UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

ROBERTO K. CELESTINEO and
MICHAEL V. COSTELLO, as
Plaintiffs, for themselves
and all others similarly
situated,

Plaintiffs.

vs.

Case Nos. 72-109-Civ-J-14
72-94-Civ-J-14

LOUIE L. WAINWRIGHT, et al.,

Defendants.

OPINION AND ORDER

PREAMBLE

On October 23, 1979, and July 27, 1981, the State of Florida, on behalf of the people of Florida, negotiated with the plaintiffs three agreements concerning the conditions within the State's prison system. The Honorable Bob Graham, Governor of Florida, personally endorsed the agreements. The agreements relate to food service, overcrowding, and health care. In reviewing the progress in implementation of the agreements, the Court found no objections had been filed to the Food Service Analysis Report. Therefore, the Court assumes that food service is no longer an issue. Progress has been made toward full compliance with the Settlement Agreement on overcrowding, but problems remain. These issues will be addressed by the Court in due course, but first the Court must address a basic and

fundamental issue that cannot wait.

The failure of the defendants to honor the agreement relating to health care has left this Court with no alternative but to take appropriate action. Timely implementation of this agreement would have avoided protracted litigation, cost, and delay in the State's meeting its responsibilities to society. In the 1981 hearing before the Honorable Charles R. Scott on the Health Care Settlement Agreement, the plaintiffs' attorney, Mr. Tobias Simon, stated, "[t]he chief cause of the medical problems have been isolated in our opinion. The State has now agreed to deal with those matters on a fairly dramatic and quick basis."[1] Mr. William Sherrill, the State's attorney, told the Court that "[t]he several agreements that the Court has now before it are the result of rather lengthy and rather painstaking negotiations which have involved more people than I care to remember in the executive branch, a great number of people. And the Governor has, of course, as he did in the overcrowding settlement, indicated his full support for these agreements."[2] Mr. Sherrill also stated that "[t]he quid pro quo for promises made by the defendants, however, is that the large, classwide litigation, which is represented in this case by the plaintiffs and the plaintiffs' attorneys and the entire class, those big issues would be abated so that the department could plan and implement those plans with respect to the issues."[3] The State obtained the benefit of their bargain: three litigation-free years to implement the terms of the Health Care Settlement Agreement. The Court continued the abatement

of litigation and gave the defendants an additional full year to implement the Settlement Agreement. This the State has failed to do.

The defendants have conceded that substandard medical care has contributed to the death of inmates. In response to the survey recommendations referring to a pattern of substandard care at the Reception and Medical Center, the defendants responded that "[t]he medical records of the deceased inmates were reviewed as well as the records of current patients. This review resulted in the determination that the level of care, skill and treatment recognized as reasonable and prudent by physicians under similar conditions were not met."[4] The Court has found other instances in the defendants' response where they acknowledge that the Health Care Settlement Agreement has not been implemented. The stipulation filed by the parties on July 1, 1985, further indicates to the Court that serious problems remain.

In the face of this, it could be appropriate for this Court to dissolve the abatement of litigation and order immediate full compliance with Judge Scott's order adopting the Health Care Settlement Agreement. A precedent for this course of action exists in Judge Scott's Order of July 14, 1982. Confronted with the defendants' noncompliance with the overcrowding settlement agreement, Judge Scott declared the agreement to be a result of arms-length negotiations and mutually beneficial to all parties. Judge Scott cited Governor Graham's endorsement of the overcrowding agreement in which the Governor

vowed to exercise his constitutional authority and leadership to implement the terms of the agreement. Judge Scott found his duty clear; he ordered the defendants to comply fully with all terms of the overcrowding settlement agreement and to remain in compliance at all times thereafter. On the other hand, the Court could set the Settlement Agreement aside and fashion its own decree establishing the appropriate level of health care services.

The Court finds that the most reasonable course of action under all of the circumstances is to abate the litigation for a limited period of time, providing the State an opportunity to implement their Health Care Settlement Agreement. The Court, however, is unwilling to remain in a passive role any longer. The Court's goal is to end the litigation in a just and expeditious manner. The Health Care Settlement Agreement has not been honored, and the Court is compelled to superintend closely the defendants' subsequent steps toward implementation. Therefore, the Court in a separate Order of Reference has today appointed a special master and a monitor.

This action is taken by virtue of the Court's inherent powers of equity and the authority of Fed. R. Civ. P. 53 to appoint a special master to assist in the necessary superintending of this case. A monitor will be appointed to assist the Court and the special master. The Court, in reaching the decision to activate a mastership, has considered the complexity of the case, the continuing problems in prison overcrowding and health care, and the defendants' inability

to comply with the Health Care Settlement Agreement. Basic medical care is the issue that must first be met. Consequently, the special master and the monitor will act for the Court under the Court's direction to assist in attaining a just resolution of the litigation in this area. The duties and powers of the special master and the monitor will be set out in an order issued separately this day.

At the hearing in 1981, Judge Scott was optimistic. He anticipated termination of this case in two to three years. He praised the parties for their cooperation in executing the settlement agreements, and thanked them for saving "the State and the Court not only thousands of dollars, (but) hundreds of thousands of dollars." He complimented the State on having a goal of a finer correctional system, hopefully the finest in the country. Judge Scott concluded with this remark: "And I don't think there is any question but, in the last ten years, more probably has been accomplished in Florida correction-wise than any other state in the union."[5]

This Court is going to give the State of Florida an opportunity to honor its contract, to live up to the agreement which it entered, an agreement that is just and fair, a commitment to provide health care to those individuals it incarcerates.

HISTORY OF THE LITIGATION

This case originated with pro se complaints filed on February 9, 1972, by inmates Michael V. Costello and Roberto

K. Celestineo. On October 11, 1972, the two cases were consolidated, and the late Tobias Simon, Esquire, of Miami, Florida, was appointed to represent the plaintiffs.[6] The Court, sua sponte, appointed the United States of America as amicus curiae on December 6, 1972, to represent the public interest in this action. The plaintiffs' motion to amend their complaints was granted by the Court on January 5, 1973. The plaintiffs filed a second motion to amend the complaint on February 26, 1973, which the Court granted in part on April 24, 1973. The case is proceeding on the Second Amended Complaint.

The Second Amended Complaint requested declaratory and injunctive relief on behalf of inmates Michael V. Costello, Roberto K. Celestineo, and all other inmates under the care and custody of the Florida Division of Corrections and the Division of Mental Health.[7] Named as defendants were Louie L. Wainwright, Director of the Florida Division of Corrections; W. D. Rogers, Director of the Division of Mental Health; and Armond R. Cross, Cale Keller, Roy Russell, J. Hopps Barker, and Ray Howard of the Florida Parole and Probation Commission.[8]

The plaintiffs alleged subjection to cruel and unusual punishment in violation of their rights as guaranteed by the Eighth and Fourteenth Amendments to the United States Constitution. In addition, they alleged denial of due process of law and equal protection of the laws. Specifically alleged was denial of minimal medical care by the Division of Corrections and the Division of Mental Health. The plaintiffs contended

further that chronic overcrowding within the penal system, deleterious to the plaintiffs' health, diluted an already inadequate medical care system, and edged life support and sanitation systems towards total breakdown. The Second Amended Complaint claimed that four inmates were crowded into a 7' X 9' cell. The equitable relief requested by the plaintiff class included the following:

1) Mandatory redistribution or reduction of the prison population to levels which would not exacerbate existing unhealthy conditions.

2) Mandatory constitutionally mandated levels of health care.

3) Injunction to prevent the defendants from failing to provide basic medical care as required by the United States Constitution.

Following the granting of plaintiffs' second motion to amend the complaint, the parties entered a period of discovery. The United States of America as amicus curiae participated fully in discovery and pledged its resources to assist the Court in reaching a proper decision. Copies of every item filed were served on the United States of America.[9] The amicus was involved in every motion filed, every study conducted, and every hearing held from December 6, 1972, until settlement agreements were approved in 1980 and 1981. Two motions to dismiss filed by the defendants, who accused the amicus of taking an advocatory position for the plaintiffs, were denied.

On July 10, 1973, the Court established the Babcock Commission, a survey team which subsequently conducted a comprehensive health services survey of all correctional institutions and road camps maintained and operated by the Division of Corrections.[10] The team's task following the survey was to report to the Court remedial measures medically necessary to insure a minimally adequate medical program and system of health care to the inmates committed to the custody of the Division of Corrections. The Babcock Commission Report, filed December 19, 1973, provided information on eleven (11) correctional institutions, fifteen (15) road prisons, and fifteen (15) community correctional centers. Reviews, evaluations, and recommendations for each institution were made with regard to the following: the medical physical plants; laboratory, x-ray, pharmacy, and dental areas; dietary facilities; medical records procedures; and personnel. The gist of the Babcock Commission Report was that there existed serious systemic deficiencies in the delivery of adequate medical care to Division of Corrections inmates which could be remedied by specific recommendations outlined in the report.[11] The Division of Corrections responded to the report by generally agreeing with its conclusions. The parties' Amended Pretrial Stipulation, filed January 13, 1975, acknowledged that the plaintiffs were not receiving the medical treatment required by guidelines based upon the Babcock Commission Report for the availability of mental and physical health care and treatment.[12] Drawing

from analysis of the report, the parties outlined specific proposed changes, improvements, and additional staff necessary to meet minimum constitutional requirements for medical treatment of inmates. The parties recognized that severe overcrowding could be injurious to the physical and mental health of the plaintiffs, and that such overcrowding should be eliminated.[13] Any plan for improvement of medical care and treatment comparable to the Babcock Commission standards the parties agreed would be sufficient and acceptable, but neither the defendants nor the Legislature was bound by the standards to a particular course of action.

On May 22, 1975, the Court granted the plaintiffs' motion for a preliminary injunction on overcrowding within the Division of Corrections.[14] The defendants were enjoined from housing more than one inmate in each of the one-man cells at the Lake Butler Reception and Medical Center and were required to provide a bed for each inmate within the prison system. On appeal, the order was affirmed by a panel of the Fifth Circuit Court of Appeals. Rehearing en banc was granted by the Fifth Circuit, and the preliminary injunction was reversed on the grounds that the injunction was one required to be issued by a three-judge court. A further appeal to the United States Supreme Court resulted in the reversal of the Fifth Circuit's en banc opinion on the three-judge issue, thereby reinstating the Fifth Circuit's initial panel decision affirming the preliminary injunction.

At the trial of these cases on April 21, 1975, the defendants suggested to the Court that the deficiencies noted in the Babcock Commission Report no longer existed and that the Florida Division of Corrections might be providing minimally adequate medical care to the inmates committed to its custody. A member of the Babcock Commission, Dr. Joseph Alderete, was appointed to reevaluate the conditions existing in the Florida Division of Corrections with respect to delivery of health care to inmates. Dr. Alderete was ordered to ascertain what improvements had been made in health care delivery to inmates since the Babcock Commission Report and to determine whether inmates were still being deprived of minimally adequate health care.[15]

Dr. Alderete's report, filed July 7, 1975, indicated varied levels of improvement in the institutions visited, ranging from little or none to a great deal. Any improvements were, however, counterbalanced by overcrowding, and Dr. Alderete opined that the average health care for the prison system as a whole was still below minimally adequate health care.

For some time following Dr. Alderete's report, attention focused on the appeal of the preliminary injunction order of May 22, 1975, and on further discovery. On June 6, 1977, the defendants moved for an evidentiary hearing based on changed circumstances. They proposed that important changes in legislative allocations for the prison system and improvement in inmate health care since the 1973 Babcock Commission Report had raised

operation of the Florida prison system above Eighth Amendment standards. The United States of America also moved for an evidentiary hearing, on October 6, 1978, and for the appointment of a medical survey team to conduct an updated survey of the medical care delivery system of the Florida State Prison. The Court granted the defendants' motion and determined that a three-member committee should be appointed to conduct a survey to report on current medical care delivery to Florida inmates.[16] The committee's work culminated in a comprehensive Assessment of the Health Program of the Florida Department of Corrections, known as the Hastings Report, filed April 3, 1980.

The Hastings team made on-site inspection tours of the health programs at fifteen (15) major institutions, and drafted reports and recommendations for each institution. The medical, psychiatric, and dental facilities; food preparation and service areas; general residential areas; and confinement areas were inspected for each institution visited. The team concluded that the Florida Department of Corrections' health program had improved substantially since 1976,[17] but that the program was not totally competent to cope with all of the serious medical needs of the inmate population. A total of sixty-one (61) recommendations for the Department of Corrections health program were specified; in addition, separate recommendations were made for each institution visited.

The Court, acknowledging the effect of nutrition and sanitation on the health of inmates,[18] granted the plaintiffs' Motion

for Appointment of Additional Members to Medical Survey Team.[19] On June 9, 1980, the Court appointed the nutrition and sanitation experts jointly suggested by the parties and approved the parties' jointly proposed charges.[20] An extensive Report on Investigation of Environmental Health Concerns in the Florida Department of Corrections was filed by the sanitation expert on April 3, 1981.

SETTLEMENT AGREEMENTS

OVERCROWDING

On October 23, 1979, the parties filed a proposed Settlement Agreement on the overcrowding issue.[21] Notice to members of the plaintiff class was ordered.[22] Individual members of the plaintiff class and the United States of America as amicus curiae were permitted to file written objections or comments.[23] The United States submitted a memorandum outlining several objections to the agreement;[24] fewer than fifty (50) inmates filed written objections or comments.[25]

At a hearing on the proposed Settlement Agreement, held on February 1, 1980, the Court reviewed the objections offered by the inmates and the United States. Counsel for the plaintiffs and the defendants responded to the objections. Following a thorough review of the terms of the proposed agreement, the exceptions taken by the United States and some members of the plaintiff class, and the law on overcrowding, the Court approved the proposed Settlement Agreement.[26] In its order, the Court recognized that the administration of Florida's prison system

is primarily the responsibility of defendant Louie L. Wainwright, the Governor, and the Legislature of the State of Florida. The Court found the agreement to be in the best interests of those subject to it and fair and reasonable in light of the prevailing law on overcrowding.[27] The Court dismissed with prejudice all claims with respect to overcrowding in the Second Amended Complaint. The parties were ordered to comply with the terms of the agreement with the exclusion of Section V.[28]

On May 12, 1982, the Court informed the parties that it had information indicating that the Department of Corrections was in serious violation of the terms of the overcrowding agreement. Based upon information gathered from inmate correspondence and a news article quoting a Department of Corrections assistant secretary as acknowledging that the Department was in violation of every provision of the agreement, the Court ordered the defendants to submit a written report regarding the allegations.[29] A status conference was scheduled.

The defendants' report, filed June 21, 1982, revealed that nineteen (19) of the state's twenty-five (25) major penal institutions were operating at levels in excess of their respective Maximum Capacities.[30] Most of the violations resulted from an unanticipated surge in prisoner admissions, which more than doubled expectations. The defendants' proposed measures to deal with the overcrowding included the construction of temporary housing units for 1,640 crisis beds.[31] The construction of the crisis beds provided the only method by

which the defendants could comply with the settlement agreement in a timely fashion.

Two distinct types of temporary structures, to be constructed at existing correctional institutions, were proposed. One type, called plywood tents, were 40-bed dormitories 20' X 108' constructed completely of plywood. Each plywood tent would be ventilated by sixteen (16) windows, a wooden door at each end, attic exhaust fans, and oscillating fans. Only thirty (30) days were needed to construct each of these temporary dormitories. Inmates housed in the plywood tents would use the sanitation and dining facilities at the nearby institution.

The second type of temporary structure was a 56-bed dormitory more permanent in nature than the plywood tents. The 56-bed units, measuring 40' X 84', would be constructed of plywood on a concrete floor slab. Unlike the plywood tents, they would be insulated and covered with a painted gypsum board interior finish. Each building would have fifteen (15) windows, three metal doors, a built-in toilet, shower, and dayroom facility. Ventilation in this structure type would also be provided by open windows, attic exhaust fans, and oscillating fans.

Heat in both types of structures would be provided by gas-fired ceiling mounted heaters. None of the windows or doors of the temporary structures would ever be locked.

At the July 6, 1982, hearing on the violation of the overcrowding Settlement Agreement, the plaintiffs questioned

the constitutional sufficiency of the temporary facilities.[32] The plaintiffs particularly questioned the fire safety of the temporary structures, and the Court directed the defendants to file a report from the State Fire Marshal. The State Fire Marshal reported that the temporary structures afforded a reasonable degree of life safety from fire.[33]

Upon review of the Fire Marshal's report, and despite plaintiffs' continued doubts as to the sufficiency of other aspects of the structures, the Court found the temporary structures adequate to pass constitutional scrutiny under the Eighth Amendment. The Court was unable to conclude that housing prisoners in the temporary dormitories for short periods of time constituted cruel and unusual punishment, but advised the defendants that "temporary," although a relative term, was not synonymous with perpetuity.

The Court noted its clear duty to enforce the overcrowding settlement agreement entered into by the parties for their mutual benefit and as a result of arms-length negotiations. The Court emphasized that the plaintiffs were entitled to the benefits of their agreement with the defendants. The Court ordered the defendants to fully comply with all terms of the overcrowding settlement agreement before October 8, 1982, and to remain in compliance at all times thereafter. The defendants were warned that their failure to comply could subject them to contempt citations. The Court admonished defendants not to lull themselves into a false state of confidence due to

court approval of the temporary facilities, and stated:

> Further recalcitrance in building adequate permanent facilities to house state prisoners will breed further woes for the defendants. July 1, 1985 is fast approaching and . . . defendants are expected to be in full compliance on that date with the provisions of the overcrowding settlement agreement relating to 'System Maximum Capacity.'[34]

On November 8, 1982, the plaintiffs renewed their motion for a hearing to determine the adequacy of the plywood tents under the federal constitution and the laws of Florida. As support for their motion, the plaintiffs attached a report, which had been requested by amicus curiae and prepared by their expert after his examination of the temporary structures.[35] The Court denied the plaintiff's motion on June 27, 1984.

FOOD SERVICE

On July 27, 1981, the parties filed a Food Service Stipulation and Agreement.[36] The plaintiff class was notified of the proposed stipulation and settlement.[37] Following notice to the class members, one of the attorneys representing the plaintiff class visited fifteen (15) institutions within the prison system to explain the stipulation and agreement and to answer questions.[38] A hearing was held on October 26, 1981, for consideration of the proposed agreement.

In addition to the testimony at the hearing, the Court considered written objections from members of the plaintiff class. The Court found the proposed Food Service Stipulation and Agreement a fair and reasonable means of approaching a

final resolution of this aspect of the litigation. On November 2, 1981, the Court approved the Food Service Stipulation and Agreement, and ordered the parties to comply with its terms. All litigation seeking equitable relief with respect to food service within the Florida Department of Corrections was abated for eighteen (18) months.

On May 3, 1983, the defendants filed a Food Service Analysis Report. At a Status Conference held September 20, 1983, the plaintiffs indicated that it was their responsibility to review the plan. If it were found inadequate, the plaintiffs had the right to obtain a survey from an independent food expert. The parties have initiated no subsequent action in this area of the litigation.

HEALTH CARE

The parties also filed a Health Care Settlement Agreement on July 27, 1981. The plaintiff class was notified of the proposed Health Care Settlement Agreement.[39] Following notice to the class members, one of the attorneys representing the plaintiff class visited fifteen (15) institutions within the prison system to explain both this proposed agreement and the proposed Food Service Stipulation and Agreement.[40] A hearing was held on October 26, 1981, for consideration of the proposed agreements.

Following consideration of written objections from members of the plaintiff class[41] and the testimony at the October 26, 1981, hearing, the Court found the Health Care Settlement

Agreement a fair and reasonable means of approaching a final resolution of the medical care aspect of the litigation. The Health Care Settlement Agreement was approved and the parties ordered to comply with its terms on November 2, 1981. All litigation seeking equitable relief with respect to health services within the Florida Department of Corrections was ordered abated for three years in accordance with the terms of the Health Care Settlement Agreement.

On January 18, 1983, the plaintiffs filed a Notice of Violation of Health Agreement Approved by This Court's Order Entered November 2, 1981. The plaintiffs claimed that the defendants had violated that portion of the Health Care Settlement Agreement requiring the Director of Health Services to file before April 1, 1982, a comprehensive plan for providing mental health care to Florida inmates. The defendants' Mental Health Program Plan was filed January 26, 1983. Due to this delay in filing the mental health plan, the parties agreed that the mental health care system within the Department of Corrections would be surveyed by a fourth neutral medical expert to be appointed by the Court. The mental health interim and final surveys would be conducted separately from, and nine months subsequent to, the interim and final medical surveys to be conducted by the three-member team pursuant to the Health Care Settlement Agreement.[42] On November 5, 1984, the parties filed a Stipulation for Appointment of a Mental Health Survey Expert. The parties agreed that the psychiatrist would be

selected by the other three members of the medical survey team. The scope of the mental health surveys would be set forth in charges to the expert by the Court. As of this date, the Court has not been informed of the selection of a psychiatrist by the medical team.

The parties filed a Joint Motion for Status Conference on August 26, 1983, on the Health Care Settlement Agreement. The Court was informed that three physicians had been mutually selected whose names would be submitted to the Court for appointment as the neutral team of medical experts pursuant to the agreement. The parties, however, were unable to agree on the scope of the medical survey: whether the doctors would visit all major institutions in the system or only a sampling of the institutions. The parties felt it necessary to resolve the matter by a status conference. The parties also desired an opportunity to brief the Court on the history of the litigation of this cause.[43] A status conference was scheduled for September 20, 1983.

After the status conference, the Court ordered the medical survey team to survey all major Florida penal institutions in the interim survey to ascertain the progress of the institutions in the implementation of the terms of the Health Care Settlement Agreement.[44] On November 7, 1983, the Court appointed the three physicians jointly recommended by the parties as the three-member medical survey team.[45] In its charge to the medical team, the Court emphasized that the doctors were

to act in their professional, medical expert capacities as neutral officers of the Court and to serve solely the Court in the interest of justice. Although the interim survey would be comprehensive, the Court anticipated that the final medical survey would be a monitoring survey. The team would revisit only as many institutions as necessary to ascertain whether problems noted in the interim report had been adequately remedied, or whether any part of the health care delivery system was operating in a manner constituting systematic or deliberate indifference to the serious medical needs of inmates.

The team was charged to survey the full spectrum of health care, including the delivery of general medical, surgical, gynecological, dental, optical, pharmaceutical, dietary and sanitary services provided to the inmates. The Court emphasized that its interest was in ascertaining whether the health care system complied with minimal constitutional standards, not whether it met optimal standards of medical care.[46]

PENDING MOTIONS

Several matters are before the Court at this time as follows:

PLAINTIFFS' FIRST NOTICE OF VIOLATION OF THIS COURT'S ORDER ENTERED NOVEMBER 2, 1981, APPROVING THE HEALTH CARE SETTLEMENT AGREEMENT

The plaintiffs filed plaintiffs' First Notice of Violation of this Court's Order Entered November 2, 1981, Approving the Health Care Settlement Agreement, on March 6, 1985.[47] The

plaintiffs claim that the defendants are violating the Health Care Settlement Agreement. Counsel for the parties attempted to resolve the issues presented in the notice, but were unable to do so.[48]

The plaintiffs move for an Order to Show Cause and for suspension of the application of Fla. Stat. § 20.315(7) (1983), insofar as it prevents compliance with the Court's order of November 2, 1981.[49] As grounds for the motion, the plaintiffs cite defendants' failure to comply with three specific terms of the Settlement Agreement. First, the plaintiffs state that the defendants have failed to allow the Director of Health Services to have unimpeded access to defendant Wainwright, Secretary of the Department of Corrections, and have failed to establish a structure to assist the Director in fulfilling his responsibility to provide adequate medical care to the plaintiff class. The plaintiffs acknowledge that the defendants have complied with the agreement by promulgating Department of Corrections regulations requiring direct access from the Director of Health Services to the Secretary of the Department of Corrections.[50] However, the plaintiffs complain that prior regulations directly conflicting with the new regulations still exist.[51] Furthermore, the defendants' Department of Corrections Comprehensive Health Services Plan[52] includes a Department of Corrections Organization Chart which places health care responsibilities within an office under the supervision of the Assistant Secretary for Programs,[53] not with the Director

of Health Services. Plaintiff further asserts this organizational structure indicates that the prior regulations are being followed rather than the regulations promulgated pursuant to the agreement. Due to these conflicting regulations, the Director of Health Services does not have direct access to the Secretary of the Department, a situation which exacerbates deficiencies in plaintiffs' health care.

The second area of noncompliance described by the plaintiffs is defendants' failure to follow new regulations governing the Role of the Chief Health Officer.[54] The defendants have failed to comply with either the regulations or the settlement agreement provisions pertaining to the medical care of confinement inmates. Consequently, the health care provided to confinement inmates does not meet the minimum standards set forth in the agreement.[55] Specific violations of the agreement exist in the areas of daily medical rounds to segregation units, weekly visits to segregation units by the Chief Health Officer, and physician rounds to the segregation units.[56] In addition, plaintiffs assert that the health care providers assigned to the medical units lack the necessary training and experience in patient assessment and medical triage.

The defendants respond to the plaintiffs' notice of violation by arguing that litigation of matters arising out of the interim medical report at this time would be premature. The defendants contend that the agreement's provision for abatement of litigation was intended to allow the defendants time to

implement the recommendations of the medical survey team, a course the Department of Corrections is diligently pursuing. The defendants further propose that litigation should be greatly reduced if the abatement is continued until the medical survey team's final report is filed.

The defendants also argue that the Settlement Agreement does not require the defendants to alter their organizational diagram or to seek repeal of pre-existing Florida statutes. All parties were aware that regulations and statutes were in effect at the time the agreement was signed; any contemplated alteration would have been included in the agreement. Likewise, had the agreement envisioned elevation of the Director of Health Services to secretarial or assistant secretarial level, alteration of the Department's statutory organization would have been included in the agreement. The defendants contend that the agreement's provision allowing the Director of Health Services direct access to the Secretary or Deputy Secretary is not countervened by the fact that the Health and Educational Services Program Office is under the Assistant Secretary for Programs. The defendants move for an order extending the period of abatement of litigation in this case until submission of the medical survey team's final report.

The plaintiffs' reply denies that they are seeking action prematurely. The Settlement Agreement required certain accomplishments during the three-year abatement. Defendants' failure in these aspects of the agreement is the subject of

the notice of violation. The plaintiffs supplement the list of alleged violations by reporting that defendants have, on at least one occasion since completion of the interim medical report, taken action in direct contravention to the medical team's findings.[57] The Court is requested to order defendants to remedy each violation of the agreement as recommended in the interim medical report. The plaintiffs' motion for an Order to Show Cause and for suspension of Fla. Stat. § 20.315(7) (1983) will be **denied** in light of this order and a separate order to be entered on this date appointing a special master and monitor in this action. The plaintiffs, however, have leave of Court to refile the motion, if appropriate, upon completion of the final medical survey. The defendants' motion for a continuation of the abatement of litigation will be **granted.** The appointment of a special master and monitor should provide a speedy resolution to this action.

STATUS REPORT ON MEDICAL CARE; NOTICE OF SETTLEMENT IMPASSE; AND REQUEST FOR IMMEDIATE STATUS CONFERENCE

On April 15, 1985, the plaintiffs filed a Status Report on Medical Care; Notice of Settlement Impasse; and Request for Immediate Status Conference. Pursuant to the agreement, the parties had met on several occasions to discuss possible settlement of the litigation.[58] The parties were unable to come to a settlement, the plaintiffs claim, because the defendants have not responded to the plaintiffs' suggestion for a stipulation accepting the recommendations of the interim

medical report and a timetable established for implementation.

The plaintiffs inform the Court that two doctors from a Tampa medical consulting firm were hired by the defendants for a second opinion regarding the interim medical report.[59] Florida Attorney General Jim Smith and Assistant Attorney General William C. Sherrill, Jr., acknowledged the presence of serious problems within the prison medical system.[60] The plaintiffs request immediate action by the Court to resolve the parties' impasse. In addition, based upon the apparent bad faith and/or inability of the Department of Corrections to deliver minimally adequate medical care as revealed by both medical reports, the plaintiffs request that a special master be appointed to insure implementation of the Settlement Agreement. The plaintiffs also request a hearing as soon as possible to protect the plaintiff class from the life-threatening, system-wide medical care deficiencies. The defendants' response argues that evidentiary hearings at this stage of the litigation would be premature, and that the plaintiffs' request for a hearing should be denied. The plaintiffs' request for a status conference is **moot** in light of the proceeding taking place on this date.

The Court reviewed the plaintiffs' notice of violation, the defendants' response, and the plaintiffs' reply; and, on April 29, 1985, ordered the defendants to file a report specifying their position on the survey team's recommendations found in the interim medical report. Specifically, the Court ordered

the defendants to address, institution by institution, each recommendation seriatum providing specific information on steps toward implementation. The plaintiffs were ordered to file a proposal for specific procedural steps to be followed in the appointment of a special master in this case, and the defendants to respond thereafter. Abatement of litigation was continued pending a hearing on the defendants' motion for an extension of the abatement.

PLAINTIFFS' PROPOSAL AND MOTION FOR APPOINTMENT OF SPECIAL MASTER

On May 13, 1985, the plaintiffs filed Plaintiffs' Proposal and Motion for Appointment of Special Master. The plaintiffs move the Court to appoint the members of the medical survey team as a special master committee for the purpose of selecting a special master from among themselves. The plaintiffs suggest that the committee should also be ordered to outline to the Court a schedule of personnel and equipment necessary to resolve the issues raised by Plaintiffs' First Notice of Violation and to suggest remedies to eliminate the conditions described in the interim medical report which either fail to comport with the terms of the Settlement Agreement or otherwise constitute systematic or deliberate indifference to the serious medical needs of inmates in Florida's state prisons. In addition, the plaintiffs move the Court to enter an appropriate Order of Reference pursuant to Fed. R. Civ. P. 53 to guide the special master.

To support their motion for appointment of a master in this case, the plaintiffs state that their two court-appointed attorneys lack the time, resources, or medical expertise to investigate, monitor, and formulate remedial programs necessary to address the numerous and serious deficiencies outlined by the medical report. The plaintiffs claim that, during the three-year abatement of litigation in this action, the defendants have been unwilling or unable to comply with the terms of the agreement, to identify other life-threatening situations, and to create resolutions. The plaintiffs outline the nature, functions, and powers of a special master, and advise the Court on methods of implementing a mastership. They recommend the appointment of a physician, rather than a lawyer, as special master in this case.

The defendants respond that it is premature to place in litigation, or under a special master, matters arising from the interim medical report.[61] Appointment of a master before completion of the final report would deny the Department the benefit of abatement of litigation. Further, the defendants argue that no exceptional circumstances warranting a master's appointment exist. The defendants suggest that a lawyer serve as the master, if one is appointed; and that the master be empowered to appoint a physician as a monitor to work with the master. The defendants agree that they must pay the costs of a mastership, and request a hearing before the appointment of a master.[62]

The plaintiffs counter the defendants' position that appointment of a master before the final medical report would be premature with the contention that a special master is warranted at this time.[63] On May 31, 1985, the Director of Health Services gave notice of his resignation from that position, leaving a void in the medical leadership of the prison system. The plaintiffs attached a news article to their reply in which the Director stated that the Florida Department of Corrections is unable and unwilling to oversee reform of dangerous prison medical conditions and that a "special court official" would have to do it instead.[64]

The plaintiffs state that the medical survey team, through the interim medical report filed March 6, 1985, has advised the Court that a dangerous situation exists at the defendants' prison hospital which has already contributed to the deaths of seventeen (17) persons.[65] Failure to appoint a master at the present time to investigate and formulate plans for remedial action may result in ultimate and irreparable harm to many of the imprisoned plaintiff class. The plaintiffs reiterate their position that a physician should be appointed master, and state that court-ordered injunctive action is necessary at this time based upon the interim medical report and the independent report commissioned by the Attorney General's office.[66]

The plaintiffs' motion for appointment of a special master in this cause will be granted. This case, approaching its

fourteenth year of litigation, is at a point where diligent supervision of the health care issues is necessary to resolve that aspect of the case. Due to the complexity of the health care issues and the scope of the litigation, the Court, lacking the necessary resources, finds it imperative to appoint a special master and monitor. Implementation of the Settlement Agreement will entail a complicated process which must be carefully analyzed and monitored. Hence, appointment of a special master to investigate, report findings, and make recommendations to the Court is imperative to achieve the goals set out in the Settlement Agreement in a timely, efficient manner.[67] A monitor will also be appointed to assist the master in superintending the implementation of the Settlement Agreement in the twenty-six (26) correctional facilities under the custody and control of the Department of Corrections.

The Court notes a cyclical pattern existing in this action beginning in 1973 when the Court ordered the first medical report done.[68] When filed, the report indicated problems and made recommendations. Time passed, and the defendants claimed compliance. The Court then ordered another survey to remeasure compliance, and the pattern was repeated.[69] The Court is now ready to break the cycle and bring to an end this protracted litigation by close monitoring. Long ago the defendants and the State of Florida agreed to provide health care to the inmates under the care and custody of the Florida Department of Corrections. The plaintiff class gave up valuable rights in

exchange for the agreement. The Court will now, with the aid of a special master and monitor, insure that the bargained-for relief is attained for the plaintiffs as speedily as possible.

In making these appointments, the Court is exercising its inherent authority as a Court of Equity to "provide (itself) with appropriate instruments required for the performance of (its) duties."[70] As has been stated,

> Over and above the authority contained in Rule 53 to direct a reference, there has always existed in the federal courts an inherent authority to appoint masters as a natural concomitant of their judicial power.[71]

The practice of appointing masters and monitors in litigation of this magnitude is well established in case law.[72] The special master and monitor will be appointed and their powers and duties set out in a separate order of this date.

PLAINTIFFS' SECOND NOTICE OF VIOLATION OF THIS COURT'S ORDER ENTERED NOVEMBER 2, 1981, APPROVING THE HEALTH CARE SETTLEMENT AGREEMENT

Also pending before the Court is plaintiffs' Second Notice of Violation of this Court's Order Entered November 2, 1981, Approving the Health Care Settlement Agreement, filed June 18, 1985. The plaintiffs move for an Order to Show Cause and for the Court to require defendants to inform the Court of steps taken to comply with Section III, B. 1, 6 (B) of the agreement.[73] As grounds for the motion, the plaintiffs inform the Court that the Superintendent of Florida State Prison

testified at a deposition taken in this action that he has never received the type of training set forth in the agreement and is unaware of any formalized program of in-service training for correctional officers such as that required by the agreement.

The defendants respond to the plaintiffs' allegations with the affidavit of the Department of Corrections Staff Development Administrator.[74] The affidavit outlines medically related training requirements for all correctional officers. The Staff Development Administrator informs the Court that these requirements include instruction in institutional medical services, Recognizing and Responding to Medical Emergencies, and First Aid. First Aid Training and CPR Training are provided for all Department of Corrections employees on an ongoing basis. In addition, a 40-hour Advanced Emergency Procedures Training Course is available for the correctional officers. The defendants argue that they are in full compliance with the portion of the Settlement Agreement requiring training of correctional officers in health emergency and life-saving techniques.

The plaintiffs reply by reiterating that the Superintendent of Florida State Prison testified that he personally has never received training in emergency health and life-saving techniques.[75] Mere promulgation of a curriculum relating to the training of correctional staff in emergency health techniques is insufficient to satisfy the terms of the Settlement Agreement. The training requirements must be enforced. The plaintiffs

argue that the Superintendent's deposition indicates that not all correctional officers are required to participate in the training outlined in the defendants' earlier response.[76] The plaintiffs request the Court to enter an Order to Show Cause why defendants should not be held in contempt. Further, the defendants should be required to report how many correctional officers presently employed by the defendants have taken the required courses and how many have not. The plaintiffs' motion for an Order to Show Cause will be **denied** in light of the appointment of the special master and monitor. The plaintiffs have leave of Court to refile the motion, if appropriate, upon completion of the final medical survey.

Accordingly, it is now

ORDERED:

1. The plaintiffs' motion for an order to show cause and for suspension of Fla. Stat. § 20.315(7) (1983), filed March 6, 1985, is **denied.** The plaintiffs are **granted** leave to refile the motion upon completion of the final medical survey, if appropriate.

2. The defendants' motion for continuation of the abatement of litigation is **granted.** The abatement shall continue until further order of this Court.

3. The plaintiffs' motion for appointment of a special master is **granted.** The Court will appoint a special master and a monitor by separate order to be issued this date.

4. The plaintiffs' motion for an order to show cause

filed June 18, 1985, is **denied.** The plaintiffs may refile the motion, if appropriate, upon completion of the final medical survey.

DONE AND ORDERED at Jacksonville, Florida, this 22 day of August, 1985.

UNITED STATES DISTRICT JUDGE

Copies to:
Sharon B. Jacobs, Esquire, Coral Gables, FL
William J. Sheppard, Esquire, Jacksonville, FL
William C. Sherrill, Esquire, Tallahassee, FL
Mitchell D. Franks, Esquire, Tallahassee, FL
Joseph R. Julin, Esquire, Jacksonville, FL
Robert W. Cullen, Esquire, Jacksonville, FL
Robert L. Cohen, M.D., New York, NY
Ronald Mark Shansky, M.D., Chicago, IL
Charles A. Rosenberg, M.D., Coral Gables, FL
Staff Attorney (sse)

NOTES

1. See Transcript of Final Hearing for Considering the Approval of the Proposed Settlement held October 26, 1981, at 23, filed August 19, 1985.

2. Id. at 39.

3. Id. at 43.

4. Department's Response to the Expert Panel Report Concerning Health Services at page 29, filed June 28, 1985.

5. See Transcript filed August 19, 1985 at 62.

6. On May 10, 1982, following Mr. Simon's death, the Court ordered Sharon B. Jacobs, Coral Gables, Florida, to continue as court-appointed counsel in the case, and appointed William J. Sheppard, Jacksonville, Florida, as co-counsel.

7. See Order of February 20, 1973 certifying the action as a class action.

8. Plaintiffs were not permitted to add Cross, Keller, Russell, Barker, and Howard as defendants. See Order of April 24, 1973. In the Amended Pretrial Stipulation filed January 13, 1975, the parties listed Louie L. Wainwright, Director, Department of Corrections, and Stuart N. Cahoon, Director, Division of Mental Health, as the defendants.

9. See Order of January 15, 1973, requiring parties to submit copies of every item filed with the Court to the United States of America, amicus curiae.

10. Doctors Kenneth B. Babcock, Joseph Alderete and others were appointed to the Babcock Commission.

11. See Order of April 25, 1975.

12. See Amended Pretrial Stipulation at 7 and Order and Preliminary Injunction and Opinion of May 22, 1975 at 5.

13. The results of the Babcock Commission Report caused the development of an overcrowding prong of this litigation separate from health care.

14. See Costello v. Wainwright, 397 F.Supp. 20 (M.D. Fla. 1975) (modified slightly on May 27, 1975).

15. See Order of April 25, 1975.

16. See Order of March 29, 1979 appointing Dr. Glen E. Hastings, Dr. Joseph A. Hertell, and Dr. Lloyd T. Bacchus to the medical survey team.

17. The team had reviewed a major report on the status of Florida's correctional health program commissioned by the Board of Regents in 1976. See defendants' Memorandum in Support of the Motion for an Evidentiary Hearing Due to Changed Circumstances of June 6, 1977 at 6.

18. Food service eventually developed into a third prong of the litigation, separate from overcrowding and health care.

19. Filed March 11, 1980.

20. See Order of June 9, 1980 appointing A. W. Morrison, Jr., as an expert in sanitation and Judy Ford-Wilson as a nutrition expert.

21. Attached to the proposed Settlement Agreement was a statement from The Honorable Bob Graham, Governor, State of Florida, that he supported the agreement and would exercise his authority to implement the terms thereof.

22. The Court noted that the proposed agreement would have no bearing upon the pending medical services questions.

23. See Order of October 25, 1979.

24. Filed November 26, 1979.

25. See Order of February 11, 1980.

26. See Order Approving Settlement Agreement of February 11, 1980.

27. Id. at 4.

28. Section V recognized various Administrative and Operational Goals on which the parties agreed in principle, but which were not included as an enforceable part of the agreement.

29. See Order of May 12, 1982 at 3. See also plaintiffs' Notice of Violation of Settlement Agreement Approved by this Court's Order Entered Feb-11 (sic) of May 25, 1982.

30. Unlike certain restrictions in the overcrowding agreement which were not to take effect until July 1, 1985, the prohibition against exceeding Maximum Capacity at individual institutions became effective immediately upon Court approval of the agreement. See Order of July 14, 1982 at 2.

31. See defendants' Report to the Court Pursuant to Order of May 12, 1982, filed June 21, 1982, at 17-19.

32. See Motion for Hearing to Determine Whether the Defendants' Proposed Building of Plywood Tents to House Inmates Violates the Federal Constitution, the Laws of the State of Florida, or this Court's Order of February 11, 1980, filed July 6, 1982 in open court.

33. See Notice of Filing Report of the State Fire Marshal filed July 15, 1982.

34. See Order of July 14, 1982 at 9.

35. See Plaintiffs' Renewed Motion for Hearing to Determine Whether the Defendants' Proposed Building of "Plywood Tents" to House Inmates Violated the Federal Constitution, the Laws of the State of Florida or this Court's Order of February 11, 1982, at Appendix A, filed November 8, 1982.

36. A separate proposed Health Care Settlement Agreement was also filed. As with the overcrowding Settlement Agreement, Florida's Governor, The Honorable Bob Graham, endorsed the Settlement Agreements, and pledged his support in their implementation.

37. See the Order and the Court's Notice of Proposed Food Services Agreement, August 4, 1981.

38. See Affidavit of Sharon B. Jacobs, filed in open court on October 26, 1981.

39. See Order and the Court's Notice of Proposed Health Care Settlement Agreement, August 4, 1981.

40. See Affidavit of Sharon B. Jacobs, filed in open court on October 26, 1981.

41. These included objections from a subclass of women inmates, filed October 15, 1981, complaining that the settlement agreement was inherently deficient in addressing the unique needs of female inmates.

42. See Joint Motion for Status Conference of August 26, 1983 at 5-6.

43. After more than 11 years of litigation, and upon the death of the Honorable Charles R. Scott, the case was transferred to the Honorable Susan H. Black. See Order of June 1, 1983.

44. See Order Determining Scope of Medical Survey, October 3, 1983.

45. Dr. Ronald Shansky, Chicago, Illinois; Dr. Charles A. Rosenberg, Coral Gables, Florida; and Dr. Robert L. Cohen, East Elmhurst, New York were the three physicians appointed to the team.

46. See Amended Order Appointing and Charging Medical Survey Team, entered November 7, 1983.

47. Plaintiffs contemporaneously filed a Notice of Filing Interim Medical Survey Team Report with a copy of the interim report on March 6, 1985.

48. Section III, A.5 of the Health Care Settlement Agreement provides for meetings between the parties to attempt settlement or resolution of any health care claims raised by the plaintiffs based upon the findings of the medical survey team as shown in the interim or final report. See Health Care Settlement Agreement at 6, July 27, 1981.

49. The order of November 2, 1981 approved the Health Care Settlement Agreement, and directed the defendants to comply with the terms of the agreement.

50. See Section III, B.1 of the Health Care Settlement Agreement at 7, July 27, 1981. The regulations were promulgated as Fla. Admin. Code § 33-19.03 (1982).

51. Fla. Admin. Code § 33-1.01 (7) (d) (1984), and Fla. Stat. § 20.315(7) (1983) specify that the Director of Health Services report to the Assistant Secretary of Programs within the Department of Corrections' Program Offices, not to the Department of Corrections Secretary.

52. Filed July 16, 1982 in compliance with Section III, B.2, Health Care Settlement Agreement, July 27, 1981.

53. Health care responsibilities are placed within the Health and Education Services Program Office, under the Assistant Secretary for Programs, in accordance with Fla. Admin. Code § 33-1.01 (7) (1984).

54. Pursuant to Section III, B.5 of the agreement, Fla. Admin. Code § 33-19.03 (3) (c) (1982) was promulgated; it defines each institution's Chief Health Officer's authority and duties.

55. Section III, B.5, Health Care Settlement Agreement, July 27, 1981.

56. Id. at Section III, B.5 (a) and (d).

57. The plaintiffs report that on March 8, 1985, the defendants took steps to amend the Department of Corrections rules governing close management to reduce the number of hours of exercise for these inmates from four to two hours per week. The medical survey team had specifically recommended that inmates in segregation have at least one hour a day of large muscle exercise outside their cells. Interim Medical Report at 22, March 6, 1985.

58. Section III, A.5, Health Care Settlement Agreement at 6, July 27, 1981.

59. See plaintiffs' Notice of Filing of Testimony: Peer Review of Department of Corrections Inmate Records, filed June 17, 1985.

60. See Status Report on Medical Care; Notice of Settlement Impasse; and Request for Immediate Status Conference, Exhibit A, filed April 15, 1985.

61. See Defendants' Response to Plaintiffs' Proposal and Motion for Appointment of Special Master, filed May 31, 1985.

62. The United States of America, as amicus curiae, opposed the appointment of a special master before the Court's review and assessment of the defendants' report ordered by the Court on April 29, 1985. See Opposition of the United States of America, Amicus Curiae, to the Plaintiffs' Motion for the Appointment of a Special Master, filed June 13, 1985. The Court notes that the defendants' report ordered on April 29, 1985, was filed June 28, 1985.

63. See Plaintiffs' Reply Re: Appointment of Special Master, filed June 17, 1985.

64. See Id. at Exhibit B.

65. The situation at Reception and Medical Center apparently has worsened somewhat since the interim medical report was filed. The Court notes that, on July 1, 1985, the parties filed a Stipulation Regarding Operation of Reception and Medical Center Hospital, resolving immediate disputes with regard to the operation of the hospital. Due to information received from a June, 1985, survey by the neutral medical team of the medical care delivered at the hospital, the parties agreed that all surgical procedures at the hospital would cease for sixty (60) days; all medically unstable and critically ill patients would be removed; and all suffering from conditions not properly treatable at the hospital would be relocated. The parties further stipulated that the medical survey team would conduct a

65. (continued) weekly survey of the conditions at the hospital and of the patients therein. If any patient is hospitalized at Reception and Medical Center in contravention of the stipulation, that patient would be immediately removed. The stipulation provides that the defendants furnish to plaintiffs' counsel certain documents and records related to the health care crisis existing at Reception and Medical Center.

66. See Interim Medical Report, filed March 6, 1985; and Peer Review of Department of Corrections Inmate Records, filed June 17, 1985.

67. See Ruiz v. Estelle, 503 F.Supp. 1265, 1389 (S.D. Tex. 1980), cert. denied, 460 U.S., 1042 (1983).

68. See Order of July 10, 1973.

69. On July 10, 1973, the Court appointed the Babcock Commission to conduct a comprehensive study of Department of Corrections facilities. The Commission's report indicated serious deficiencies existed in the delivery of medical care to Department of Corrections inmates, and made recommendations. On April 21, 1975, the defendants told the Court that the deficiencies no longer existed. The Court ordered a reevaluation of the health care system on April 25, 1975. The reevaluation indicated that health care for the prison system remained inadequate.

On June 6, 1977, the defendants proposed that medical care for inmates was above constitutional standards. On March 29, 1979, the Court appointed the Hastings Committee to conduct a survey. The doctors reported that the Department of Corrections' health program was not competent to handle inmates' serious medical needs and made recommendations.

On July 27, 1981, the parties entered a Health Care Settlement Agreement which required an interim comprehensive medical survey and a final survey. The interim report, filed March 6, 1985, indicates that serious deficiencies in health care delivery to Department of Corrections inmates still remain.

70. Ex Parte Peterson, 253 U.S. 300 (1920), Schwimmer v. United States, 232 F.2d 855 (8th Cir.), cert. denied, 352 U.S. 833 (1956). See also Hutto v. Finney, 439 U.S. 2565, n. 9 (1978).

71. Kaufman, Masters in the Federal Courts: Rule 53, 58 Colum. L. Rev. 452, 462 (1958).

72. See, for example, Cruz v. Hauck, 424 U.S. 917 (1976); Newman v. Alabama, 559 F.2d 283 (5th Cir. 1977), cert. denied, 438 U.S. 915 (1978); Williams v. Edwards, 547 F.2d 1206 (5th Cir. 1977); Bills v. Henderson, 446 F.Supp. 967, 970 (E.D. Tenn. 1978); Palmigiano v. Garrahy, 443 F.Supp. 956, 989 (D. R.I. 1977), cert. denied, 449 U.S. 839 (1980); Taylor v. Perini, 413 F.Supp. 189, 193 (N.D. Ohio 1976); Bel v. Hall, 392 F.Supp. 274, 275 (D. Mass. 1975); Hamilton v. Landrieu, 351 F.Supp. 549 (E.D. La. 1972).

73. Section III, B. 1, 6. (B) of the Health Care Settlement Agreement, filed July 27, 1981, requires the Department of Corrections to, within the three-year abatement period, provide training to Department staff to improve their skills in the delivery of health care. It further required training of correctional officers in health emergency and life-saving techniques, health crisis intervention and other health-related skills.

74. See Defendants' Response to Plaintiffs' Second Notice of Violation of the Health Care Settlement Agreement, filed July 1, 1985.

75. See Plaintiffs' Reply to Defendants' Response Regarding Second Notice of Violation of the Health Care Settlement Agreement (Re: Training of Correctional Officers in Emergency Health Care), filed July 9, 1985.

76. Filed June 27, 1985.