DEPARTMENT OF THE ARMY
U.S. ARMY CORRECTIONS COMMAND
150 ARMY PENTAGON
WASHINGTON DC 20310-0150

REPLY TO
ATTENTION OF

DAPM-ACC

POLICY LETTER #29

MAY 1 8 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: ACC Policy Letter #29 – Research and Information Systems

1. Army Corrections Command (ACC) is the proponent for research conducted in Army Corrections Systems (ACS) Facilities involving Army/DoD Prisoners, and the use of the Army Corrections Information System (ACIS).

2. References.

a. Code of Federal Regulations (CFR), Title 45, Part 46, Protection of Inmate data.

b. DoD Directive 3216.2, Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research.

c. AR 70-25, Research and Development -- Use of Volunteers as Subjects of Research.

d. AR 190-47, The Army Corrections Systems -- Research and Evaluation.

e. The United States Army Medical Research and Material Command, Office of Research Protections, Human Use Protection Office, Institutional Policies and Procedures.

f. American Psychological Association, Ethical Principles of Psychologists.

3. Research is a valuable tool to assist ACC, Army Clemency and Parole Board (ACPB), ACS Facilities and other correctional professionals. ACC supports and will engage in research activities relevant to its programs, services, and operations. Research can be conducted by DoD personnel or outside professionals. Use of outside professionals is encouraged.

a. All research proposals and designs are reviewed and approved by the Deputy Director, Army Corrections Command prior to implementation except for:

(1) Facility statistical research, program evaluations, and academic research that uses exempt prisoner data, use of which is delegated to the individual facility commanders.

(2) All research involving parole must be approved by ACPB.

(3) All research protocols involving vulnerable categories of human subjects must be forwarded through ACC for review by The Human Research Protection Office, U.S. Army Medical and Material Command for final approval. Facilities or outside professionals will submit requests as outlined in Annex A as applicable. Facilities will establish local procedures for processing research requests to include those approved at the facility level.

b. All research involving the use of inmates for medical, pharmaceutical, or cosmetic experiments is prohibited. This policy does not preclude individual treatment of an inmate based on his need for a specific medical procedure that is not generally available. Inmate participation in non-medical, non-pharmaceutical, and non-cosmetic research programs is voluntary. Juveniles temporarily held under MEJA will not be part of any research project.

c. All research will comply with professional and scientific ethics and federal and military guidelines for research, use, and dissemination of research findings. References listed in paragraph 2 provide specific guidance. Facilities will establish local procedures to ensure compliance.

d. The privacy of participants will be maintained during the research. Facilities will establish local procedures to ensure privacy is maintained.

e. The Commander, ACC is the approving authority for release of research findings that are published outside of ACC. ACPB is the approving authority for all parole research. Facility commanders are authorized to release research findings conducted and released within their facilities. Requests to release research findings will be sent to the approving authority along with the research information to be published. Research projects should receive the widest dissemination within the corrections and parole field.

4. ACC uses ACIS to uniformly collect record, organize, and process data from its correctional facilities. It is under the Centralized Operating Police Suite (COPS) umbrella, which also has the law enforcement and parole modules, allowing ACC to share and disseminate data. ACIS is used for all facets of facility and agency operations.

a. ACIS is able to retrieve and collect data for reports, research, and decision making. There are global reports that provide combined data and reports from all facilities, standard reports which are by facility and confinement reports which are a snap shot in time of all facilities by facility. The system also allows for data queries. Example of global and standard reports include but are not limited to inmate offenses, inmate sentences, inmate detainers, inmates on parole, inmate co-defendants, gangs, disciplinary report list, release date rosters, discharges, transfers, appointments, bunk roster, health and comfort, inmate religious preference. ACIS is sufficient to provide data to enable evaluation of the correctional goals. Any new required reports or data can be received either through a data query or establishing a new report by submitting a 5005 System Feedback request.

b. The ACC Commander, Deputy Director and staff receive a daily population report and monthly corrections report automatically. The monthly corrections report provides all the information required for the annual corrections report submitted to Department of Justice (DOJ) through Department of Defense (DoD) each year. This includes the inmate characteristics, movement, status of the offender population and facility commander's comments. ACIS also allows individuals to pull specific reports. Deaths and escapes reports are provided automatically to the ACC Commander, Deputy Director and other key Army staff as they occur. One of the standard and global reports includes a master index identifying all inmates committed or assigned to the agency by category of confined, on parole, on mandatory supervised release, and released. The programmers provide the ACC Commander and staff any report or data query requested and

not in the current global and standard report. The request is submitted in ACIS using the 5005 tool.

c. Information gathered in COPS, which includes ACIS, is restricted on a need to know basis. Individuals have to request access to ACIS, and once approved by ACC, the agency/facility ACIS administrator will provide access to areas within ACIS the individual should have rights too. The most restrictive section is Victim/Witness which is limited to the Victim/Witness Coordinator and anyone the Commander has identified on appointment orders. Individuals adding information into ACIS only put in information that has been verified or they are the author of. The system provides for the protection of the privacy of inmates and staff. Requests for information from non-law enforcement individuals/agencies without access to ACIS will be through the Freedom of Information Act (FOIA), and release data will only be that releasable through FOIA.

d. ACC cooperates with military and other governmental agencies in information gathering, exchange, and standardization. ACC submits its annual report through the DoD to DOJ annually. COPS combines the law enforcement and parole agencies with correctional data automatically. The ACIS and ACPB module of COPS allows all facets of corrections and parole/MSR to be standardized in gathering and reporting information. ACPB and other military agencies have access to information in ACIS. ACC also provides information to other government agencies upon request.

5. Point of contact for this policy is PP, Deputy Director, 703-428-7688/DSN 328-7688.

PP

Encl

COL, MP
Commanding

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Annex A Guidelines for Research Request

1. Project title - Enter complete project title. (If an amendment, the words "amendment to..." must precede the project title.)

2. Investigators.

a. Principal Investigator.

b. Associate Investigators.

3. Location of study. List of facilities to be used.

4. Time required to complete the project. Give month and year of expected start and completion dates.

5. Introduction.

a. Synopsis.

(1) Brief summary (e.g. one page) of proposed study similar to the abstract of a scientific paper.

(2) Major safety concerns for human subjects briefly highlighted.

b. Military relevancy. Explain briefly the medical importance and possible usefulness of the project.

c. Objectives. State briefly, but specifically, the objectives of the project. Include items below when applicable.

(1) Study design.

(2) Type of subject population observed.

d. Status. State what has been accomplished or published in the proposed area of study. Describe the way in which the project will relate to, or differ from, that which has been accomplished.

e. Bibliography. List all references used in preparing the protocol.

6. Plan. Outline expected accomplishments in enough detail to show a clear course of action. Include technological validity of procedures and chronological steps to be taken. The plan should include, at a minimum, the information shown below and the study subjects.

a. Number of subjects. Give the total number of subjects expected to complete the study.

b. Age range.

c. Sex.

d. Inclusion criteria. Specific and detailed reasons for inclusion should be presented.

e. Diagnostic criteria for entry.

f. Evaluations before entry. Entries should include X-ray, physical examinations, medical history, hematology, chemistry and urinalysis as deemed appropriate.

g. Exclusion criteria. Include a complete list detailing the subjects, diseases and medications that are excluded from the study.

h. Source of subjects. Describe briefly where the subjects will be obtained.

i. Subject identification. Describe the code system used.

j. Analysis of risks and benefits to subjects; risks to those conducting research.

k. Precautions to be taken to minimize or eliminate risks to subjects and those conducting the research.

l. Corrective action necessary.

m. Special medical care or equipment needed for subjects admitted to the project.

7. Evaluations made during and following the project: An evaluation may also be represented by using a project schematic. It is very important to identify in the protocol the person who will perform the evaluations below.

a. Data to be collected.

(1) Amount and schedule of collections.

(2) Evaluations, data, scoring procedures.

(3) Storage. State where and if special conditions are required.

(4) Labeling and disposition.

(5) Laboratories performing evaluations.

(6) Special precautions for subject and investigators.

b. Clinical assessments. Include how adverse effects are to be recorded.

c. Vital signs. When desired and frequency.

d. Follow-up procedures.

e. Disposition of data. State location and duration of storage.

f. Methods used for data collection. State critical measurements used as end points to characterize safety, efficacy or equivalency.

8. Departure from protocol for individual subjects.

a. When allowed. Use flexible but definite criteria.

b. Who will be notified? (For example, subject, HUC, local approving official.)

9. Incidents

a. Definition of incidents.

b. Immediate reporting.

c. Routine reporting.

10. Modification of protocol: Describe the procedure to be followed if the protocol is to be modified, terminated or extended.

11. Examples of all forms to be used in the protocol.

12. Use of information and publications arising from the study.

13. Special or unusual funding implications.

14. Name and telephone number of the medical monitor, when applicable.

15. HUC: Brief explanation of which HUC will provide initial, continued and annual review.

16. Signature of appropriate approving official and date.

17. Documentation.

a. Completed DA Form 5303-R and/or informed consent form(s).

b. Institutional review of scientific and human use issues.

c. HUC review with Commander's approval.

d. Biographical sketch of principal and associate investigator