



Healthcare Systems Bureau

October 4, 2005

Rockville, Maryland 20857

Mr. John E. Sansing, #146991
P.O. Box 3400
SMU II 3-H-3
A.S.P.C. - Eyman
Florence, Arizona 85232-3400

Dear Mr. Sansing:

This is in response to your recent letter to Secretary Leavitt regarding your idea to allow prison inmates to become living organ donors.

The Division of Transplantation (DoT), within the Healthcare Systems Bureau (HSB) of the Health Resources and Services Administration (HRSA), provides administrative oversight for the Nation's Organ Procurement and Transplantation Network (OPTN). The United Network for Organ Sharing (UNOS), a private non-profit organization, currently holds the Federal contract to operate and administer the OPTN, including the development of equitable, scientific and medically-sound organ allocation policies, the management of the national waiting list, and matching donors to recipients 24 hours-a-day, 365 days-a-year.

Other members of the public have corresponded with us from time to time on this idea. In addition, the OPTN/UNOS Ethics Committee has reviewed this suggestion and written a white paper on the subject of the ethical considerations in accepting organs from condemned prisoners. From a conceptual basis, this idea seems to make sense for both the donor and the recipient. However, it also raises many practical and ethical issues as well.

From a practical standpoint, much of the concern for regarding organ donation from inmates is related to their high risk of exposure to communicable, infectious diseases during incarceration. All potential donors, both deceased and living must undergo a variety of tests including a complete physical, a psychological (for living), medical and social history, and a serology (blood) screen to assess whether or not the potential donor has been exposed to an infection and/or is infectious. While the availability of better tests for infectious disease has improved the safety of the supply of donated organs, tissue, bone marrow, and blood, no test is 100 percent accurate. There will always be a small percentage of false negative results, meaning that an individual actually has the infection even though the test result was negative. All viral infections have a period of time, sometimes referred to as the incubation period, following exposure to the infection during which time it may not be possible to detect the infection. (The incubation period for viral infections can range from a few weeks to several months, depending upon the specific type of virus.)

Page 2 - Mr. John E. Sansing

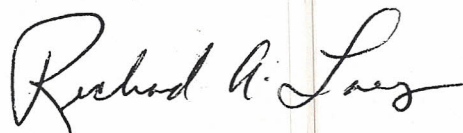
The Federal Bureau of Prisons allows inmates in its custody to be living donors to immediate family members only, but does not allow deceased organ donation. Policies of State correctional facilities vary and based on the information available, I am not certain if your facility is a State or Federal institution.

The Department of Health and Human Services frequently reassesses the threat to public health regarding donated organs, tissue, bone marrow, and blood posed by behavioral risk factors of donors exposed to communicable disease. Multiple agencies, such as the Food and Drug Administration and the Centers for Disease Control and Prevention, are involved in insuring the safety of donated human materials. These agencies work very closely with each other and with the transplant and transfusion organizations and professional societies to accomplish that goal.

The OPTN/UNOS Ethics Committee has also deliberated on many issues related to organ donation from incarcerated individuals including: assuring appropriate informed consent for both donors and recipients; the ethical issues of the act of organ donation itself; the uneven application of the death sentence among various socio-economic and ethnic groups in many States; and the overall effect of such policies on organ donation in general. Based on these deliberations, the Committee is opposed to any strategy or proposed statute that would facilitate organ donation from condemned prisoners. It is my opinion that the Committee's position is unlikely to change unless all of these issues can be satisfactorily addressed.

I hope this information is useful. If you have any further questions regarding donation and transplantation, please contact me at the DoT, HSB, HRSA, 5600 Fishers Lane, Room 12C-06, Rockville, Maryland 20857; telephone 301-443-7577.

Sincerely,

A handwritten signature in cursive script, reading "Richard A. Laeng".

Richard A. Laeng, M.P.H.
Public Health Analyst
Division of Transplantation

Hello, I am contacting your office today to ask for your assistance regarding "living" organ donation by prisoners. A few years ago I had contacted the department of health and human services, secretary Leavitt regarding my idea to allow prisoners to be living organ donors. The response I received has challenged me to come up with practical answers for the concerns by the committee(s) and I would like to share them with you today.

After rendering this letter I noticed that the concerns were regarding the high risk of exposure to the communicable, infectious diseases during incarceration. I read where all potential donors must undergo a variety of tests including a complete Physical, a psychologist (for living donors) medical and social history, and a serology (blood) screen to assess whether or not the potential donor has been exposed to an infection and/or is infectious.

Well if you could review the enclosed information you will find my own lab test notices/results from the prison(s) medical department. These are to show that such tests can be completed at the prisons in Arizona. Also, we have the state of the art technology, telemedicine where inmates and medical providers can communicate, this way the medical provider is able to review your case, evaluate the condition, and make recommendations as to treatment. We also have x-ray here, this unit can provide the necessary tests without an inmate leaving the prison, if there is any security concerns.

I believe I have covered the concerns except for incubation periods. I believe if an inmate has had numerous blood tests in a year or every other year he or she can prove there is no infectious diseases. These concerns would include everyone who wishes to be an organ donor, not just prisoners. I have shown that from 2005 until present date I have no infectious diseases, also I must add that I have been in prison since September 1999, that is 10 years and as I have stated earlier, I still have no infectious diseases.

I am aware that the federal bureau of prisons allows inmates in custody to be living donors to immediate family members, but does not allow deceased organ donations. I am in a state correctional facility and according to the prisons facility health administrator we are allowed to donate to family members only. This is why I am trying to get the approval to become a donor to any person in need of help. I do have a medical grievance in the process where I have requested to donate a kidney or any other thing as a living donor to help others in need.

I have contacted the Arizona state representatives and the senator did respond to my letter and I learned there is no law or prison policy that prohibits me from being a living donor. I believe once my medical grievance has exhausted the administrative remedies, I will find out what is preventing me from being an organ donor? I am not asking for anything in return for my donation(s) my reward will come when I can contribute to saving lives of others by my donations.

I do know that meetings by the committees take place to reassess the threat to public health regarding donated organs, tissue, bone marrow, and blood. And that your office works closely with all the other transplant and transfusion organizations, so I pray that I have been able to cover the concerns by the committee.

I also read where the ethics committee deliberated on issues related to assuring appropriate informed consent for both donors and recipients, and the ethical issues of the act of organ donation

itself. I believe both answers would be in the psychological test(s) for the living donor, and recipient(s). I believe in opposing any donations by inmates executed due to the cocktail of drugs used. But I believe inmates who are sentenced to the death penalty should be allowed to be living donors, because every inmate who is sentenced to the death penalty still has years on appeals, and during those years an inmate can be tested and be part of living organ donations.

If there is any billing concerns for the inmate wishing to become a donor, I believe if the recipients insurance cannot cover the cost the donor could raise the funding by donations of others. This would be the same for any medication costs after the donation operation.

I believe that covers everything, I will end this letter here. I do appreciate all your time, and I look forward to hearing from you soon. Thank you.

Sincerely,
John E. Sansing
ADOC# 146991
ASPC-EYMAN,
Browning unit, 3-H-40
P.O. Box 3400
Florence, Arizona 85132

REBECCA RIOS
DEMOCRATIC WHIP
DISTRICT 23

STATE SENATOR
FORTY-EIGHTH LEGISLATURE

CAPITOL COMPLEX, SENATE BUILDING
PHOENIX, ARIZONA 85007-2890
PHONE (602) 926-5685
TOLL FREE 1-800-352-8404, X 6-5685
FAX (602) 417-3167
E-MAIL: rrios@azleg.gov



Arizona State Senate

COMMITTEES:

PUBLIC SAFETY AND HUMAN
SERVICES

TRANSPORTATION

JOINT LEGISLATIVE AUDIT COMMITTEE

January 24, 2008

John E. Sansing, ADC #146991
Arizona State Prison, Eyman Complex
SMU-II, 3-H-8
P. O. Box 3400
Florence, AZ 85232

Dear John:

Thank you for your letter and for your interest in organ donation. That is a very generous act. I am pleased to report that inmates can be organ donors. There are no state laws or Arizona Department of Corrections (ADOC) policies that prohibit it.

I have enclosed information on organ donation for you.

Respectfully,

A handwritten signature in cursive script that reads "Rebecca Rios".

REBECCA RIOS
State Senator

RR:cv

Enclosures

-R-
1-25-08

Health Needs Request (Use For Non-Emergency Requests Only)

IDENTIFICATION

SECTION I

Inmate Name (Last, First M.I.) Jansing John E.		ADC Number 146991		Date 3-23-08
Cell/Bed Number 3-H-8	Unit SMU-II	P.O. Box 3400	Institution/Facility FYman	
You are required to be truthful. Failure to be cooperative and any abuse of the health care system or its staff could cause a delay in delivery of care to you and others, and may result in disciplinary action.				

AREA OF INTEREST (Check only one block below)

SECTION II

☒ Medical ☐ Dental ☐ Pharmacy ☐ Mental Health ☐ Eyes ☐ FHA ☐ Other (specify) _____

PLEASE PRINT! Describe your medical/dental treatment issue need in the space below. Be clear and specific. NO ADDED PAGES.

I am requesting the following Medical Treatment, I am requesting to have all the necessary tests that would show I'm a suitable organ donor of a kidney, Bone Marrow, and any other organ or tissue that I may donate as a "Living Donor". My understanding is that there is no state law, or Prison Policy that prohibits me from being a living organ donor to a family member or someone in need of the life saving organ and tissue.

I understand that, per ARS 31-201.01, I will be charged a \$3.00 Health Service fee (excluding exemptions granted by statute) for the visit that I am herein requesting. I further understand that by paying this fee I do not have the right to dictate treatment or who provides treatment.

Inmate's Signature
John E. Jansing

REMOVE THE GOLDENROD COPY AND PLACE THE REMAINDER IN THE DROP BOX

REFERRAL BY MEDICAL STAFF

SECTION III

☐ Medical ☐ Dental ☐ Pharmacy ☐ Mental Health ☐ Eyes ☐ FHA ☒ Other (specify) C.O.

Comments
forward to Central office
ACP

Staff Signature
Jansing

Date
3-23-08

Time
10:23 AM

PLAN OF ACTION

SECTION IV

Per H. Shelley FHA There is a state law which prohibits blood donations or tissue from inmates, unless you want to donate a specific organ to a specific family member.

Staff Signature
H. Shelley

Date
3-26-08

Time
1015

Inmate Letter

Inmate Name (Last, First M.I.) Sansing John E.	ADC Number 146991	Institution/Unit Eyman/Smu-II/H-8	Date 4-2-08
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To: C.O. III, Payne	Location Henry Cluster
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State briefly but completely the problem on which you desire assistance. Provide as many details as possible.

I am attempting to informally resolve the following problem, this regards a Medical Issue. On March 23, 2008 I turned in a HNR (Health Needs Request). I requested to have all the medical tests necessary done that would show that I'm a suitable organ donor. I added that there was no state law or prison policy that prohibits me from being a organ donor, that is a "Living Donor" of a kidney or any other organ or tissue. On April 2nd, 2008 I received the response to the above HNR, that states per G. Greeley, FHA, there is a state law that prohibits blood donations or tissue from inmates, unless I wanted to donate a specific organ to a specific family member. This response was by H. Caro, CRNST dated 3-26-08. I am filing this Informal as the first step in a Medical Grievance to resolve the complaint informally, in accordance with the procedure outlined in Section 502.08.

- To resolve this matter would be the following, to be approved to be a living organ donor to anyone who may need a kidney, or any other organ / tissue I can provide as a living organ donor. Secondly, I would ask for the specific state law that G. Greeley refers to, that states I can not be a living organ donor. Third, To have the tests completed.
- In my defense I have added a copy of a letter from Senator Rios at the Arizona State Senate, you will notice her response that states there is no state law or prison policy that prohibits me from being a organ donor.

I appreciate your help, and I look forward to your response.

Inmate Signature John E. Sansing	Date 4-2-08
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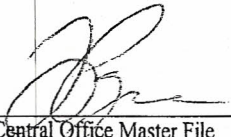
Have You Discussed This With Institution Staff? ☐ Yes ☐ No

If yes, give the staff member's name:

ARIZONA DEPARTMENT OF CORRECTIONS

3-H-08

Inmate Letter Response

Inmate Name (Last, First M.I.): Sansing, John F.	ADC Number: 146991
Institution/ Unit: ASPC-E / SMU II	Housing Location: 3-H-08
From: CO III J. Payne	Location: Henry
<p>In reference to your informal dated 04-01-08: I talked to Mr. Greeley and he said that State Law prohibits IMs from donating blood and blood products. In a legal ruling from the DoC lawyers they have decided that a blood product will be extended to body parts. However, they have let IMs donate a kidney to a family member that was in need. The US is trying to avoid what is being done in China...the selling of body parts of IMs. The perception of the same is not good.</p> <p>END OF RESPONSE</p>	
Staff Signature: COIII JPayne 	Date: 04-08-08

Distribution: Copy - Central Office Master File
Copy - Inmate
Copy - Institutional File

916-2PF
4/15/04

ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Grievance / Medical Grievance

Note: You may appeal the Grievance Coordinator's decision to the Warden/Deputy Warden/Administrator by filing form 802-3P, within 10 calendar days of receipt of this notice.

Received By

501010

Title

COTI

Badge Number

3131

Date

4-9-08

Inmate Name (Last, First, M.I.)

SANSING John E.

ADC Number

146991

Date

4-9-08

Institution/Facility

EYMAN, Smu-II, 3-H-8

Case Number

A27-057-008

TO: Grievance Coordinator

Description of Grievance (To be completed by the inmate)

I am filing this Inmate Medical Grievance in Accordance with Department Order 802, under Section 802.11. On March 23, 2008 I turned in a Health Needs Request form to Medical to request all the necessary tests that would show I'm a suitable "living" organ donor of a kidney, Bone Marrow, or any other life saving organ/tissue, etc. On the HNR I referred to a letter I received from an Arizona State Senator who stated there was no state law or Prison Policy that prohibits an inmate from being an organ donor to someone in need of a life saving organ. On April 2, 2008 I received the HNR w/ a response by CRUST, Garo dated March 26, 2008, which states that FTA, G. Greeley, said there is a state law that prohibits blood/tissue donations from inmates unless you wanted to donate a specific organ to a specific family member. (Note! The HNR was sent to Central Office for a response.) On April 2, 2008 I filed a I/m Informal to C.O. III, Payne for a response knowing he may not be able to resolve the Medical Problem. Also, the I/m Informal is the first step of a I/m Grievance per D.O. 802 under 802.11 Medical Grievance. In the I/m Informal I requested to resolve the problem would take the following things, (1) To be approved to be a living organ donor, to anyone in need of a life saving organ, tissue, Bone Marrow, etc. (2) To be provided

Proposed Resolution (What informal attempts have been made to resolve the problem? What action(s) would resolve the problem?)

I have filed the I/m Informal to C.O. III, Payne, and he could not resolve the problem. The actions to resolve this problem would be to be approved to be a living organ donor to anyone in need! To have the tests done to show I'm a suitable organ donor! To be provided the state law, or Prison Policy referred to by FTA, G. Greeley to CRUST, Garo.

Inmate's Signature

John E. Sansing

Date

4-9-2008

Grievance Coordinator's Signature

COTI Coacht

Date

5.1.08

Action taken by

Documentation of Resolution or Attempts at Resolution.

RECEIVED

MAY 9 2008

A. C. EYMAN
INMATE HEALTH SERVICES

Staff Member's Signature

Badge Number

Date

Inmate Name (Last, First M.I.) SANSING John E.	ADC Number 146991	Institution/Facility Elyman, SMU-II, 3-H-8	Case Number A27-057-008
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the specific state law information that FHA, G. Greeley referred to in CRNST, Caro response on the HMR. ③ To have the necessary medical tests done that would show that I am a suitable living organ donor.

The purpose of filing this I/M Medical Grievance is because the only way to make any changes in Prison Policy is to request it to the Prison's Director. So I have attached the following paper work to this Medical Grievance,

- ① I/M Informal dated April 2, 2008 w/ Response dated April 8, 2008
- ② Health Need Request form dated March 23, 2008 w/ response dated March 26, 2008
- ③ Copy of letter from Arizona State Senator, R. Rios dated January 24, 2008 regarding organ donation.

To resolve this Medical Grievance I am requesting the following,

- A.) To be approved to be a Living Organ Donor, to anyone in need of the life saving organ, bone marrow, etc.
- B.) To have the necessary tests done that will show that I'm a suitable living organ donor.
- C.) To be provided the state law, or Prison Policy information referred to by FHA, G. Greeley in his response to CRNST, Caro.

I do appreciate your assistance with this I/M Medical Grievance, I look forward to your response.

RECEIVED

MAY 20 2008

AJC-EYMAN
INMATE HEALTH SERVICES

Signature

John E. Sansing


Date

4-9-2008

INITIAL DISTRIBUTION - Committee Recommendation - All copies to Grievance Advisory Committee
FINAL DISTRIBUTION - White and Pink - Inmate, Canary - Grievance File

INITIAL DISTRIBUTION - GF Supplement - White and Canary - Grievance Coordinator, Pink - Inmate
FINAL DISTRIBUTION - White - Inmate, Canary - Grievance File

ARIZONA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE RESPONSE

Inmate Name (Last, First M.I.): SANSING, JOHN E.	ADC #: 146991 Case #: A-27-057-008
Institution/ Unit / Housing: ASPC EYMAN-BROWNING DR / 3 H 8	
From: Gene M. Greeley, Facility Health Administrator (FHA)	Location / Unit: ASPC-EYMAN-RYNNING /HEALTH SERVICES
<p>I am in receipt of your Medical Grievance dated 4/9/08 and received in my office on May 20, 2008 relative to your interest in donating your organs.</p> <p>It is true that traditionally, the people that collect donated blood for hospital use, have not been interested in obtaining blood or blood products from the inmate population. I'm not sure your COIII quoted me correctly as to the law, but the inference was that the organ donation organizations would also be hesitant to become involved in the donation of inmate organs. It is also true that some inmates have been allowed to donate a specific organ, such as a kidney to a family member. In these cases the recipient and their medical insurance have paid the expenses of cross matching and screening the donor for compatibility. The practice was also confined to the donation of an organ to a family member as the probability of a successful match was greater than a general donation.</p> <p>In any case, we have refrained from letting inmates simply become "generally available" for a donation that is not specific to a certain recipient, i.e. we would want to have the recipient pre-identified prior to sending an inmate through a screening and cross-match process. We, of course, would share your medical file, given your consent, with any interested party contemplating a donation in order to pre-screen your eligibility for donating. In your situation, the Prison would also be concerned with your custody classification and the issue of public safety in sending you outside of the prison confines for any testing. Should this happen, there could be an additional expense to a recipient to provide for the additional security when you were outside of the facility.</p> <p>The specific decision of letting inmates in a Maximum Custody classification donate any organ(s) while incarcerated would not be made at my level.</p> <p>YOU MAY APPEAL THIS DECISION TO THE DIRECTOR BY REQUESTING AN APPEAL FORM GF-2.</p>	
Staff Signature: 	Date: 6/11/08

Distribution: Original: Inmate
Copy: Grievance Coordinator
Copy: Institutional File

*Received
Sept. 10, 2008
CO III
[Signature]*

916-2PF
4/15/04

Inmate Grievance Appeal

Received by: Mehner
Title: CO II
Badge #: 1825
Date: 9-23-08

The inmate may appeal the Warden's, Deputy Warden's or Administrator's decision to the Director by requesting the appeal on this form.

PLEASE PRINT

[illegible]

DISTRIBUTION:

INITIAL: White & Canary - Grievance Coordinator
Pink - Inmate

FINAL: White - Inmate
Canary - Grievance File

RECEIVED
A2 DEPT. OF CORRECTIONS
08 NOV 14 AM 9:35
INMATE HEALTH SERVICES

802-3P
2/14/00

34977

Inmate Name (Last, First M.I.)	ADC Number	Institution/Facility	Case Number
SANSING John E.	146991	Elm, Browning 3-11-8	A27-057-008

member in need of a Kidney, and Liver, but there is some issues that need to be worked out such as Insurance, and her having a Regular Doctor. This is a Blood Relative, it's my sister Susan Corbin in Alabama, she has Cancer and is in need of a Kidney / Liver. As much as I would like to donate to her, I believe it would take too much time to get everything Available for her! This is why I have requested to make my donations to Anyone in need of a Kidney, and what ever else I may be able to donate as a living donor.

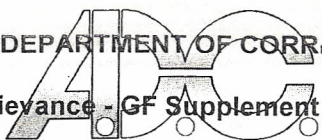
You will read in my Informal, the HUR, and Medical Grievance that I never mentioned my sister as a Recipient, that's because I just learned of her needs on 8-19-08. And once she explained things to me, I knew we would have problems with the donations. But I would still put her first, and ~~be~~ able to do all I can to make it possible for her to receive the Kidney! If things do not work out, then I'd like to donate to others in need of the Life saving organ, or whatever I may be able to donate to help.

In the event you need to contact my sister about her Medical needs I have provided her Phone Number (256) 739-4845, this way you can verify with her so that you don't think I'm making up any story to get your approval to be a organ donor. If you were to look at my medical file you would see that in the 10 years that I've been in Prison on Death Row I have not been exposed to any Communicable, infectious diseases.

In Mr. Greeley response I read it, and I noticed also the concerns about Medical Insurance Payments by the Recipient, the Security concerns regarding transportation, I understand these concerns and I believe I can answer them. As for payments for the testing this can be done a couple ways, one being that the Medical Insurance covers the cost for the donor and the Recipient, or a Account could be set up in the Recipient or donors name and the Public could donate such funds to the Account. If the Account reaches the Amount for the tests, the rest of the money would go towards the costs of having me transported to the hospital or where ever the tests are to be done at.

(Note: Please notice that I filed the Medical Grievance on April 9, 2008, the PHA got it on May 20, 2008. His response is dated June 11, 2008, but C.O. III, Ficht received it on the date of September 10, 2008. I received it on September 22, 2008, so I am not out of time frames as it looks. ☺)

Signature	Date
John E. Sansing	9-23-2008



Inmate Name (Last, First M.I.)	ADC Number	Institution/Facility	Case Number
SANSING John E.	146991	Elyman, Browning, 3-H-8	A27-057-008

I want to respond to testing a little more, as you may know that here at Browning Unit we have the Medical Department. At Medical there is a few ways that tests can be completed without leaving the Prison, those ways are followed:

A.) The Examining Rooms for the Doctor(s) to examine an inmate in.

B.) The State of the Art Technology - Telemedicine, an evaluation of your health problems by another provider or specialist at another location using Video Audio and Computer data connections. By using telemedicine you would be able to consult with Specialists without having to send me to another Facility, hospital or clinic. Also, this way would reduce the time it takes to attend to the health needs. The Doctor will be able to be in contact with experts who would be an important role in the Medical Care at the Prison.

C.) The X-ray Room - to take the necessary x-rays for the experts to see, to check for any problems with the inmates organ(s) to be donated.

D.) The Lab - to take blood from the inmate to check for exposed Communicable, infectious diseases.

As for the location that an inmate would be transported to, there is the hospital that the prison uses called St. Mary's. I believe any other testing that can not be done at the prison, could be done at that location.

The Transportation for the inmate would be done as it is done for inmates who go to have any other operation(s), with the proper security by the Prison staff. This way the Co.'s are paid by the prison for their time!

I believe I have covered everything, I do appreciate your time and I look forward to your response.

(Note! On August 3, 2008 I mailed the Director, Dana B. Schirra a copy of a Law in South Carolina, it was regarding Organ Donor Programs inside the Prisons.)

Signature	Date
John E. Sansing	9-23-2008

INITIAL DISTRIBUTION - Committee Recommendation - All copies to Grievance Advisory Committee
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FINAL DISTRIBUTION - White - Inmate, Canary - Grievance File

(Page 3)



JANET NAPOLITANO
GOVERNOR

Arizona Department of Corrections

1601 West Jefferson
Phoenix, Arizona 85007
(602) 542-5497



DORA B. SCHRIRO
DIRECTOR

MEDICAL GRIEVANCE APPEAL: TO THE DIRECTOR

Inmate Name: SANSING, JOHN

ADC No 146991 No.: A27-057-008

Institution: ASPC-EYMAN/BROWNING

Date Received: November 14, 2008

I have reviewed your grievance appeal requesting screening for possible future live organ donor.

Your grievance appeal has been investigated and is denied. Testing to determine an inmate's eligibility to be a potential live organ donor in the future is not authorized by policy.

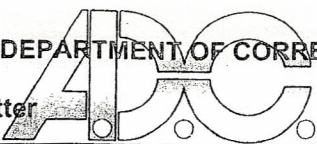
This response concludes the medical grievance process per Department Order 802.11 Medical Grievance.

Dora Marie Schriro for
Dora Schriro, Director

December 31, 2008
Date

cc: FHA, ASPC-Eyman
C.O. Inmate File

Inmate Letter



Requests are limited to one page and one issue. NO ATTACHMENTS PERMITTED. Please print all information.

Inmate Name (Last, First M.I.) JANSING John E.	ADC Number 146991	Institution/Unit EYMAN/Growing/3-H-8	Date 2/5/2009
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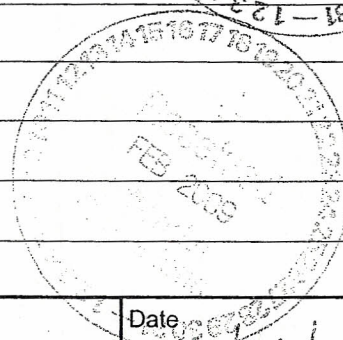
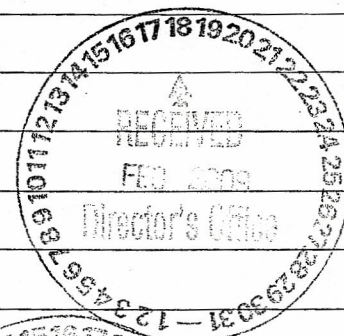
To: Director, Dona Schirra	Location Central Office
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State briefly but completely the problem on which you desire assistance. Provide as many details as possible.

On 9-23-2008 I appealed a Medical Grievance - A27-057-008 to the Prisons Director for the final step outlined in Department Order 802-Inmate Grievance System, 3802.11-Medical Grievance. I read the decision, and I have a question to ask, what Department Order do you refer too when you state not Authorized by Policy? I have spoken to Lib II, Dixon about this, and she said there is no Policy while looking at D.O. 1101-Inmate Access to Health Care, And the other D.O.'s do not have anything regarding organ donation(s) by inmates! So I would appreciate the Department Order Number, so I can read it and be informed on what it covers.

Also, the response stated that the Grievance Appeal had been investigated, and that it was denied! If it was investigated, why then my sister Susan Corbin was not contacted by the person investigating the Appeal? I provided her Name/Phone Number, and no one called her in Alabama.

I Appreciate your time, and look forward to your response, Thank You!




Inmate Signature John E. Jansing	Date 2/5/2009
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 Have You Discussed This With Institution Staff? ☒ Yes ☐ No

If yes, give the staff member's name: I sent a HNR to Medical for the FHA to respond

ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Letter Response

Inmate Name (Last, First M.I.): Sansing, John		ADC Number: 146991
Institution/ Unit: ASPC-Eyman/Browning Unit		
From: John R. Hallahan, Division Director		Location: Offender Operations
<p>I am in receipt of your inmate letter dated February 5, 2009 addressed to Director Schriro regarding your questions on Appeal Response to Grievance A27-057-088. The Director's office has forwarded your letter to me so that I may respond on her behalf. Dr. Kendall was contacted regarding this issue and he has advised accordingly.</p> <p>These questions are:</p> <ol style="list-style-type: none"> 1. What Department Order is referred to when the response submitted stated that organ transplants were not permitted? 2. If the grievance was investigated as claimed, why wasn't your sister contacted. <p>In response to your first question, Department Policy along with Arizona case law are very clear in stating that prison institutions have an obligation to care for the inmate population.. Under the "Purpose" section of Department Order 1101, it is stated that "This Department Order requires that inmates be provided opportunities for reasonable and appropriate access to medical and dental health care at a reasonable fee. The Department Order also requires that appropriate and uninterrupted health care be provided to inmates with chronic health conditions." You will note that the Department Order only refers to care provided to inmates requiring medical care and does not extend to friends, family or the community at large. The practice of the Department has been and continues to be that inmates wishing to donate organs must assume all responsibility for cost and medical arrangements. The inmate's willingness to do this does not supercede the responsibility and authority of the Department to only attend to the basic health care needs of the inmate. In your case, as supported by policy, you have no medical need to donate an organ. Due to your custody level and the status of your sentence, the Department has no obligation to honor your wish to donate organs.</p> <p>In response to your second question, the Department in investigating your claim was able to obtain all necessary information from your medical record and its internal files. No need was established for contacting your family member.</p> <p>PO 09-1765</p>		
Staff Signature: 		Date: 3-17-09

Distribution: White - Central Office Master File
Yellow - Inmate
Pink - Institutional File

916-2
4/15/04



February 12, 2009

John Sansing #146991
ASPC Eyman
Unit -Browning- 3-H-8
P.O. Box 3400
Florence, AZ 85232

Our File Number: X09-0102

Dear Mr. Sansing,

Thank you for contacting the American Civil Liberties Union of Arizona (ACLU-AZ) about your complaint.

I have read the materials you submitted concerning the ADOC grievance process. The ACLU is not able to represent persons in your situation. We do not have the resources to make the necessary factual investigations nor for the required consultations with ADOC officials.

We would like to state that the fastest approach to this would be change in legislation, therefore things are moving in a direction in favor of your request. We cannot participate in the drafting of legislation or in any part of the legislative process.

You can keep us informed if there is any change, if you'd like. Enclosed is a list of publications related to prisoner's issues that may be helpful.

Sincerely,

A handwritten signature in dark ink that reads "Dan Pochoda / Ctr". The signature is written in a cursive, flowing style.

Dan Pochoda, Esq., Legal Director
American Civil Liberties Union of Arizona

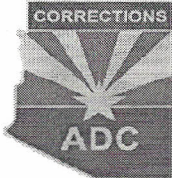
 <p>ARIZONA DEPARTMENT OF CORRECTIONS</p> <p>DEPARTMENT ORDER MANUAL</p>	CHAPTER: NUMBER: 900 INMATE PROGRAMS AND SERVICES	OPR: OPS PS SS
	DEPARTMENT ORDER: 922 <i>INMATE DONOR PROGRAM</i>	SUPERSEDES: N/A
		EFFECTIVE DATE: JANUARY 28, 2009

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PURPOSE

This Department Order establishes the process for organ donations by inmates and related issues. Inmate participation in organ donation is strictly voluntary and no special consideration or treatment will be provided to an inmate for participation and no repercussions will result from nonparticipation.

RESPONSIBILITY

That the Arizona Department of Corrections, the State of Arizona and/or its employees and contract workers will not be held responsible for any complications or financial responsibilities arising out of or related to organ donations or transplants and/or the donation or transfusion of blood or blood products.

PROCEDURES

922.01 ORGAN DONATION

- 1.1 Inmates as Recipients of Organ Transplantation
 - 1.1.1 The Department will consider organ transplantation as a medical treatment option for inmates if it is determined to be medically necessary.
- 1.2 Inmate Organ Donor Registration
 - 1.2.1 The Department will authorize Arizona State designated Organ Procurement Organizations to make available to inmates organ registry information, registry forms and self addressed envelopes in the library resource centers.
 - 1.2.2 Department staff shall not participate in the inmate's decision making process. Should the inmate have questions regarding the organ donation registry or related issues inmates shall be advised to direct their questions in writing directly to the applicable organization.

922.02 ORGAN DONATION DURING LIFE

- 1.1 Live organ donation by inmates may be permitted with approval of the Department Director only when the recipient is a member of the inmate donor's immediate family and the inmate is the only viable donor.
 - 1.1.1 The inmate's immediate family members will be identified by a certified copy of their birth certificate which shall be provided to the assigned FHA.
 - 1.1.2 The FHA shall meet with the inmate and then forward a memo through the Warden and Division Director for Offender Operations to the Director requesting approval for the organ donation. Attached to the memo should be the inmate's statement identified in 1.2 of this section, a copy of the immediate family member's birth certificate and a statement from the recipient insurance company or transplant entity confirming the information required by 1.5 of this section.
 - 1.1.3 The Department Director has the sole discretion to approve or disapprove the organ donation and will advise the Division Director for Program Services and the Division Director for Offender Operations accordingly.

- 1.2 The inmate shall sign a statement indicating their desire to donate a specific organ to a specific immediate family member and acknowledge that the inmate:
 - 1.2.1 Understands the possible dangers of the organ donation process and procedures,
 - 1.2.2 Is participating of their own free will; and
 - 1.2.3 Understands that the Arizona Department of Corrections, the State of Arizona and/or its employees and contract workers will not to be held responsible for any complications or financial responsibilities arising out of or related to the donation.
- 1.3 The inmate's written statement shall be provided to the Department Director, the Division Director for Program Services, and the Facility Health Administrator (FHA) with an entry of the statement placed in the inmate's medical record.
- 1.4 The organ donation process may only occur within the State of Arizona.
- 1.5 The Department will incur no costs that arise out of or are related to the organ donation process, including custody and transportation costs before, during and after the hospitalization and surgery. Including the period from compatibility testing, through the inmate donor's healthy recovery, and subsequent return of the inmate to their assigned institution.
 - 1.5.1 Organ donation will only be permitted after documents have been received from the appropriate entities (i.e. recipient's insurance company) which ensure the Department will incur no liability or expense of any kind as a result of the organ donation including all costs associated with transporting and security of the inmate at off-site facilities.
 - 1.5.1.1 The Department will provide an estimate of cost calculations upon request.
 - 1.5.1.1.1 All expenses and costs will be calculated by the Institution's Business Office in each case in response to a request.
 - 1.5.1.2 The institution will provide the Transplant Team Coordinator with all security requirements and identify a point of contact for the Transplant Team Coordinator to facilitate the requisite diagnostic testing through post-harvest visits.
- 1.6 The FHA with approval from the Warden will coordinate procedures such as transportation, custody, classification, compatibility determinations, evaluation, hospitalization and furlough status.

922.03 BLOOD OR BLOOD PRODUCTS

- 1.1 Inmates are not authorized to donate blood or blood products.
- 1.2 The Department may grant an exception to this provision on an individual case basis, if it is determined by an approved medical authority that the offender is the sole source of blood for an immediate family member in need.
 - 1.2.1 Immediate family members will be identified by a certified copy of their birth certificate which shall be proved to the assigned FHA.

- 1.2.2 The FHA shall meet with inmate and then forward a memo through the Warden and Division Director to the Director requesting approval for the blood donation. Attached to the memo should be the inmate's statement as required in 1.5 of this section, a copy of the inmate family member's birth certificate and a statement from the recipient insurance company or transplant entity confirming the that blood donation will occur at no costs to the Department, including custody and transportation costs before, during and after the hospitalization and procedure. Including the period from compatibility testing through the inmate donor's healthy recovery, and subsequent return of the inmate to their assigned institution.
- 1.2.3 The Department Director has the sole discretion to approve or disapprove the blood donation and will advise the Division Director for Program Services and the Division Director for Offender Operations accordingly.
- 1.3 The Department will not assume financial responsibility for the cost of this procedure.
- 1.4 Blood donation for autologous blood transfusion for an inmate scheduled for surgery will be permitted if recommended by the attending surgeon, the inmate desires and consents, and the facility has the resources and means to accomplish it.
- 1.5 Inmates who donate will be required to sign a statement provided by the FHA indicating they understand the possible dangers in donating blood and that the decision is made of their own free will.
- 1.6 The Department will assist in any necessary preliminary medical evaluations to the extent of its resources.

922.04 ORGAN DONATION UPON DEATH

- 1.1 Organ donations will be permitted upon the death of an inmate in accordance with the provision of the Arizona Uniform Anatomical Gift Act A.R.S. § 36-841 *et al.*
- 1.2 The Department shall not be involved in the determination of whether or not any person consenting to organ donation, on behalf of the inmate, has authority pursuant to the Arizona Uniform Anatomical Gift Act to consent or deny or participate in the determination as to whether an anatomical gift has been made, amended or revoked.
- 1.3 The Department shall not participate in any aspect of granting consent or the consent process of organ procurement. A.R.S. § 36-848
- 1.4 The Organ Procurement Organization views all persons pending death as prospective organ donors regardless of their medical history and is vested with the authority to make the final determination as to the suitability of donation.

922.05 AUTOPSY AND INVESTIGATIONS

- 1.1 The county medical examiner or alternate medical examiner is advised when an inmate dies and shall investigate the facts and circumstances surrounding the death. A.R.S. § 11-593
- 1.2 This does not apply to a death that occurs during, in association with or as a result of surgical or anesthetic procedures from natural diseases. A.R.S. § 11-593 (B)

- 1.3 Department personnel shall fully advise the medical examiner regarding known events surrounding the inmate's death and shall not interfere with the medical examiner's determination regarding the appropriateness of organ removal.
- 1.4 Department personnel shall not proffer an opinion regarding whether removal may or may not occur.
- 1.5 When an autopsy is anticipated or required by statute, the applicable medical examiner shall have the sole authority to determine if organ donation is feasible.
- 1.6 The medical examiner will make an initial determination if the removal of organs would interfere with a medical examination, autopsy or certification of death. Before making a final decision to limit the removal of organs, the medical examiner shall consult with the organ procurement organization. A.R.S. § 11-594 (B)(6)
- 1.7 The medical examiner or alternate medical examiner shall give this authorization within a time period that permits a medically viable donation. A.R.S. § 11-594 (B)(4)
- 1.8 The county medical examiner or alternate medical examiner may authorize the taking of organs and tissues as they prove to be usable for transplants, other treatment, therapy, education or research if all of the requirements of the Revised Arizona Anatomical Gift Act (A.R.S. § 36-841) are met. A.R.S. § 11-594(B)(4)
- 1.9 The medical examiner may limit the removal of organs or tissues. A.R.S. § 11-594 (6)(4)
- 1.10 The Department will determine if applicable medical examiner has:
 - 1.10.1 Determined that organ removal will not interfere with the medical examination, autopsy or certification of death,
 - 1.10.2 Authorized organ removal, and
 - 1.10.3 Determined if organ removal is authorized with or without restrictions.
- 1.11 The existence of a pending administrative or criminal investigation arising out of the inmate's injuries and subsequent death shall not preclude organ procurement unless the applicable medical examiner determines organ donation is not possible as required by statute.
- 1.12 The Department will not assume financial responsibility for the cost of the organ donation or transplant process.

922.06 INMATE DEATH PURSUANT TO A WARRANT OF EXECUTION

- 1.1 The organs of inmates who die as a result of the Department carrying out of a Warrant of Execution are not eligible for donation for organs transplant purposes.
- 1.2 The appropriate medical examiner's office shall take possession of the body upon completion of an execution as required by statute. A.R.S. § 11-593
- 1.3 The body or portions thereof, if not claimed by relatives or friends within twenty-four hours after death, may be submitted by the appropriate medical examiner for scientific purposes by the Department Director, with consent of the Governor, upon instruction by the Department as provided in A.R.S. § 36-804. A.R.S. § 36-805

922.07 IMMUNITY FROM LIABILITY - A person is not subject to civil liability, criminal prosecution or administrative proceedings for good faith acts or omissions related to procurement of parts in compliance with this article. All acts and omissions are presumed to be in good faith unless the acts or omissions are done with intent to maliciously cause injury. A.R.S. § 36-856.A

IMPLEMENTATION

Within 90 days of the effective date of this Department Order:

- The Division Director for Offender Operations shall ensure Wardens develop and implement Institutional Orders and Post Order addressing the security and transportation issues.
- The Division Director for Program Services shall develop and implement a Technical Manual to comply with the requirements outlined in this Department Order.
- The Division Director for Program Services and the Division Director for Support Services shall develop and implement a process for the distribution of inmate donor registration and autologous blood collection for an inmate scheduled for surgery.

DEFINITIONS

ANATOMICAL GIFT - A donation of all or part of a human body to take effect after the donor's death for the purpose of transplantation, therapy, research or education. A.R.S. § 36-841(3)

BODY PART - Part means an organ, eye or tissue of a human being. Part does not include the whole body. A.R.S. § 36-841(18)

DONOR - An individual whose body or part is the subject of an anatomical gift. A.R.S. § 36-841(7)

DONOR REGISTRY - A database that contains records of anatomical gifts. A.R.S. § 36-841(8)

HOSPITAL - A facility that is licensed as a hospital under the laws of any state or that is operated as a hospital by the United States, a state or a subdivision of a state. A.R.S. § 36-841(12)

IMMEDIATE FAMILY - For the purpose of this Department Order immediate family includes parents, siblings, and children.

MINOR - For the purpose of this Department Order minor is an individual who is under eighteen years of age. A.R.S. § 36-841(15)

ORGAN PROCUREMENT ORGANIZATION - A person designated by the secretary of the United States department of health and human services as an organ procurement organization. A.R.S. § 36-841(16)

PROCUREMENT ORGANIZATION - An organ procurement organization, tissue bank, an eye bank or storage facility that is licensed, accredited or approved under federal law or the laws of any state to engage in the recovery, screening, testing, processing, storage or distribution of human bodies or parts. A.R.S. § 36-841(23)

PROSPECTIVE DONOR - An individual who is dead or near death and who has been determined by a procurement organization to have a part that could be medically suitable for transplantation, therapy, research or education. Prospective donor does not include an individual who has made a refusal. A.R.S. § 36-841(23)

RECORD - For the purpose of this Department Order, record means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form. A.R.S. § 36-841

TISSUE - Means all or a portion of the human body other than blood, an organ or an eye unless the blood, organ or eye is donated for the purpose of research or education. A.R.S. § 36-841

TISSUE BANK - Means a person that is licensed or regulated under federal or state law or is accredited as a tissue bank by a nationally recognized accrediting agency to engage in the recovery, screening, testing, processing, storage or distribution of tissue. A.R.S. § 36-841

TRANSPLANT HOSPITAL - A hospital that furnishes organ transplants and other medical and surgical specialty services required for the care of transplant patients. A.R.S. § 36-841

TRANSPLANT TEAM COORDINATOR - An employee of the organ procurement organization, tissue bank, an eye bank or storage facility that is licensed, accredited or approved under federal law or the laws of any state to engage in the recovery, screening, testing, processing, storage or distribution of human bodies or parts. A.R.S. § 36-841(23)

{Original Signature on File}

DORA SCHIRO
DIRECTOR

AUTHORITY

A.R.S. § 11-593, Reporting of certain deaths; failure to report; classification

A.R.S. § 11-594 (B)(6)(4), Powers and duties of county medical examiner

A.R.S. § 36-804, Notice of bodies for burial at public expense; delivery

A.R.S. § 36-805, Disposal of body of person executed at state prison

A.R.S. § 36-841 *et al.*, Definitions

A.R.S. § 36-848, Who may make anatomical gift of decedent's body or part

A.R.S. § 36-856.A, Immunity