Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Arthur McCabe to Margaret Love re: Commutation of Fleet Maul (Personal) [partial] (4 pages)	03/29/1996	b(6)
002. letter	Roger Congdon to Sandra Thurman re: AIDS effort (Personal) [partial] (1 page)	04/29/1997	b(6)
003a. form	re: Correspondence routing slip (Personal) (1 page)	05/20/1997	b(6)
003b. letter	Inmate living with AIDS to Sandra Thurman re: AIDS medication (Personal) [partial] (2 pages)	05/11/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 5/97 [Folder 3] [2]

2018-0764-F
jm2043

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3719

Date Rcvd: 05-02-97

From: Arthur McCabe, II

Ltr sent to Margaret Love - Faxed to Sandra Thurman

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

n:\corresli

McCABE AND DELYANI P.C.
Attorneys at Law
300 Brickstone Square, 9th Floor
Andover, Massachusetts 01810
(508) 470-0200
FAX (508) 470-3474

FACSIMILE TRANSMISSION COVER SHEET

DATE: 5/2, 1997
TO: EXECUTIVE DIRECTOR

TIME 2PM
FAX 202-632-1096
PHONE

FROM: ART MCCABE

ORIGINAL TO FOLLOW BY MAIL: ____ YES ✓ NO

MESSAGE:

PLEASE CALL UPON RECEIPT

Thank you.

ART MCCABE

Documents Transmitted:

Pages to follow 26

If you do not receive all of this transmission, please call ART at (508) 470-0200.
(M&D File Reference: MAUI)

M^cCABE AND O'BRIEN P.C.

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ARTHUR J. M^CCABE II
JOHN D. O'BRIEN, JR.
ANTHONY DELYANI
MARK D. JOHNSON

PARALEGAL: PATRICIA BYRA

March 29, 1996

Margaret Love, Esq.
U.S. Department of Justice
Office of the Pardon Attorney
Washington, D.C. 20530

RE: Fleet W. Maull, Reg. #: 19864 - 044

Dear Attorney Love:

Enclosed please find the Petition for Commutation for Fleet W. Maull and the three volume file of documentation supporting this petition. There is no intent by the submission of this petition to minimize the severity of the crimes for which Mr. Maull was convicted. However, a diligent and thoughtful review of this Petition for Commutation will clearly indicate that he is a worthy candidate for clemency based upon his extraordinary contributions and commitment to the betterment of our society since his incarceration.

As outlined in his Petition for Commutation and the attachments thereto, Mr. Maull was convicted on November 1, 1985 of a series of charges relating to possessing, importing, and distributing cocaine. From 1976 through 1983, Mr. Maull was employed to "mule" cash and drug between the United States and South America. He terminated any illegal activity in the Fall of 1983. He was indicted in May of 1985 and convicted later that same year. Since that time he has been not only a model prisoner but a loving, caring, and valuable contributor to our society.

REHABILITATION:

The documentation in support of Fleet Maull's petition demonstrates his rehabilitation process began even before he entered the prison system. In 1983, over a year before he turned himself in to the authorities, Mr. Maull completely disassociated himself from the lifestyle he had lead as "drug mule". After his last, unsuccessful attempt at drug trafficking, Fleet Maull spent four months on a Buddhist retreat. On this retreat, Mr. Maull concentrated and focused on the ethical philosophies of Buddhism. He began to value the need to live wisely, to act with clear intent and to reconcile himself with his past. "Buddha" itself means awakening, and Fleet Maull's awakening refocused his life.

During the year following this retreat, Fleet Maull returned to Colorado and with the ethical wisdom and strength he discovered in his training he became a conscientious and constructive

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[001]

member of his community. He was gainfully employed at a Denver auto dealership and was an award winning salesman there. He (b)(6) actively practiced his Buddhist faith.

In May of 1985 Fleet Maull faced one of the toughest challenges of his life. Upon learning of his indictment, he immediately chose to surrender himself to the St. Louis office of the Drug Enforcement Agency and directly face the consequences of his past conduct. Fleet Maull was convicted in the Fall of 1985 and in December of that same year he was transferred to the United States Medical Center for Federal Prisoners where he is currently held.

COMMUNITY SERVICE/PRISON EFFORTS:

At the United States Medical Center for Federal Prisoners in Springfield, Missouri, Fleet Maull became nationally acclaimed for his work with dying inmates through the Hospice Program. He began working with terminally ill prisoners at the Medical Center in 1987. Since then, his interviews with local news and national talk radio programs as well as his writings about his work with these inmates and their struggle of finding peace while dying in confinement have brought recognition and credibility to the prison hospice program. Fleet Maull's writings discuss how death behind bars is seen as the "ultimate failure" for these inmates and how they come to terms with its reality. He compares the prison hospice program to traditional hospice, noting the similarities of working with the terminally ill, yet recognizing the unique trauma for those in confinement.

The prison hospice in Springfield, Missouri, has been deemed to be the best among similar hospice projects at other prisons within the United States. Fleet Maull has taken an active role in the growth and development of this program, as well as in recruiting and training other inmate volunteers. According to Hospice Magazine's interview of C. Kenneth Bowels, the staff psychologist at the United States Medical Center for Federal Prisoners, the program Mr. Maull helped to create is one of the most successful programs of any type that he has seen in his work within the Federal Bureau of Prisons.

Fleet Maull took the compassionate concept of a prison hospice beyond the walls of the Missouri penitentiary and founded the National Prison Hospice Association. The Association is a non-profit organization which provides a network of resources and support for hospice programs in prisons around the country. The efforts of this one man have made a difference for dying inmates in Missouri and throughout the nation.

The motivation behind Fleet Maull's compassionate nature cannot be explained without examining his deeply rooted Buddhist faith and its unique emphasis on a philosophy of life rather than the importance of ritual. "Buddha" means "One who is awake" and the Buddhist tradition focuses on awakening to the truth of life. This awakening rests upon a dual aim: to see clearly and to live wisely. Since his conversion, Fleet Maull strives to do just that.

Buddhists believe that the great heart of compassion is a gift that comes from experiencing the truth. Fleet Maull's decision to aid the sick and dying inmates in the prison system is one way he manifests this heart of great compassion. The compassion that Fleet Maull possesses manifests itself in many other forms as well.

Fleet Maull's formal job within the prison system is as a tutor and a GED instructor. He first served as an Adult Basic Education (ABE) Spanish tutor for non-English speaking inmates. He proved to be an outstanding educator, receiving high marks on all of his evaluations, and he chose to take this job one step further. Mr. Maull began creating programs and flow charts to monitor the progress and procedures of all of the departments in the entire ABE program. He also initiated a program within the prison education facility to counsel pre-release inmates.

In an effort to increase his own ability to provide an education for other inmates Fleet Maull became a certified Laubach Literacy Tutor in 1987 and began to train other inmates to become literacy tutors as well. As of 1995, Fleet Maull hosted 12 complete workshops, spending more than 144 hours training between 10 and 12 volunteer tutors per workshop.

In addition to prisoner's basic education needs, Fleet Maull assists inmates with their continuing education as well. From 1986 through 1988 he established several adult continuing education programs for inmates at the Missouri facility. Mr. Maull designed and ran several pre-release workshops for inmates about to be paroled. Each workshop consisted of six, three hours long sessions, and culminated in the inmates designing their own "Release Plan" containing personal goals and realistic approaches to re-entering society.

Mr. Maull created and ran similar workshops on Stress Management and Meditation. He also established a "Wellness Resource Center" containing literature and audio and visual aids to assist these inmates in educating themselves about their own physical and mental health needs. Mr. Maull is currently completing his Ph.D. in psychology through a correspondence program with California Coast University.

PRISON DHARMA NETWORK:

Fleet Maull recognized that the Buddhist faith which provided him with the vehicle to redirect his life could be instrumental in helping others. In 1989 Fleet Maull founded the Prison Dharma Network (PDN) in an attempt to help other inmates make a similar, personal transformations. "Dharma" is the Buddhist word for "The Way" and Prison Dharma is an attempt to bring inmates to live in a better way. The Prison Dharma Network provides a system of support for inmates who want to learn and practice the Buddhist faith.

As outlined in the Prison Dharma Network section of the accompanying documentation, these inmates are connected with a qualified meditation instructor who provides them with instruction,

guidance, and support through mail correspondence. These inmates learn not only to focus themselves through Buddhist meditation, but they are taught the values and ethics of Buddhism. Prison Dharma provides these inmates with access to donated Buddhist literature as well as the opportunity to compose and publish their own literature. Fleet Maull arranged for articles written by inmates, including himself, to be printed in Buddhist literary publications such as the 'Shambhala Sun' and the 'Turning Wheel'. Since the spring of 1995 Fleet Maull has published a Buddhist newsletter through the Prison Dharma Network which is distributed throughout the United States and Canada.

Fleet Maull's work ethic and his compassionate nature make him a unique member of the prison community. The documents supporting this petition start with a chronological record which outlines the numerous awards and certificates that memorialize Fleet Maull's accomplishments and achievement as a care giver, an educator, and a motivator within the Federal Prison system. Mr. Maull is clearly a man who has chosen to make the most of a less-than-ideal situation.

Because of Mr. Maull's non-parolable status he is unable to attain any type of compensation or good-behavior benefit for the active role he plays in improving the prison community, yet he continues to expend an unselfish effort towards this aim. He recognizes that true rehabilitation must start with one's own soul be premised upon true self-knowledge. Fleet Maull has shown a genuine dedication to enhance the human welfare of those around him, a quality that would benefit a much larger portion of society should his sentence be commuted and his release date be advanced.

CRIMINAL HISTORY:

As the Petition for Commutation and Addendum C of that petition reflect, (b)(6)

(b)(6)

(b)(6) only the malicious destruction misdemeanor actually resulted in a conviction. There is no indicia here that Mr. Maull is a career criminal lacking any potential for rehabilitation. His behavior within the prison system leads to the exact opposite conclusion: he has made great strides in rehabilitating himself and assisting others. His strong embrace of his Buddhist faith and his desire to spread that faith and its right-minded value system indicates an ethical awareness which demonstrates that he has no likelihood of reverting to anti-social conduct and his efforts to enhance the prison community display his propensity towards assisting in the rehabilitation of others.

(b)(6)

PLEA FOR COMMUTATION:

The importance of mercy in a system of justice is a concept that has permeated all ages and all faiths; from the Buddhist philosophy of life as an eternal stream one enters each day, with the newness of the flow of water representing the fresh start received each day, to the Christian-Judeao teachings of a God who rules with mercy and justice and allows his followers to reconcile themselves with him. Our Constitution, rooted in the separation between church and state, provides for mercy through pardon and reprieve.

Fleet Maull does not seek an outright pardon for the offenses he has committed. He understands that a commutation is not a removal of guilt but merely the replacement of a punishment with a less severe one. According to our own Supreme Court, commutations are an integral part of our justice system and our Constitutional scheme. They are based upon the premise that the public welfare will be better served by inflicting a lesser sentence than the judgement fixed. See Ex parte Grossman, 267 U.S. 87, 120-121 (1925). Mr. Maull's unique character and his accomplishments in the prison community show that the public welfare will in fact be better served by a reduction of his sentence.

Several facets of the general population would benefit from Fleet Maull's reassimilation into society. He has improved the prison population in a variety of aspects. The letters of acknowledgment and recommendation accompanying his petition show what an impressive impact his actions have had on the prison population and those effected by him. These letters range from recommendations, to commendations, to offers for employment. They come from family members, fellow inmates, prison staff, and persons outside of the correctional system that have witnessed or been impacted by Fleet Maull, his actions and his message. Mr. Maull has managed to make phenomenal accomplishments despite the restrictions placed upon him within the prison system. One can easily envision the impact Mr. Maull would have on society overall were he allowed to take his message outside the prison walls.

Several of the letters in Mr. Maull's folder are from professionals in the Hospice community, and his impact on this community and his reputation there is evident. They reflect the impression this man has made on a professional community and they show the admiration these professionals feel for him as professionals and on a personal level as well.

One of the many examples of this is the letter from the Executive Director of the Hospice Nurses Association, Madalon Amenta, who writes about Fleet Maull's experience in her letter to the

Pardon Attorney. This letter not only exhibits an admiration of Fleet Maull's work with the hospice program, but also displays an understanding of him on a more personal level. Her commutation recommendation compares him to the leaders of the sixties, people who get caught up in the rush of youth culture of their time, get into trouble, and then find depth of purpose and commitment during a prison experience.

Commutations are an extraordinary remedy that are very rarely granted. They are not an entitlement of every prisoner, but an "act of Grace" granted by the executive branch of government under extraordinary circumstances such as those reflected in Fleet Maull's history.

One of the most common criticisms of clemency is that this act of amnesty grants the executive branch the ability to allow persons to escape accountability. Clemency, most commonly in the form of pardons, is often condemned because of its apparently politically rooted nature and its propensity to prevent public access to information. Neither of these factors would come into play in the commutation of Fleet Maull. There is no concealment of criminal activity in this instance nor any disclaimer from guilt.

Instances such as the pardoning of those involved in the Iran-Contra hearings are the examples of clemency which stand out most in the public's mind and offend proponents of clemency. Situations wherein those involved take no responsibility for their actions nor suffer any consequences. Situations highly different from the instance at hand.

Unlike the players in many political scandals who deny the wrongness of their actions and try to minimize their acts as "policy differences" rather than actual crimes against their country, Fleet Maull admits his guilt and has attempted to repay society for his mistakes. Fleet Maull holds himself fully accountable of the crimes charged. Whether acts of clemency such as commutation are seen as an act of grace or a benefit to public welfare, in the instance of Fleet Maull, such an act constitutes a model and ideal for the principal of commutation.

It is obvious that Fleet Maull has refocused his life. His goals and purpose in life are unselfish and pure, highly different from those he possessed prior to 1983. Mr. Maull has been incarcerated almost 11 years and has provided tremendous services to numerous portions of the prison population and society beyond its walls. His dedication despite the lack of self-benefit is an indication of his compassionate nature and something that will more widely benefit society should his sentence be commuted.

RELEASE PLAN:

The ability of an incarcerated person to reassimilate himself into society and become a constructive member of the community is a genuine concern in releasing any individual. Fleet Maull assisted numerous inmates at the Springfield institution in establishing realistic and valid release plans.

He recognizes the obstacles and challenges that release entails, and the strength and support needed to overcome them. Mr. Maull created a clear and outlined plan for his own release which is supported by the letters accompanying his petition and the progress report issued by the Bureau of Prisons.

Fleet Maull's parents, Louis and Patricia, have ensured their son that there is a place in their home for him should his sentence be commuted. This promise is documented in their letters to him and in their letter accompanying this petition. (b)(6)

(b)(6)

Several of the letters accompanying this Petition for Commutation are offers for employment should clemency be granted. The Greyston Foundation offered Fleet Maull meaningful employment working with AIDS patients in Westchester, NY. Greyston is an organization which implements its Buddhist ethics in daily life. It is known in the New York area for its work with the homeless and the underprivileged. Its most recent endeavor is to establish a home for people dying with AIDS and it has have asked Fleet Maull to serve as the pastoral counsel should his sentence be commuted. This job would allow Fleet Maull to continue his dedication to hospice patients as well as share his Buddhist faith.

The Boulder, Colorado Hospice has likewise offered him a chance to put his skills and experience to use as a spiritual counselor and a trainer of volunteers. As his qualifications outlined above show, Fleet Maull is qualified for either of these positions. His strong reputation in the hospice community and his proven work ethic within the prison system impressed this organization enough to offer to bring him on board should his sentence be commuted.

In addition, while his brother Louis Maull acknowledges Fleet Maull's preference to work in a hospice setting, he assures a place for Fleet Maull in the family's food business, the Louis Maull Co. should the hospice opportunities not be fulfilled. Based upon the strong support of family, friends and professional associates in the hospice field, the risk of Fleet Maull becoming a burden upon society after his release is virtually non-existent.

Fleet Maull is a unique and inspiring individual who has demonstrated and shared his strength and courage, despite his incarceration. Over the last 11 years Mr. Maull improved the quality of life at the United States Medical Center for Federal Prisoners through compassion, education, and example. Granting Fleet Maull's Petition for Commutation would better serve the public welfare.

Thank you for your attention to this petition. If you have any questions about Fleet Maull or his Petition for Commutation, please do not hesitate to contact me.

Very truly yours,

Arthur J. McCabe II

AJM/eo
enclosures

GREYSTON FOUNDATION

21 Park Avenue • Yonkers, New York 10703-3401

May 10, 1996

William Clinton
President of the United States
The White House
1400 Pennsylvania Avenue, N.W.
Washington, D.C. 20226

RE: Clemency Petition for Fleet W. Maull #19864-044

Dear President Clinton:

As President of the Greyston Foundation, I want to follow up on the letter sent to you by our founder Ven. Bernard Tetsugen Glassman on December 28, 1995, urging you to grant clemency to Fleet Maull. Because of Mr. Maull's work over many years counseling and providing for the needs of men dying of AIDS in the US Medical Center in Springfield, MO; and because of his repute as founder of the National Prison Hospice Association; and because of his rare qualifications as a Buddhist priest, Mr. Maull is a unique and irreplaceable resource for the HIV/AIDS center that we are about to open here in Yonkers.

This center is designed specifically to meet the needs of homeless and indigent people living with HIV/AIDS. Similar to the AIDS population in the prison system that Mr. Maull has been working with, ours will be a multiple-diagnosis population challenged by issues like substance abuse, mental instability, and lack of family support systems, on top of all the other burdens of this dreadful disease. Renovation of the 55,000 square foot site begins next month. There is a great deal of program development work still to be done, much of which should be done by Mr. Maull. In any case, we strongly desire him to be onsite as of Spring 1997 in time for the center's opening.

I am please to add that major funding for this facility, which will provide both housing and comprehensive health services, has come from the federal government, including $2.3 million from HUD (along with a citation as a Special Project of National Significance).

Hundreds of impoverished men and women suffering the scourge of AIDS will be eternally grateful if you can find the means to pardon this man, who has clearly so much good to give back to society.

Respectfully yours,

Charles G. Lief,
President

Telephone
(914) 376-3900

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Facsimile
(914) 376-1333

A PUBLICATION OF THE NATIONAL PRISON HOSPICE ASSOCIATION

NPHA News

Volume 1 Issue 3 Winter 1996/97 Boulder, CO

MISSION STATEMENT

The National Prison Hospice Association exists to promote hospice care for terminally ill inmates and those facing the prospect of dying in prison. Our goal is to support and assist corrections professionals and outside groups in their continuing efforts to develop high-quality patient care procedures and management programs in the prison systems. Our sphere of activities ranges from building and maintaining a network for the exchange of information between corrections facilities and hospices, to serving as a consulting and support body for hospice-related programs currently being developed.

INSIDE:

Interview with Florence Wald Part 2

by Jane Kolleeny and Nealy Zimmerman. Also present: Henry Wald.

Last year Nealy Zimmerman and Jane Kolleeny of the Connecticut chapter of NPHA interviewed former dean of the Yale School of Nursing, Florence Wald, who was one of the founders of the hospice movement in America. In the first part of the interview, Mrs. Wald discussed the origins of hospice in America, and how the issues surrounding terminal illness have changed since the 1950's. In this part of the interview, Wald talks specifically about terminal illness, dying, and the advantages of hospice in the prison environment.

Jane Kolleeny: In a prison hospice program, in addition to the medical staff, there are hospice volunteers among the inmates. What do you think about inmate volunteers in terms of the fact that they might have a violent background? Do you think a hospice volunteer program might have some rehabilitative qualities?

Florence Wald: Any volunteer who's helping someone else, having the experience of doing something kind or helpful for another person raises self-value, self-image. As they are doing it for that person they are also doing it for themselves.

K: Which is a wonderful thing. However, there is a strong attitude in our society regarding people who are in prison: these people have committed crimes against society and they are in prison to be punished. Why should we care about their well-being? Our tax dollars pay for educating them. Why should we let them have fitness rooms where they can work out? Why should we support a hospice program? Who cares about these people?

Henry Wald: That's one school of thinking, and they say it's costing more to keep inmates where they are than to find some way to bring them back into society.

W: I am not an expert on violence and how it erupts. But I see the growing number of poor people living in decaying city neighborhoods alienated from those who have been able to support themselves. They are isolated with little opportunity to lead a productive life. Look at their place in society. Go through Harlem, New Haven or Hartford. If we had to live in conditions like these, what would it feel like? I'm in a car, and I can go. They don't have a car.

K: State by state, legislation determines the policies regarding discharging prisoners when they're terminal. Some can be discharged to their families, and some can be discharged to a local hospice or hospital, if they committed a lesser crime. If they are a murderer, they won't be discharged. Do you have

See Florence Wald, page 5

Update from the Executive Director

While NPHA's mission and activity remain focused on patients facing terminal illness and the prospect of dying within the confines of a correctional facility, we want to avoid being restricted to a model of hospice which concerns only the last weeks or even months before death. We have seen several factors — the AIDS epidemic, longer prison sentences, and the graying of the prison population — combined with the current socio-political situation in our country, call for an expanded hospice model to include aspects of care which address the inmates situation well before he/she enters final stages of illness. Our expanded prison hospice model includes the following:

- high quality palliative care and symptom management
- psychosocial and spiritual support
- compassionate release programs
- increased family visitation
- inmate volunteer programs
- bereavement referrals and services for families
- bereavement services for family, inmates and staff
- secure "outside" hospices
- further development of existing prison hospice programs
- continuing hospice education
- availability of experimental or emerging drug therapies designed to prolong life or cure disease, e.g. protease inhibitors.

The AIDS epidemic has placed new and specific demands on hospice, especially in the correctional setting. An expanded prison hospice program would provide not only end-of-life care, but also confront life-threatening illnesses, such as HIV, when death is not necessarily imminent. Such terminal and life-threatening illnesses raise many issues for patients and families which can be addressed within the hospice framework earlier in the disease process.

This model is based on our present understanding of the realities and issues surrounding care for seriously ill patients in correctional facilities. We are confident it will continue to evolve as we learn more, and as changes occur in the political and corrections climates.

We continue to be encouraged by the efforts we see being made by corrections and hospice professionals as awareness of end-of-life issues continues to be awakened across the United States.

Sending sincere thanks for your continued interest and support.

With warm regards,

Elizabeth L. Craig

National Prison Hospice Association
P.O. Box 941
Boulder, CO 80306-0941
Phone: 303/666-9638
Fax: 303/665-9437
npha-news@npha.org
http://www.npha.org

How Can You Help? NPHA is perpetually in need of help with our activities, from presentations at, and reporting on, conferences to compiling and mailing information packets, to telephone and office supplies. Please feel free to let us know if you are willing to donate some time and/or expertise. As is the case with many non-profit organizations, NPHA survives only through the generosity of foundations and private donors. Please consider sending NPHA a contribution in any amount, great or small. NPHA is described under 501 (c)(3) of the IRS code and all your donations are tax-deductible.

FMC - Fort Worth
A Prison Hospice Model for the Future?

By Anne M. Seidlitz

The Federal Medical Center at Fort Worth, Texas, built in 1956, is one of six federally run prison medical centers. Correctional medical centers like FMC-Fort Worth remain invisible spots on an American landscape in which the realities of prison life are largely obscured from the public's view.

NPHA Executive Director, Elizabeth Craig, visited FMC - Fort Worth in March, 1996 to observe and gather information about the unique prison hospice program. The prison is not a forbidding place from the outside; its complex of buildings sits on a grassy rise not far from the city. Except for the coils of razor wire that top its high fences and armed vehicles at its perimeter, FMC-Fort Worth is hardly distinguishable as a prison. But inside its walls nearly 1400 male inmates are incarcerated, approximately 580 of whom have been transferred from other prison facilities not designed to care for them. These inmates have a spectrum of illnesses ranging from chronic asthma to full-blown AIDS, making ambulatory to long-term care a necessity.

The 800 or so healthy inmates at Fort Worth are incarcerated there for the services they can provide at the Medical Center. One capacity in which the healthy population supports the hospitalized inmates is through their participation in a special program at Fort Worth, the Inmate Hospice Program. This program was introduced in 1994, and has since become a model for hospice in the corrections environment.

Hospice is a movement in health care which addresses the special needs of the terminally ill. An increasingly prominent feature in American community health care in the last ten years, hospice is now being considered by state and federal prison administrations. While attitudes toward death and dying are changing in our communities, at the same time the number of inmates dying in prisons is rising. This fact has been attributed to the increasing number of AIDS cases in the prison population, and a trend of tougher sentencing laws that began with the Sentencing Reform Act of 1987, and which has resulted in a burgeoning number of older inmates serving longer sentences. (According to a study by the Edna McConnell Clark Foundation, aging inmates are presently one of the fastest growing population groups in American prisons.)

Do the same innovations and standards currently being integrated into care strategies for the terminally ill on the outside apply to those serving prison time? If so, what are the benefits and costs to the corrections system and taxpayers? The example of the Inmate Hospice Program at FMC-Fort Worth provides some of the answers to these important questions.

In 1994, officials from the Administration at Fort Worth approached Joelle Koncelik, a prison social worker, and prison chaplain Ricardo Alcoser with a proposal to develop the program and learn about hospice care.

In order to integrate the new program successfully into the existing prison structure, an Advisory Committee was formed to draw on the expertise of key personnel at Fort Worth such as the Director of Nursing, a Lieutenant and a Captain from the Security Division, and a Health Services administrator. The early goal of Fort Worth's Hospice Program was to formulate an effective and comprehensive prison hospice that would meet the mandates of hospice care as established by organizations like the NHO and the World Health Organization, and which would also fit easily into the corrections and medical systems already in place at FMC-Fort Worth.

The Program

Koncelik, Alcoser and Corrections officials at the Federal Medical Center refer to three fundamental principles as forming the basis of the program: Cost, Care and Corrections. The philosophy is that if all three of these areas are addressed comprehensively, then all three will be improved, bringing benefit to both the patients and the overall corrections environment.

Care

"Palliative Care" is the foundation of Fort Worth's hospice approach to caring for its patients. The World Health Organization defines palliative care as the "active total care of patients whose disease is not responsive to curative treatment. The goal of palliative care is to achieve the best quality of life for terminally ill patients." This philosophical and practical approach is one that affirms life while communicating that death and dying are an integral and normal process to it.

Continued on page 6

Prison Hospice Highlights

➢ In March, NPHA visited the Federal Medical Center at Fort Worth and is happy to report a **working hospice program** (see article in this issue) supported enthusiastically by administration, medical personnel and inmates. NPHA staff were able to attend an inmate volunteer meeting and talk with inmates and staff alike.

➢ In May, NPHA facilitated a presentation at the **National Hospice Organization (NHO) Management Conference** in San Francisco. Three presenters described their respective prison hospice programs. Paula Richardson, formerly the Supervisor of the hospice program at the Federal Medical Center in Springfield, Missouri, represented the Federal Bureau of Prisons (BOP); Michael Freytag, Executive Director of Hospice of Jackson, Michigan, presented the program at Southern Michigan Prison, which uses volunteers from the Hospice of Jackson. Ruth Gent and Eric Storch (as part of their conference tour), stopped by and discussed the "Impaired Inmate Assistance Program" which has been operational since 1992 at the Broward Correctional Institute for Women. Like the programs in the BOP, this program uses inmate volunteers successfully. Feedback from the conference attendees was generally positive, but expressed a desire for more information on how to get started.

➢ During our trip to the Bay Area, we visited the **California Medical Facility at Vacaville**, along with Nancy Jaicks, one of the founders of the **Pastoral Care Services (PCS) program**. This inmate volunteer hospice program is going strong under the dedicated guidance of Chaplain Keith Knauf. Elisabeth Kubler-Ross was instrumental in the development of the hospice program at Vacaville. Elisabeth, herself in ill health, advised mobilizing gram as having made a 360-degree turnaround from what she described in her book on AIDS.

➢ The **Elton John AIDS Foundation** awarded NPHA a small grant to facilitate hospice training at Colorado Territorial Correctional Facility (CTCF) in Canon City, Colorado. CTCF developed a **"Care for the Terminally Ill" program** in 1995. The Sangre de Cristo Hospice in Pueblo, Colorado, will provide training for medical staff at CTCF. We will keep you posted as the training program develops.

➢ The **Connecticut Chapter of NPHA** has designed a project called *"Hospice Care for State Correctional Facilities: A Feasibility Study in Connecticut"*. This study will evaluate the need for hospice and other palliative care programs in the Connecticut Department of Corrections. The project will culminate in an educational seminar based on the findings of this evaluation. This seminar will elicit feedback and discuss potential programs and services, including replication in other states.

➢ NPHA was represented at the **American Correctional Association (ACA)** conference in July, 1996, by Nancy Craig, NPHA research assistant. Much interest and support for prison hospice was expressed by participants at the conference. Significant was a session on care for the terminally ill sponsored by the Salvation Army at which both American and Canadian medical officers described their programs.

➢ We attended the 20th National Conference on Correctional Health Care sponsored by the National Commission on Correctional Health Care (NCCHC) and the University of Illinois at Chicago College of Medicine which took place this year (October 28-30) in Nashville. The conference included three presentations about death and dying issues, two of which were about correctional hospice programs. The conference is an invaluable resource, and we encourage those interested in prison hospices/medicine to attend the conference next year in San Antonio, Texas.

➢ In November, 1996, the **18th Annual Symposium and Exposition** sponsored (in part) by the National Hospice Organization took place in Chicago. Ruth Gent and Elizabeth Vogt presented the Broward Correctional Facility's hospice program in a concurrent session called, *"Behind Bars: Providing Hospice Services in Correctional Facilities"*. NPHA's Elizabeth Craig presented the national view of prison hospice care. The Federal Bureau of Prisons was strongly represented, as well as state hospices interested in starting or continuing a relationship with their local Departments of Correction.

SPECIAL THANKS to the Peter Buttenweiser Fund of the Tides Foundation for their generous grant to support NPHA operations.

ACKNOWLEDGMENTS:

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- Pearl Olson for editorial support.

tetness. Those things that happen when you're dying anyway would be exaggerated among prisoners. For volunteer inmates to observe and support that effort is interesting to think about, and hospice training becomes important.

W: Training and supporting. But listening comes first.

K: It would not cost tax-payers money for inmate volunteers to help terminal patients. It would also have rehabilitative qualities for the inmate volunteers as well as helping people who are dying. It seems overall a good thing to do.

W: - - Economically.

K: - - And psychologically. According to the media, relatives of murder victims usually want vengeance. If they can punish someone who has committed a crime, that will alleviate their suffering. For example, if they can punish the killer of their daughter, put the killer away, that will be a new beginning for them. That's the only way they conscious and want to communicate up to the last minute. Of course, the trajectory depends on how patient and family are communicating, how much they've been able to discuss and whether they are at the same point of ability to let go. A good sense of humor helps. I admire the nurses who, through music or a phrase, can get a whole group of people - patients, families, nurses - into a dialogue. It's a constant dance, in a way, of getting a sense of what's going on and then taking risks. There are these wonderful things, the "hospice moments" where everyone is working together, the staff, the patients, the family. They know what they are trying to accomplish, and not only get over an obstacle, but leap over it. It's a collective experience. Exactly what makes it work, I don't know. But it's powerful when you see it.

K: People are tentative and fearful about being around someone who's dying.

about it, everybody said she had gone off her nut. But with experience, people are more respectful of the possibility that there's only so far we can go. The rest has to be experienced by people who are on the point of death. In our own experience of what we see, each of us has a different end point. My own, for example, is the realization that breathing stops but the presence of that individual is still in the room. Such a presence can last as long as a few days.

K: Do you think a patient who's dying goes in and out of the experience of death?

W: Yes, I do.

W: I think that happens. The same thing can happen if you go through any kind of crisis. When it's death people have gone through, it is even more compelling. In terms of prison

Continued on next page

Koncelik calls the "heroic measures" that are often taken as the patient's vital functions weaken. After being better prepared psychologically and spiritually for death through the hospice approach, inmates more often request to sign "Do Not Resuscitate" orders, asking not to be put on ventilators or other means of life support towards the end. This saves the prison a huge amount of money that would otherwise be spent on procedures that have been increasingly viewed as undesirable from the standpoints of both patients and care-givers.

A vital component of the Hospice Program at FMC-Fort Worth is the Inmate Hospice Volunteer Program, made up of approximately fifty volunteers from the healthy prison population who perform a spectrum of functions as part of the Care Teams. Many of the services they perform, from range of motion exercises to psychological support as "buddies" of the sick inmates, would otherwise be done by either an expanded nursing staff or outside groups. Again, the Hospice Program's utilization of existing prison resources has proven to streamline the costs of caring for its most critically ill inmates while providing these inmates with a consistent and reliable support network.

Corrections

The full range of corrections issues effected by the introduction of a hospice to the prison environment were not able to be assessed until after the program was fully operating. Certain security issues were relatively easy to anticipate, particularly regarding the decrease in the movement of sick inmates in and out of the prison, which cut down on logistical concerns for the Security Division. Security officials did have to implement procedures for increased family visitations, but these were easily integrated into the existing security system in the Long Term Care Unit. The hospice program accommodates more frequent family visits because, unlike visits to inmates in outside hospitals where security measures have to be provided, at FMC-Fort Worth security is already in place.

The Inmate Volunteer Program posed another challenge. Central to daily life in every prison are "institutional counts," security procedures during which all the inmates are systematically counted. In the initial stages, procedures had to be set up between the Hospice Coordinators and Security, which would allow Inmate Hospice Volunteers to be counted out of their unit in the Long Term Care Unit if it was established that they needed to be with their assigned hospice patient. So far this system has run smoothly. In addition, the presence of Inmate Volunteers has actually strengthened security within the Long Term Care Unit. It has been proven that the volunteers routinely help deflect the number of disruptive incidents that can sometimes occur as hospice patients change in their ability to function physically and mentally in their environment.

The Hospice Program has had a positive impact on Fort Worth's healthy inmate population. The program sends out the message that prison officials and its Health Care staff are attending to the needs of even the sickest inmates. Much of this message is disseminated through the inmate volunteers. After an intensive three-week training program educating them about a wide range of health care and hospice issues, the volunteers are then prepared to work closely with the medical staff, and see first-hand that adequate care is being given to each patient. The positive picture that they bring back out to the general prison population cuts down on the customary resentment and distrust felt when an inmate dies. The personal benefits to the volunteers have also been keenly felt. One inmate volunteer recently observed that the Hospice Program at Fort Worth "is the only place here where we can show love."

In spite of all its successes so far, Fort Worth's Hospice Program has not been completely problem-free. Joelle Koncelik identifies the most challenging problem as the quarterly change in staffing in the unit. As a result, she has had to maintain an almost ongoing training program for new staff.

The Impact of Fort Worth

The logic of developing a hospice program for the Federal Medical Center at Fort Worth was threefold: the program would enhance the quality of care it could offer its sickest inmates, would assist in correctional issues—and at the same time would decrease medical costs for the Bureau of Prisons. Reports from all sides have shown that the program has succeeded in accomplishing these goals. But the Inmate Hospice Program potentially has a positive impact beyond the perimeters of the Federal Medical Center at Fort Worth. In developing and implementing the extensive series of guidelines which define the Inmate Hospice Program, Fort Worth has done some of the important groundwork for what is becoming a new and necessary trend in prison health care: prison hospice. As Joelle Koncelik has said, "As corrections professionals, we are becoming expert in such trends as youthful offenders, more violent crimes and longer, non-parole sentences. Death in prison is another thing we will have to become expert in."

October 30, 1996

The following is a quote from an inmate hospice volunteer at the U. S. Medical Center for Federal Prisoners in Springfield, Missouri. The hospice program at this correctional facility is similar to the program described in Fort Worth: A Prison Hospice Model for the Future? (see inside)

One afternoon, as I approached my patient's room on the oncology unit, I noticed a guard posted outside my hospice patient's room. His mother and stepfather were visiting bedside. I was relieved and happy to see them there, knowing how desperately my very young and often angry friend, facing a tragic early death from leukemia, needed his parents' love and presence.

I looked in thinking to let him know I'd be back later, but stopped and stood silently, watching his mother holding him in her arms and rocking him gently as she'd done so many years before. I lingered a bit, enjoying the beauty of a mother and son comforting each other, and then left without making my presence known. That moment has stayed with me, as I suspect and hope it always will.

My friend just recently received a compassionate release, seemingly on the brink of death; and was airlifted to a hospital back home near his family. Yesterday, I received a letter written for him by his mother. He is hanging on, still too weak for a bone marrow transplant, but he has found both hope and peace there at home with his family.

Hal Bradley

National Prison Hospice Assocation
P. O. Box 941
Boulder, CO 80306-0941

Prison hospice volunteers help terminally ill fellow prisoners prepare for death.

By Dawn Peterson
News-Leader

John Glasscock celebrated the Fourth of July with a friend and a picnic — behind razor-wire-topped fences and in the shadow of the watchtower of the Medical Center for Federal Prisoners.


Glasscock

Glasscock, a hospice volunteer, is part of an intra-prison hospice program established at the medical center in 1988. Through the program, inmate-volunteers help terminally ill peers come to terms with death while gaining a new respect for themselves.

"It was a tiring day, but it made me feel good," Glasscock says, recalling the memory.

It was also a breakthrough. Independence Day marked the first time Glasscock's patient had initiated an activity.

Caregiving has changed the 33-year-old Glasscock.

"Prior to this, I was a very self-centered, criminal type, I guess."

He got involved in the program last December and started training as a volunteer in February. He plans to study for the ministry after his release.

"It just seemed like a match made in heaven," he says, only half-jokingly.

Since the program's start, approximately 140 inmate-volunteers have helped terminally ill patients prepare for dying in prison.

Most of the inmates at the prison hospital have some type of health problem or are under psychiatric care. Others are low-security offenders. All are male.

The program, which currently has 12 volunteers and serves 13 patients, has been used as a model for other programs in at least three federal and several state institutions, says chaplain Mike Reighard, director of the hospice program.

"I think the hospice program has provided an environment where it's more OK to provide humane, compassionate care," says Fleet Maull, 46, an inmate and a hospice volunteer since the program began. Maull is working on his doctoral degree dissertation on spiritual care in hospice and has written about the program for a hospice journal and other publications.

Medical center nursing staff and inmates work together in providing care and meet once a week to discuss patient needs and concerns.

In addition, the inmate-volunteers have one-on-one visits with their patients and work on developing relationships with them.

"Inmates trust other inmates much more than staff sometimes," Reighard says.

Hospice volunteers come from a variety of ethnic and faith backgrounds, including Buddhist, Catholic and Protestant, reflecting the diversity of the 967 inmates in the facility.

They are men convicted of white-collar crime and men convicted of violent crime. Some may have killed, Reighard says.

For security purposes, background checks are done on potential volunteers. But no matter what their crimes, inmates have an opportunity to care for others if they've shown the desire and the good behavior record to back it up, he says.

"Inmates have a chance to prove themselves, to give them(selves) a chance."

After that, they may end up having to prove themselves again and again to their patients.

Glasscock's patient is in his fifth institution. "He refused to talk to anybody," Glasscock says.

"It took a lot of constantly being there, so he could see I was serious about it."

See HOSPICE, Page 7G


Steve J.P. Liang / News-Leader

Chaplain Mike Reighard shares a laugh with Alvaro Cardona, a volunteer in the hospice program at the Medical Center for Federal Prisoners.

Inma e fi ıds friend, new will to live

By Dawn Peterson
News-Leader

When Randy McDowell first entered hospice care at the Medical Center for Federal Prisoners about three months ago, he was sneezing yellow mucus, and his 6-foot 6-inch frame weighed just 110 pounds. AIDS was getting the best of him. He didn't have the strength — or the will — to live.

"I was alone," McDowell says. "I was alone here. I was at the point I couldn't write my family."

Then he met Hal Bradley, hospice volunteer.

"He reached out," McDowell says. "He got me out of the bed."

Out of bed and into church. One trip to the prison chapel service with Bradley, and McDowell was hooked. He hasn't missed a service since. The two men do Bible study together. And McDowell just finished the first course of a two-year certification program that, when completed, will allow him to work in a church. His weight is up to 155 pounds, and he's looking forward to a release date of Dec. 20.

"Needless to say, this is the pride of the program to us," Bradley says, looking over at his friend. "He is a miracle."

The mutual admiration the men have for each other took time to develop.

"When I first met him, I said to myself, 'Well, he's an inmate like me,' and I looked for fault in this gentleman," McDowell says. "And there wasn't."

"We're family," McDowell says. "We're family to each other because we both don't have any family (here)."

The two friends try to get together for at least an hour each day, during which time they write letters home. Bradley carries letters from McDowell's mother in a bag.

"I keep them with me," he says. "They're pretty special to me. It's good for those on the outside, too, I guess."

Being a caregiver: "It's the best medicine you can give," Bradley says.

Bradley, who has liver disease, says his view of death has changed during his time as a volunteer.

"I look at it totally different now," he says. "I look at it with reverence rather than fear."

Hospice

Continued from 1G

least will deal with people.

Hospice work can be draini Glasscock says. "It just depends the day.

"It's kind of like a roller-coa ride, I guess. It has its ups downs."

Sometimes volunteers end u ing more than caregivers.

"We become kind of like a su gate family," Glasscock says.

It's a role that comes natural hospice volunteer Alvaro Cardon He grew up watching family mem care for the elderly and the sick

But he had never provided kind of care himself until afte went to prison and became a ho volunteer.

He's been involved in the pro for two years, finding the care gi two-pronged learning experien

"You learn from them more you've given to them."

Florence Wald Part 2

continued

hospices, I am concerned about the size of the group, both patients and volunteers, and that we know how vast their experience is and how it is dealt with. They are a part of the total population, mostly disenfranchised peoples, which our health care system knows little about. The development of prison hospice care may only come through volunteer groups within and outside of prisons being in contact with one another. We have much to offer and much to learn from those who die in prison and those who help them. It is a disenfranchised population. We need to know if we can help healing to take place. Can fellow prisoners surpass prison staff and non-prison volunteers in understanding and support?

Hospice is an interdisciplinary comfort-oriented care that allows seriously ill patients to die with dignity and humanity with as little pain as possible in an environment where they have mental and spiritual preparation for the natural process of dying. Each patient has a hospice team made up of physicians, nurses, chaplains, social workers and hospice volunteers. Palliative Care, symptom management and family support are crucial parts of the hospice philosophy.

FMC - Fort Worth

Continued from page 3

The staff doctors, nurses, social workers and volunteers in the Long Term Care Unit are being trained on an ongoing basis regarding the protocols and procedures of comprehensive hospice care. Koncelik and Alcoser have brought in a wide spectrum of hospice care professionals who have shared their expertise and experience with the Fort Worth medical staff and inmate volunteers.

According to the hospice model, the medical needs of Fort Worth's hospice patients are only one facet in a holistic approach to care that also stresses the importance of the patient's psychological, social and spiritual needs. As the patients have abandoned aggressive curative measures, the main job of the medical staff centers on pain management and generally keeping the patient comfortable.

Inmate volunteers read aloud to the patients, write letters for them, or just sit with them quietly. As the prison is required to offer the inmates access to religious representatives of many different faiths, these individuals also become an invaluable part of the Care Team. The regular prison chaplain meets with the patients a few times a week, and a social worker meets with them daily.

One of the main objectives of the hospice program is to keep the patient actively involved in decision-making regarding his care, even though a cure may no longer be a realistic possibility. Joelle Koncelik says the hospice program encourages the patients to "focus on what they can still accomplish in the time left rather than commiserate over what won't get done because of time lost." The Care Team works together to foster a sense of independence in thepatient, and helps him maintain as high a quality of day-to-day living as possible.

The hospice coordinators are in regular contact with family members, who are given increased access to the hospice patients through visits or telephone calls. Designated members of the Care Team also help the family in the bereavement process when the patient dies. There is also bereavement counseling and debriefing for the Inmate Hospice Volunteers who often become close with the hospice patients they are assigned to.

Cost

Since its inception in 1994 the Hospice Program has proven to consistently reduce the costs of caring for its terminally ill inmates. A number of features of the hospice program contribute to its cost benefits. The central contributing factor is the self-containment of the program within the prison's Medical Center. As nearly all the medical and support needs of the hospice patients are met in the Long Term Care Unit, the number of outside trips to hospitals has decreased dramatically, saving the considerable expense involved. The patient benefits as well: rather than being shackled to a bed in a strange hospital, he stays in familiar surroundings with his Care Teams providing the support and care he is accustomed to.

Another cost-saving effect of the Hospice Program at Fort Worth is a marked reduction in what

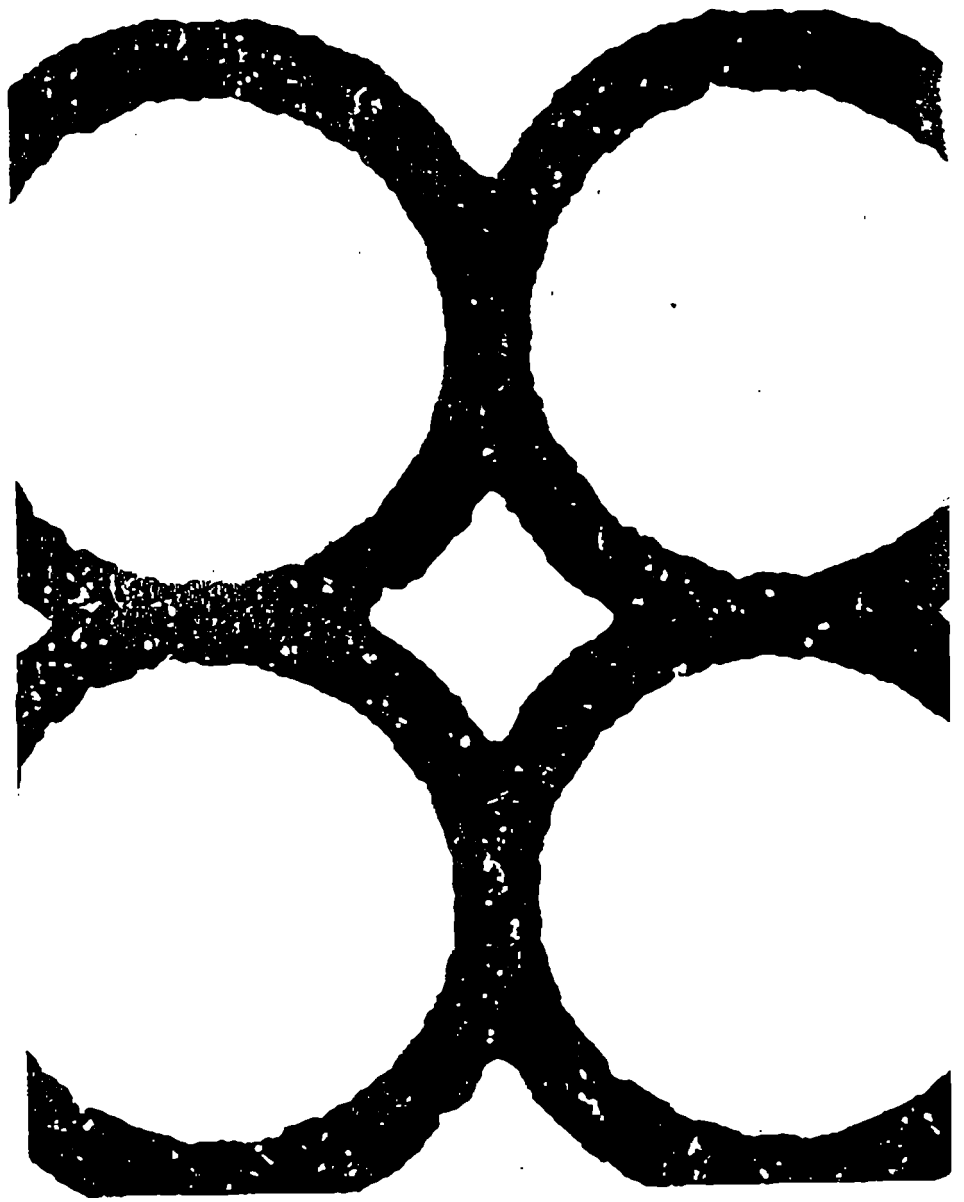
Continued on page 7

A Prayer for the Dying

Steve J.P. Liang / News-Leader

Inmate and hospice volunteer Hal Bradley comforts Randy McDowell, his patient and friend. The two try to get together for at least an hour a day.

Greyston Foundation



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76 3900 FAX 914 376 1333

MISSION STATEMENT OF THE GREYSTON MANDALA

TO CREATE A NEW MODEL OF COMMUNITY DEVELOPMENT, INSPIRED BY CORE VALUES OF THE BUDDHIST TRADITION: COMMITMENT TO A PATH OF PERSONAL GROWTH, DEVELOPMENT OF WISDOM AND COMPASSION, AND CELEBRATION OF THE WHOLENESS AND INTERDEPENDENCY OF ALL LIFE. TO HEAL AND ENLIGHTEN OUR SOCIETY BY:

EMPOWERING OURSELVES AND OTHERS TO LEAD SELF SUFFICIENT AND PRODUCTIVE LIVES.

WORKING WITH REJECTED PARTS OF SOCIETY - INCLUDING THE REJECTED PARTS IN OURSELVES.

CREATING AND STEWARDING HEALTHY INSTITUTIONS WHICH, IN THEIR VERY NATURE, ARE CATALYSTS FOR INDIVIDUAL AND COMMUNITY TRANSFORMATION.

HE GREYSTON MODEL

reyston Foundation and its network of not-for-profit and for-profit organizations was founded to help transform the lives of individuals, families, and communities in America's inner cities. Since the early 1980's Greyston has pioneered a new model of community development which timizes individuals' ability to negotiate the difficult path from melessness and welfare dependency to self-sufficiency.

eyston brings five special strengths to its mission:

- **a powerful attention to the individual.** It is individuals who change—one person at a time. Greyston helps each person discover his or her own critical path to a life of self-sufficiency, productivity, and dignity.

- **a methodology that works on wholes, not parts.** Greyston addresses the whole individual by providing for needs ranging from jobs and job training, housing, childcare, and health to the more intangible human needs for social, emotional, and spiritual support. It also addresses the whole community, by affecting the conditions of its physical infrastructure, services, and economic development.

- **a deep-rooted spiritual commitment to the relief of human suffering.** Informed by core beliefs derived from the Buddhist heritage of its founder, Greyston sees all life as interconnected. A wound to any part of the social fabric is a wound to oneself. The staff of Greyston are committed to healing society's most intractable and unattended social ills. Greyston fosters a conscious social activism that merges service to the community with self-awareness and personal growth.

- **an unusually wide range of resources.** Greyston is a pioneer in blending for-profit businesses, not-for-profit social agencies, and faith communities, aligning their different capacities toward shared purposes and

THE GREYSTON MOD

values. A key component of Greyston's strategy is the creation of business ventures that generate jobs, skills enhancement, and local economic development. Greyston is among a handful of community development organizations in the country that has a track record operating a profitable business alongside, and integrated with, its non-profit activities.

- **a unique heritage.** Greyston was founded in 1979 by Bernard Tetsugen Glassman, an applied mathematician and aerospace engineer turned Zen Buddhist priest. Roshi Glassman ("Roshi" signifies the highest level of Zen teacher) continues to actively guide Greyston with his unique blend of visionary leadership, analytical acumen, and entrepreneurial vigor.

Greyston does its work in Yonkers, the fourth largest city in York State, located immediately north of New York Ci Westchester County. Despite the affluence of its mostly su ban population, Westchester has one of the highest per c homelessness rates in the United States. Southwest Yon where all the Greyston entities are located, is the poores in the County and a federally-designated Economic Dev ment Zone.

The Greyston Foundation is a tax-exempt public found serving as an umbrella to provide strategic leadership, re development, and management services to the entities Greyston network described in the following pages. A decade and a half of experimentation and growth, Gr demonstrates that by merging comprehensive services wit cial attention to the inner life and development of indiv it is possible to catalyze real, lasting change in our most i erished communities.

E GREYSTON BAKERY

ounded in 1982 by the Zen Community of New York as a livelihood for its members, the Greyston Bakery soon took as its mission the social and economic betterment of the decaying neighborhood surrounding it. We began to hire and train homeless and economically disenfranchised local people who were ready to seize the opportunity to work their way into self-sufficient, productive lives. The bakery has employed over 200 local residents, giving them skills that are readily transferrable to other baking and commercial operations. Today, the Greyston Bakery is a profitable $3 million business that markets all-natural gourmet cakes and tarts to top restaurants and stores, and is the sole supplier of the fudge brownie chips used in Ben & Jerry's ice cream and frozen yogurt.

GREYSTON FAMILY INN

Greyston Family Inn responds to the challenge of homelessness by rehabbing derelict buildings into *permanent* housing units for formerly homeless families backstopped with a continuum of supportive services including counseling and job placement (sometimes at the Greyston Bakery). GFI's first building was opened in 19[illegible] and includes a 60-child daycare center serving residents and neighborhood parents enrolled in educational, job training, and counseling programs. Nine more units were opened in 1994, and in 1996 GFI will grow to 30 units. Future plans include affordable housing for working poor, additional homeless units, an after-school program, and services for persons living with HIV/AIDS.

I'VE BEEN AT G[illegible] THREE YEARS. VE BEEN GI[illegible] LOT OF RESPONSIBILITY HERE AND I FEEL VE[illegible] RESPONSIBLE OUTSIDE THE BAKERY TOO. AVE BILLS AND I PAY THEM. I'VE BECOME A TAXPAYER. BEFORE, I NEVER SAW SUCH POSSIBILITIES WITHIN MYSELF B[illegible] OF OTHER THINGS I WAS INTO."

Kaid[illegible] Greyston Bakery chef

"A YEAR AG[illegible] SEEM AND I THOUGHT N[illegible] WOULD HIRE M[illegible] BECAUSE I HAD NO WORK EXPERIENCE. GREYSTON SHOWED THEY HAD FAITH IN ME. NOW I HAVE FAITH IN MYSELF."

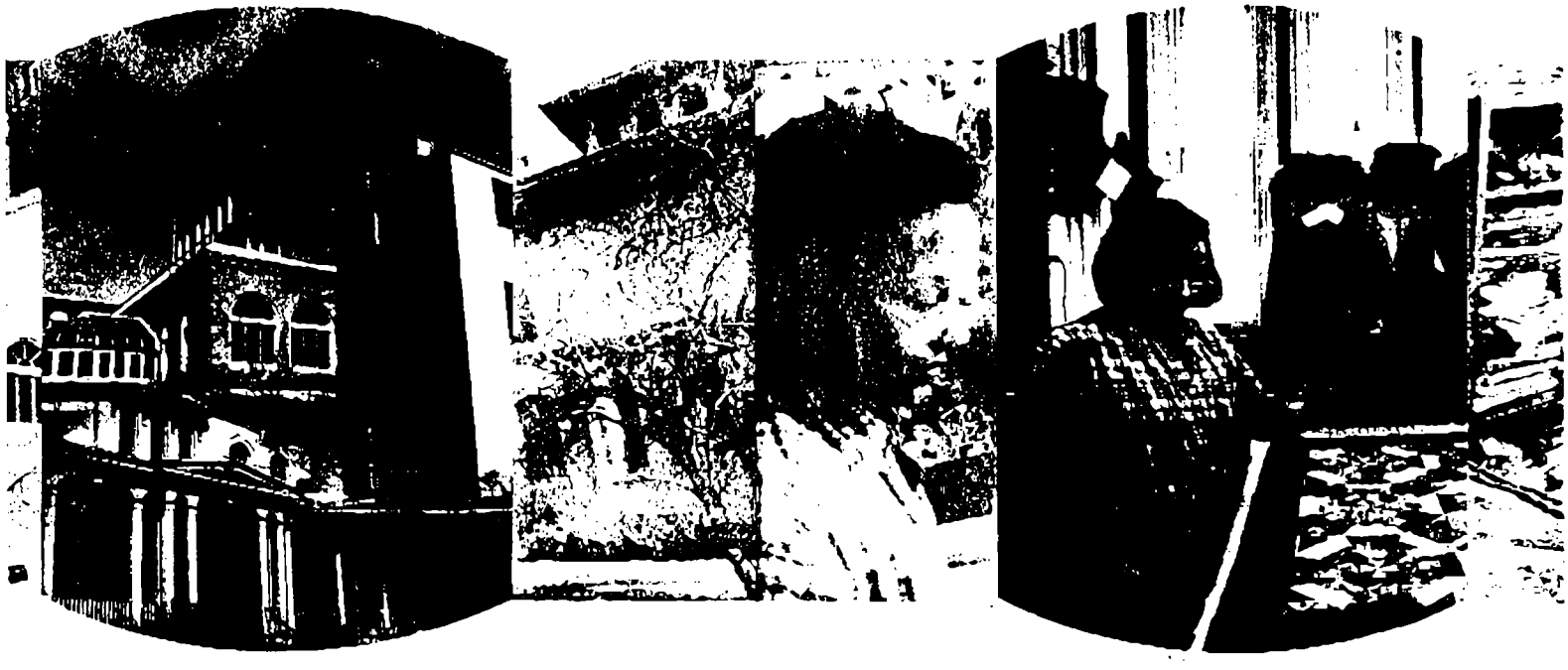
Wendy P[illegible], *who moved into Greyston Family Inn from a shelter in 1994 with her four-year-old son Brian, is now Administrative Coordinator of Greyston's daycare center.*

EYSTON HEALTH SERVICES

eeting the needs of indigent persons living with HIV/AIDS, Greyston Health Services is creating 35 supportive housing units and an adjoining Adult Day Health Center to serve residents of Westchester County. We are renovating a 55,000 square foot former Roman Catholic Monastery, situated on two acres of landscaped grounds overlooking the Hudson River, to open in 1997. The approach will be holistic, attending to needs of body, mind, and spirit with a spectrum of medical, nursing, counseling, nutritional, recreational, alternative therapy, and pastoral services. Residents and outpatients will enjoy outdoor and indoor exercise space, a dining hall, common areas for visiting with family and friends, a solarium, a chapel, and a meditation room.

P A M S U L A

Pamsula is a new Greyston business designed to improve the lives of single mothers unable to enter the job market due to lack of marketable skills, childcare, and transportation. Now in the pilot phase, Pamsula recycles remnant and used fabrics into a distinctively colorful line of hand-stitched patchwork clothing, accessories, quilts, and table covers. In future, workers will have access to Greyston supportive services and will take turns caring for their children in an onsite daycare center supervised by a licensed childcare specialist.



SPENT PART OF MY CHILDHOOD IN WESTCHESTER. I IDENTIFY STRONGLY WITH GREYSTON'S SOCIAL MISSION. ITS INNOVATIVE PROGRAMS FOR THE HOMELESS AND POOR PEOPLE WITH AIDS ARE INSPIRING EXAMPLES OF COMPASSION IN ACTION."

Bonnie Raitt

"GREYSTON IS A HIGHLY INNOVATIVE AND EFFECTIVE HYBRID ORGANIZATION. ITS WINNING COMBINATION OF FOR-PROFIT AND NON-PROFIT SERVICES MAKES IT ONE OF THE FEW SUCCESSFULLY FUNCTIONING MODELS IN THE COUNTRY. IT IS ALSO A MODEL OF COMPASSIONATE SERVICE, WORTHY OF WIDE EMULATION."

Edward Skloot, *Executive Director of the Surdna Foundation*

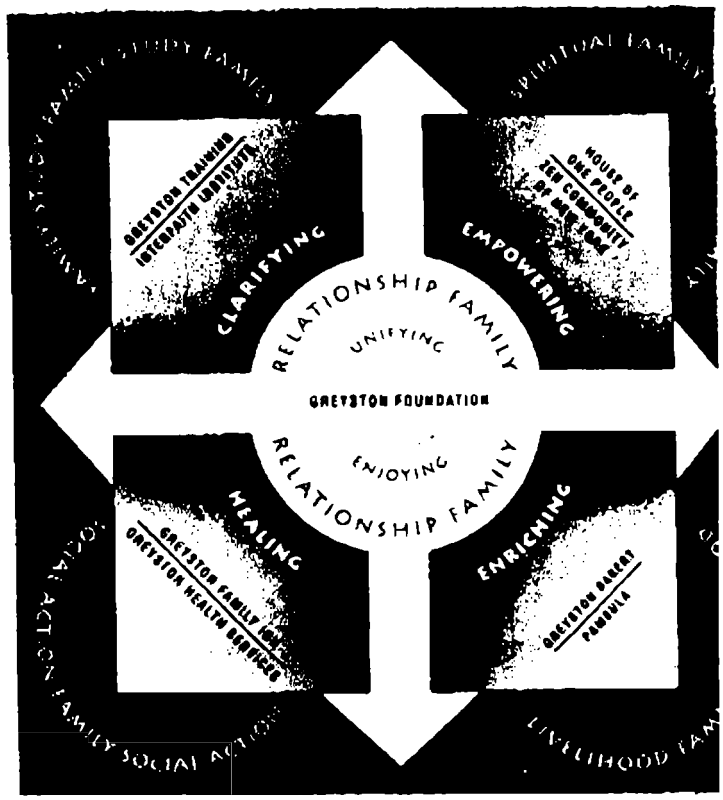
HOUSE OF ONE PEOPLE

pening in 1997 in the chapel complex of the former monastery that will also house Greyston's HIV/AIDS facility, the House of One People ("HOOP") will be an interfaith center dedicated to community healing. It will be a sacred space in which adherents of many faiths can celebrate, present teachings, and enter into dialogue with one another on an equal footing. From this base, we intend to develop an interfaith institute for the committed study and practice of traditional spiritual disciplines, social action, environmental stewardship and the arts. Daily meditation sessions and classes are currently offered by the Zen Community of New York.

"YETTA ADAMS' DEATH...IS AN INDICTMENT OF A SYSTEM THAT EVOLVED HAPHAZARDLY TO TREAT THE SYMPTOM OF HOMELESSNESS AND FAILED TO ADDRESS ITS UNDERLYING CAUSES. THIS BROAD INDICTMENT SHOULD NOT BE TAKEN TO MEAN THAT ALL OUR EFFORTS TO HELP THE HOMELESS HAVE BEEN FAILURES...THERE ARE SOME SUCCESS STORIES—MODEL PROGRAMS THAT HAVE LIFTED PEOPLE OUT OF HOMELESSNESS, PROGRAMS FROM WHICH WE CAN LEARN...IN YONKERS, NY, [GREYSTON] PROVIDES PERMANENT HOUSING FOR RESIDENTS AND JOBS IN A BAKERY AND OTHER BUSINESSES IT OWNS."

Henry G. Cisneros, *Secretary of Housing and Urban Development, writing in the Washington Post following the Yetta Adams death at a homeless encampment on a bus stop bench opposite HUD headquarters in December, 1993*

THE GREYSTON MANDALA



"ABOUT TWENTY YEARS AGO I HAD A POWERFUL EXPERIENCE OF THE SUFFERINGS OF HUMANITY AND I MADE A VOW TO OFFER WHAT I HAD LEARNED THROUGH BUDDHISM TO A LARGER GROUP OF PEOPLE THAN THOSE WHO COME TO BUDDHIST TEMPLES. I STARTED TO LOOK AT WHAT KIND OF DOORS COULD BE CREATED TO ALLOW MORE PEOPLE, PEOPLE OF EVERY BACKGROUND AND SOCIAL CONDITION, TO ENTER INTO THE EXPERIENCE OF THE INTERDEPENDENCE OF LIFE AND THE ONENESS OF LIF I TOOK THE TRADITIONAL IDEA OF THE MANDALA AS THE MODEL. MANDALA MEANS CIRCLE OR SOCIETY—I TRANSLATE IT AS 'THE CIRCLE O LIFE.' IT IS A MATRIX OF FIVE FIELDS OF ENERGY WHICH OPERATE IN ALL C OUR LIVES: RELATIONSHIP, LIVELIHOOD, SOCIAL ACTION, STUDY, AND SPIRITUALITY. BY DEVELOPING AND INTEGRATING THESE FIVE FIELDS, BOTH INDIVIDUALS AND COMMUNITIES CAN TRANSFORM THEMSELVES TOWARD GREATER HEALTH AND FULFILLMENT."

Roshi Bernard Tetsugen Glassman, *Founder*

Greyston Foundation

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TEL 914 376 3900 FAX 914 376 1333

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Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3718

Date Rcvd: 05-02-97

From: Roger L Congdon, CFRE
Roosevelt Warm Springs Institute for Rehabilitation

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

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ROOSEVELT
WARM SPRINGS
INSTITUTE FOR
REHABILITATION

DHR

DRS

Roger L. Congdon, CFRE
Director of Development

P: 706.655.5670
F: 706.655.5673
e-mail: rogercon@gomail.doas.state.ga.us
http://www.rooseveltrehab.org

Post Office Box 1000
Warm Springs, Georgia 31830-0268

The mission of the
Roosevelt Warm Springs Institute for Rehabilitation
is to empower individuals with disabilities
to achieve personal independence.

April 29, 1997

Dear Sandy:

What a nice surprise to read about you in The Atlanta Business Chronicle this week.

Aid Atlanta told me you have been in Washington for a while. Know you love it by now. I lived in Old Town twice in the last 20 years and watched it change into a great place to live and work.

Well your new job sounds like you are in a position to really make a difference. It is a fine tribute to you for all you have done for AIDS. I wish you well for sure.

Boy do I remember the time that I worked on your study. Your being there at that time was a big help. Had heard that you left and that a former United Way Executive Director had taken over. Her name was Becky Clayton and I did a on-site analysis of her United Way in Connecticut. When I got there and was interviewing the Chairman of the Board it became clear that that afternoon they were going to vote on her dismissal. Well that took me off my feet for sure. Here I was going to do a five year past and five year forward look for them using staff and volunteers and they were going to fire their Executive. Long story short they kept her on and nobody knew so the process went on smoothly. Another episode in the long history of my consulting career.

Last July I took a Director of Development position at the Roosevelt Warm Springs Rehabilitation Institute in Warm Springs, Georgia. Had spent the last four years in Chicago consulting and wanted to get back to Atlanta. When told about this job my first reaction was no way. Then they talked me into coming down and seeing the place. I did and took the job and love it here. I live in Pine Mountain and see ten or twelve cars each morning and afternoons commute, and we all wave to each other instead of - well you know what I mean.

Right now I'm working with our advisory committee in trying to put together a memorial to the President here that shows him in a wheelchair. Doug Struck from the Washington Post was here a couple of weeks ago and his story will be in this Fridays WP.

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	Roger Congdon to Sandra Thurman re: AIDS effort (Personal) [partial] (1 page)	04/29/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 5/97 [Folder 3] [2]

2018-0764-F
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RESTRICTION CODES

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P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Needless to say I am enjoying this lifestyle. We have a new $12,000,000. Center for Therapeutic Recreation, a golf course designed for the President by Donald Ross back in the thirties, fishing lake and cabins.

(b)(6) have been using the facilities here and am now in pretty good shape again - after thirty years or so of running through airports - sitting at a desk etc.

Hope that this finds you well and happy and enjoying your continuing work with the AIDS effort. Am enclosing some things from here about this wonderful place.

Drop me a line if you want. Would be nice to hear from you.

My very best wishes,

Roger

[002]

Columbia moving forward with plan for new hospital

A new Columbia West Paces Medical Center is still very much in the works, according to Columbia Georgia President Jim Slack.

Slack

Columbia is negotiating to purchase land for the hospital, which will be located as close to the present Buckhead hospital as possible, he said. The plan is for a smaller facility than the current 294-bed hospital, and for the new one to place more emphasis on outpatient services.

Columbia will continue to use the existing facility, but not as a hospital. Columbia has a long-term land lease and is considering various options for the building, including consolidating support services for its eight metro area hospitals, according to Slack. He expects to file a certificate-of-need application with the State Health Planning Agency (SHPA) for the new hospital within 60 days.

A flagship hospital in the affluent area could change the declining fortunes of West Paces, whose gross patient revenues fell from $149.6 million in 1993 to $98 million in 1995, according to SHPA figures.

ALLEGIANT UPDATE. Atlanta-based Allegiant Physician Services continues to languish in bankruptcy, having been granted an extension until June 30 to file a plan of reorganization. Allegiant, formerly Premier Anesthesia, filed for bankruptcy court protection last fall. The company, headed by Richard Jackson, made its mark in the anesthesia business by offering physicians and nurses on a contract basis to provide anesthesia services. But it sold its anesthesia business last year and announced it would concentrate on primary-care physician management and operating room software.

According to bankruptcy court records, Allegiant is suing Anesthesia Solutions Inc. — the buyer of the anesthesia business — for nonpayment of two notes totaling $22 million. Anoth-

MEDICAL ALERT

Harriett Hiland

self-defense more often than to commit crimes, the authors question the wisdom of banning guns as a solution for gun violence.

"There is never an evenhanded discussion of firearms. There is great concern about the lack of appropriate scientific methodology," said Waters.

From the article: "As U.S. handgun ownership more than doubled from the early 1970s through the 1990s, homicides held constant or declined for every major population group except young urban black men. The CDC can blame the homicide surge in this group on guns only by ignoring a crucial point: Gun ownership is far less common among urban blacks than among whites or rural blacks."

MORE FIGHTING WORDS. New presidential appointee Sandra Thurman, formerly with AID Atlanta and the Carter Center, will soon take office as the new AIDS czar in Washington, D.C. She fired off a few provocative thoughts about her new job's challenges on a recent visit to her hometown: "Homophobia and racism continue to have a devastating effect on addressing this epidemic. If we aren't diligent in addressing those issues, we will be hamstrung. I intend to repeat over and over, 'Take the politics out of public health and community health.' "

Thurman

NEW NAME. Civitan Regional Blood System has changed its name to LifeSouth Community Blood Centers. Established in Atlanta in 1994, LifeSouth was founded in Gainesville, Fla., by the Civitan Club. The nonprofit organization has grown to a network of 10

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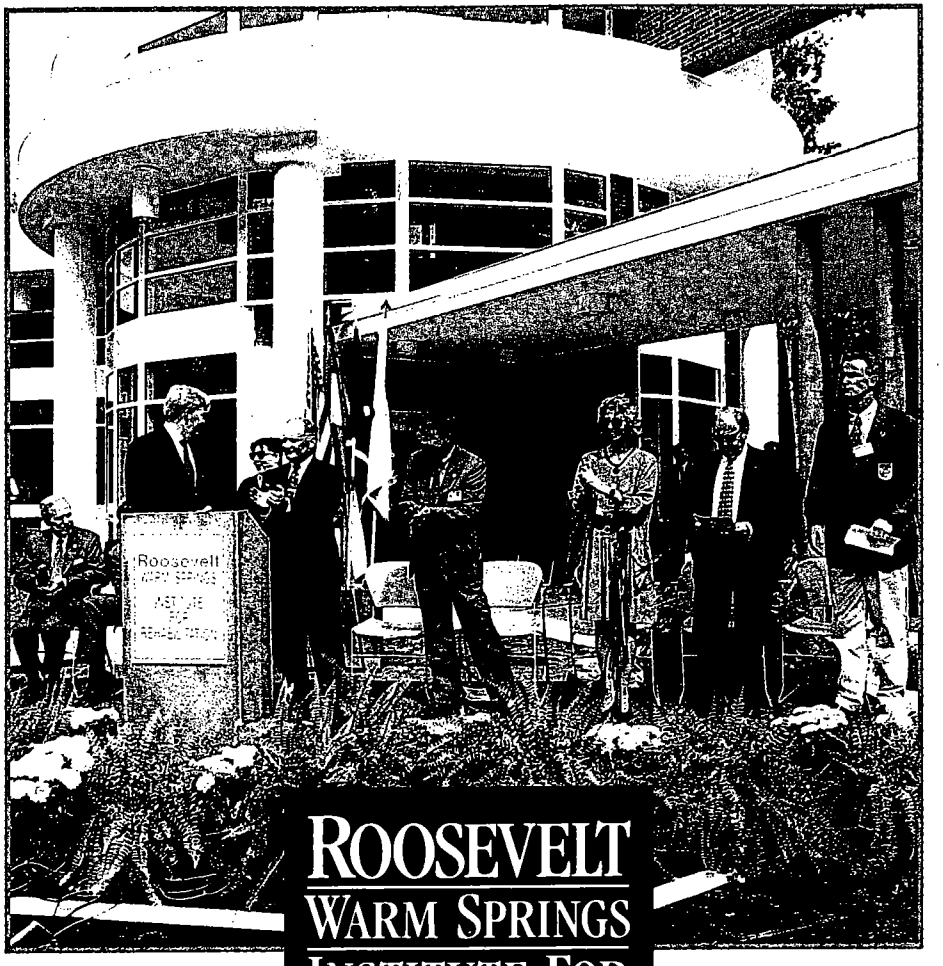
Royalty, Nostalgia And Growth Mark Dedication Of Recreation Facility



AUGUST 5, 1996

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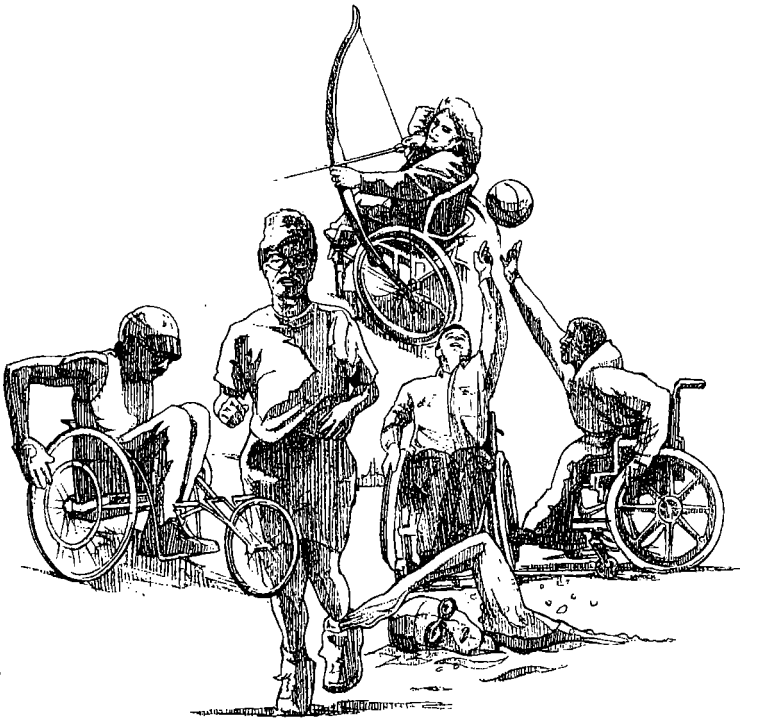
D e d i c a t i o n C e r e m o n i e s

ROOSEVELT WARM SPRINGS INSTITUTE FOR REHABILITATION

Center for Therapeutic Recreation



August 5, 1996

10:00 a.m. - 10:30 a.m.
Music
Army Ground Forces Band
Fort McPherson

10:30 a.m.
Posting the Colors
The Fort Benning Color Guard

National Anthems of The Netherlands and the United States of America

Opening Remarks
Frank C. Ruzycki
Executive Director
Roosevelt Warm Springs Institute for Rehabilitation

Master of Ceremonies
J. Bruce Williams, Jr.
Chairman of the Board
Roosevelt Warm Springs Development Fund, Inc.

Guest Speaker
Anne Roosevelt
Granddaughter of President Franklin D. Roosevelt

Remarks
Tommy Olmstead
Commissioner
Georgia Department of Human Resources

Remarks
Cees Vervoorn, Ph.D.
Chef de Mission, Dutch Team Paralympics 1996

Expression of Appreciation and Unveiling of the Donor Plaque
J. Smith Lanier, II
Chairman of the Campaign to
Build the Center for Therapeutic Recreation

Unveiling of the Cornerstone

Guest of Honor
His Royal Highness Crown Prince Willem Alexander
The Netherlands

11:15 a.m.
Open House
Tours and demonstrations

12:00 noon
Picnic Lunch

Demonstrations and tours will
continue until 2:00 p.m.

ROOSEVELT WARM SPRINGS INSTITUTE FOR REHABILITATION

Inpatient and Outpatient Rehabilitation ▪ Vocational and Independent Living Services ▪ Research, Education and Technology

Fact Sheet for Fiscal Year 1996

- The Roosevelt Warm Springs Institute for Rehabilitation is one of the nation's oldest comprehensive residential rehabilitation centers.
- In fiscal year 1996, the Roosevelt Institute provided services, through all of its programs, for 3,146 people with disabilities, including residents from 149 different counties in Georgia, 27 other states and four foreign countries.
- Top referring counties in fiscal year 1996, and the number of persons served from those counties, were Meriwether (626), Muscogee (396), Troup (344), Fulton (188), Upson (169), Coweta (149), Harris (112), Bibb (93), Spalding (89) and Talbot (77).
- Founded in 1927 by President Franklin Delano Roosevelt, the Institute has grown from a facility serving polio patients to one for people with many different kinds of disabilities. These include spinal cord injuries, strokes, head injuries, orthopedic and neuromuscular disorders and developmental disabilities. The Institute is now a facility of the Georgia Division of Rehabilitation Services.
- The Roosevelt Institute provides a full range of rehabilitation services. These include medical rehabilitation, vocational rehabilitation and independent living skills training.
- The Roosevelt Institute also maintains the state's head injury and spinal cord injury registries to ensure that patients throughout Georgia receive proper, expeditious care at appropriate facilities.
- The Roosevelt Institute's total budget for fiscal year 1997 is $25,007,656. Of that amount, 59% is based on generated and other income, 19% is provided through state funding and 22% is provided through federal Section 110 money.
- The facility is located on 940 acres of land and includes a 12-acre lake for therapeutic outdoor recreation and a nine-hole golf course commissioned by FDR. It has 67 buildings, including a 78-bed hospital, a 185-bed dormitory, a therapeutic pool, extensive service-delivery facilities and an on-site shop for customizing orthotics and other rehabilitation equipment.
- The *Center for Therapeutic Recreation,* a new $11.2 million complex, opened in fall of 1996 and serves over 200 patients and students daily. The complex includes a 72,000 square foot *recreation building* with a 25-meter pool, basketball court, running track, weight room, lockers, arts and crafts rooms, computer room, six-lane bowling alley, two racquetball courts, music room, snack bar, lobby and lounge area. Also a part of the complex is *Camp Dream,* located on the shores of Lake Dream and consisting of two lodges which can house 77 campers, a dining hall, a pavilion and outdoor pool, one-and-a-half miles of nature trails and facilities for fishing, swimming and canoeing. Adjoining the recreation building and Camp Dream is the *outdoor track and field,* featuring a six-lane 400-meter track with eight lanes, a softball field, bleachers and seven areas for field events.

(Over)

Post Office Box 1000 ▪ Warm Springs, Georgia 31830-0268 ▪ 706-655-5000 ▪ Fax 706-655-5011

Accredited by the Joint Commission on Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities.

DHR DRS

ROOSEVELT WARM SPRINGS INSTITUTE FOR REHABILITATION

Inpatient and Outpatient Rehabilitation ▪ Vocational and Independent Living Services ▪ Research, Education and Technology

A Chronology of Service

The Roosevelt Warm Springs Institute for Rehabilitation in Warm Springs, Georgia, is one of the nation's oldest comprehensive residential rehabilitation centers. Founded in 1927 by Franklin D. Roosevelt, the Roosevelt Institute has grown from a facility serving polio patients to one for people with many kinds of disabilities. The following briefly outlines the Institute's evolution:

1924	**Private citizen Franklin D. Roosevelt came to Warm Springs for the first time to swim in the warm waters.**
1927	**The Georgia Warm Springs Foundation was established by FDR.**
1928-54	**Many buildings were constructed and annually hundreds of people with polio from all over the United States, Canada, Europe and Central and South America were treated.**
1945	**President Franklin Delano Roosevelt died at the Little White House on April 12.**
1954	**The Salk vaccine erased the threat of polio and in the ensuing years the patient population and financial support declined. In the late fifties the hospital began to admit persons with disabilities other than polio.**
1964	**The Georgia Rehabilitation Center opened its doors. Built adjacent to the Foundation buildings, it was dedicated to providing vocational rehabilitation services for Georgians with disabilities. Today it is known as the Institute's Vocational Unit.**
1974	**The state of Georgia assumed the operation of the Georgia Warm Springs Foundation Hospital, which became a facility of the Georgia Division of Rehabilitation Services under the state's Department of Human Resources.**
1980	**The separate operations of the hospital and vocational rehabilitation center were merged, duplicate services eliminated, and the facility was named the Roosevelt Warm Springs Institute for Rehabilitation. A number of the Foundation buildings, as part of the Warm Springs Historic District, were designated a National Historic Landmark.**
1980's	**Many of the former Foundation buildings were renovated and refurbished. An emphasis on quality care and professional expertise assisted in increasing the census and improving the Institute's image.**
1985	**The Roosevelt Warm Springs Institute for Rehabilitation was formally designated a "Living Memorial" to its founder, Franklin Delano Roosevelt, by the Georgia legislature.**
	Members of the Georgia Army National Guard began clearing a site for a lake on the campus as a training exercise, beginning in the summer of that year.

(over)

1986 **The Roosevelt Warm Springs Development Fund Inc. was established as a 501(c)(3) charitable organization to promote and support the operations of the Institute.**

U.S. Army Reservists began excavating the lake and building a dam, as part of their summer training exercises.

1990 **Lake Dream dedication ceremonies were held. The Georgia Jaycees joined efforts with the Roosevelt Warm Springs Development Fund to build a camp beside the lake for people with disabilities.**

1991 **Groundbreaking ceremonies were held for Callaway Lodge, the first 33-bed cabin of the Camp Dream facilities, constructed through funding from the Jaycees and the Callaway Foundation. The Georgia Jaycees continued with a statewide fund-raising drive to help build the remainder of the camp.**

1993 **The camp campaign was expanded to include other recreation facilities for the campus. A capital campaign was initiated by the Roosevelt Warm Springs Development Fund Inc. to build the Center for Therapeutic Recreation. The campaign goal, which ultimately reached $5.6 million, would be matched by a federal grant from the Rehabilitation Services Administration.**

1994 **The campaign surpassed its goal by June 30, 1994, with the help of hundreds of individuals, corporations and foundations. Groundbreaking ceremonies for the Center for Therapeutic Recreation were held September 22, 1994, with more than 750 in attendance.**

1995 **Construction on the recreation complex began March 20, 1995. The building of the Center is the first significant construction on the Institute campus in 30 years.**

1996 **Dedication Ceremonies for the Center for Therapeutic Recreation: August 5, 1996.**

ROOSEVELT WARM SPRINGS INSTITUTE FOR REHABILITATION

Inpatient and Outpatient Rehabilitation ▪ Vocational and Independent Living Services ▪ Research, Education and Technology

Center for Therapeutic Recreation Fact Sheet

Description: The **Center for Therapeutic Recreation** (CTR) includes a two-story 72,000 square-foot Recreation Building, Camp Dream and an outdoor track and field.

The **Recreation Building** has a 25-meter pool, NCAA basketball court, running track, weight room, lockers, arts and crafts rooms, computer room, a six-lane bowling alley, two racquetball courts, music room, snack bar and a lobby and lounge area.

Camp Dream includes two cabins, which can house a total of 77 campers, a dining hall, pavilion and outdoor pool, one-and-a-half miles of nature trails and facilities for fishing, swimming and canoeing.

The **Outdoor Track and Field** has a six-lane 400-meter track with eight lanes for the 100-meter dash and also includes a softball field, bleachers and seven areas for field events.

Population Served: The complex can serve over 200 patients and students daily. In addition, sports meets such as Special Olympics and the Wheelchair Athletic Association will attract competitors from throughout Georgia and the southeast. Institute staff and conference center guests also utilize the facilities.

Cost: The entire project cost is $11.2 million, of which $5.6 million was matched by federal Rehabilitation Services Administration Section 110 funds. The balance, $5.6 million, was raised by a capital campaign from private funding sources, including foundations, corporations and individuals, and through Institute funds.

Timelines: To qualify for the federal match, the private monies had to be raised in cash and pledges by June 30, 1994. The campaign exceeded its goal.

The Capital Campaign: The honorary chairperson of the capital campaign was John Conant of Atlanta and the campaign chairperson was J. Smith Lanier II of West Point. He was assisted by six steering committee members. Vince Dooley served as special advisor and John O'Kane, vice president of Coxe & Associates, provided consultation and guidance.

The Dedication of the Center for Therapeutic Recreation: Dedication ceremonies were held at the Recreation Building on August 5, 1996. Over 150 Paralympic athletes, physicians and therapists from The Netherlands were lodged here prior to the 1996 Paralympic Games in Atlanta. They joined over 700 guests and staff who participated in the festivities, including keynote speaker Anne Roosevelt, Crown Prince Willem Alexander of The Netherlands, the Prime Minister of The Netherlands, and many other dignitaries from both The Netherlands and the U.S. Programs are now in place to fully utilize the entire complex and, in so doing, offer to the disabled and their families the most innovative and comprehensive of outdoor and indoor recreation adventures.

Post Office Box 1000 ▪ Warm Springs, Georgia 31830-0268 ▪ 706-655-5000 ▪ Fax 706-655-5011

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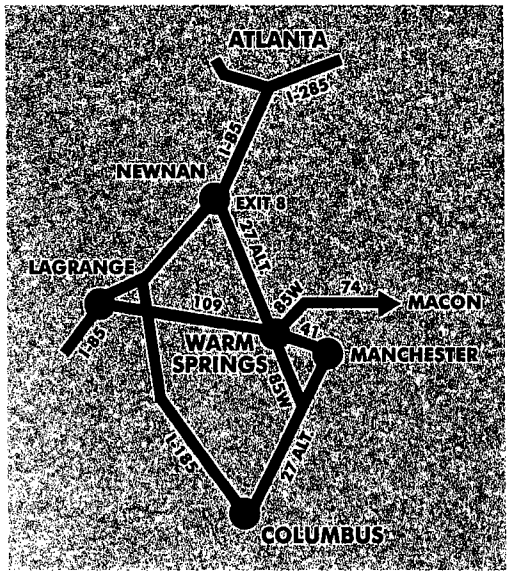

"Warm Springs turned my whole life around"

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http://www.rooseveltrehab.org.

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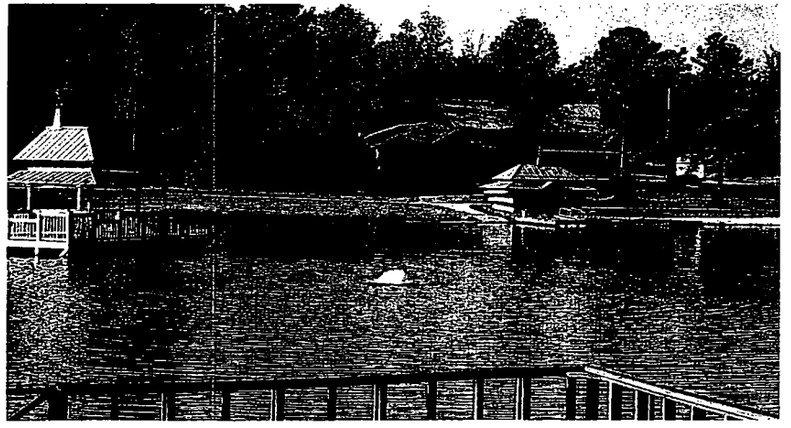
A year-round, totally accessible facility designed for (but not limited to) people with disabilities.

The Legend

Centuries ago native Americans sought out Warm Springs for the medicinal qualities they believed to be contained in the mineral-laden waters. Wounded warriors from the Creek Confederacy in Georgia and Alabama are said to have bathed in the warm waters after all other efforts to heal them had failed.



The History

During the nineteenth century Warm Springs became a popular spa resort with the fashionable "Meriwether Inn" built in 1869 attracting visitors who came at first in carriages, then by stagecoach and later by train until the resort declined in 1920.

Franklin Delano Roosevelt discovered relief from the debilitating effects of polio in the soothing water and in 1927 founded a treatment center for polio patients. Today the Roosevelt Warm Springs Institute for Rehabilitation provides medical, vocational and recreational services for people with many different disabilities.

The Roosevelt Institute's Center for Therapeutic Recreation offers a unique blend of resources to facilitate a wide range of educational and relaxing activities throughout the year. The buildings are air conditioned and heated. Camp Dream, the recreation building, the track and field are all attractive and fully accessible.

Attractions Nearby

Good Shepherd Therapeutic Center
Warm Springs (2 miles)

Historic Village, Warm Springs (1 mile)

National Fish Hatchery, Warm Springs (1.5 miles)

F.D.R's Little White House, Warm Springs
(1.5 miles)

F.D.R. State Park, Warm Springs/Pine Mountain
(15 miles)

Wild Animal Park, Pine Mountain (23 miles)

Callaway Gardens, Pine Mountain (18 miles)

*(Distances approximate)

For Camp Dream Outdoor Adventures Reservations, contact:

Director of Outdoor Adventure
Center for Therapeutic Recreation
Roosevelt Warm Springs Institute for Rehabilitation
P.O. Box 1000
Warm Springs, GA 31830
Telephone: (706)-655-5720 Fax: 655-5718

Visit us at our web site:
http://www.rooseveltrehab.org.

* The services of a camp director are optional and available by special arrangements.

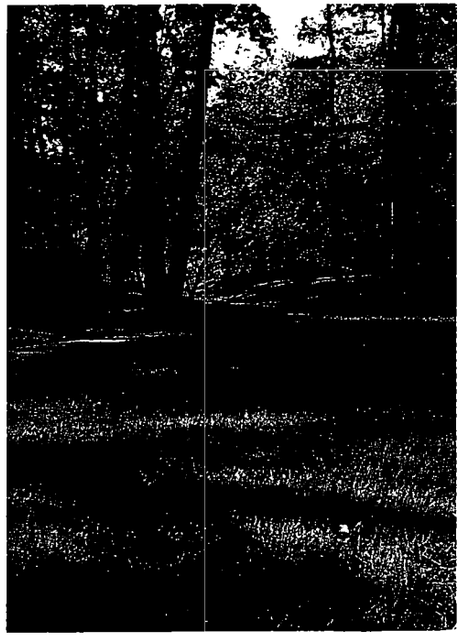
DHR DRS

ROOSEVELT WARM SPRINGS INSTITUTE FOR REHABILITATION

Center For Therapeutic Recreation

Camp Dream

Outdoor Adventures



Camp Dream

A component of the Center for Therapeutic Recreation

THE CAMP — is located on 74 acres of land adjacent to Franklin D. Roosevelt's Little White House. It was the site of the U.S. Marine encampment during F.D.R.'s visits to Warm Springs as President of the United States.

THE LAKE — A scenic twelve acre lake, with docks, piers, ramps and watercraft, is the focal point of the camp and provides excellent opportunities for water sports such as fishing, boating, swimming or simply relaxing on the shore.

THE OUTDOOR POOL — Swimming is a popular sport for campers and Camp Dream has an outdoor pool featuring lift and transfer wall for easy access.

THE LODGES — Two rustic lodges with lakeside views accommodate up to 77 people. There is comfortable sleeping space for 33 (three beds per room) in one lodge, for 44 (four beds per room) in the other. Bedrooms in each lodge have private bathrooms, equipped with wheelchair showers. Each lodge features a spacious greatroom, with massive stone fireplace and huge windows that seem to beckon the outdoors. The greatrooms are ideal settings for social gatherings. T.V.s, V.C.R.s, refrigerators, microwave ovens and coffee pots are furnished. Table heights are adjustable.

*For parties with more than 77 people, additional cottages on the Roosevelt Institute campus may be obtained, but reservations must be made separately and booked in advance.

PAVILION — A pavilion sets the scene for group entertainment outdoors, dances and games, basketball, volleyball, shuffleboard etc., or a cookout.

DINING HALL — A dining hall with seating capacity for up to 100 is available. Food services may be arranged through Morrison's Cafeteria on the Institute's campus. The food is prepared in Morrison's kitchens and delivered to the camp.

TRACK AND FIELD — A 400 meter track and a softball field invite competitive sports and challenge individual athletic skills.

NATURE TRAILS — One and a half miles of paved, barrier-free nature trails wind through scenic wooded areas, where native flora and fauna abound. Campers are sure to enjoy the outdoor education program, which includes a ropes course. In addition, the well known Pine Mountain trail is located in close proximity to Camp Dream.

CAMPING — Primitive camp sites are available to accommodate the more adventurous and provide ideal settings for ecological and environmental education.

CAMPFIRE — A campfire helps to complete an enjoyable camping experience and a well designed campfire area is available. What better way to end a day at camp than sitting around the campfire sharing stories, singing and performing skits!

ALSO AVAILABLE — Water craft, sports and game equipment are provided on a "check out" basis.

Recreation Building

Scheduling arrangements may be made for use of the 72,000 square foot recreation building which houses state of the art recreation facilities.

INDOOR POOL — The 25-meter, heated indoor swimming pool is fed by pumping in the renowned Warm Springs mineral water.

GYMNASIUM — The gymnasium with N.C.A.A. basketball court, is as attractive as it is functional. It is one of the facilities used by The Netherlands Paralympic team, who came to Warm Springs to train for the 1996 Summer Paralympics held in Atlanta.

INDOOR TRACK — A railed, elevated indoor track circles the gymnasium, affording an excellent view of the courts below.

FITNESS ROOM — All the latest in fitness equipment offers many ways to build strength and endurance.

BOWLING ALLEY — The six lane bowling alley is equipped with handle balls, push sticks, bowling ramps, and automatic electronic scoring systems.

OTHER ACTIVITY AREAS — It seems no recreational interest has been overlooked in the planning of the recreation building. Also featured are: an indoor archery and air rifle range, two racquetball courts, three arts and craft rooms, music room, computer room, activity room, aerobics room, game room and short order snack bar.

Clinton Presidential Records
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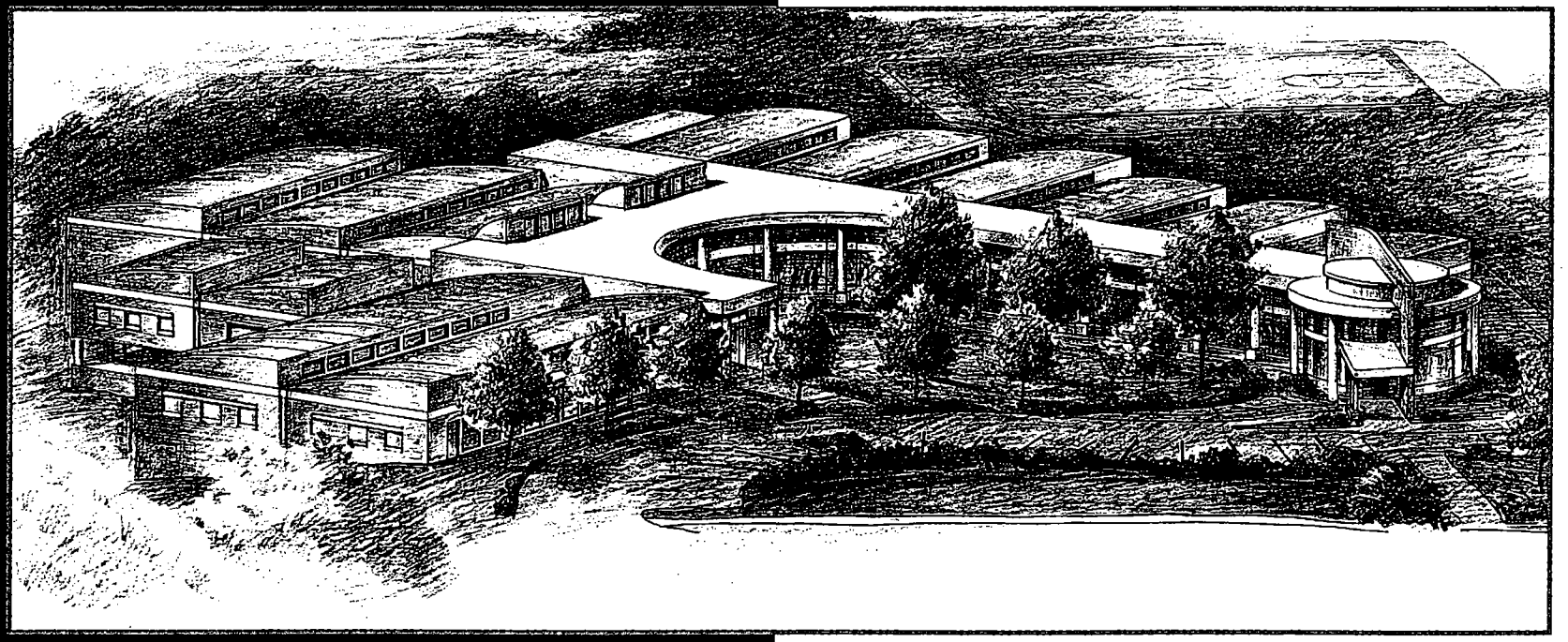
1996 Annual Report



ROOSEVELT WARM SPRINGS INSTITUTE FOR REHABILITATION

ROOSEVELT WARM SPRINGS DEVELOPMENT FUND, INC.

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3727

Date Rcvd: 05-06-97

From: Nellie D. Duke, Chair
Georgia Commission on Women

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

n:\corresli

Georgia Commission on Women

Sandra Thurman
AIDS Policy Director
c/o White House
1600 Pennsylvania Avenue
Washington, D.C. 20599

April 29, 1997

Dear Sandy,

Congratulations! We are so very proud of you! You have achieved a great honor, but even more than that, the country has, through President Clinton and his good judgment, gained a leader in the fight against AIDS who really knows her job!

We have watched with excitement the developments around your appointment. In fact, I had just turned the TV to CNN when President Clinton stepped up to the microphone. I could see you, pretty in pink, standing in the background, and I told Henry at that moment, before anything was said, that you were about to be announced. I had time to call several of the other commissioners so that they could share the experience. Needless to say, we were very pleased and excited.

I do not have your address, so I am sending this care of the White House, and I know that they will pass it on to you. We miss you on the Commission. Maybe you will still be able to serve, especially if you do not have to move to Washington. I hope that you continue to receive your mail from us. Plan to come to the "Georgia Woman of the Year" on June 10th, if you can. We are honoring Dr. Betty Seigel. On June 5th, we are holding five sites for "Working Women's Summit".

Oh, yes, since the appointment and your interest in health, and because AIDS is a real concern to the women of Georgia, you are now a part of the Health Committee of the Commission on Women!

Don't forget us, and come to see us whenever you can. Let me know if you will be able to continue to serve the Commission. I hope that you will.

Sincerely, and with great affection,

Nellie

Nellie D. Duke, Chair
Georgia Commission on Women
P.O. Box 1288
Carrollton, GA 30117

GCW

THE WHITE HOUSE
WASHINGTON

May 22, 1997

Betsy Lieberman
Executive Director
AIDS Housing of Washington
2025 First Avenue, Ste. 420
Seattle, WA 98121

Dear Ms. Lieberman:

Thank you again for taking the time to write me and share your ideas about closer coordination between HUD and HRSA at the Washington level, and with Ryan White Title I Planning Councils and HOPWA grantees at the local level.

I am aware of the leadership that your organization and others within the AIDS housing arena have within the larger network of AIDS providers. Your comments certainly deserve serious consideration. We are not yet up to a full complement of staff, and will need to hold off a little before we can engage in a detailed discussion. However, I wanted you to know that we will look through your comments in detail and make every effort to respond in a timely way.

We are all working hard to find a cure for this disease and to care for all of those who are living with HIV and AIDS. Thank you for the work that you and your agency do!

Very truly yours,

Sandra Thurman
Director
White House Office of National AIDS Policy

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3776

Date Rcvd: 05-20-97

From: Betsy Lieberman
AIDS Housing of Washington

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

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A I D S
HOUSING OF
WASHINGTON

2025 First Avenue
Suite 420
Seattle, WA 98121

Phone (206) 448-5242
FAX (206) 441-9485
email HN3836 @
handsnet.org

May 16, 1997

Ms. Sandra Thurman
Director
White House Office of National AIDS Policy
OEOB
Washington, D.C. 20501

Dear Sandy:

As you are aware, AIDS Housing of Washington (AHW) has been providing technical assistance in the AIDS housing field since 1992. We are a nonprofit agency funded in 1995 by HUD through a HOPWA SPNS grant to function as the national technical assistance provider for AIDS housing issues. Prior to that award, we provided intermittent assistance in the HIV/AIDS housing through HRSA's Ryan White technical assistance program administered by John Snow, Inc. We have had the great honor of working with more than sixty programs and jurisdictions in twenty-five states over the last four years. Our technical assistance program includes both the development of multi-year AIDS housing plans for fourteen HOPWA EMAs, as well as a range of project specific consultations that run the gamut from housing development and financing to operating, service delivery and capacity-building issues for AIDS-specific and mainstream housing providers. (Please see the attached brochure for more information on our technical assistance program.)

I am writing to you today to raise a few issues that are pertinent to current policy and procedural discussions at HUD and HRSA—particularly in the area of improving coordination between Ryan White and HOPWA in the delivery of housing and supportive services to people living with HIV/AIDS—and to ask for your assistance and leadership in moving HRSA and HUD closer to joint planning on both the national and local levels.

Needs Assessments: As part of the Ryan White, every entitlement community is required to do periodic needs assessments. Their primary focus is on determining local need and assessing access to and utilization of a range of HIV/AIDS services. Given the breadth of services to be surveyed, there are typically only a few questions that focus on consumers' housing needs.

At the same time, however, many of these jurisdictions—both EMAs and states—are striving to create comparable comprehensive plans to assess and address the housing needs of their HIV-infected communities. They report having difficulty incorporating an adequate AIDS housing needs assessment into the Ryan White needs assessment. The questionnaires become too long and cumbersome for consumers and case managers. Communities that attempt to do two separate needs assessments have difficulty with consumer compliance. It would be extremely beneficial to all if a mechanism could be developed to consolidate these two needs assessment processes so that it could provide useful information to both HRSA and HUD.

Competing Pressures Resulting from Treatment Advances: In the last few months we have received numerous requests from EMAs for assistance in revising existing AIDS housing plans or creating new plans in communities looking to develop a comprehensive housing approach that includes better coordination between HOPWA and Ryan White priority setting and funding decisions. There is tremendous pressure in many communities from certain consumers and

medical providers to revise the allocation of Ryan White resources to substantially decrease, or potentially eliminate, funding for housing and support services. This money is being rebudgeted to the funding of AIDS prescription drug programs. There are members of Planning Councils and Corsortia—which typically don't have adequate representation from those versed in housing issues— who believe that the success of combination cocktail therapies also signals the need for an increase in the use of Ryan White funding for short-term rental assistance for those who are HIV+ (and functionally asymptomatic) without putting, or keeping, in place permanent supportive housing resources for those who cannot succeed in unsupervised, independent housing, such as those with declining health or with multiple diagnoses of mental illness and chemical addiction. Such decisions are extremely short-sighted given that the long-term efficacy of protease inhibitors is as yet unproven and a fairly substantial percentage of people living with HIV/AIDS have not been able to tolerate or comply with the prescribed regimens.

The ability to be able to successfully utilize the new drug regimens is dependent on having a stable place to live and services available to support success in housing and treatment. Living with HIV increasingly means also having a history of homelessness, substance abuse and mental illness. Most of these folks are not represented on planning councils, advisory boards or consortia, and are the most in need of housing assistance to be able to maintain quality of life. Class and race issues are becoming more evident in this time of diminishing resources and competing interests.

Rental Assistance Eligibility & Guidelines: The Ryan White and HOPWA programs have different eligibility criteria and operating guidelines. Ryan White-funded tenant-based rental assistance does not require that units rented comply with Housing Quality Standards (HQS) established by HUD. As a result, these rental assistance programs are funding units that are often sub-standard. Furthermore, income guidelines and the percentage of income that can be spent on housing differ between the two. Thus, communities have developed parallel rental assistance programs which offer substantially different options to consumers. Further, it is difficult for case managers to remain current on the different options available and which would best suite an individual applicant.

Federal Housing Resources Shrinking: We are in a time of decreasing funding for all housing programs targeting low-income people. HOPWA was one of a very few programs at HUD to receive an increase in the FY 1998 budget ($8 million); and that nominal amount will not be sufficient to maintain a constant level of services given the increasing need in existing jurisdictions and the addition of ten to twelve newly eligible entitlement communities. With the block granting of funds from the McKinney Homeless programs to states and local jurisdictions, many cities are faced with having insufficient funding for renewals of existing programs, let alone the development of new projects to meet emerging needs. New project-based Section 8 rental certificates are non-existent. Ryan White and HOPWA are the only two programs specifically mandated by Congress to fill the gaps in mainstream care and housing programs. It has become more critical than ever that there be coordination between the two in the funding of housing and housing support services.

I recently spoke with Pat Fairchild, Vice President of Health Services at JSI (as the Ryan White technical assistance provider), and Fred Karnas and David Vos, at the Office of HIV/AIDS Housing at HUD, about convening a working group to examine the feasibility and methodologies of providing collaborative leadership to local planning councils, advisory boards and consortia in the area of HIV/AIDS housing and related supportive services. It seems inevitable that regardless of the level of success some may experience from treatment advances, there will continue to be an increasing demand for subsidized supportive housing as the population of people living with HIV/AIDS continues to increase. My suggestion is that HRSA, HUD and the White House Office of National AIDS Policy jointly convene such a working group as soon as possible to begin grappling with these issues.

I will follow-up this letter with a call your office in the next week. In the meantime, please feel free to call me if you have any questions or need additional information. I look forward to working with you.

Sincerely yours,

Betsy Lieberman
Executive Director

originals to: Anita Eichler, Division of HIV Services, HRSA/HHS
Joe O'Neill, AIDS Program Office, HRSA/HHS
David Vos, Office of HIV/AIDS Housing, HUD

cc: Pat Fairchild, Health Services, John Snow, Inc.
Fred Karnas, Office of HIV/AIDS Housing, HUD
Paul Yandura, Office of HIV/AIDS Housing, HUD

Attachment

Community-Based Needs Assessments & Multi-Year HIV/AIDS Housing Plans

AHW has pioneered and developed a particular expertise in community-wide approaches to HIV/AIDS housing and support service needs assessments and the development of multi-year HIV/AIDS housing plans. The need for comprehensive assessment and planning is acute in many communities. As AIDS housing and support service funds move into an era of block granting, the need for cooperation across populations, interests and areas of expertise is becoming more crucial. Proactive planning is even more crucial to the creation and sustainability of a continuum of AIDS housing.

Our approach to needs assessment and planning is based in six primary principles:

- ***Local Support***
- ***Collaboration***
- ***Community Involvement***
- ***Consumer Input***
- ***Partnerships***
- ***Measurable Outcomes***

AHW prefers to work in conjunction with a national intermediary or a strong local resource and, where possible, collaborates with other technical assistance providers. Broad community participation in the planning process is essential and includes government representatives, providers, people living with HIV/AIDS and advocates. Finally, we develop plans that articulate short-and long- term needs, inventory existing housing and services, and state goals and objectives for the implementation process.

AHW has written or facilitated multi-year AIDS housing plans in Chicago, Denver, Minneapolis, Philadelphia, Phoenix, San Francisco, Seattle; Alameda, Contra Costa, Riverside and San Bernardino Counties, (California); and Washington State.

Publishing & Information Services

AIDS Housing of Washington continues to write and publish valuable resources in the field of HIV/AIDS housing. Our goal as an organization, and for all our publications, is to expand the supply of safe, affordable and appropriate housing for persons living with AIDS. We are committed to making the best thinking, models and practices of experienced AIDS housing providers publicly available through publishing and distributing quality original materials. In addition, AIDS Housing of Washington maintains the AIDS Housing Provider Database which profiles all known HIV/AIDS housing projects across the country. AHW is currently developing a World Wide Web site which we hope can provide a national Internet clearinghouse for AIDS Housing information and provider networking.

Publications include:

- ***Breaking New Ground: Developing Innovative AIDS Care Residences*** (a manual on housing development);
- ***Final Report from the First National HIV/AIDS Housing Conference*** (Second Conference Report available May 1997);
- ***AIDS Housing Monographs****; and*
- A set of ***pamphlets on optimizing Public Housing programs*** to better serve persons living with HIV/AIDS and their families.

A I D S
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AIDS Housing of Washington

National Technical Assistance Program

The mission of the AIDS Housing of Washington (AHW) National Technical Assistance Program is to maximize the capacity of the nation's housing continuum to meet the needs of persons living with HIV/AIDS and their affected family members.

Founded in 1988, AIDS Housing of Washington (AHW) is recognized for developing innovative AIDS housing projects in the Seattle area. Bailey-Boushay House, the nation's first newly constructed skilled nursing residence and day health center for people living with AIDS, was built by AHW and is operated by Virginia Mason Medical Center. Currently, AHW is renovating the historic Lyon Building in downtown Seattle to create supportive housing for 64 individuals disabled with AIDS who also have histories of homelessness, mental illness and/or substance abuse. In addition, AHW is embarking on a multi-year project to acquire condominium units to house families with AIDS throughout King County. AHW's mission and hands-on experience drive the National Technical Assistance Program and uniquely positions us to provide assistance to AIDS housing and service providers nationwide.

In 1996-97 AIDS Housing of Washington is seeking specifically to assist projects in rural areas, small cities and newly eligible HOPWA Eligible Metropolitan Areas (EMAs).

Project-Specific Technical Assistance to AIDS Housing & Service Organizations: Housing Development, Operations, Support Services, Capacity Building & Partnerships

Over the past four years, AIDS Housing of Washington has provided project-specific technical assistance to HIV/AIDS housing providers in dozens of communities in more than twenty states. AHW is able to offer viable models from around the country as examples for HIV/AIDS housing providers in virtually every situation—urban to rural settings, minority-based, and housing the most difficult to serve individuals and families, including chronically mentally ill, chemically addicted, homeless, and/or post incarceration.

Housing Development: AHW has expertise in all aspects of housing development including project conceptualization, siting, team building, budgeting, financing and construction.

Operations: AHW can offer both hands-on help and sample documents, on such topics as policy and procedures manuals, property and asset management, grants management and reporting, and long-range planning.

Program Services: AHW recognizes the critical role of appropriate and effective support service delivery in assuring residential success. Assistance is available for program planning and development, best practices/operational models, serving diverse populations and licensure.

Capacity Building: AHW is committed to providing board development training and assists boards and staff to assess organizational capacity including staff roles, adequacy of MIS, accounting and other internal systems.

Partnership: AHW facilitates the development of partnerships between AIDS service organizations and housing developers, which may include working with boards and staff of both organizations by identifying criteria for partnership, delineating organizational goals and developing memoranda of understanding. Existing mainstream and low-income housing providers and AIDS service organizations are encouraged to forge partnerships to capitalize on each other's strengths, connections, wisdom, and experience.

Our current and former clients include:

- *AIDS Task Force of Alabama* (Birmingham);
- *Aloysius Home* (Memphis, TN);
- *Dooley House* (Camden, NJ);
- *DOORWAYS* (St. Louis, MO);
- *Philadelphia Department of Public Health;*
- *Rafiki House* (San Francisco, CA);
- *Shelbourne House* (Miami, FL);
- *Urban League* (Minneapolis, MN);
- *Washington State Housing Division.*

Provider Education, Conferences & Workshops

AIDS Housing of Washington staff have experience in providing training and technical assistance to state and local Ryan White CARE Act and HOPWA coordinators and other government representatives, as well as a wide variety of community-based providers, including minority-based agencies, members of the affected communities and their advocates.

An integral part of our community-wide AIDS housing and services planning activities is training local providers on a range of topics, including: the HIV/AIDS housing and care services continuums, HUD programs, program planning, housing development, property and asset management, budgeting, fund raising, operations, policies and procedures, and staffing.

AHW conceived, organized and convened the First National HIV/AIDS Housing Conference: *Learning from Experience* (1993) and the Second National HIV/AIDS Housing Conference: *Building and Sustaining AIDS Housing Resources* (1996), which were attended by more than 400 and 800 participants, respectively. The conferences drew representatives from across the country and Puerto Rico, including AIDS Housing providers, residents and advocates, planners, funders, HOPWA and Ryan White Coordinators and government representatives.

In addition, AHW staff annually plan and conduct AIDS housing sessions at the National Skills Building and the HIV Update Conferences, offer presentations at such conferences as the American Institute of Architects, American Public Health Association, and National Association of Housing and Redevelopment Organizations, and lecture at the University of Washington Graduate Schools of Public Health and Social Work.

In 1996-97 AHW staff are available to conduct one- and two-day workshops in cities, states or regions to bring together interested individuals and agencies to address such issues as:

- *Continuum of Care and Consolidated Planning;*
- *Fostering partnerships to develop HIV/AIDS housing;*
- *Community-based needs assessments and strategic planning; and*
- *Serving multiply-diagnosed and/or culturally diverse populations.*

For more information about AHW's National Technical Assistance Program, contact Liz Wall at (206) 448-5242.

THE WHITE HOUSE
WASHINGTON

May 22, 1997

David Rosen A-73771
P.O. Box 500
Hillsboro, FL 62049

Dear Mr. Rosen:

I appreciate your taking the time to share some of your personal history with me regarding your health care within the prison system.

We are certainly aware of the need to advocate for proper and humane medical treatment of those who are incarcerated. Your taking the time to discuss some of the problems you have faced helps us to get a better understanding of this issue.

Thank you again for taking the time to write. We are all working hard to find a cure for this disease and to care for all of those who are living with HIV and AIDS.

Very truly yours,

Sandra Thurman

Sandra Thurman
Director
White House Office of National AIDS Policy

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003a. form	re: Correspondence routing slip (Personal) (1 page)	05/20/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 5/97 [Folder 3] [2]

2018-0764-F
jm2043

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003b. letter	Inmate living with AIDS to Sandra Thurman re: AIDS medication (Personal) [partial] (2 pages)	05/11/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 5/97 [Folder 3] [2]

2018-0764-F
jm2043

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[0036]

5-11-97.

MS.THURMAN

MY NAME IS (b)(6). I WAS REFERED TO YOUR OFFICE BY MS.JACKIE WALKER(INFORMATION COORDINATOR) FOR THE AMERICAN CIVIL LIBERTIES UNION;S NATIONAL PRISON PROJECT.
I AM AN H.I.V.POSITIVE INMATE IN THE ILLINIOS DEPT. OF CORRECTIONS I HAVE BEEN INCARCERATED SINCE JUNE OF 1995.WHEN I FIRST ARRIVED AT I.D.O.C. MY CD4 COUNT WAS APPROXIMATELY 385. AFTER SOME DISCUSION WITH MY DOCTOR AT THAT TIME,I RECEIVED A PRESCRIPTION FOR MULTI_VITAMINS SUPPLEMENTS.
AFTER A PERIOD OF ABOUT 90 DAYS, MY CD4 RETESTED AT APPROXIMATELY 569. A SIGNIFICANT INCREASE BY ANYONES STANDARDS. MY CD4 REMAINED AT THAT LEVEL UNTIL OCTOBER 1996, AND MY TRANSFER TO MY PRESENT LOCATION, THE GRAHAM CORRECTIONAL CENTER.
IMMEDIATELY UPON MY ARRIVAL AT GRAHAM I WAS INFORMED THAT MY PRESCIPTION WAS CANCELLED ASA MATTER OF GENERAL POLICY AND EVEN BEFORE I WAS INTERVEIWED BY GRAHAMS DOCTOR.
WHEN I FINALLY DID SEE DR. CULLIAN,HE INFORMED ME THAT MY PRESCRIPTION HAD INDEED BEEN CANCELLED BECAUSE THERE ARE NO MEEICAL STUDIES THAT INDICATE VITAMIN SUPPLEMENTATION IS BENIFICIAL TO PEOPLE WITH H.I.V. HE WENT ON TO SAY THAT VITAMINS WERE AVAILABLE AT THE PRISION COMMISARY SHOULD I WISH TO PURCHASE THEM.

MY FIRST CD4 TEST RESULTS AFTER ARRIVING HERE AT GRAHAM,SHOW MY CELL COUNT TO HAVE DROPPED TO 300.APPROXIMATELY 3MONTHS LATER MY CD4 TESTED AT 285.
DURING THAT TIME,I WAS TESTED BY ANOTHER OF GRAHAMS DOCTORS DR. SHAW. WHO IMMEDIATELY REINSTATED MY PRESCRIPTION.UNFORTUNATELY 3 DAYS LATER,MY PRESCRIPTION WAS TERMINATED ONCE AGAIN BY THE ORIGINAL DOCTOR.

I HAVE CHALLENGED DR. CULLIANS POSITION THROUGH THE INMATE GRIEVANCE PROCEEDURE.ALENGTHY PROCESS THAT BEGINS WITH MY INMATE COUNCELOR AND ENDS AT THE DESK OF THE DIRECTOR OF THE ILLINOIS DEPT. OF CORRECTIONS.NONE OF THE OFFICIALS INVOLVED WITH THE GRIEVANCE PROCEEDURE HAVE ANY MEDICAL TRAINING,YET THEY HAVE ALL CONCURRED WITH DR,CULLIAN IN REGARD TO MY GREIVANCE.

THE PAST 6 MONTHS HAVE PROVIDED ME WITH THE OPPORTUNITY TO RESEARCH DR.CULLIANS POSITION IN REGARD TO HIS STATEMENT THAT THERE ARE NO MEDICAL STUDIES THAT SUPPORT VITAMIN SUPPLEMENTS IN TREATING THE VIRUS.AFETR READING SEVERAL PUBLICATIONS ON THE SUBJECT,I FOUND ATLEAST 100 SEPERATE MEDICAL STUDIES THAT SUPPORT VITAMIN SUPPLEMTATION AND GO ON TO ADDRESS THE ISSUE OF DEFICIENCIES BROUGHT ON BY VIRAL PROGRESSION.DIGESTIVE TRACK MALFUNCTION DUE TO INFECTION IS BUT ONE COMMON FACTOR THAT LEADS TO SUCH DEFICIENCIES.
BECAUSE THESE STUDIES WERE CONDUCTED OR PUBLISHED IN SUCH LOCATIONS AS THE AMERICAN JOURNAL OF MEDICINE,THE JOURNAL OF AIDS ETC...,I HAVE TO WONDER HOW DR. CULLINAN COULD HAVE MISSED THEM?

OFCOURSE I HAVE BROUGHT THESE STUDIES TO DR.CULLINANS ATTENTION AND HIS REPLY WAS THAT THERE ARE ALL KINDS OF MEDICAL STUDIES. I AM NOT SURE WHAT KIND OF MEDICAL STUDIES DR. CULLINAN HAS BEEN READING,BUT I AM SURE THAT EVERY DOCTOR I HAVE ENCOUNTERED DURING THE 10 YEARS I HAVE BEEN AWARE OF MY MEDICAL STATUS HAS PRESCRIBED VITAMINS IN TREATING ME.
I AM FULLY AWARE THAT VITAMINS ARE NOT A CURE FOR H.I.V.
I AM ALSO FULLY AWARE THAT NUTRITIONAL SUPPLEMENTATION IS COMMON CLINICAL PRACTICE IN TREATING THE VIRUS.
I AM ATTEMPTING TO PURSUE THIS MATTER THROUGH CIVIL LITIGATION, HOWEVER I AM AN INMATE AND I REALLY DONT HAVE THE FUNDS OR EXPERTISE TO HIRE A LAWYER OR ACT AS MY OWN.

THERE ARE APPROXIMATELY 40,000 PEOPLE INCARCERATED IN THE I.D.O.C., IF EVEN 1 OUT OF 10 ARE H.I.V.POSITIVE, WE HAVE ATLEAST 4000 PEOPLE WHO NEED YOUR HELP.

UNFORTUNATELY, I HAVE EXTENSIVE EXPERIENCE IN DEALING WITH PRISION APPROACHES TOH.I.V. 10 YEARS AGO I WAS INFORMED BY A PRISON DOCTOR THAT I WAS H.I.V.POSITIVE. SINCE THEN, I HAVE ENCOUNTERED MANY SINCERE OFFICIALS WHO HAVE TRIED TO ASSIST ME WITH ANY TREATMENT AVAILABLE AND PRUDENT. I HAVE ALSO DEALT WITH OFFICALS WHO WERE AT BEST INDIFFERENT IN REGARD TO THE NEEDS OF PEOPLE WITH H.I.V..

IN 18 MONTHS I WILL BE TRANSFERED TO CUSTODY IN OKLAHOMA. THERE IS NO WAY TO BE SURE IF OK. WILL CONCURR WITH DR. CULLINANS RECOMMENDATION THAT I BEGIN A THREE PRONG ANTI-VIRAL DRUG THERAPY. ONCE THESE DRUGS ARE STARTED,ITS PRUDENT THAT THEY NOT BE DISCONTINUED. IF THE VITAMIN PRESCRIPTION I WAS ORRIGINALLY RECEIVING HAD NOT BEEN STOPPED,I WOULDNT BE IN A POSITION TO WARRANT ANTI-VIRAL DRUGS TO BEGIN WITH. IF A DOCTOR AT ONE FACILITY CAN STOP A SIMPLE PRESCRIPTION FOR VITAMINS, I FEEL ITS SAFE TO BE CAUTIOUS ABOUT A COMPLETELY DIFFERENT STATE CHANGING A ANTI-VIRAL THERAPY. ANY INTERRUPTION IN THE MEDICATION CAN ALLOW THE VIRUS AN OPPORTUNITY TO FORM A TOLERANCE TO PROTEASE INHIBITORS AS A GROUP. THIS IS JUST ONE MORE REASON TO SUSTAIN THE BODIES NATURAL IMMUNE FUNCTION WITH NUTRITIONAL SUPPLEMENTATION.

MS. WALKER MENTIONED YOUR CAPACITY TO MAKE RECOMMENDATIONS TO THE PRESIDENT REGARDING PEOPLE TO FILL 3 AVAILABLE SEATS ON THE PRESIDENTIAL COUNCIL ON H.I.V.-AIDS. IN HER OWN WORDS (IT WOULD BE GREAT TO HAVE A FORMER PRISONER WHO IS HIV+ ON THE COUNCIL).IF YOU STILL HAVE A VACANCY IN JULY OF 2000 I HAVE SOMEONE IN MIND TO FILL THAT SEAT. IN THE MEANTIME, IF YOU HAVE ANY SUGGESTIONS OR RECOMMENDATIONS THAT WOULD HELP ME TO LITAGATE THIS MATTER IN CIVIL COURT THEY WOULD BE GREATLY APPRECIATED.

THANKYOU FOR YOUR TIME...

SINCERELY,