
PRISONTERMINAL

THE LAST DAYS OF PRIVATE JACK HALL



DISCUSSIONGUIDE

- ACADEMY AWARD NOMINEE BEST DOCUMENTARY SHORT SUBJECT -

Director's Statement

Prison Terminal: The Last Days of Private Jack Hall represents a natural step from the issues explored in my previous film, A Sentence of Their Own, which chronicles the damaging impact incarceration has on families. In Prison Terminal: The Last Days of Private Jack Hall, the incarceration of a loved one is also a concern, but of central importance is the ultimate dilemma faced by the incarcerated and their families - death behind bars.

As a documentary filmmaker I have had a notable record of successful production in very stressful prison environments. Over the years I have established supportive relationships with both prison authorities and prisoners themselves - among the most important elements for ensuring a successful film project. Additionally, I have also connected on a very personal level with the families and loved ones of prisoners, who, through no fault of their own, have been plunged into the American criminal justice system.

Following the release of A Sentence of Their Own, many concerned family members shared stories with me about their imprisoned loved ones. The vast majority of them were lifers or long-termers essentially sentenced to die in prison.

With over 2.5 million people incarcerated in the U.S. one can readily see why dying while incarcerated is quickly becoming an enormous problem not only for the U.S. correctional system but also for the millions of family members beyond the walls.

I take great satisfaction in my ability to tackle large-scale problems within the American criminal justice system and present them on a very personal level so that the destructive impact of a dysfunctional correctional system can be made more palpable to the viewer.

I took on the mission to document one of the few positive programs that exists today behind bars in hopes that other facilities will emulate the prisoner-run hospice program and instill much needed dignity to dying in prison for all concerned.

Thanks and enjoy the film!



Table of Contents

Director's Statement	3
Foreword - Sail to Serenity: The Birth of a Prison Hospice by Bertrum R. Burkett	5
Essay - My Experience as a Hospice Volunteer by Cedric B. Theus	7
Synopsis - Prison Terminal: The Last Days of Private Jack Hall	9
Audience	10
Using this Guide	10
Methods of Viewing	11
What is Cinema Verite?	12
Before Viewing / After Viewing Outcomes	13
Prison Hospice: The Lay of the Land	15
Cast of Characters	17
EXERCISES:	
Storyboard Quotes	21
Discussion Jump-Starters	23
Thematic Discussion Questions	24
Notable Quotes and Discussion Prompts	29
Word Cloud	31
Experiencing Loss	32
RESOURCES:	
Glossary of Key Terms	33
Taking Action	36
Associations, Foundations & Organizations	37
On the Bookshelf	45
On the Editing Room Floor	49
Production Credits	50
Filmmakers' Corner: Production Notes & Equipment List	51
What People Are Saying: Reviews from the Field	54
Press Reviews	56
How to Purchase or Rent / Additional Support	57

Sail to Serenity: The Birth of a Prison Hospice

by Bertrum "Herky" Burkett

Prison hospice: a humanitarian show of compassion or simply another way to cut costs on an aging population of prisoners serving life and mandatory sentences? This writer doesn't understand enough about the state of Iowa's budget issues to answer that question accurately, so I'll just speak to what I know. Our hospice unit named "Sail to Serenity" by its convict volunteers, has had a profound effect on everyone at the Iowa State Penitentiary (ISP) in Fort Madison, the oldest prison in the United States west of the Mississippi River.

Until 2005, convicts would simply die in their cell or in the cold, lonely infirmary. Often they would be hurting physically and mentally from the pains of their disease. Dying prisoners would be able to see a nurse if and when she had the time, but after she shut the door they would return to their isolated world. Most would die alone, with only the sounds of nature to give them comfort or compassion.

Then one day Marilyn Sales, Director of Nurses for the Iowa Department of Corrections, called six longtime convicts to the infirmary and asked us to watch a videotape. She didn't explain its contents or why we were being asked to view it, but the feature presentation that day changed our lives. Only eighteen-minutes long, it was an informational video about the hospice prison program in Angola, Louisiana. When the tape was over Marilyn looked at us and asked one simple question: "Do you think we can do this here at ISP?"

Immediately, each man in the room answered, "Yes!" We were all serving life sentences and had each been in prison for more than twenty years. We all understood that in Iowa, a life sentence means a life sentence. In all likelihood each one of us was, at some point, going to die behind bars.

Over the next several months our group met multiple times; with each gathering interest in the project grew. Twenty-eight men came forward when it came time to interview volunteer applicants. Twenty were ultimately chosen to be hospice volunteers after in-depth interviews with Marilyn, the Deputy Warden and the Security Director.

Work on the program began as soon as we were selected. The first order of business was to pick out the paint colors for our first hospice room because Herbie Schnee, one of the original six to view the Angola video, had recently been diagnosed with cancer. Ironically, he was our first hospice patient. We hadn't had the chance to take a single class, but under Marilyn's direction and the helpful hand of several nurses, we cared for Herbie. We stayed with him 24 hours a day and for the first time in ISP history a convict died pain free, with convict volunteers all around him, holding his hands, praying and caring for his last earthly needs.

It was a moment that, if I hadn't experienced it, I would have had difficulty believing.

After his death, we cleaned Herbie's body and prepared for him to be picked up by the funeral home. We even washed every drop of ink from his hands after he was fingerprinted for the final time.

Since Herbie's death we have been through classes on hospice care and attention for daily living. All twenty volunteers graduated. We received our diplomas at a special ceremony where we were each able to invite two members of our immediate family. It was truly an unprecedented event.

Currently there are two hospice rooms up and running, with an additional six rooms ready to care for convicts who cannot care for themselves. These men are likely not terminally ill, but need daily assistance to maintain a positive manner of living. We bathe, feed and clothe them, as well as clean their rooms and give them a chance to participate in recreational activities. We've learned a lot in a relatively short period of time and this experience has been life changing in a positive way. Our motto is simply, "by the hands of many, God's work is done."

It is important to note that our entire program has been funded by donations from churches, private citizens and an initial \$500 foundation grant. Critics claim that inmate hospice care is another way of "coddling" convicts. Nothing could be further from the truth. We believe that it is our final opportunity to give back, to show our compassion to God and society and to help make amends for any suffering we might have caused during our lifetimes. We are grateful that the Iowa State Penitentiary has given us an opportunity to experience something so special at a time when most of society has given up on us. When one is entrusted with a solemn duty of this magnitude, shrinking is not an option.

My Experience as a Hospice Volunteer

by Cedric B. Theus

"I don't think I can do it," I said, after being invited to join the hospice program at the Iowa State Penitentiary. My self-confidence was still a work-in-progress and taking care of someone who was terminally ill seemed beyond my ability. I understood the magnitude of such a job and I did not want to fail at it.

"I felt the same way at first," responded the man who had just graduated from the first class of volunteers. "But I thought about it; who would I want at my bedside when it's my time to go? A staff member or someone who knows what it's like to do time. Who would you want?" That conversation changed my life.

I realized that I had a decision to make. Could I expect another man to do something for me that I was not willing to do for him or others? No, I could not. I was not raised like that. That is not what a man — at least a responsible man — does. Life without parole meant that I would likely die in prison. That was my reality. I could not escape that fact, nor could I escape the feeling that I had to do something to make my life more meaningful. I filed an application to become a hospice volunteer, and after a grilling interview, I was accepted into the second class of trainees.

The training that was received from Marilyn Sales, Sue Mangles, Jo Watson, and Sharon Demers was intense. Marilyn was tough in a compassionate way. She asked hard questions. There was no sitting in the class without being fully engaged. Marilyn would call you out. She wanted to make sure that we knew what we were doing. The gravity of caring for a dying man in a prison setting, and the challenges that a prison hospice would entail, was an important point of emphasis. Misbehavior would not be tolerated, whether inside the program or out on the yard. Marilyn needed to be able to trust that each member of the hospice team was prepared for what was ahead. She was a great coach. She had a way of finding out what you were made of, and if you did not meet the standard that she required of each volunteer, you were decisively cut from the team. None of us was bigger than the program, nor were we more important than the man in the bed.

My first patient made me feel human again. I needed that after having spent over a decade in prison. I was no longer just inmate #1095072; I was not a convicted murderer. I was just a man who was honored to be of assistance to another man as he experienced the last days of his journey here on earth. The patient was scared, and for reasons less important than his, so was I. Hospice/ADL training helped me through most of the experience. My humanity got me through the rest. The patient thanked me for every little thing that I did for him. Initially I brushed it off as him being courteous. I told him that he didn't need to thank me. I was grateful for the opportunity to be there for him. It was gratifying to be able to do something for someone else in such a pure way.

Later, I realized that he was thanking me because he completely understood the significance of having a hospice volunteer by his side. He understood what the alternative was. Eventually, so did I. The thought of someone dying alone in a prison cell provided me with the mettle I would need to get through the tough times and embrace my duty as a hospice volunteer wholeheartedly.

Hospice care was not easy. From the first man that I cared for, to the tenth, each patient brought his own unique challenges and rewards. Occasionally we would get a patient who did not want to accept the fact that he was dying, or that he needed help to do things that he had done for himself for most of his life. It was distressing to tell an adult that he could not shower himself, or use the bathroom without assistance. I felt like a bully at times. "You're just doing this because you're stronger than me," one man protested as I washed him despite his objections. In the end, even the most challenging patients would submit to the care and express some level of gratitude. Moreover, when the words "thank you" could not be articulated, I could see it in their eyes or demeanor. One particular individual simply grabbed my hand and nodded. That gesture was worth more than any words he could have possibly uttered.

Some of the patients were harder to watch. They are permanently imprinted into my memory. As I watched my first difficult death, I immediately thought of the death penalty and those who are emphatically opposed to the barbarity of it. However, there were not intravenous connections to ease the suffering that this man went through at the end of his life. There were no protests outside the prison this day. No, this was not the death penalty.

Our hospice team managed his physical discomfort as best as we could. The nurses were great in instructing us in the tricks of the trade. But I was left to deal with the emotional suffering, the regrets, the missed opportunities in life that were unique to each individual, on my own. I shared in that suffering, albeit to a much lesser degree; and the prisoner-to-prisoner bond that connected me with each man seemed to bring a level of compassion to the situation that a non-prisoner could not replicate. Having to bear witness to a man struggling through his last moments of life, in prison, made my own life sentence a stark reality.

After a patient passed away, most of the volunteers who cared for him would gather in his room to prepare the body for the funeral home. This too was an honor. I had never felt more alive, more grateful than those moments. I would always find myself thinking of things I could have done better during my care.

I have since lost track of how many patients I cared for in the hospice program. The experience, the life lessons, and the gift of seeing sincere appreciation in the eyes of a dying man will always remain with me. Please understand that these words cannot express how being a hospice volunteer has changed my life. My experience can only be quantified by how I now appreciate my own life and the lives of others. It can be seen in how I value my loved ones, and through my burning desire to help those in need.

Synopsis

Prison Terminal: The Last Days of Private Jack Hall

Prison Terminal: The Last Days of Private Jack Hall is a moving cinema verité documentary that breaks through the walls of one of America's oldest maximum-security prisons. The film tells the story of the final months in the life of a terminally ill prisoner, and the trained hospice volunteers — they themselves prisoners — who care for him.

Shot over a six-month period behind the walls of the Iowa State Penitentiary, Prison Terminal: The Last Days of Private Jack Hall enters the personal lives of the prisoners as they build a prison-based, prisoner-staffed hospice program from the ground up, providing a fascinating and often poignant account of how the hospice experience can profoundly touch even the forsaken lives of the incarcerated.

Audience

Prison Terminal: The Last Days of Private Jack Hall is well-suited for use in a variety of settings and is especially recommended for use with:

- Education professionals and students of medicine, criminal justice, sociology, human rights and health law, public health, philosophy, social work, nursing, and film studies.
- Student activist groups at colleges, universities, and high schools.
- Prison reform groups.
- Legal professionals and legislators.
- Mental health agencies, law enforcement agencies, probation and parole agencies, health care professionals.
- Community hospice centers.
- Faith-based organizations and institutions.
- Criminal justice policy makers.
- Corrections administrators and correctional healthcare professionals.
- Conferences on corrections and correctional healthcare, criminal justice, aging, veteran affairs, prisoner families, social work, and mass media.
- Prisoners interested in becoming hospice volunteers.

Using this Guide

This guide is an invitation to dialogue. It is based on a belief in the power of human connection and the right for all human beings to have a dignified death - no matter their circumstances.

It is designed for people who want to use Prison Terminal: The Last Days of Private Jack Hall to entertain the possibility of transforming the manner in which most prisoners die in U.S. prisons.

In contrast to initiatives that foster debates in which participants try to convince others that they are right, this document envisions conversations undertaken in a spirit of openness and true curiosity in which people try to understand one another and expand their thinking by sharing viewpoints and listening actively.

The discussion prompts are intentionally crafted to help a wide range of audiences think more deeply about the issues in the film and not to simply react in a knee-jerk fashion without fully understanding the many nuances related to the issue of dying with dignity behind bars.

Rather than attempting to address them all, choose one or two that best meet your needs and interests - and be sure to leave time to consider taking action. Planning next steps can help people leave the room feeling energized and optimistic, even in instances when conversations have been difficult and possibly hopeless and depressing.

Methods of Viewing

Prison Terminal: The Last Days of Private Jack Hall runs 40 minutes and is ideally suited for the average class session or community screening. Because of its length, many of the practical details for setting up a prison hospice have either been eluded to or not included. Consequently, ample resources for setting up a prison hospice have been provided in this discussion guide should one choose to complement the film.

Single Viewing

View the video and discuss questions and comments made by the viewers. If time is limited you can jump-start the discussion using the questions on page 23.

If you have ample time for discussing the film, please refer to pages 24 - 28 where the discussion questions are listed thematically. You may want to divide the group into "thematic" teams and have each team talk on that particular theme with the entire group.

Multiple Viewing

The cinematography and editing employed in Prison Terminal: The Last Days of Private Jack Hall is remarkably textured and nuanced. Consequently much more visual information is included in the film than can be readily appreciated upon the initial viewing.

If time permits, it is highly recommended the film be viewed more than once. After the first screening the group can review the discussion guide and discuss their initial impressions of the issues presented in the film.

After the second screening the group can revisit some of the more problematic issues that may have surfaced during the first discussion. The multiple viewing method is suggested due to the multi-layered characteristics inherent to a **cinéma vérité** documentary.

What is a Cinéma Vérité Documentary?

A cinéma vérité documentary involves a method of shooting and presenting material that preserves the spontaneity and flavor of the real event. This means that cinéma vérité is able to carry a strong message, without any artificial input.

The basis of cinéma vérité is the idea that cinema exists to make us see the world as it is, allowing the viewer to discover its visual texture and to let us understand the place of man within it. cinéma vérité relies on the situation to provide the interest, rather than creating the interest for the purpose of the camera.

For the cinéma vérité purist, Prison Terminal: The Last Days of Private Jack Hall is technically not a vérité documentary since it employs music and the occasional talking head interview. Because the issues and characters are quite complex, the director chose to use the talking head interview judiciously in order to convey important information more quickly.

Consequently Prison Terminal: The Last Days of Private Jack Hall is more of a hybrid cinéma vérité film where the camera documents events as they unfold before the lens punctuated with the occasional talking head interview and voice over.

Before Viewing

To prepare the viewers, an introductory discussion can help generate a more active learning experience. One way to jump-start a more active learning experience is to briefly discuss the following statistics before viewing the video:

Aging in Prison

- The United States has 5% of world's population and 25% of the world's prisoner population.
- Prisoners age an average of 7 to 10 years faster than their counterparts in the free world.
- Nearly 20% of US prisoners are elderly.
- Aging prisoners are more costly to incarcerate due to their medical needs.
- Aging prisoners commit less misconduct while incarcerated and have a lower rate of re-arrest once released.
- The recidivism rate of adults over 65 is only 4%.
- Aging inmates could be viable candidates for early release, resulting in significant cost savings; but State & Federal policies strictly limit those who can be considered and, as a result, few prisoners have been released.
- White prisoners comprise the largest segment of aging prisoners (42%). Black (33%) and Hispanic (15%) aging prisoners are overrepresented, meaning they make up a far higher percentage of the aging prisoner population than they do the general U.S. population.

After Viewing Outcomes

After viewing the documentary and answering the questions in the discussion guide, participants will be able to:

- Describe the purpose and function of prison hospice care.
 - Recognize the compassion, love, and respect for a fellow human being demonstrated by prison hospice volunteers and staff.
 - Understand the practical and economic benefits of prison hospice care.
 - Appreciate the rehabilitative nature of prison-based hospice care.
 - Understand the trends of the aging prison population.
-

Prison Hospice: The Lay of the Land

Prisoners are human beings and we need to think about how, as a society, we are going to deal with the fact that many are growing old and are destined to die in prison. There is a way for the terminally-ill prisoner to die with dignity behind the walls - and prison-based, prisoner-run hospice is one of the answers. - Edgar A. Barends

The aging of the prison population in the United States can be attributed to what some have called a perfect storm in the world of corrections. With an increase in tough-on-crime legislation, including harsher sentencing, curtailing the powers of judges, the U.S. correctional system is finding itself saddled with a booming population of long-termers and the chronically ill.

The rumblings of this storm are just beginning. Some estimates claim that within the next five to ten years, over 20 percent of the United States prison population will be classified as elderly. While 50 may seem too young to be called elderly in the free world, several significant factors tend to hasten the aging process for those behind the walls. The amount of stress experienced by prisoners navigating the harsh realities of prison life; financial and familial stress due to incarceration; withdrawal from chronic substance abuse; and the lack of access to adequate medical care prior to and during incarceration, all contribute to accelerating the aging process.

What is Killing the Prisoners?

Correctional institutions house a growing number of prisoners with terminal illnesses. Most systems define prisoners as terminally ill if they are known to have a fatal disease and have fewer than 6 months to live. Each year more than 3,000 men and women die in United States prisons, and while it is widely assumed that the leading cause of death in prison is AIDS, most deaths can be attributed to other illnesses such as cancer, hepatitis, chronic obstructive pulmonary disease, and congestive heart failure.

A Compassionate Alternative

As a nation, our consciousness about how we die has expanded to include many alternatives and options. But these changes are only just beginning to enter the world inside our prisons and jails. Dying with dignity is particularly challenging in a prison setting, where individuals are often both physically and emotionally isolated from friends and family. Recently, two approaches have gained momentum for meeting the needs of terminally ill prisoners: the utilization of compassionate commutation, and the development of prison-based hospice programs.

While laws vary from state to state, terminally ill prisoners who pose no threat to themselves or society and have family members willing to care for them may be granted compassionate release from prison. Sadly, compassionate commutation has become more of a political than a medical process; with many prison administrators and legislators thinking twice about releasing terminally ill prisoners in the current tough-on-crime climate of this country. Even when compassionate release is granted it often comes too late, with the terminally ill prisoner passing away before the

paperwork is completed. Thus a prisoner's greatest fear of dying in prison becomes a reality. But there is an alternative for those faced with the prospects of dying in prison.

What is Prison Hospice?

Over the past decade, hospice programs have become increasingly common in communities around the country, and the movement is also gaining a foothold among state, federal, and municipal prison administrations. Currently there are 75 prison hospice programs throughout the United States, with exceptional programs operating in Oregon, New York, Minnesota, California, Kentucky and Iowa. But the need is great and many more programs are necessary.

In the community hospice model an interdisciplinary team (IDT) consisting of the family members, physicians, nurses, social workers, counselors, clergy, and trained volunteers cares for the patient, offering support based on their particular areas of expertise. Together they provide comprehensive care aimed at relieving pain and giving social, emotional, and spiritual support.

The prison hospice model, however, has an additional element that distinguishes it from the community hospice model in the free world. Added to the IDT within the correctional setting is the crucial element of security. Maintaining safety within the walls and for the public at large is the primary function of a prison, and this must be maintained even in a hospice setting. Once the security component is effectively added to the IDT, the decision of whether to incorporate prisoner hospice volunteers vs. community hospice volunteers into the program must be made.

Prisoners as Caregivers

In any hospice setting, whether it is in the free world or behind bars, volunteers play an important role in planning and giving hospice care to their patients. They are instrumental in providing companionship and may listen, reassure, share worries and concerns, hold a hand, help feed, or just sit quietly with the patient.

For some prison hospice programs, prisoner hospice volunteers are not included in the program for fear that they may find it difficult to follow the rules of hospice, steal from or abuse their patient in some way. In such cases the community hospice sends in community volunteers to administer care and compassion to the dying prisoner.

While this practice is noble and well-intentioned, it must be recognized that the connection a dying prisoner has with a community hospice representative is not as strong as the connection that patient would have with a fellow prisoner who understands the plight of dying in prison - because they themselves may be dying in prison one day.

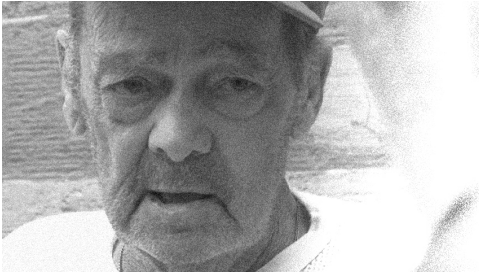
Of the current 75 prison hospice programs, only a handful of facilities have taken the risk to incorporate prisoners as hospice volunteers as documented in *Prison Terminal: The Last Days of Private Jack Hall*. And almost without exception the risk has paid back ten-fold by the rehabilitative nature of hospice. The program has allowed the prisoners, many for the first time in their lives, to show compassion, love, and respect for a fellow human being.

The redemptive qualities of the program have also made their way out into the general population of the prison, lifting the veil of fear and mystery from the prison infirmary as the "second death house" of the penitentiary.

On the whole, it has been noted that prisoner volunteers are deeply invested in their hospice and offer exceptional care and companionship to their patients - often exceeding the expectations of prison administrators. The prisoner volunteers are well aware that the success of the hospice rests upon their shoulders and in turn will guarantee there will be a hospice program for them when their time comes.

It is the hope of the filmmaker that Prison Terminal: The Last Days of Private Jack Hall will assist in making prison-based, prisoner-run hospice services the national standard throughout the U.S. correctional system, ensuring that prisoners no longer have to die alone, far from their loved ones.

Cast of Characters



Jack Hall, 83, served in the United States Army as a Ranger during World War II. He was a prisoner of war for 14 months. Following the war in 1946, he was given the Key to the City of Keokuk. He had lived in various places including Arkansas and Des Moines, Iowa. He had worked as a logger, a carpenter, and production work for Swifts and Fruehauf.

In 1984 Jack was found guilty in the first degree for the murder he committed in 1977. At the age of 62 Jack was given a life sentence and served his time at the Iowa State Penitentiary. He was considered the oldest prisoner in the Iowa correctional system until his death at the age of 83. Jack was a devout Catholic and later became a member of the Church of New Beginnings in Keokuk, Iowa.

Despite being a decorated war hero, Jack was denied burial in the Keokuk National Cemetery due to a law passed a law to deny interment to any person convicted of a Federal capital crime or a State capital crime for which a sentence of death or life imprisonment without parole is given.because of the crime he committed. Unbeknownst to Jack and his family, military burial rights were changed after veteran Timothy McVeigh bombed the Federal Building in Oklahoma City in 1995.

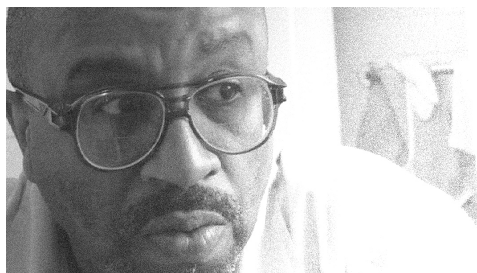


Marilyn Sales For over 30 years, Marilyn Sales, RN, a nurse administrator and director for the Iowa Medical and Classification Center (IMCC), has demonstrated a commitment to excellence in the Iowa Department of Corrections.

Sales began her career in corrections as a forensic psychiatric nurse, helping to initiate a medical record system in the state psychiatric facility and a quality assessment system for use by night shift staff. In 1982, she became unit director for the first women's unit that housed women who failed to integrate into the women's general population.

Sales started a prison hospice at the Iowa State Penitentiary, a maximum-security prison where she met with a small group of inmates in their cell house, conducting weekly interviews, before more inmates became interested. When the program first began, it was a challenge due to some resistance from the prison staff. "It took me quite a while to overcome resistance to have a viable hospice in that facility," Sales said. "People don't like change." Despite resistance from some members of staff, others have donated bedding, towels, furniture and more to the hospice rooms.

"Change is always disruptive but it doesn't have to be a negative. It's only a negative if you allow it to be," Sales said. These special hospice workers taught me much more than I was able to teach them. A piece of my heart will always be with those special inmates and that very special program. It was an honor to work with them."



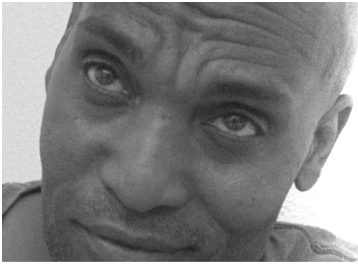
Bertrum R. Burkett (HERKY) 49 years old, and serving a life sentence for murder in the first degree. Born in Des Moines, Iowa, his childhood was one of stability, love, and respect.

Herky's father worked for over twenty years in the local packinghouse while his mother tended to the household. Herky was an excellent athlete and qualified to play on the varsity wrestling, basketball, and baseball teams when he was only a freshman in high school. By the 11th grade, feeling he was already a man, he dropped out of school and headed for the streets.

His decision to end his schooling shattered his parents. His father got Herky an entry-level position at the packing plant but after the first day on the job he quit realizing he "could make more money in an hour selling dope on the streets, than my Dad could make in a week at the plant." When he entered prison as a youth, Herky quickly became known as a troublemaker; spending many months in lock down for violently attacking guards as well as other prisoners.

Quickly approaching 50, Herky has matured in many ways over the years. He understands that the quality of his life is dependent upon his comportment within the walls. As an honor lifer, Herky has been granted a more relaxed living situation; his cell remains open from morning until night, allowing him ample time on his days off to play pinochle with his fellow prisoners and to crochet lap blankets for the hospice rooms.

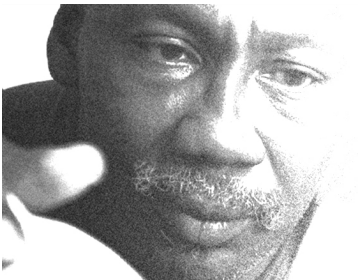
In his 25 years of incarceration, Herky has never seen anything as positive as the hospice program take hold in corrections. "Among the lifers we used to ask each other who was going to be the last one to take care of us when we start passing away?" But with the advent of hospice here in prison "we know we have some dedicated people to take care of us and even the last lifer will have somebody to take care of him now."



Michael Glover (GLOVE) 47 years old is serving a life sentence for murder in the first degree. Born and raised in Louisville, Kentucky Glover was number ten of thirteen siblings in a two-parent home. His father was a career military-man and his mother managed the busy household.

After graduating from high school Glover attended college on a football/basketball scholarship. After suffering a football injury Glover never returned to school. "You hear about these hard luck stories, about guys having a hard life on the streets and all but I didn't have one. I was never in trouble before I came to the penitentiary." Now with a quarter under his belt and the rest of his life to go, Glover takes it one day at a time. "When you find yourself doing a life sentence, the thought of your death comes to mind. So when the prison administration started looking for guys to do volunteer work in the hospice program I said 'sign me up!'"

Glover feels the time is right for prison hospice because there are many guys dying behind these walls and "they're not only lifers. Out of the three deaths that have happened in the hospice, only one guy was doing life. The other guys were fairly young and had a chance at freedom." Glover views the hospice program as a move in the right direction since the elderly prison population is rapidly growing. "I definitely don't want to pass in prison, but since I'm gonna have to, I want to be as comfortable as possible and surrounded by my friends."



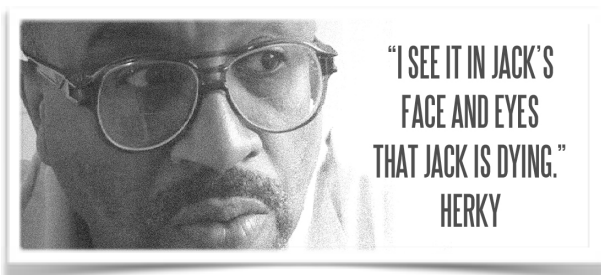
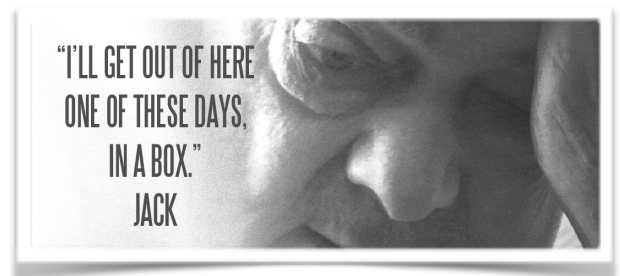
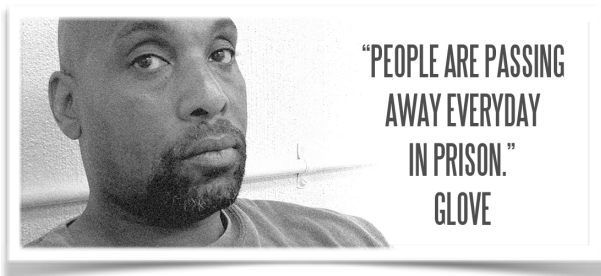
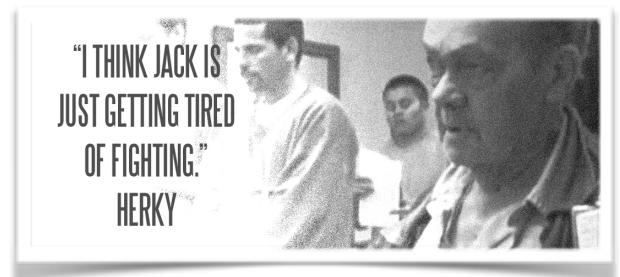
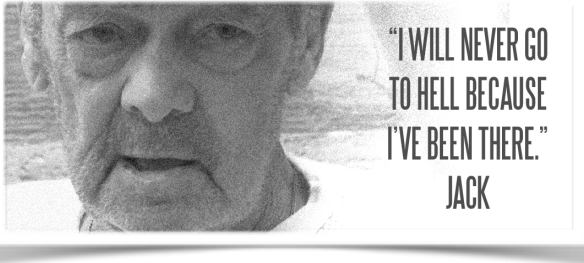
Edward Love (LOVE) 50 years old and serving a life sentence for kidnapping in the first degree. He was born and raised in Oceola, Arkansas to Mary Williams and L.A. Sanders and was raised by his step-father Big Pete. Love has three brothers and two sisters and was brought up in a loving, tight-knit family. He attended church every Sunday and was taught to respect all elders and people in general.

He is the father of three boys and three girls and loves them all the same. Married twice and divorced twice, Love is currently single and waiting on the right positive lady to enter his life. He is an honor lifer and works as a lumper (utility worker) in cell house 219. He is an active member of the NAACP and enjoys basketball, baseball, and playing cards. Edward Love cherishes the opportunity to do hospice work because it feels so good to help others without any strings attached. A large-hearted, gregarious soul, Love has attended the deaths of many-a-friend behind the walls of ISP. His attention to detail, comfort and the emotional needs of the dying has given his life a deeper meaning, more than he ever anticipated in a world devoid of compassion and love.

EXERCISES

Storyboard Quotes

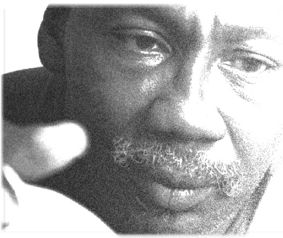
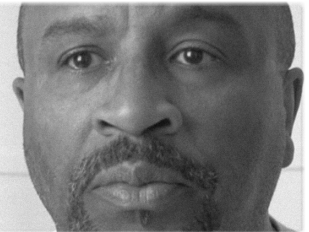
The next few pages have a handful of quotes taken from *Prison Terminal: The Last Days of Private Jack Hall*. In the space provided to the side of each quote please write your response to what is being said and elaborate on how these quotes may have affected you on an emotional level.





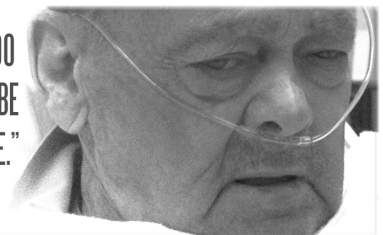
"I DON'T WANT TO HEAR ABOUT
ANYBODY LEAVING HERE WITH
INK ON THEIR FINGERS."
MARILYN

"I'M SOMEBODY
THAT NOBODY THOUGHT
I COULD BE."
HERKY



"PRISON IS A COLD PLACE,
DON'T GET ME WRONG,
BUT DEATH IS COLDER."
LOVE

"ALL YOU GOTTA DO
IS GO POP, WE'LL BE
ON THE OTHER SIDE."
DON



"IT HASN'T BEEN
AN EASY WALK,
BUT HE'S MY FATHER."
DON

Discussion Jump-Starters

Immediately after the film, you may want to give people a few moments to reflect on what they have seen. You could also pose a general question (examples below) and give people some time to themselves to jot down or think about their answers before opening up the discussion.

- If a friend asked you what this film was about, what would you say?
 - What did you learn from this film? What insights did it provide?
 - Describe a moment or scene in the film that you found particularly disturbing or moving. What was it about that scene that was especially compelling for you?
 - Is this the first time you have ever thought about dying prisoners? If so, how come?
 - Does *Prison Terminal: The Last Days of Private Jack Hall* differ from traditional television programs about prisons/prisoners? If so, how?
 - Do you think all prisoners, violent and non-violent criminals, have the right to die with dignity? Explain your point of view.
 - Without hospice, how do you think most prisoners die while incarcerated?
 - If you had/have a friend or a family member in prison, how would/did this film make you feel?
 - Do you feel you could be a hospice volunteer in the community?
 - Why do you think prison hospice may be frowned upon by a) the general public b) prison administrators and staff c) prisoners?
-

Thematic Discussion Questions

CRIME

- Jack's crime is introduced at the outset of the film; why do you think the director chose to do it this way? [00:51]
- How do you feel about Jack's crime?
- Can Jack's crime be justified in some manner? If so, how?
- How did you feel when Jack's son, Don, talked about his father's crime and what he subsequently did once his father confessed the murder to him? [23: 02]
- What do you think you would have done if you were Don after learning of Jack's crime?
- Do you think the murder Jack committed is connected to his traumatic war experiences?
- How do you think Jack felt after learning that his son Don told the authorities about his crime?

EMPATHY

- If Jack were incarcerated for being a mass murderer or a pedophile, would you feel as much sympathy for him?
- How did showing Jack's passing in the film effect you as a viewer?
- Why do you think the director chooses to include Jack's passing in the film?
- For many viewers, Jack's death reminded them of a death in their own family. Do you think this helped the viewer gain empathy for Jack despite his prisoner status?

FAMILY/FRIENDS

- Discuss your thoughts on biological vs situational family and how that applies to being a prisoner of war and/or a prisoner in the correctional system?
 - Describe Jack's visit with his old friend Shaffer. What sort of interaction did they have during their brief visit out in the yard? [11:03 - 11:56]
 - What do you think made Jack forgive Don after 7 years? [23: 18]
 - What did Jack mean when he asked Herky if they were going to stay at Peggy's tonight? [31:58]
 - Why do you think Jack asks Herky to tell his boys "thank you"? [32: 47]
-

HEALTHCARE

- How do you feel when you see Jack smoking cigarettes after being diagnosed with pneumonia and having just returned from a chest x-ray? [8:18]
- Do you think that being terminally ill should change one's health perspectives on things like smoking?
- How did you feel when you heard that Jack had seven stents placed in his heart? [12:02]
- Do you think Jack got good healthcare while in prison?
- Do you resent prisoners for having healthcare when people on the outside can barely afford it?
- Why was Jack removed from general-population [see gen-pop] to live in the prison infirmary?

HEAVEN / HELL

- Apart from his health issues, what else do you think Jack is concerned about as he nears the end of his life? Provide examples of your observations.
- Why do you think Jack is trying to get himself right with God?
- How many times does Jack bring up hell?
- What do you think Jack's "love is hell" tattoo means?
- Chaplain Willis talks about forgiveness & hell with regards to Jack's terminal illness - what are your beliefs about the afterlife?

HOSPICE

- What does DNR stand for and why is it necessary for going into hospice?
 - Jack rescinds his DNR at a crucial point in the film - should this be allowed?
 - Why do you think Jack rescinded the DNR? [27:48]
 - How would you describe the quality of care Jack received while in the prison hospice?
 - Do you think prisoners who have committed violent crimes deserve to die with dignity in hospice?
 - How do you feel about prisoners being allowed to visit their dying buddies in the infirmary and what could the consequences of a no-visit hospice in a prison infirmary be?
 - What surprised you most about the prison hospice program?
 - Some prison hospice programs do NOT allow touching between the trained prisoner hospice volunteers and the terminally ill prisoners. Could the hospice program at ISP function if this rule were implemented?
 - What would be lacking in a touch-free hospice program?
 - Why do you think photographs play an important role in a prisoner's life and in this film?
-

-
- What photos would you want in your cell?
 - Why do you think it's important to have hand-made quilts, lap blankets, doilies and curtains in the hospice rooms?
 - Why do you think Herky is glad Jack made the move to hospice? [17:53]
 - Why do you think Jack's son Don is not enthusiastic about Jack's desire to move to a soldier's home? [19:43-20:11]
 - Hospice care is holistic in that it cares for the terminally ill person's family as well. How did the hospice program at ISP care for Jack's family?
 - What does the 24-hour vigil in a prison hospice entail and who can attend this stage of hospice care?
 - What is Jack's biggest concern about passing away?
 - Herky tells Jack that he loves him, and Jack returns the sentiments - Is saying, "I love you" to a fellow prisoner typical in this environment? If not, why? [32:27-32:31]
 - Toward the end, Herky asks Jack if he can hear him, why? [34:31]
 - What do you think the criteria for being a hospice volunteer should be (if anything)?

HUMOR IN PRISON SETTING

- Mention some moments of humor you witnessed while watching Prison Terminal and how they made you feel?
- How was humor effectively used in Prison Terminal?

PRISON LIFE / PRISON PROTOCOL

- How did you feel about the need to shackle and handcuff Jack on the way to the emergency room? Is this necessary? Why or why not? [28:41]
 - What do most prisoners die from during incarceration?
 - How do you feel prisoners should die if they are terminally diagnosed during their sentence?
 - Were you surprised how prison staff and prisoners interact? If so mention specific scenes and why?
 - Why did they keep Jack Hall in the infirmary for so long?
 - Why do you think they need to fingerprint the body?
 - Why do you think Marilyn is so adamant about washing the ink off of fingertips before dead bodies leave the prison? [36:33]
 - Why do you think the correctional officer unzips the body bag as the funeral director takes out Jack's body? [38:01]
-

RACE

- Most of Jack's caretakers are African American - how do you feel about this and why?
- What do you think of Don's use of the word segregationist? What is this a euphemism for? [24:21-21:53]
- What do you think caused Jack to change his view of race? Do you think this shift occurred before or during his time in prison?

RELIGION

- Discuss the use of prayer and religious iconography throughout Prison Terminal.
- Read the sermon from the chapel scene: "In mercy and love, unite all of your children, wherever they may be. Welcome to your kingdom our departed brothers and sisters and all who have left this world. We think of all of our family and friends who have gone to the other world and ask for God's favor and grace and blessing. Ask him to admit them to his kingdom in Heaven."
- Does the sermon have any significance to what Jack is currently going through as he nears the end of his life? If so, how? [09:51-10:18]
- Do you think Jack started going to church out of faith or fear? Explain.

WAR

- Why do you think the director chose to present Jack Hall's wartime accomplishments at the outset of the film? How did knowing these facts form your opinion of Private Jack Hall?
 - Do you think Jack was deeply affected by being a prisoner of war during World War II? If so, how?
 - Herky refers to Jack Hall as a warrior - why - and do you agree?
 - What are some of the tattoos you recall seeing in the documentary and discuss their importance (if any) with regards to Jack Hall's life?
 - Despite his crime, do you feel Jack deserves a military funeral? Discuss your views.
 - What is the significance of Herky placing the army man on top of Jack's bulletin board in his hospice room? [17:37]
 - Do you think Jack suffered from PTSD? If so, why?
 - How was PTSD treated back during WWII?
 - How did Jack self-treat the PTSD he suffered from his time fighting in WWII?
 - Jack witnessed many suicides while he was a prisoner of war. Do you think that may have played a role in how he reacted to his son's suicide on account of his drug addiction?
 - Do you think Jack's impulse would have been to kill the drug dealer had he not gone to war before?
-

-
- What does Jack's description about how the war affected him psychologically imply about the need for veteran services?
 - How do you think this story would be different if Jack was not a veteran? Do you think he would be any more or less deserving of his treatment in hospice?

Notable Quotes and Discussion Prompts

Use these notable quotes organized by character as prompts for discussion, writing or brainstorming. Each quote is followed by the approximate time it is spoken in the documentary.

JACK

- Why don't you just shoot me and get it over with? [05:19]
- I'll probably see you in hell. [06:48]
- I went through hell for this country. [08:52]
- I was on that march across Germany. We walked from the Russian front to the American front - we walked for three months. [09:04]
- I've got a feeling it ain't going to be long - I'm ready. Eighty-two years is enough. [15:15]
- They want me to have it nice for the last days on account of my record. [19:43]
- Anybody do anything to me, first thing I wanted to do is kill'em, that's the first thing that comes to your mind. That ain't right. [20:11]
- I don't want to leave my boy, Herky. [31:56]

HERKY

- You fought for your country and everything, you earned the right. [08:43]
 - I think eventually he probably could be our next hospice patient. [12:02]
 - We always wondered who was going to be the last one living to take care of the rest of us. Well, when they brought in hospice, it gave us an avenue to take care of each other. You're not helping them to live. All you're doing is making their passing easier. [13:41]
 - I thank you for all the volunteers Lord. We're thankful for his family, that they can see that he had a wonderful, peaceful death; that he goes out dignified, with his head held high. [37:03]
-

GLOVER

- The state is NOT paying for this - all the things that you see have been donated. [14:15] Why is this an important point to be made?
- People are passing; people are getting sick everyday in prison. What do you do? Lock them up in a room, or get some people that don't mind doing it [sic hospice] And there's a lot of guys in these yards and yards all over the country that wouldn't mind doing it - want to do it! [25:30]

LOVE

- It's hardest on those who die by yourself. [25:00]

MARILYN

- Those are priceless pictures aren't they? [15:58]
- I don't want to come in here and find you all squashed! [17:08]

CHAPLAIN

- When you get ready to die, you start remembering all of the things you' ve ever done in your life. And even though someone comes by and says - well, god has forgiven you - there' s this residual bit of doubt down inside that says - well ok, he may forgive some people. But I don' t know if he' s going to forgive me. I mean I did some really bad stuff! [27:21]

DON

- By golly all the comforts of home! Heck the only thing you don't have is a warm body to crawl up next to? [19:20]
 - You want to be down there around a bunch of strangers? (re:soldier's home)[20:01]
 - My dad used to be such a "segregationist." [24:21]
 - I pray for him to die in peace. [22:31]
 - I'm so glad I was here. Old soldiers never die, they just fade away. [35:47]
-

Word Cloud

Prison Terminal: The Last Days of Private Jack Hall is an excellent tool for outreach and will be of special interest to people looking to explore the following topics:

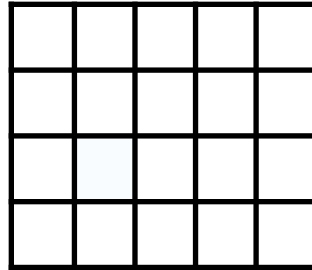


After viewing Prison Terminal, pick a few words in the word-cloud above that resonate with you and write a sentence or two regarding any new insights you may have gotten from the film. For example the word - **redemption**.

"After viewing the documentary Prison Terminal, I understand how the prison hospice program can bring **redemption** to a prisoner who needs to feel they are giving back to society after the crime they committed."

Experiencing Loss

When the director of Prison Terminal was being trained as a hospice volunteer, prior to making the documentary, the class of hospice volunteer trainees were asked to participate in this very powerful exercise. Please follow the instructions below:



- Take a blank piece of paper and draw a 4 x 5 grid like the one above.
- Randomly write 5 one-word **values** that are important to you.
- Next randomly write 5 **beloved activities** and then 5 **possessions** near and dear to you.
- Finally write the names of 5 **people** you dearly love in the remaining squares.

Dim the lights, play light music in the background, and listen as the instructor tells a hypothetical story about finding a lump, having it diagnosed, watching it grow, going through treatment, and so forth.

Periodically, as the story progresses, we are asked to cross out 1, 2, or 3 of our squares based on how we are feeling health wise and what we feel we can realistically let go of as our health declines.

With only five squares left, the instructor(s) come from behind and crosses out a square without our permission. At the end we have only two squares left from the twenty with which we began. [Note: Have tissues ready for the participants because this is an extremely emotional moment in the exercise.]

Lesson: People with terminal diagnoses are losing everything, one loss at a time. It could be argued that in such situations we can hold on to such things as our dignity or self-worth, but thinking realistically, you see how even these could diminish along with freedoms we take for granted.

When we finished the exercise, we were aware, in a very touching way, of the emotion-filled journey accompanying our final transition, death. We also became acutely aware of what was most important to us. We all felt the unfairness of someone taking something away that we cherished. And we all had a new empathy for people facing end-of-life.

[For the full narration to this exercise please go to: <http://ow.ly/103pwQ>]

RESOURCES

Glossary of Key Terms

- **ADL:** Assisting in activities of daily living are skills required in nursing and as well as other professions such as nursing assistants. This includes assisting in patient mobility, such as moving an activity intolerant patient within bed. For hygiene, this often involves bed baths and assisting with urinary and bowel elimination.
 - **Cinema Verité** documentary involves a method of shooting and presenting material that preserves the spontaneity and flavor of the real event. This means that cinema verité is able to carry a strong message, without any artificial input. The basis of cinema verité is the idea that cinema exists to make us see the world as it is, allowing the viewer to discover its visual texture and to let us understand the place of humankind within it. Cinema verité relies on the situation to provide the interest, rather than creating the interest for the purpose of the camera.
 - **Compassionate Release** is a process by which inmates in criminal justice systems may be eligible for immediate early release on grounds of particularly extraordinary or compelling circumstances that could not reasonably have been foreseen by the court at the time of sentencing. Compassionate release procedures, which are also known as medical release, medical parole, medical furlough and humanitarian parole, can be mandated by the courts or by internal corrections authorities.
 - **Death March** across Germany refers to a series of forced marches during the final stages of the Second World War in Europe. From a total of 257,000 western Allied prisoners of war held in German military prison camps, over 80,000 prisoners of war were forced to march westward across Poland, Czechoslovakia, and Germany in extreme winter conditions, over about four months between January and April 1945.
 - **Deposition:** a statement under oath, taken down in writing, to be used in court in place of the spoken testimony of the witness.
 - **DNR (Do not resuscitate)** is a legal order written either in the hospital or on a legal form to withhold cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS), in respect of the wishes of a patient in case their hear were to stop or they were to stop breathing.
 - **Elderly:** According to the National Institute of Corrections, prisoners aged 50 years or older are considered elderly.
 - **Gen Pop:** Short for general population. Generally, used to describe the area of a prison where the majority of the inmates are (i.e. those who are not in solitary confinement).
 - **Honor Lifer:** is the designation a prisoner who is serving a life sentence receives after successfully completing 3 years of infraction-free time. The prisoner is rewarded by being placed in the honor lifers wing of the prison where there are less movement restrictions and more free time to recreate with other honor lifers on the range.
 - **Hospice:** Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible.
-

-
- **Iowa State Penitentiary (ISP)** is an Iowa Department of Corrections maximum-security prison for men located in the Lee County, Iowa community of Fort Madison. ISP is part of a larger correctional complex. The ISP itself is a 550-person maximum-security unit. Also on the complex is a John Bennett Correctional Center - a 169-person medium security unit. Two minimum-security farms with about 170 people are located within a few miles of the main complex. The complex also has a ten person multiple care unit, and a 120 bed special needs unit for prisoners with mental illness or other diseases that require special medical care. In total there are currently about 950 inmates and 510 staff members.
 - **Kidnapping:** The crime of stealing or abducting a minor by force, especially for use as a hostage or to collect a ransom payment.
 - **Life Sentence:** is any sentence of imprisonment for a serious crime under which the convicted person is to remain in prison for the rest of his or her life or until paroled. Crimes for which a person could receive this sentence include murder, attempted murder, severe child abuse, rape, espionage, high treason, drug dealing, human trafficking, severe cases of fraud, aggravated criminal damage in aggravated cases of arson, burglary or robbery resulting in death or grievous bodily harm.
 - **Life Without Parole (LWOP):** a sentence sometimes given for particularly vicious criminals in murder cases or to repeat felons, particularly if the crime is committed in a state which has no death penalty, the jury chooses not to impose the death penalty, or the judge feels it is simpler to lock the prisoner up and "throw away the key" rather than invite years of appeals while the prisoner languishes on death row.
 - **Maximum Security Prison:** all prisoners have individual cells with sliding doors controlled from a secure remote control station. Prisoners are allowed out of their cells one out of twenty four hours. When out of their cells, prisoners remain in the cell block or an exterior cage. Movement out of the cell block or "pod" is tightly restricted using restraints and escorts by correctional officers.
 - **Murder:** is the killing of another person without justification or valid excuse, and it is especially the unlawful killing of another person with malice aforethought.
 - **Paisan:** is a word that is used with Italians or Italian Americans when informally, but friendly, addressing one another. It means "brother" or "fellow countryman". Shortened from paisano, and is sometimes spelled paesan.
 - **Palliative Care:** a multidisciplinary approach to specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, physical stress, and mental stress of serious illness - whatever the diagnosis.
 - **Pneumonia:** is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus (purulent material), causing cough with phlegm or pus, fever, chills, and difficulty breathing. Pneumonia can range in seriousness from mild to life-threatening. It is most serious for infants and young children, people older than age 65, and people with health problems or weakened immune systems.
-

-
- **Quincy, Illinois:** known as the state's Gem City located on the Mississippi River and the county seat of Adams County, Illinois. As of the 2010 census the city held a population of 40,633. During the 19th Century, Quincy was a thriving transportation center as riverboats and rail service linked the city to many destinations west and along the river. It was once Illinois' second-largest city, surpassing Peoria in 1870. The city holds several historic districts, including the Downtown Quincy Historic District and the South Side German Historic District showcasing the architecture of Quincy's many German immigrants from the late-19th century.
 - **Recidivism:** is one of the most fundamental concepts in criminal justice. It refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime.
 - **Segregationist:** a person who believes in or practices segregation especially of races.
 - **Soldiers' Home:** An old soldiers' home is a military veteran's retirement home, nursing home, or hospital, or sometimes even an institution for the care of the widows and orphans of a nation's soldiers, sailors, and marines, etc.
 - **Stent:** is a small mesh tube that's used to treat narrow or weak arteries. Arteries are blood vessels that carry blood away from your heart to other parts of your body. A stent is placed in an artery as part of a procedure called percutaneous coronary intervention (PCI), also known as coronary angioplasty.
 - **Terminal Illness:** is a disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient within a short period of time. This term is more commonly used for progressive diseases such as cancer or advanced heart disease than for trauma.
 - **Vigil:** a period of keeping awake during the time usually spent asleep, especially to keep watch or pray.
 - **WWII:** World War II (WWII or WW2), also known as the Second World War, was a global war that lasted from 1939 to 1945, though related conflicts began earlier. It involved the vast majority of the world's nations—including all of the great powers—eventually forming two opposing military alliances: the Allies and the Axis. It was the most widespread war in history, and directly involved more than 100 million people from over 30 countries.
-

Taking Action

- Take a quote from the film that especially touched you and make a thought-provoking internet meme of it that shows why you find it thought-provoking or inspiring. Display your art (either online or in the community or both) and invite people to add their own insights and comments.
 - Find a hospice-training center in your community and sign up for their free 14-week hospice volunteer training - much like the course work the prisoners in the documentary undertook. Offer to share Prison Terminal with your hospice trainers and fellow classmates as a way to introduce this new incarcerated population to them as a possible area of focus.
 - Offer to screen Prison Terminal at your local house of worship and introduce your congregation to a this incarcerated population and their family members as possible areas of focus for future charity work.
 - Contact your local correctional facility and ask if they have a functioning prison hospice for their terminally ill patients. If not, facilitate a screening of Prison Terminal at the correctional facility to enlighten them on the precious resource they have in the form of prisoner hospice volunteers.
 - Contact your State representative to discuss the lack of hospice care in your states prisons.
 - Organize a community or living room screening of Prison Terminal to spread the good word about the program and hope to expand such programs in your community, region and state.
 - Join "pen-pal" group and start a correspondence with a prisoner. [www.writeaprisoner.com]
 - Get involved with a non-profit organization whose mission advances a cause that is meaningful to you. [Please refer to Associations, Foundations & Organizations on page 37]
-

Associations, Foundations & Organizations

Academy of Criminal Justice Sciences

www.acjs.org

The Academy of Criminal Justice Sciences is an international association established in 1963 to foster professional and scholarly activities in the field of criminal justice. The Academy of Criminal Justice Sciences promotes criminal justice education, research, and policy analysis within the discipline of criminal justice for both educators and practitioners.

American Academy of Hospice and Palliative Medicine

www.aahpm.org

The American Academy of Hospice and Palliative Medicine is an organization of physicians and other medical professionals dedicated to excellence in and advancement of palliative medicine through prevention and relief of patient and family suffering by providing education and clinical practice standards, fostering research, facilitating personal and professional development, and by public policy advocacy.

American Correctional Health Services Association

www.achsa.org

The American Correctional Health Services Association mission is to be the voice of the correctional healthcare profession, and serve as an effective forum for communication addressing current issues and needs confronting correctional healthcare.

American Friends Service Committee

www.afsc.org

The American Friends Service Committee carries out service, development, social justice, and peace programs throughout the world. Founded by Quakers in 1917 to provide conscientious objectors with an opportunity to aid civilian war victims, AFSC's work attracts the support and partnership of people of many races, religions, and cultures.

American Probation and Parole Association

www.appa-net.org

The American Probation and Parole Association is at the vanguard in exploring issues relevant to the field of community-based corrections. The American Probation and Parole Association provides training and technical assistance, clearinghouse services and advocacy.

Americans for Better Care of the Dying

www.abcd-caring.org

Americans for Better Care of the Dying is an organization dedicated to ensuring that all Americans can count on good end of life care. Our goals are to: build momentum for reform; explore new methods and systems for delivering care; shape public policy through evidence-based understanding.

American Society of Criminology

www.asc41.com

The American Society of Criminology is an international organization whose members pursue scholarly, scientific, and professional knowledge concerning the measurement, etiology, consequences, prevention, control, and treatment of crime and delinquency. The Society's objectives are to encourage the exchange, in a multidisciplinary setting, of those engaged in research, teaching, and practice so as to foster criminological scholarship, and to serve as a forum for the dissemination of criminological knowledge.

Assisting Families of Inmates

www.afoi.org

The mission of Assisting Families of Inmates, Inc. is to help families preserve and strengthen positive relationships with relatives incarcerated in Virginia's state correctional centers. Through a continuum of direct informational and support services, Assisting Families of Inmates helps families cope with the incarceration and prepare for release and reunification.

Bereavement Academy

www.thebereavementacademy.com

The Bereavement Academy is an affiliate of the Center for Hospice and Palliative Care in Buffalo, New York. The Institute's mission is to provide education and training for health care professionals, counseling professionals and the general public on topics related to palliative care, bereavement, serious illness, grief, loss and/or other subjects relevant to the field of thanatology.

Campaign for Youth Justice

www.campaignforyouthjustice.org

The Campaign for Youth Justice (CFYJ) is a national initiative focused entirely on ending the practice of prosecuting, sentencing, and incarcerating youth under the age of 18 in the adult criminal justice system. The Campaign for Youth Justice (CFYJ) was initiated in 2004 by a parent whose son was transferred to the adult criminal court for prosecution.

Centerforce

www.centerforce.org

Centerforce provides services for prisoners, ex-prisoners, and family members of prisoners through direct services, its annual conference and, through consultation and training for government agencies, community-based organizations and correctional facilities across the country and internationally.

Center on Juvenile and Criminal Justice

www.cjcj.org

The Center on Juvenile and Criminal Justice (CJCJ) is a nonprofit nonpartisan organization whose mission is to reduce society's reliance on incarceration as a solution to social problems. In pursuit of this mission, CJCJ provides direct services, technical assistance, and policy analysis that work in unison to promote a balanced and humane criminal justice system designed to reduce incarceration and enhance long-term public safety.

Citizens Against Recidivism, Inc.

citizensinc.org

Citizens Against Recidivism, Inc. was founded in 1992 initially to address the needs of family members who had incarcerated loved ones. The organization was incorporated in 1996, initially providing supportive counseling to the wives and family members of the incarcerated, cultural programming in various New York State prisons and delinquency intervention programming for youth.

The Crime Report

www.thecrimereport.org

The Crime Report (TCR) is the nation's only comprehensive news service covering the diverse challenges and issues of 21st century criminal justice in the U.S. and abroad. Staffed by working journalists in New York, Washington and Los Angeles, it is published daily through the year by the Center on Media, Crime and Justice at the John Jay College of Criminal Justice in New York.

Critical Resistance

criticalresistance.org

Critical Resistance seeks to build an international movement to end the Prison Industrial Complex by challenging the belief that caging and controlling people makes us safe. We believe that basic necessities such as food, shelter, and freedom are what really make our communities secure. As such, our work is part of global struggles against inequality and powerlessness.

Detention Watch Network

www.detentionwatchnetwork.org

The Detention Watch Network works through the collective strength and diversity of its members to expose and challenge the injustices of the U.S. immigration detention and deportation system and advocate for profound change that promotes the rights and dignity of all persons.

Dying Well

www.dyingwell.com

The publication of this Handbook for Improving End-of-Life Care in Corrections marks a period of remarkable achievement in efforts to establish prison hospice programs. Ironically, this progress comes at a time of unprecedented challenges confronting correctional systems and particularly correctional health care.

Engaged Zen Foundation

www.engaged-zen.org

The Engaged Zen Foundation is an independent organization originally founded to foster Zen (seated contemplative meditation) practice in prison. Meditative training alters the functioning of the mind of the practitioner and these changes manifest with the development of positive perspectives on life.

Families Against Mandatory Minimums

famm.org

FAMM (Families Against Mandatory Minimums) is a nonprofit, nonpartisan organization fighting for smart sentencing laws that protect public safety. We see a country where criminal sentencing is individualized, humane, and sufficient to impose fair punishment and protect public safety. Our supporters include taxpayers, families, prisoners, law enforcement, attorneys, judges, criminal justice experts and concerned citizens.

Fortune Society

fortunesociety.org

The Fortune Society is a nonprofit social service and advocacy organization, founded in 1967, whose mission is to support successful reentry from prison and promote alternatives to incarceration, thus strengthening the fabric of our communities. Fortune works to create a world where all who are incarcerated or formerly incarcerated can become positive, contributing members of society.

Hospice and Palliative Nurses Association

www.hpna.org

The purpose of the Hospice and Palliative Nurses Association is to exchange information, experiences, and ideas; to promote understanding of the specialties of hospice and palliative nursing; and to study and promote hospice and palliative nursing research.

Hospice Foundation of America

www.hospicefoundation.org

Hospice Foundation of America provides leadership in the development and application of hospice and its philosophy of care with the goal of enhancing the American health care system and the role of hospice within it.

Hospice Patients Alliance

www.hospicepatients.org

The Hospice Patients Alliance was formed by experienced hospice staff and other health care professionals who saw that hospices were not always complying with the standards of care, and in fact, were in some cases, violating the rights of patients and families and exploiting them for financial gain, or not providing adequate care to control pain or other distressing symptoms during the end of life period.

Iowa Department of Corrections

www.doc.state.ia.us

The Department of Corrections is committed to advancing nationally recognized best practices in Iowa's correctional system. Progress requires developing opportunities to improve operational, program, and staff efficiency and effectiveness. The Department's Strategic Plan advances important initiatives to provide better management of Iowa's offenders to reduce criminal victimization for a safer Iowa.

JFA Institute

www.jfa-associates.com

The JFA Institute team works in partnership with federal, state, and local government agencies, and philanthropic foundations to evaluate criminal justice practices and design research-based policy solutions. The Institute is a non-profit agency whose staff has over 30 years experience assisting jurisdictions around the country to implement more effective criminal justice policies.

Justice Policy Institute

www.justicepolicy.org

Justice Policy Institute is a national nonprofit organization that changes the conversation around justice reform and advances policies that promote well-being and justice for all people and communities. Our research and analyses identify effective programs and policies and we disseminate our findings to the media, policymakers and advocates, and provide training and technical assistance supports to people working for justice reform.

Legal Services for Prisoners with Children

www.prisonerswithchildren.org

LSPC organizes communities impacted by the criminal justice system and advocates to release incarcerated people, to restore human and civil rights and to reunify families and communities. We build public awareness of structural racism in policing, the courts and prison system and we advance racial and gender justice in all our work.

National Hospice and Palliative Care Organization

www.nhpco.org

The National Hospice and Palliative Care Organization is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. The organization is committed to improving end of life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America and their loved ones.

National Institute of Corrections

www.nicic.org

Providing federal, state, and local corrections agencies with training, technical assistance, information services, and policy/program development assistance.

November Coalition

www.november.org

The November Coalition works with grassroots volunteers nationwide to educate the public about the destructive increase in prison population due to our current drug laws. We alert our fellow citizens, particularly those who are complacent or naive, about the present and impending dangers of an overly powerful federal authority acting far beyond its constitutional constraints. The drug war is an assault and steady erosion of our civil rights and freedoms by federal and state governments.

Open Society Foundations

www.opensocietyfoundations.org

The Open Society Foundations, a private operating and grantmaking foundation, aims to shape public policy to promote democratic governance, human rights, and economic, legal, and social reform. On a local level, OSI implements a range of initiatives to support the rule of law, education, public health, and independent media. At the same time, OSI works to build alliances across borders and continents on issues such as combating corruption and rights abuses.

Osborne Association

www.osborneny.org

The Osborne Association offers opportunities for individuals who have been in conflict with the law to transform their lives through innovative, effective, and replicable programs that serve the community by reducing crime and its human and economic costs. We offer opportunities for reform and rehabilitation through public education, advocacy, and alternatives to incarceration that respect the dignity of people and honor their capacity to change.

Pallimed: A Hospice and Palliative Medicine Blog

www.pallimed.org

Their target audience is the professionals working in hospice & palliative medicine, as well as patients, families and other medical professionals outside of this field. Their goal is to review current palliative medicine, hospice, end-of-life research with a particular focus on publications not from the major palliative care journals. They also highlight important events in end-of-life care from the news media and entertainment arenas. Pallimed is not intended to replace the patient-physician relationship.

Palliative Care Network (PCN): End-of-Life Care in Prisons

www.palliativecarenetwork.com

PCN provides a platform for palliative care professionals to teach, interact, and exchange ideas with fellow colleagues in places around the world where the knowledge gap is wider than the technology gap. The Network's directory gives palliative care professionals worldwide access to colleagues to provide educational support. Since its inception, Palliative Care Network (PCN) is involved in various innovative endeavours to promote palliative care education globally by providing free platforms that aid in the exchange of knowledge and promoting collaboration. The document, 'End-of-Life Care in Prisons,' is an example of the kind of information exchange that the Network promotes.

Prison Activist Resource Center (PARC)

www.prisonactivist.org

PARC is a prison abolitionist group committed to exposing and challenging all forms of institutionalized racism, sexism, able-ism, heterosexism, and classism, specifically within the Prison Industrial Complex (PIC). PARC believes in building strategies and tactics that build safety in our communities without reliance on the police or the PIC. We produce a directory that is free to prisoners upon request, and seek to work in solidarity with prisoners, ex-prisoners, their friends and families. We also work with teachers and activists on many prison issues.

Prison Legal News

www.prisonlegalnews.org

Prison Legal News is an independent monthly publication that reports, reviews and analyzes court rulings and news related to prisoner rights and prison issues. PLN has a U.S. focus with some international coverage as well. The website provides access to PLN articles, sells relevant books, and distributes information about related resources.

Prison Memory Project

www.prisonpublicmemory.org

A new initiative focused on making prison history relevant as a guide to the future, today launched a website and blog featuring its work in Hudson, New York, a small town that is home to an historic prison and the site of the Project's pilot effort.

Prison Radio

www.prisonradio.org

Prison Radio mission is to challenge mass incarceration and racism by airing the voices of men and women in prison by bringing their voices into the public dialogue on crime and punishment. Our educational materials serve as a catalyst for public activism. Prison Radio's productions illustrate the perspectives and the intrinsic human worth of the more than 7.1 million people under correctional control in the U.S.

Real Cost of Prisons Project

realcostofprisons.org

The Real Cost of Prisons Project seeks to broaden and deepen the organizing capacity of prison/justice activists working to end mass incarceration. The Real Cost of Prisons Project brings together justice activists, artists, justice policy researchers and people directly experiencing the impact of mass incarceration to create popular education materials and other resources which explore the immediate and long-term costs of incarceration on the individual, her/his family, community and the nation.

Sentencing Project

www.sentencingproject.org

The Sentencing Project is an organization which promotes reduced reliance on incarceration and increased use of more effective and humane alternatives to deal with crime. It is a nationally recognized source of criminal justice policy analysis, data, and program information. Its reports, publications, and staff are relied upon by the public, policymakers and the media.

Solitary Watch

solitarywatch.com

Solitary Watch is a public website aimed at bringing the widespread use of solitary confinement and other forms of torture in U.S. prisons out of the shadows and into the light of the public square. A unique collaboration between journalists and law students, Solitary Watch's mission is to provide the public--as well as practicing attorneys, legal scholars, law enforcement and corrections officers, policymakers, educators, advocates, and prisoners--with the first centralized, comprehensive source of information on solitary confinement in the United States.

Thousand Kites

thousandkites.org

Thousand Kites is a national project that works directly with stakeholders using communication strategies and campaigns to engage citizens and build grassroots power. It uses performance, web, video, and radio to open a public space for incarcerated people, corrections officials, the formerly incarcerated, grassroots activists, and ordinary citizens to dialogue and organize around United States' criminal justice system. The project invited dozens of artists and thousands of participants to join Thousand Kites in sending a message about the impact of mass incarceration.

360 Degrees

www.360degrees.org

This site contains a rich collection of resources on the criminal justice system, including a historical timeline, stories, theoretical background, and interactive modules (for example, the "Are You a Criminal?" on-line quiz). A "one of a kind" website.

Urban Institute

www.urban.org

In the mid-1960s, President Johnson saw the need for independent nonpartisan analysis of the problems facing America's cities and their residents. The President created a blue-ribbon commission of civic leaders who recommended chartering a center to do that work. In 1968, the Urban Institute became that center.

On the Bookshelf

Essential Elements of an Effective Prison Hospice Program.

As the number of prison inmates facing end-stage chronic illness grows, more prisons across the U.S. must address the need for end-of-life care. Many will likely need to develop a plan with potentially limited resources and external support. This case study presents one long-running model of care, the Louisiana State Penitentiary Prison Hospice Program. Based on field observations and in-depth interviews with hospice staff, inmate volunteers and corrections officers, we identify five essential elements that have contributed to the long-term operation of this program: patient-centered care, an inmate volunteer model, safety and security, shared values, and teamwork. We describe key characteristics of each of these elements, discuss how they align with earlier recommendations and research, and show how their integration supports a sustained model of prison end-of-life care.

Final Acts: The End of Life: Hospice and Palliative Care

The editors undertook this project to promote the International Conference on Death, Grief, and Bereavement in La Crosse, Wisconsin. Throughout its history, the conference has attracted internationally known speakers. This book illustrates the quality of their presentations.

Grace Before Dying

Lori Waselchuk's work documents the new hospice program run by inmate volunteers at Louisiana State Penitentiary at Angola, a first-of-its kind service meant to comfort inmates who are elderly or fatally ill. Waselchuk's photographs explore how, through hospice, inmates assert and affirm their humanity in an environment designed to isolate and punish.

The Four Things That Matter Most: A Book About Living

Newly updated with stories from people who have turned to this life-altering book in their time of need, this motivational teaching about what really matters reminds us how we can honor each relationship every day. Four simple phrases—“Please forgive me,” “I forgive you,” “Thank you,” and “I love you”—carry enormous power to mend and nurture our relationships and inner lives. These four phrases and the sentiments they convey provide a path to emotional wellbeing, guiding us through interpersonal difficulties to life with integrity and grace.

Dying Well: The Prospect for Growth at the End of Life

This is Ira Byock's dream, and he is dedicating his life to making it come true. Dying Well brings us to the homes and bedsides of families with whom Dr. Byock has worked, telling stories of love and reconciliation in the face of tragedy, pain, medical drama, and conflict. Through the true stories of patients, he shows us that a lot of important emotional work can be accomplished in the final months, weeks, and even days of life. It is a companion for families, showing them how to deal with doctors, how to talk to loved ones—and how to make the end of life as meaningful and enriching as the beginning. Ira Byock is also the author of *The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life*.

Final Gifts: Understanding the Special Awareness, Needs, & Communications of the Dying

Hospice nurses Maggie Callanan and Patricia Kelley share their intimate experiences with patients at the end of life, drawn from more than twenty years experience tending the terminally ill. Through their stories we come to appreciate the near-miraculous ways in which the dying communicate their needs, reveal their feelings, and even choreograph their own final moments; we also discover the gifts—of wisdom, faith, and love—that the dying leave for the living to share. Filled with practical advice on responding to the requests of the dying and helping them prepare emotionally and spiritually for death, *Final Gifts* shows how we can help the dying person live fully to the very end.

On Death and Dying: What the Dying Have to Teach

Ten years after Elisabeth Kübler-Ross' s death, a commemorative edition with a new introduction and updated resources section of her beloved groundbreaking classic on the five stages of grief. One of the most important psychological studies of the late twentieth century, *On Death and Dying* grew out of Dr. Elisabeth Kübler-Ross' s famous interdisciplinary seminar on death, life, and transition. In this remarkable book, Dr. Kübler-Ross first explored the now-famous five stages of death: denial and isolation, anger, bargaining, depression, and acceptance. Through sample interviews and conversations, she gives readers a better understanding of how imminent death affects the patient, the professionals who serve that patient, and the patient's family, bringing hope to all who are involved. This edition includes an elegant, enlightening introduction by Dr. Ira Byock, a prominent palliative care physician and the author of *Dying Well*.

How We Die: Reflections of Life's Final Chapter

With a new chapter addressing contemporary issues in end-of-life care. A runaway bestseller and National Book Award winner, Sherwin Nuland's *How We Die* has become the definitive text on perhaps the single most universal human concern: death. This new edition includes an all-embracing and incisive afterword that examines the current state of health care and our relationship with life as it approaches its terminus. It also discusses how we can take control of our own final days and those of our loved ones. Sherwin Nuland's masterful *How We Die* is even more relevant than when it was first published.

Being with Dying: Cultivating Compassion and Fearlessness in the Presence of Death

The Buddhist approach to death can be of great benefit to people of all backgrounds—as has been demonstrated time and again in Joan Halifax' s decades of work with the dying and their caregivers. Inspired by traditional Buddhist teachings, her work is a source of wisdom for all those who are charged with a dying person' s care, facing their own death, or wishing to explore and contemplate the transformative power of the dying process. Her teachings affirm that we can open and contact our inner strength, and that we can help others who are suffering to do the same.

Tuesdays with Morrie: An Old Man, a Young Man, and Life's Greatest Lesson

Maybe it was a grandparent, or a teacher, or a colleague. Someone older, patient and wise, who understood you when you were young and searching, helped you see the world as a more profound place, gave you sound advice to help you make your way through it. For Mitch Albom, that person was Morrie Schwartz, his college professor from nearly twenty years ago. Maybe, like Mitch, you lost track of this mentor as you made your way, and the insights faded, and the world seemed colder. Wouldn't you like to see that person again, ask the bigger questions that still haunt you, receive wisdom for your busy life today the way you once did when you were younger? Mitch Albom had that second chance. He rediscovered Morrie in the last months of the older man's life. Knowing he was dying, Morrie visited with Mitch in his study every Tuesday, just as they used to back in college. Their rekindled relationship turned into one final "class": lessons in how to live. *Tuesdays with Morrie* is a magical chronicle of their time together, through which Mitch shares Morrie's lasting gift with the world. It's been ten years since Mitch Albom first shared the wisdom of Morrie Schwartz with the world.

Living Fully, Dying Well: Reflecting on Death to Find Your Life's Meaning

Most of us try to avoid thinking about death until the moment it stares us in the face. But as Tina L. Staley and Edward W. Bastian have discovered, when we engage with our inevitable mortality at this moment, we open the door to fearlessness, joy, and the complete experience of being alive. In *Living Fully, Dying Fully*, these two healers present a guide for bringing an open mind and heart to the final challenge we all must face. Integrating scientific and spiritual perspectives from around the world, this collection of teachings includes: Life review exercises to access the liberating deathbed revelation at any stage of your life; Practices for easing the suffering of a terminal illness; Essential teachings about gratitude, the key practice for living life fully at any age.

Gone From My Sight: The Dying Experience

The biggest fear of watching someone die is fear of the unknown; not knowing what dying will be like or when death will actually occur. The booklet "Gone From My Sight" explains in a simple, gentle yet direct manner the process of dying from disease. Dying from disease is not like it is portrayed in the movies. Yet movies, not life, have become our role models. Death from disease is not happenstance. It doesn't just occur; there is a process. People die in stages of months, weeks, days and hours. "Gone From My Sight" is literature used to reduce fear and uncertainty; to neutralize the fear associated with dying. It is designed to help people understand dying, their own or someone else's.

Living Thoughtfully, Dying Well

We grow older we start to wonder about death, asking, "How will I die? Will I have a good death? Will I suffer? How will my family respond? How can we manage the dying process better?" Dr. Glen E. Miller, a retired physician who also has theological training, had his own wake-up call when he suffered a heart attack and determined to help himself and his patients go gently into that good night. In a candid way, Miller invites readers into conversation about the spirituality of dying as he explores a variety of beliefs about death and dying. With personal advice gleaned from his work with Mother Teresa among the dying of Calcutta, India, Miller provides rich guidance for those who are aging on the process of dying and how to make it better.

Palliative Care: Transforming the Care of Serious Illness

Palliative care is the first book to provide a comprehensive understanding of the new field that is transforming the way Americans deal with serious illness. Diane E. Meier, M.D., one of the field's leaders and a recipient of a MacArthur Foundation "genius award" in 2009, opens the volume with a sweeping overview of the field. In her essay, Dr. Meier examines the roots of palliative care, explores the key legal and ethical issues, discusses the development of palliative care, and presents ideas on policies that can improve access to palliative care. Dr. Meier's essay is followed by reprints of twenty-five of the most important articles in the field. They range from classic pieces by some of the field's pioneers, such as Eric Cassel, Balfour Mount, and Elizabeth Kübler-Ross, to influential newer articles on topics such as caregiving and cost savings of palliative care.

On the Editing Room Floor

Over 300 hours of footage were shot in the making of Prison Terminal and over 4 hours of edited scenes hit the edit room floor. Below you will find thumbnail descriptions of the additional scenes that you can access by visiting: <http://www.prisonterminal.com/#!editing-room-floor/cf5b>

The additional scenes cover other important areas of correctional healthcare, including issues of:

- Assistance in Daily Living (ADL) work
 - Physical therapy
 - Compassionate commutation
 - End-of-life care
 - Bereavement ceremony
 - Hospice prison classroom sessions
 - Setting up a prison hospice program
 - Correctional nursing
 - Vigil and the family
 - Visitation
 - Burial rights of the prisoner
 - Society and the prisoner
 - Prison life (cell house, prison yard, chow hall, kitchen, recreation, library, wood shop, day room, commissary, pharmacy, prisoner intake)
-

Production Credits

Edgar A. Barens	Director, Producer, Cinematographer
Julia Reichert	Associate Producer
Geoff Bartz	Editor
Gladys Mae Murphy	Co-Editor
Penelope Falk	Consulting Editor
Max Richter	Composer
Chris Bertolotti	Sound Editor/Re-Recording Mixer
Jon Fordham	Colorist
Phillip Chalmers	Online Editor
Barbara Caver	Post Production Supervisor
Robert Forlenza	Post Production Manager
Jerry Heer	Media Management
Greg Rhem, HBO	Coordinating Producer
Lisa Heller, HBO	Senior Producer
Sheila Nevins, HBO	Executive Producer

Filmmakers' Corner: Production Notes

Edgar Barends approached the production of *Prison Terminal: The Last Days of Private Jack Hall* much in the same way he approached the production of his earlier documentary, *A Sentence of Their Own*. By working solo in the maximum-security prison, without the encumbrance of a production crew, his presence and eventual acceptance into the daily workings of the prison hospice was relatively seamless.

In preparation for *Prison Terminal: The Last Days of Private Jack Hall*, Barends attended a 14-week hospice volunteer training course offered by his local community hospice. The training provided him with the knowledge base to fully understand the needs of the terminally ill patient, the duties of a hospice volunteer, and prepare him to witness and responsibly document the deaths he would likely see in prison.

Prison Terminal: The Last Days of Private Jack Hall was shot in the classic documentary style of *cinéma vérité*; where the camera simply documents events as they unfold before the lens. The camera was not passive in its approach, but curious, fluid, moving within and around the action in a seamless choreography of image and sound.

To accomplish such proximity to the characters without altering their reality, a bond of trust between subjects and filmmaker was essential. Consequently, the first month was spent with the prisoner hospice volunteers, correctional and medical staff, clergy, as well as the folks from the community hospice who trained the prisoners much how the filmmaker himself was trained by his community hospice.

Barends spent time with his subjects, getting to know them as individuals, their likes and dislikes, their routines, their temperaments and their personal histories before and after they entered the walls of the Fort Madison maximum security prison - most serving life sentences.

Once a trusting environment was established the camera was gradually introduced into the environment and shooting steadily increased from day to day.

Since the focus of the film revolved around a dying prisoner, 24/7 access to the hospice was extremely important. For *Prison Terminal: The Last Days of Private Jack Hall*, Barends was granted unprecedented round-the-clock access to the entire facility of the Iowa State Penitentiary for up to a year - a dream come true for any documentary filmmaker.

Barends desire to actually live behind bars at ISP during production of the film was thwarted early on for safety and liability reasons. However, the administration graciously allowed him to set up his production office and sleeping quarters across the street from the prison in the seemingly typical suburban duplex where the prison physicians lived during the work week.

In the basement of the house Barends set up a computer for editing, a landline for a reliable internet connection, and a small twin mattress in a windowless room for guaranteed darkness at any time of

day. The typical day for Barens would start before sunrise and stretch passed sundown as activity within the prison infirmary was never-ending.

In the evenings, after a long day behind the walls, Barens would jump on his bicycle and ride the streets and alleyways of this small river town, eventually forging lifelong friendships with the town folk he met along the way. The bike rides provided him with a way to detox from the time spent behind bars, a luxury never to be afforded the men who became his friend at ISP.

Upon his arrival to the penitentiary, the 12 bed infirmary was devoid of hospice patients. There were patients for post-operation recovery and others with either self-inflicted wounds or injuries received out in the yard, but no terminally ill prisoner was scheduled to arrive anytime soon. Had Barens arrived two months earlier he would have had the opportunity to document the first death to occur in this nascent hospice program.

However, having no pressing terminally ill prisoner proved to be a benefit to Barens as it allowed him the time to get to know and to document the activities of the prisoner hospice volunteers who were also trained as the infirmary orderlies.

Most production days were between 12 and 15 hours and increased to 24 hour days when vigil was called for the dying. Additionally, because of this "down-time" Barens established trusting friendships with many of the long-term patients who were pulled from the prisons general population due to their chronic illness and/or their inability to care for themselves on a daily basis.

Prisoner Jack Hall was one of the long term patients Barens got to know. And while Jack suffered from chronic obstructive pulmonary disease and had been in the infirmary for nearly 12 years, he was far from death's door and very spry for an 82 year old, World War II veteran. Six months later, however, Jack would succumb to his disease and would become the next prisoner to enter the hospice program.

With Jack's blessing, Barens was granted permission to document his slow decline, including the final moment of his passing surrounded by his family and friends.

Barens remains in contact with Jack's surviving family members as well as with most of the prisoners, medical, security and administrative staff at the Iowa State Penitentiary. Such long term projects not only provide the opportunity to document true reality, it also offers the ultimate benefit of building true friendships with people whose lives intersect with that of the documentary filmmaker

Filmmakers' Corner: Equipment List



1. Panasonic DVX100B.
 2. Sony Headphones.
 3. Short Canon Cable (perfect length to go from Sennheiser Mic to input on camera body)
 4. Cloth bags I bought at Wal-Mart school supply area - perfect to fit a lot of my small equipment.
 5. Samson Radio Mic Set
 6. Canon to Mini Plug (male) for radio Mic input into the camera.
 7. Camera batteries. Camera came with one and I bought four more and never regretted it.
 8. Sennheiser ME64 semi-shot gun. A little less directional than a true shotgun mic.
 9. Microphone Shock Mount (with red rubber O-rings) and foam wind guard.
 10. Sennheiser Radio Mic set.
 11. Power/Battery Charger Source for Camera.
-

What People Are Saying

Reviews from the Field

Prison Terminal Prison Terminal: The Last Days of Private Jack Hall show us both the pain and the humanity of life behind prison walls. In doing so, it gets beyond the day-to-day politics of crime and punishment, and challenges us to think about how we can bring out the best in all of us, even those who may have committed terrible acts in their lives.

Marc Mauer, Executive Director of The Sentencing Project, author of Race to Incarcerate

Prison Terminal: The Last Days of Private Jack Hall shows us how a terrible, lonely, cold dying behind bars is made into a dignified and loving death. Filmmaker, Edgar Barends, brings exquisite clarity to the final days of Jack Hall, a lifer in maximum security at the Iowa State Penitentiary. The film spotlights a hospice in the prison infirmary where other lifers are caregivers and the entire unit is created by private support and prisoner labor.

This film transcends classification; it is more than a film about prison, and suffering or death. It is a deeply layered story of how the human spirit overcomes the greatest fear of all prisoners the degradation and isolation of dying alone in prison. A decorated war veteran and former segregationist, Jack Hall, is cared for by the all black volunteers and out of it surprising experiences of solidarity and love emerge.

Susan Rosenberg, author, teacher, former prisoner

Prison Terminal: The Last Days of Private Jack Hall beautifully shows the bond between patients and inmate volunteers and how that reaches across racial lines. Through Jack's voice the film also shows the plight of veterans who end up incarcerated, having used violence, drugs and alcohol to cope with all they saw, did and endured in wars. The film is also appropriate for students in many disciplines. The film is realistic, sensitive and inspiring.

Phyllis Taylor, prison chaplain

Prison Terminal: The Last Days of Private Jack Hall challenges preconceptions about inmates and prison life in surprising and hopeful ways. Barens reveals the heart of humanity beating loud and strong within the harshest environments.

Faced with living and dying inside, the inmates we meet have chosen to live in community with one another. The commitment of the inmate hospice volunteers - and the competence and reverence with which they provide care - shows that dying people's comfort and dignity can be preserved even in the least desirable situations. Our society could learn a lot from the example they set. A triumph of documentary filmmaking!

Ira Byock, palliative care physician, author

Press Reviews

The one truly great film in this category.

Andrew O'Hehir, Salon.com

Terribly captivating. Galvanizing. Gripping. Should win the Academy Award.

Ed Gonzalez, Slant Magazine

I can't imagine a more powerful piece of film-making.

A deeply affecting little masterpiece.

John Seals, Berkeleyside

Impressive. Unflinching. Thorough. Plainspoken and humane.

Ben Sachs, Chicago Reader

The best. An Achievement.

Daniel Walber, Nonfics

A profoundly tender experience.

Ty Burr, The Boston Globe

Moving and intimate, an extraordinary film.

Susan James, ABC News

Guaranteed to have you in tears. An emotional roller coaster.

Jeff Nelson, DVD Talk

Powerful, gut-wrenching stuff. Dare you not to shed a tear.

George Butler, Butler's Cinema Scene

The most fully realized piece of work.

Laura Clifford, Reeling Reviews

Press Materials

Please visit the Prison Terminal website at www.prisonterminal.com and go to the MATERIALS menu. The MATERIALS page is your one-stop shop for items needed if you are a member of the press, organizing a screening of your own, or looking to incorporate Prison Terminal: The Last Days of Private Jack Hall into your educational curriculum.

PHOTO GALLERY

Photos taken over the years, from the early days of production, post-production and eventually ending up at the Academy Awards in Hollywood!

POSTERS & FLIERS

Download Hi-Res poster or a smaller version of the poster designed as a handout to be modified by the user for announcing future community screenings...

SCREENINGS & AWARDS

An up-to-the-minute and comprehensive list of awards received, reviews written, and community screenings.

ELECTRONIC PRESS KIT (EPK)

Download a printable version of this website including: film synopsis, director's statement, production notes, info on prison hospice and more...

RESOURCES

A comprehensive index of organizations, programs & support services available to prisoners, families of prisoner and correctional professionals.

TRANSCRIPTS

A word-for-word transcript of the documentary including voice over as well as naturally occurring dialogue. Additional interviews not used in the final film will be added over time.

STUDIES & MANUALS

A listing of studies on prison hospice, as well as assorted manuals you can download (PDF) to assist in setting up a prison hospice.

To Purchase or Rent Prison Terminal:



The Cinema Guild, Inc
115 West 30th Street, Suite 800
New York, NY 10001
Tel: 800.723.5522, Fax: 212.685.4717
www.cinemaguild.com

Additional Support:

Produced by HBO Documentary Films & Feffer Films LLC, Inc. HBO has pioneered the art of presentation and outreach using independent nonfiction media to build new communities in conversation about today's most pressing social issues. Additional support was received from the Jane Addams College of Social Work at the University of Illinois at Chicago. The Prison Terminal 50 Prisons in 100 Days Tour was funded by an generous grant from The Fledgling Fund. Their funding made it possible to take Prison Terminal to conduct 50 prison and over 60 community screenings across the country. The Illinois Arts Council Foundation serves the Illinois Arts Council constituency by augmenting limited state funds for the purpose of outreach and communication initiatives within the arts community and the general public.



Follow us on Twitter: [@prisonterminal](https://twitter.com/prisonterminal)
Visit our website: www.prisonterminal.com
Like us on Facebook: <http://bit.ly/prisonterminal>

We want to hear from you! Give us feedback on Prison Terminal at:
<https://www.surveymonkey.com/r/prisonterminalsurvey>
Email us at: prisonterminal@yahoo.com
