

PS5562.04 HUNGER STRIKES, INMATE



U.S. Department of Justice
Federal Bureau of Prisons

Program

OPI: HSD
NUMBER: 5562.04
DATE: June 20, 1994
SUBJECT: Hunger Strikes, Inmate

Statement

1. [**PURPOSE AND SCOPE** §549.60. The Bureau of Prisons provides guidelines for the medical and administrative management of inmates who engage in hunger strikes. It is the responsibility of the Bureau of Prisons to monitor the health and welfare of individual inmates, and to ensure that procedures are pursued to preserve life.]

2. DIRECTIVES AFFECTED

a. Directive Rescinded

P.S. 5562.03 Hunger Strikes Inmate (04/01/80)

b. Directives Referenced. None.

c. Rules cited in this Program Statement are contained in 28 CFR § 549.60-66.

3. STANDARDS REFERENCED

a. American Correctional Association Foundation/Core Standards for Adult Correctional Institutions: FC2-4042, C2-4158;

b. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4245, 3-4372;

c. American Correctional Association Foundation/Core Standards for Adult Local Detention Facilities: FC2-5085;

d. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-3D-08, 4E-42.

[**Bracketed Bold - Rules**]
Regular Type - Implementing Information

4. [**DEFINITION** §549.61. As defined in this rule, an inmate is on a hunger strike:

a. When he or she communicates that fact to staff and is observed by staff to be refraining from eating for a period of time, ordinarily in excess of 72 hours; or

b. When staff observe the inmate to be refraining from eating for a period in excess of 72 hours. When staff consider it prudent to do so, a referral for medical evaluation may be made without waiting 72 hours.]

A hunger strike may be announced by the inmate, or observed by staff. At times, an allegation of a hunger strike may be made that is not reflected in any overt action, and is merely a bid to gain attention. Inmates with metabolic disorders or certain other illnesses, who deviate from normal eating habits or intake of fluid, could experience an immediate, significant hazard to their health and well-being. For other inmates, a deviation from eating and drinking habits may manifest as a mental disorder. In any case, it is also recognized that after long-term deprivation of food and shorter term deprivation of fluid, serious irreversible changes can occur, and sudden death can occur. It is the Bureau of Prisons' responsibility to monitor the inmate's health and welfare and to ensure that procedures are initiated to preserve life.

5. [**INITIAL REFERRAL** §549.62

a. Staff shall refer an inmate who is observed to be on a hunger strike to medical or mental health staff for evaluation and, when appropriate, for treatment.]

Each Warden shall establish referral arrangements for the institution.

[b. Medical staff ordinarily shall place the inmate in a medically appropriate locked room for close monitoring.]

Placement in the medically appropriate room is a determination ordinarily made by the institution physician. This room at a minimum should be a single cell observation room where no other inmate contact is possible.

Inmates in Administrative Detention or Disciplinary Segregation may be retained in this status unless the physician determines movement to other quarters is medically necessary.

The Warden is to determine the amount of monitoring of hunger strike inmates. However, under no circumstances may inmate companions be used to monitor hunger strike inmates.

6. [INITIAL MEDICAL EVALUATION AND MANAGEMENT §549.63.

a. Medical staff shall ordinarily perform the following procedures upon initial referral of an inmate on a hunger strike:

- (1) Measure and record height and weight;
- (2) Take and record vital signs;
- (3) Urinalysis;
- (4) Psychological and/or psychiatric evaluation;
- (5) General medical evaluation;
- (6) Radiographs as clinically indicated;
- (7) Laboratory studies as clinically indicated.]

If an inmate refuses the initial medical evaluation, a signed Refusal of Treatment form must be obtained and also documented on the SF-600.

[b. Medical staff shall take and record weight and vital signs at least once every 24 hours while the inmate is on a hunger strike. Other procedures identified in paragraph (a) of this section shall be repeated as medically indicated.

c. When valid medical reasons exist, the physician may modify, discontinue, or expand any of the medical procedures described in paragraphs (a) and (b) of this section.

d. When medical staff consider it medically mandatory, an inmate on a hunger strike will be transferred to a Medical Referral Center or to another Bureau institution considered medically appropriate, or to a community hospital.]

The decision to transfer an inmate on a hunger strike for medical reasons should only be made after consultation with a physician. Local institutions need not transfer an inmate on a hunger strike to a medical referral center unless medically indicated or when medical resources are unavailable at the local institution.

e. Medical staff shall record in the appropriate section of the inmate's medical file, entries for all the medical procedures described in this section.

7. [FOOD/LIQUID INTAKE/OUTPUT §549.64.

a. Staff shall prepare and deliver to the inmate's room three meals per day or as otherwise authorized by the physician.]

A verbal offer of a meal will not suffice.

[b. Staff shall provide the inmate an adequate supply of drinking water. Other beverages shall also be offered.

c. Staff shall remove any commissary food items and private food supplies of the inmate while the inmate is on a hunger strike. An inmate may not make commissary food purchases while under hunger strike management.]

An inmate under hunger strike management may still purchase non-food items, such as cigarettes and stamps, from the commissary. Any beverages other than drinking water shall be documented and relayed to medical staff.

d. All food and water intake and output will be monitored and recorded as needed or to the extent possible. The Warden shall make this determination after consultation with the physician. This procedure is to continue until ended by a physician. This means a dry cell must be available for housing hunger strike inmates.

8. [REFUSAL TO ACCEPT TREATMENT §549.65

a. When, as a result of inadequate intake or abnormal output, a physician determines that the inmate's life or health will be threatened if treatment is not initiated immediately, the physician shall give consideration to forced medical treatment of the inmate.]

The decision to force treatment upon the inmate is a medical decision, with legal implications. The physician must be convinced to a reasonable medical certainty that the inmate's life or permanent damage to health is immediately threatened.

Unless there is some other arrangement with the local court, when it appears to medical staff that the situation is deteriorating to the extent that intervention may be required, the matter is to be referred to the Regional Counsel who will discuss the situation with the local U.S. Attorney's Office. The matter should be reviewed, when possible, by the local U. S. District Court and discussed with the Regional Director.

[b. Prior to medical treatment being administered against the inmate's will, staff shall make reasonable efforts to convince the inmate to voluntarily accept treatment. Medical risks faced by the inmate if treatment is not accepted shall also be explained to the inmate. Staff shall document their treatment efforts in the medical record of the inmate.

c. When, after reasonable efforts, or in an emergency preventing such efforts, a medical necessity for immediate treatment of a life or health threatening situation exists, the physician may order that treatment be administered without the consent of the inmate. Staff shall document their treatment efforts in the medical record of the inmate.]

Written reports of such treatment shall be submitted to the Medical Director and Regional Director. The Warden shall provide prompt notification of any forced treatment under this Program Statement to the sentencing judge, with an explanation of the background of and the reasons for the treatment. The outcome of the hunger strike and the treatment administered shall also be reported.

Only the physician may order forced medical treatment. This shall normally consist of a nasogastric tube for feeding. If unsuccessful or medically inappropriate, then intravenous fluids and hyperaliments intravenously may be necessary. As a last resort, gastrostomy and tube feeding through the stomach may be required, however, review by the appropriate court should first be sought before attempting this treatment.

[d. Staff shall continue clinical and laboratory monitoring as necessary until the inmate's life or permanent health is no longer threatened.]

Treatment shall normally continue until adequate oral intake of food and liquid is achieved.

[e. Staff shall continue medical, psychiatric and/or psychological follow-up as long as necessary.]

9. **[RELEASE FROM TREATMENT §549.66. Only the physician may order that an inmate be released from hunger strike evaluation and treatment. This order shall be documented in the medical record of the inmate.]**

Documentation shall occur on the SF-600.

10. MEDICAL JUDGMENT. None of the procedures or guidelines in this Program Statement are meant to limit or override the exercise of sound medical judgment by the physician responsible for medical care. Each case must be evaluated on its own merits and individual circumstances. Treatment is to be given in accordance with accepted medical practice.

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Director