the program has been artificially limited by its medical image. Daytop principles can probably be applied to other prison groups. Soon after Synanon was created to deal with the problems of addicts, it was applied to non-addicts as well. In 1962 the Nevada State Prison experimented with a Synanon program, although the population contained only a small percentage of addicts. Dr. Rapkin knows of the Nevada State experiment and sees no reason why the therapeutic community program should be relevant only to addict offenders. However, the Narcotic Addict Rehabilitation Act would blunt any NARA staff initiative to treat non-addicts. The contradiction between the narrow restriction in the law and the broad possibilities of the current program is accented in a pending legal case. Committed to Danbury NARA in 1968, an inmate was conditionally released in 1969 after the NARA staff had certified him as having made "sufficient progress" in group therapy. Four months after the release he was brought back to Danbury on a parole violation. This was not due to any new use of drugs but rather to his conviction and short detention in the District of Columbia for the crime of "lewd and immoral purposes." Back at Danbury he has been told that if he does not go into the therapeutic community, he will sacrifice his chance for early re-parole. The staff tells him that his lawbreaking on parole is evidence that he needs more NARA rehabilita-

tion. Indeed, the 1966 law defined treatment to include that which would correct anti-social tendencies. But only the anti-social tendencies of addicts were to be treated. The inmate claims that since NARA is only for addicts and he was cured of his addiction, he no longer has a need to participate. His claim is legitimate if NARA is understood narrowly. Since the NARA staff has not recommended changes in the act to bring it closer to therapeutic community reality, it cannot be surprised when such a legal claim arises.

Still more serious problems arise when the NARA administration regards the medical image that it sustains and creates as reality. This seems to have happened in one of the first NARA cases to be handled by the Danbury Project of the Yale Law School Legal Services Organization. Just after the inmate was committed to Danbury for NARA, he was found to have a heart condition that demanded immediate medical attention. Although he wanted to start the NARA group therapy program immediately, he was transferred to Atlanta for diagnosis and open heart surgery. When returned to Danbury, the inmate had already served 14 months, which is as much time as most NARA inmates spend in prison. He claimed that he had been cured by his 14 drug-free months in the federal correctional system. Moreover, his heart surgeon had warned him that if he ever again shot heroin, he would die. The NARA staff insisted that his real treatment would begin only when he entered the new therapeutic community. After sampling the new program, the inmate refused to stay there and, as a result, was paroled to a halfway house only shortly before his maximum release date. The inmate should have been given credit for his 14 months, discounted by some measure of the degree to which his experience was less valuable than NARA treatment might have been. But the NARA staff long refused to certify him as having made "sufficient progress to warrant his conditional release under supervision." The NARA staff chose to assume that the 14 months served in the federal correctional system had been entirely without value in curing addiction.

NARA's belief in its own medical image carries dangers that transcend the individual case. If we believe that any beneficial impact of the therapeutic community can be attributed solely to its total exposure aspect, then there may be no cause for worry. A treatment staff assured of its own special competence will be most capable of manipulating inmates for maximum control and exposure. However, effective exposure may depend more on inmate leadership than on staff manipulation. And the therapeutic community's best hope for corrections may well lie in its tendency to make inmates more autonomous from the staff and those who have risen in rank more equal in status to the staff. The present intensity of group interaction and rigidity of command structure would probably produce more disaffection if the white middle class staff took a more direct role in the internal workings of the therapeutic community or treated NARA inmates as prisoner-patients without rights. Yet this is the direction in which the distorted self-image of NARA staff members pulls. For if the NARA psychologists, caseworkers and

correctional counselors are regarded and regard themselves as clinicians, it is hard for them to limit their role to administration and leave treatment to inmates and ex-addicts. As the staff gains power and prestige vis-a-vis the courts, the Parole Board and the rest of the institution, its impulse is to exert its authority within the NARA dorms. And having adopted a professional treatment role to gain this authority, the staff may have difficulty shedding this role to deal as equal with inmates.

Recent events at Danbury lend substance to these fears. The balance of power between staff, Daytop, ex-addicts and inmates²⁷ has been altered by the new NARA director. A co-directorship, consisting of Public Health Service psychologist and a Daytop ex-addict, now operates in each of the two houses. The co-directorship exercises all the veto power over treatment decisions formerly exercised by the ex-addicts alone. In the words of the current director, John McCullough, the co-directorship has:

... the ultimate responsibility and veto power over everything that occurs in the house. Although the inmates still make the same decisions as before, there is more review of the decisions, and some decisions (e.g., whether to put a man out of the program) are entirely up to the Co-Directorship.²⁸

Another recent change is to allow NARA caseworkers and correctional counselors to run about one-fifth of the groups.²⁹ McCullough's reasons for the changes were to encourage "staff involvement," to prepare for the time when Daytop ex-addicts can be phased out and to confront inmates with more "authority they can relate with." Although McCullough told me that he cleared the change in advance with Daytop in Seymour, Connecticut, and "they thought it was a great idea," it is hard to see the change as a step in the direction of the Daytop "addict-treat-addict" principle.

The evolution of NARA has been both helped and hindered by Congress' assumption that addiction is a problem for medical personnel and by the high value that correctional officials place on "clinical" and professional programs. In broadly defining treatment, Congress delegated to the NARA treatment staff the task of developing specific programs. Since outsiders are satisfied that Danbury's NARA officials are running a particularly professional and clinical program, these officials have found unusual freedom to innovate. But at the same time, the Daytop innovation has had to be restricted and distorted to fit the assumptions of the politicians, judges and correctional officials. The 1966 law, while flexible, has also produced distortions in the NARA program. It is to the legal problems that we now turn.

Before a judge can sentence an offender to NARA, he is required by the 1966 law to send the convict to the Bureau of Prisons for a 30-day examination to determine

whether he is an addict and likely to be rehabilitated through treatment. The implication of the sentencing provision is that an addict can be sentenced to treatment against his will if this compulsory treatment is likely to insure his rehabilitation. In the therapeutic community, however, no inmate has been diagnosed as likely to be rehabilitated through treatment unless he has preferred NARA to a regular sentence. Since March 1970 the examination period has consisted of an orientation by current participants in the therapeutic community which includes exposure to some facets of the NARA regimen. Shortly after the orientation and exposure, offenders are asked whether they want to "contract" for the NARA program. A decision to contract is translated into a staff finding for the court that the inmate is likely to be rehabilitated through treatment. Almost invariably the court adopts this finding and sentences the inmate to NARA.

Giving study cases the choice whether or not to contract for NARA was a movement in the direction of Daytop and away from the medical formalism of the treatment law. To be admitted to Daytop in Seymour an applicant must go through an elaborate "investment" procedure which involves exercises in which he proves to house members that he truly wants to be rehabilitated. As with Daytop "investment," the NARA study-period is designed to select offenders who are favorably disposed to the therapeutic community. The therapeutic community regimen is intense, and someone not ready for it from the start is not very likely to complete the program. The most effective way to make this selection is to give the offenders a choice that was not provided by the law. About 60 per cent of NARA study cases reject the contract, are diagnosed as not likely to be rehabilitated through treatment and are regularly sentenced.

Neither Daytop investment nor the Danbury "contract" is purely voluntary. Many applicants to Daytop have had their sentences suspended on the condition that they enter Daytop. Others have been paroled early from Connecticut institutions in order to commit themselves to Daytop. If these offenders do not go through with the program, their probation or parole may be revoked. The typical Danbury study-case has even more time-pressure to contract for NARA. If he does not contract, he will be sentenced to a 5 or 10 year term.³⁰ Offenders who expect to get regular sentences shorter than 5 or 10 years generally reject NARA. Study cases who do contract do so primarily to avoid long sentences.³¹

The NARA contract is a commitment by the inmate to spend his Danbury sentence in the NARA dorms. He understands that if he refuses to live in the therapeutic community after contracting, he will have to serve to his maximum release date—the date on which the institution is legally required to release the offender. The uncooperative NARA inmate thus foregoes all chance for parole. The Narcotic Addict Rehabilitation Act stipulates that NARA commitment shall be for "an indeterminate period of time not to exceed ten years, but in no event

shall it exceed the sentence that could otherwise have been imposed." But actually the NARA inmate may serve more time than he would have served under a regular sentence. An addict convicted of a ten year offense may opt for NARA in the expectation of serving only 14 months. As provided by the law, his NARA sentence can be no longer than 10 years. If he chooses the regular sentence he will have a good chance of parole, provided he doesn't have too many prior convictions and his institutional record is all right. But if he contracts for NARA and then does not participate he will certainly serve at least 6 years and 8 months, the "mandatory release date" under a 10-year federal sentence.³²

Once an offender commits himself to NARA, the choice element disappears. The staff frankly describes the study period as the time in which an inmate can make a calculation based on time to be served. But after commitment the staff changes its tune. The inmate who stops participating in NARA is not making a legitimate choice; at this point, he is refusing treatment. If the inmate claims that he has already served as much time as he would have under a regular sentence, the staff responds that time is irrelevant to NARA treatment. In other words, the post-commitment NARA inmate should not even be thinking about time. When an inmate alleges that he was undergoing too much stress in the therapeutic community, the staff usually responds that he *can* complete treatment but just doesn't want to. Director McCullough reports that there has been a slight shift of policy since December, 1971. When the staff determines that NARA dropouts:

... cannot emotionally make it through the therapeutic communities, we will offer them a second avenue to reparole through a new treatment program. This will, however, affect a small amount of inmates.³³

Under this policy, a homosexual who left the NARA dorms because his homosexuality was being viewed as a problem to be treated might be rechanneled to individual counseling. So might a staff-diagnosed psychotic. But these decisions to exempt inmates from the requirement of therapeutic community participation are made only by staff and are very rare. In not providing a re-sentencing mechanism, Congress seems to have assumed, "Once an addict and likely to be rehabilitated through treatment, always one." An amendment to provide staff initiated resentencing might enable more inmates to convince the staff that NARA was no longer suitable for them. But it seems simpler and more reasonable to allow the addict offender to leave NARA with some sacrifice of the time advantage he would have enjoyed by completing the program. This would be more akin to Daytop where defection from the program does not usually result in a stiff time penalty.

Despite the heavy time penalties for refusing NARA treatment, there have always been 25 to 40 resisters to the therapeutic community. These NARA sentenced inmates live in regular dormitories and have nothing to do with the program. The majority of these men were

sentenced to NARA when the program consisted only of semi-weekly group therapy. When the therapeutic community was instituted, those inmates who had spent considerable time in group therapy were allowed to seek parole by continuing individual or group counseling. Some inmates rejected this opportunity, refused to have anything further to do with NARA and so "maxed out" (served their maximum). A larger group of resisters were those inmates who were paroled under the old program and returned to Danbury after the new program had been created. The staff reasoned that since these parolees had broken their parole "contract" by violating, they should not be given the right to reject the new program. There are also inmates who chose to contract for NARA and then refused to participate.

One explanation for the resistance of the present, contracting inmate is that he is surprised by what the program is like or by his own inability to cope with it. The NARA staff makes an effort to limit this surprise by exposing study cases to some of the therapeutic community. Where the inmate later perceives this program as oppressive brain washing, his study-period exposure may not have been complete enough. Second, in selecting out offenders who have a lot of time pressure, the contract admissions arrangement may leave the program with inmates who have nothing to lose by contracting and then resisting. Finally, new NARA inmates may be affected by the inmates who are already resisting. The latter seem to comprise an inmate culture with strong bonds of fellowship and common goals.

There is an immediate need to amend the Narcotic Addict Rehabilitation Act to mitigate the plight of NARA inmates who refuse treatment. The NARA staff argues that time pressure is necessary to insure that inmates will contract for the therapeutic community and to provide them with initial motivation which the program itself furnishes later. Even if this pressure is accepted as legitimate and necessary for rehabilitation, there are several reasons why a five-year penalty for withdrawing from the NARA dorms is excessive. First, the length of that penalty has been a random development of legal history rather than a careful adjustment of the legal system to the particular needs of the therapeutic community. Next, the Congressional intent in 1966 was to provide a short period of institutional care followed by lengthy aftercare on parole.³⁴ This policy is frustrated when inmates are required to spend six years and eight months at Danbury. Presenting the 1966 bill to Congress, Attorney General Katzenbach noted that the lengthy indeterminate NARA sentence could be used to keep "recalcitrant" NARA inmates incarcerated.³⁵ But surely his definition of "recalcitrance" would not be satisfied by mere refusal to go through the therapeutic community, unaccompanied by disruptive behavior. Finally, the existence of a large resistor population is evidence that the time penalty is far from fully effective in keeping inmates committed. The wasted years spent by the non-participating inmates must be counted as a cost of the present contract system. And, since the man

who graduates from the therapeutic community may have contracted and stayed in NARA only to make time, he may be either insufficiently affected by NARA or harmed by the program.

The time pressure to stay in the therapeutic community should at least be scaled down by putting a limit on the penalty for withdrawal. No NARA sentenced inmate should be compelled to stay at Danbury longer than the mandatory release date for a five year sentence. A ten year sentence inmate who refused to participate in NARA after contracting for it would thus be released after approximately four years instead of the current six years and eight months. Judges should not sentence any offenders to NARA who they feel should not be on the street within four years. Under this revision, the only difference between a five year sentence and one of ten years is that the latter would authorize a longer period of parole aftercare.

The Narcotic Addict Rehabilitation Act and the therapeutic community program deserve careful evaluation and perhaps broad revision. Even if the therapeutic community seems to pioneer solutions for modern correctional problems, this does not warrant uncritical support for the current program and its legal structure. The correctional benefits which we might reap from a Daytop-like program may be unrealized or only partly realized in the present arrangement. Indeed, at present the therapeutic community's administrative problems are easier to document than any successes it has had.

Congress, the Bureau of Prisons, and the FCI administration would probably prefer to see the therapeutic community continue in its present posture, since Daytop principles have been applied to Danbury in a form that is acceptable to these institutions. The medical identity of the "therapeutic community," suggested even by the name, appeals to the corrections ideology of the Federal Bureau of Prisons and to Congress' medical concept of addiction treatment. Judges also tend to regard NARA as enlightened treatment without really focusing on the program or on the inmate problems it generates. The intensity and severity of the Danbury program permit corrections officials to accept it as an equivalent alternative to prison life. Parole Board, Classification Committee and Adjustment Committee all have ceded power to NARA treatment experts while retaining formal authority. The therapeutic community is now a legitimate entity within the prison and seems secure against major change.

Congress and the Federal Bureau of Prisons must not blindly accept the current therapeutic community. There are two dangers here. First, by perceiving the program solely as medical treatment for addicts, government officials ignore the potential significance for corrections which the program presents. NARA is labeled, put in its place, and the rest of the institution goes on as before. Non-addicts are needlessly excluded from the therapeutic community. At the same time, the

ongoing program is highly resistant to potential improvements. As we have seen, the potential for correctional benefits from the therapeutic community lies in the inmate autonomy it permits and/or the total exposure to the environment it forces. Evaluators should try to discover which of these elements is succeeding and which is failing. The intensity of exposure makes inmate autonomy politically acceptable. But this unusual autonomy may also be necessary if inmates are to tolerate the total exposure. However, the present balance between exposure and autonomy may not be the best. Perhaps inmate autonomy should be increased and the hierarchical nature of the therapeutic community altered; or the current amount of hierarchy and exposure might be increased while inmate power is cut. In any event, the program now seems to be moving away from inmate autonomy, absent any evidence that this is the element least worthy of protection and expansion.

A second danger of blindly accepting the present arrangement at Danbury is that vices will be permitted in the name of treatment. The therapeutic community is a very powerful instrument of social control. Intense pressure within the NARA dorm is supplemented by the threat of long time penalties for withdrawal. The NARA staff has more discretion than is normally exercised by correctional officials. If entirely unreviewed, this power may be abused.

The only safe way to proceed with a program so new to corrections and so hard to understand is to strip it of its distorting images. We must view it apart from its legal origins which suggest that it is a medical treatment program for addicts, one separate from correctional history and ideology, lest we perceive it as the utmost in clinical corrections. The therapeutic community must be observed to determine its effects on inmates and the institution. Only then can it be defined without distortion and policy intelligently set.

Becoming conscious of the distorting images and setting them aside, we can begin to make accurate statements about the nature of the therapeutic community. This is a society of enforced interaction and little privacy. Inmates are given more status, power and autonomy than is customary in corrections. The inmate who rises through the hierarchy will come to exercise important responsibilities. Those who do not climb may benefit by being ruled by inmates rather than staff.

With a clear perspective on the current law and program, we can begin to suggest broad changes. Since the therapeutic community can be applied to non-addicts, the restriction to addicts in the law's examination and commitment provisions can be deleted. Diagnosis for addiction should be retained only if Congress determines, as a matter of priorities, that only addicts are to be treated. The need for other changes will be apparent when the specific elements of the therapeutic community are separately evaluated. Those aspects of the current NARA that seem very anti-civil libertarian and extremely demanding of inmates should be held to a high standard of proof of their efficiency. If the hierarchy and the exposure are not constructive, they should be moderated or abandoned. The following

is the kind of broad change in law and program which might appear suitable if evaluators concluded that inmate autonomy is the principal source of rehabilitation: First, scuttle the whole legal framework of sentencing to treatment. Send addicts to Danbury along with non-addicts by means of regular time sentences. Once at Danbury let each inmate have a chance to contract into a therapeutic community. Make it clear to him that he stands to gain a specified amount of time off his parole date or his maximum sentence (e.g., 1.2 days of regular time for every one day of participation) and some new institutional freedoms by joining a community. But in exchange he will become responsible to the group for cleanliness and discipline and will be called on to reveal something of himself in group sessions. The inmate should be permitted to enter a therapeutic community at any time during his first year at Danbury. If he withdraws after sentencing, he should be allowed one chance to rejoin at a later time but only within the first two years of sentence.

Whether or not such changes are made, the government cannot afford to set up a program like the therapeutic community and then let it evolve willy-nilly. NARA is having complex effects on Danbury; some inmates are being hurt by the program and others helped. Congress and the Bureau of Prisons must attempt to evaluate the benefits and costs of the existing program. Blindly evolving, NARA's impact on Danbury would be destructive. And NARA's potential for improving modern prisons would be lost.

1. The penitentiary was born in the United States in the early nineteenth century. The first reformatory for youthful offenders was opened at Elmira, N.Y. in 1876. Many of these nineteenth century institutions are still in use. It is now common for penitentiaries and reformatories constructed in both this and the last century to be renamed "correctional institutions" despite little or no improvement in program. When the term "correctional institution" is used in this article, it refers to Twentieth Century adult institutions which are designed for or oriented more toward clinical treatment than custody.

2. Another argument for diversity has been the alleged need to maximize the choices and responsibilities demanded of each inmate. Choice within prison is said to contribute to the ability to cope with outside society. Inmate choice and power were the guiding precepts of the well-publicized prison self-government movement in the second decade of this century. But as corrections became professionalized in the 1930's rehabilitation theory shifted from choice for inmates to clinical treatment of inmates for its justification. The theme of inmate autonomy is a minor one in the current journals of correction.

3. D. Street, Robert D. Vinter and C. Perrow, *Organization for Treatment* (N.Y., 1961).

4. L. E. Ohlin, *Targets for Change in Correctional Institutions*, in Proceedings of the Saratoga Conference on Mobilizing Resources Toward the Rehabilitation of the Offender (March, 1963), cited in M. S. Richmond, *Prison Profiles* 130-131 (Dobbs Ferry, 1965).

5. S. Wheeler, *Role Conflict in Correctional Communities* in D. R. Cressey, *The Prison Profiles* 130-131 (Dobbs Ferry, 1965).

6. R. H. McCleery, *The Governmental Process and Informal Social Control* 164 in Cressey, *supra*.

7. Irwin has termed such desires "gleaning" and the inmates who have them "gleaners." J. Irwin, *The Felon* 68 (1970).

8. Irwin at 68-74.

9. Irwin at 66.

10. Irwin at 65.

11. J. Milford, *Kind and Usual Punishment in California* in Atlantic 45-52 (227: March, 1971). R. Martinson, *The Paradox of Prison Reform* in New Republic April 1, April 8, April 15, April 23 (1972).

12. Irwin at 72.

13. Criminologist R. Martinson has recently argued that California's failure to reduce recidivism can be traced to increasing amounts of time served by California inmates. According to Martinson, deprivation of liberty, no matter what the treatment ends, is a self-defeating measure in a modern industrial economy. Group sessions have broken down barriers between California staff and inmates. But this progress is more than overcome by the California system's interference with life cycle progress of young adults by lengthy incarceration. R. Martinson, *The Paradox of Prison Reform*, in New Republic April 1, April 8, April 15, April 22 (1972).

14. D. Street, Robert D. Vinter, C. Perrow, *Organization for Treatment* 13-14 (1966).

15. The following are those sections of the law that are most relevant for the discussion here.

18 U.S.C. § 4251 Definitions:

(c) "Treatment" includes confinement and treatment in an institution and under supervised aftercare in the community and includes, but is not limited to, medical, educational,

social, psychological and vocational services, corrective and preventive guidance and training, and other rehabilitative services designed to protect the public and benefit the addict by correcting his antisocial tendencies and ending his dependence on addicting drugs and his susceptibility to addiction

(f) defines "eligible offender" to include any offender except one currently convicted of a crime specified in this section or one who has the type of past criminal record also specified in this section.

§ 4252 Examinations

If the court believes that an eligible offender is an addict, it may place him in the custody of the Attorney General for an examination to determine whether he is an addict and is likely to be rehabilitated through treatment. The Attorney General shall report to the court within 30 days, or any additional period granted by the court, the results of such examination and make any recommendations he deems desirable. An offender shall receive full credit toward the service of his sentence for any time spent in custody for an examination.

§ 4253 Commitment

(a) Following the examination provided for in Section 4252, if the court determines that an eligible offender is an addict and likely to be rehabilitated through treatment, it shall commit him to the custody of the Attorney General for treatment Such commitment shall be for an indeterminate period of time not to exceed ten years, but in no event shall exceed the maximum sentence that would otherwise have been imposed.

(b) If, following the examination . . . , the court determines that an eligible offender is not an addict, or is an addict not likely to be rehabilitated through treatment, it shall impose such other sentence as may be authorized or required by law.

§ 4254 Conditional Release

An offender committed under Section 4253(a) may not be conditionally released until he has been treated for six months following such commitment in an institution maintained or approved by the Attorney General for such treatment. The Attorney General may then or at any time thereafter report to the Boards of Parole whether the offender should be conditionally released under supervision. After receipt of the Attorney General's report, and certification from Surgeon General of the Public Health Service that the offender has made sufficient progress to warrant his conditional release under supervision, the Board may in its discretion order such a release

16. Narcotic Addict Rehabilitation Act, House Report No. 1486, U.S. Code Congressional and Administrative News, 4253 (1966).

17. R. M. Rapkin, M.D., *The NARA Unit at Danbury: A Short History of a Unique Treatment Program for Heroin Addicts* 24 Journal of Corrections V. 33 (April, 1971).

18. *Id.*

19. A good source on Synanon is Lewis Yablonsky, *Synanon: The Tunnel Back* (1965).

20. In contrast, the program's inmates are approximately ninety-five per cent non-white, there were thirty-two Puerto Ricans at recent count. A large percentage of the NARA inmates were convicted in the District of Columbia.

21. The staff has recently increased its intervention. See below.

22. The cooperative inmate is typically released after fourteen months of participation.

23. Terminal Island (Los Angeles, men and women), Milan

(Mich.), Alderson, (W.Va., women). Only Danbury's program is based on Daytop. These 1970 statistics cannot reflect the performance of the therapeutic community.

24. Within Danbury, the discipline and industry departments can be roughly described as having a custody function—that is, keeping order and meeting the basic operational needs of this and other federal institutions. Counseling, education, classification and parole, and the chaplain, are more closely related to correctional treatment. At classification, the representative of discipline is more likely to stress the need for firmness or the institutional need, while the inmate's caseworker or the head of one of the "treating" departments will plead for leniency and the filling of individual need. Although there is much variation from case to case, discussion of proposed assignments often starts with some division between "hard" and "soft" alternatives, and with each department taking a consistently hard or soft position. Yet the division between the staff oriented toward treatment and the staff concerned primarily with custody does not seem deep at Danbury. In the classification I observed (July, 1970) there was some conflict of roles, particularly at the outset of discussion, but no real battles between treaters and keepers. Inmates are simultaneously classified for security and treatment needs. Since the criteria for "treatability" are similar to those for custody ranking, an inmate who needs only light security will more likely be assigned to special programs than will one who seems to be a troublemaker. There is often consensus in committee as to who is treatable and who is a troublemaker. And where the initial recommendation of the caseworker differs from that of the Chief Correctional Supervisor (head of discipline), there is soon a compromise decision. If classification requires patterned role playing, it also demands that each staff member be to some degree concerned with custody and to some degree concerned with treatment. Note that all staff are given treatment-sounding titles to enhance their status and mitigate potential conflict between treatment and custody points of view.

25. Interview with Chief Correctional Supervisor, March, 1971. Even in these rare cases, a NARA staff member has appeared before the committee to argue that the offender should be disciplined within the NARA dorm.

26. Interview, Feb., 1971.

27. See above.

28. Letter from J. McCullough, NARA Director to the author in response to earlier draft of this article (Feb. 9, 1972).

29. *Id.*

30. About eighty per cent of the NARA sentences are for six months to ten years. Ten to fifteen per cent are for six months to three years. The balance are greater than "six months to three years" and less than "six months to ten years."

31. Conversations with Dr. Robert Rapkin.

32. Mandatory releasees are those prisoners who have served their sentences less credit for good behavior. 18 U.S.C. § 4161 provides:

Each prisoner . . . whose record of conduct shows that he has faithfully observed all the rules and has not been subjected to punishment, shall be entitled to deduction from the term of his sentence beginning with the day on which the sentence commences to run, as follows:
. . . Eight days for each month, if the sentence is ten years or more. When a prisoner has served his term, less good time deductions, his release is mandatory and he is deemed on parole until expiration of the maximum term (ten years), less one hundred and eighty days. Inmates may forfeit monthly good time for rule infractions and thus be released later than six years and eight months.

33. Letter from J. McCullough, Feb. 9, 1972.

34. Narcotic Addict Rehabilitation Act, House Report No. 1486, in U. S. Code Congressional and Administrative News 4254 (1966).

35. Statement of Attorney General Nicholas de B. Katzenbach, in *Civil Commitment and Treatment of Narcotic Addicts* 81 Subcomm. No. 2 Comm. Jud. 89th Congress, 1st and 2nd Sess. (Washington, 1966).

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