

**From:** Watson, Charles R  
**Sent:** Wednesday, March 12, 2008 11:38 AM  
**To:** CPR Receiver  
**Cc:** Isaacs, Allyson  
**Subject:** Comment suggestion

There needs to be limits to "Wards of the State" in medical care. In 2004 "60 Minutes" addressed the I/M patient who (as stated) accidentally was provided a heart transplant who was housed at SVSP. The program interviewed three administrators who are very qualified in the area medical administration. I remember The Director of the American Medical Association was asked by 60 minutes reporter "How can limits be implemented to a population such as in CDCR"? The answer was to use systems that are already in place for this. He suggested to use Medi-cal, Medi-care, Medi-caid type programs that could be determined when an individual is initially entered into the prison by their location of crime, or previous residence. Can we do this? Lets put legislation into place to change the definition of "Ward of State" with regards to medical care. Cancer treatments alone are exorbinant.

Medical care should be equitable for every one and not just the Ward of State. The care given at prison makes Staff at large jealous to say the least. Staff have family at home who do with little medical care (parents) to no care at all when the Prisoner gets all with seemingly no limit. This is not an equitable system and it can not be **sustainable**. The Vision statement can not be met as it is written. The delivery system can not be sustainable as is.

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