

LINDA LINGLE  
GOVERNOR



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No. \_\_\_\_\_

**TESTIMONY ON SENATE BILL 2524  
RELATING TO PRISONS**

by  
Clayton A. Frank, Director  
Department of Public Safety

Senate Committee on Public Safety  
Senator Will Espero, Chair

Senate Committee on Health  
Senator David Y. Ige, Chair

Tuesday, February 12, 2008, 3:45 p.m.  
State Capitol, Conference Room 225

Senator Espero and Senator Ige and Members of the Committees:

The purpose of this bill is to create separate forensic treatment facilities within all community correctional centers and to end the practice of housing mentally ill prisoners in solitary confinement and with general prison population.

The Department of Public Safety supports the intent of this bill but has concerns with regards to the lack of adequate space and funding to provide these services at the smaller community correctional centers.

The State is presently addressing concerns raised by the Department of Justice (DOJ) with regards to the Oahu Community Correctional Center (OCCC). These already existing efforts will create forensic treatment services at the OCCC facility for seriously mentally ill detainees. In good faith, the Department has moved forward on plans to implement these DOJ mental health program

recommendations throughout its facilities statewide. The Department is presently requesting funding for the necessary mental health staff.

However, while there is adequate dedicated mental health care space available at the larger Oahu facilities such as the OCCC, Women's Community Correctional Center and the Halawa Correctional Facility, the small neighbor island community correctional centers lack the adequate space for forensic treatment facilities.

It is important to note that because seriously mentally ill patients at small facilities are transported for treatment at the larger Oahu facilities, there are few cases of serious mental illness at neighbor island facilities. It is also important to distinguish between seriously mentally ill inmates and those inmates with far less severe mental-health issues because it is not uncommon for inmates who require some form of mental-health treatment, but whose conditions are readily manageable, to be housed adequately and successfully in the general population.

Thank you for the opportunity to testify on this bill.

# COMMUNITY ALLIANCE ON PRISONS

76 North King Street, Suite 203, Honolulu, Hawai`i 96817

Phone/E-mail: (808) 533-3454/communityallianceonprisons@hotmail.com



## COMMITTEE ON PUBLIC SAFETY

Sen. Will Espero, Chair

Sen. Clarence Nishihara, Vice Chair

## COMMITTEE ON HEALTH

Sen. David Ige, Chair

Sen. Carol Fukunaga, Vice Chair

Tuesday, February 12, 2008

2:45 PM

Room 225

## STRONG SUPPORT SB 2524 - FORENSIC TREATMENT FACILITIES

Aloha Chairs Espero and Ige and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative working on prison reform and criminal justice issues in Hawai`i for a decade. I respectfully offer our testimony, always being mindful that Hawai`i has more than 6,000 people behind bars with more than 2,000 individuals serving their sentences abroad, thousands of miles away from their homes and their loved ones.

SB 2524 creates separate forensic treatment facilities within all community correctional centers and ends the practice of housing mentally ill prisoners in solitary confinement and with the general prison population.

Community Alliance on Prisons is deeply concerned about incarcerated mentally ill individuals. We are pleased that this bill does not allow mentally ill prisoners to be in the general population and also disallows solitary confinement. We remind the committee that mentally ill inmates in our correctional system are the least fortunate members of our community. That is why it is crucial that the Legislature stay on top of this issue, which is of concern across the nation.

In our experience we have found that Hawai`i has many people with mental illness or co-occurring disorders (mental health and substance abuse problems), especially among the incarcerated female population. Sadly, inmates are often accused of faking symptoms, intimidated to silence them, and then ignored. Research shows that prison harms people, and people with mental illness are especially vulnerable since they might not have the resilience necessary to withstand these kinds of responses.

Prisons were never intended as facilities for the mentally ill, yet that is one of their primary roles today. Many of the men and women who cannot get mental health treatment in the community are swept into the criminal processing system after they break the law.

In the United States, there are three times more mentally ill people in prisons than in mental health hospitals, and prisoners have rates of mental illness that are two to four times greater than the rates of members of the general public. While there has been extensive documentation of the growing presence of the mentally ill in prison, little has been written about their fate behind bars.

Our incarcerated population today does not share the same profile as the population twenty years ago, but it appears that staff training still focuses on 'take downs' rather than meeting the needs of many of today's inmates who are suffering from addiction and mental illness. Hawai'i needs to hire staff (including security staff) with psychological training to work with today's inmate population. An ongoing training program for existing and new staff to help them understand best practices for interacting with mentally ill inmates needs to be created.

I serve as a member of the UH Institutional Review Board (IRB) and the only prisoner advocate in the state. The IRB's role is ensuring that research is conducted in an ethical and non-coercive way. According to the federal government, prisoners are a protected class, and the mentally ill are also considered a protected class, thus mentally ill inmates have a higher level of protection.

Establishing forensic facilities at community correctional centers is at least an acknowledgement that we need to address this issue. Our concern, however, is that the facility be adequately staffed by compassionate people who have had appropriate psychological training to manage a facility housing people with mental illnesses.

It may be simplistic, and it is certainly ironic when one considers that  
in 1955 there were 550,000 beds in state psychiatric hospitals;  
in 1999 there were 6,000 beds in state psychiatric hospitals

In 1972 there were 200,000 inmates;  
In 1997 there were 2 million inmates

Many of the men and women who cannot get mental health treatment in the community are swept into the criminal processing system after they break the law. Is the under-funding of community beds and community mental health centers a major contributing factor in the rising population of incarcerated mentally ill?

Identifying people with mental illness when they come under the supervision of corrections, ensuring that these individuals receive appropriate treatment, and preparing them for reintegration into the community will help prevent future crimes. After care is a key component of the services rendered. Treatment provided in facility must be continued after release in the community. Studies show that only 30% of individuals with mental illness leave correctional facilities received mental health services upon their release (Washington State Institute for Public Policy)

Appropriately addressing the needs of the incarcerated mentally ill will enhance public safety. Improved responses to individuals with mental illness will make better use of tax dollars.

Community Alliance on Prisons urges passage of SB 2345.

Mahalo for this opportunity to testify.



## HAWAII DISABILITY RIGHTS CENTER

900 Fort Street Mall, Suite 1040, Honolulu, Hawaii 96813

Phone/TTY: (808) 949-2922 Toll Free: 1-800-882-1057 Fax: (808) 949-2928

E-mail: [info@hawaiidisabilityrights.org](mailto:info@hawaiidisabilityrights.org) Website: [www.hawaiidisabilityrights.org](http://www.hawaiidisabilityrights.org)

### TESTIMONY TO THE TWENTY-FOURTH STATE LEGISLATURE, 2008 SESSION

**To:** Senate Committee on Public Safety  
Senate Committee on Health:

**From:** Gary L. Smith, President  
Hawaii Disability Rights Center

**Re:** Senate Bill 2524  
Relating to Prisons

**Hearing:** Tuesday, February 12, 2008 3:45PM  
Conference Room 225, State Capitol

Members of the Committee on Public Safety:  
Members of the Committee on Health:

Thank you for the opportunity to provide testimony supporting Senate Bill 2524, Relating to Prisons.

I am Gary L. Smith, President of the Hawaii Disability Rights Center, formerly known as the Protection and Advocacy Agency of Hawaii (P&A). As you may know, we are the agency mandated by federal law and designated by Executive Order to protect and advocate for the human, civil and legal rights of Hawaii's estimated 180,000 people with disabilities.

We support this bill. The Hawaii Disability Rights Center has a long standing interest in the overall issue of mental health services provided to incarcerated individuals and we believe that the denial of appropriate mental health treatment to persons with mental illness is contrary to public policy and State and Federal statutes.

An analysis of a random sampling of ninety-one (91) pretrial detainees was conducted by the Hawaii Disability Rights Center in December 2003. An average of seventy-eight (78) days passed from date of arrest to the date when a forensic examination was requested. An average of eighteen (18) additional days transpired before the court issued an order for evaluation. Thereafter, an average of eighty-four (84) days passed before examiners' reports were delivered and the court determined penal responsibility. The entire forensic evaluation process averages one hundred eighty (180) days from motion to final adjudication. Thirty-five percent (35%) of all pretrial detainees were ultimately found unfit to proceed.



All that time, these individuals languished in prison without any mental health services whatsoever. While services are ostensibly provided to inmates subsequent to this process, it is clear from the record that services are either minimal or inadequate or non-existent. Creating a separate forensic treatment facility at each community correctional center, and housing prisoners with mental illness in that facility, is precisely the way to address the situation and offers the best opportunity to genuinely treat these patients and hopefully achieve some medically demonstrable results.

Thank you for the opportunity to provide testimony in support of this bill.

**testimony**

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**From:** kuulei [kuuleikiliona@hawaii.rr.com]  
**Sent:** Monday, February 11, 2008 6:02 PM  
**To:** testimony  
**Subject:** SB 2524 testimony

**TESTIMONY IN SUPPORT OF SB 2524**

TO: Senate Committees on Public Safety and Health

FROM: Ku'u lei A. Kilonia

DATE: Tuesday, February 12, 2008

TIME: 3:45 p.m.

PLACE: Conf. room 225

Dear Committee Chairs: Sen. Will Espero and Sen. David Ige, along with committee members,

This testimony is in strong support of SB 2524, because enactment of the bill will save lives, among other things.

This bill should not be viewed as preferential treatment for incarcerated people with a mental illness, but as a step in the right direction to help save the lives of prisoners who are under the State's care.

Local media has well documented years of tragic endings when incarcerated mentally ill people did not receive appropriate treatment for their disease, and/or were placed with the general population, and/or placed in solitary confinement. Tragic endings can be avoided with the enactment of this bill.

My one concern about this measure is the State's ability to accomplish the bill's requirements in a timely manner. The bill requires each community correctional center to have a separate forensic treatment facility with appropriate medical staff. Most likely, this can more easily be put into effect on Oahu, but will probably be challenging to do on the neighbor islands.

Currently on neighbor islands psychiatric personnel are at a dire shortage that won't get better anytime soon. As a result of the shortage, the State's Adult Mental Health Division has a psychiatrist flying in only once a month to Lanai to provide services. On Molokai a psychiatrist is seen via telemedicine on a limited schedule. For too many years the State's Adult Mental Health clinics in Hilo and Kona have struggled with the shortage of permanent doctors for the clinics. With the current shortage, how will the State

be able to hire appropriate medical staff for these new facilities?

My hope is that any short comings in this bill will be worked out. The need to enact the points in this measure are necessary to calming the tragic endings and circumstances that occur when persons with mental illness are incarcerated.

Mahalo for the opportunity to submit written testimony.

Sincerely,

Ku'u lei A. Killiona  
(sent via email: [kuuleikilliona@hawaii.rr.com](mailto:kuuleikilliona@hawaii.rr.com))



testimony

From: lm [peaceofmindhawaii@gmail.com]  
Sent: Tuesday, February 12, 2008 8:46 AM  
To: testimony  
Subject: Dept of Public Safety & Prisons

LATE TESTIMONY

12Th February 2008

HEARING ON CREATING FORENSIC TREATMENT FACILITIES IN ALL COMMUNITY CORRECTIONAL CENTERS.

COMMITTEE ON PUBLIC SAFETY  
Sen. Will Espero, Chair  
Sen. Clarence Nishihara, Vice Chair  
COMMITTEE ON HEALTH  
Sen. David Y. Ige, Chair  
Sen. Carol Fukunaga, Vice Chair

Tuesday, February 12, 2008  
3:45 PM  
Room 225

**STRONG SUPPORT FOR SB 2524**

2. HEARING ON CREATING FORENSIC TREATMENT FACILITIES IN ALL COMMUNITY CORRECTIONAL CENTERS.

**SB 2524 – RELATING TO PRISONS**

[http://www.capitol.hawaii.gov/session2008/Bills/SB2524\\_.htm](http://www.capitol.hawaii.gov/session2008/Bills/SB2524_.htm)

Creates separate forensic treatment facilities within all community correctional centers. End the practice of housing mentally ill prisoners in solitary confinement and with the general prison population.

"Warehousing" of anyone especially the incarcerated who are mentally ill present the greatest ignorance of inhuman justice to those already suffering from the greatest most vulnerable disability. increased punishment without best 24/7 professional nurturing compassionate care of treatment & recovery from an illness one did not ask for is a 'set up' for greater and faster deterioration of the person, disaster thru earlier death (of 25yrs) and greatest tendency of suicide and shows the State of Mind and the Minds State thru the optimum health and welfare of It's people and citizens that make up the State.

Those with Integrative Cognitive Disorder (mental illness) are suffering from an illness due directly to an organic dysfunction of the brain. in all other areas of the human body treatment and recovery to its highest potential is recognized..**WHY NOT THE BRAIN** which is the **MOST VULNERABLE and MOST valuable** of ANY PART OF THE HUMAN BODY..this is so because the brain cannot be replaced/transplanted..proven fact.

The need for **ONE main Professional nurturing and compassionate caring FORENSIC FACILITY IS LONG OVER DUE.** the HSH (Hawaii State Hospital) is short of staff and beds. **YES !!!! TO HAVE A SEPARATE PROFESSIONALLY TRAINED AND COMPASSIONATE FORENSIC FACILITY FOR TREATMENT RECOVERY & CURE WITHIN OR NEAR OR ANYWHERE'S IS the most URGENT AND VITAL NECESSITY THAT MUST BE COMMITTED TOO ASAP.**

REASONS:

- **80% OF THE HOMELESS PEOPLE WITH SEVERE PSYCHIATRIC DISORDER ARE NOT BEING TREATED BECAUSE OF THEIR 'CIVIL RIGHTS' BUT THEY END UP INCARCERATED FOR MINOR OR MISDEAMENORS** AND OFTEN THAN MOST END UP 'LOCKED UP' BECAUSE OF THEIR INABILITY TO HANDLE THE STRUCTURE AND URLES OF THE PRISON SYSTEM. COSTING MORE FOR TAXPAYERS AND GREATER DETRIMENT TO THE HARM PHYSICALLY AND EMOTIONALLY AND MENTALLY OF THE PERSON WHO SHOULD NOT BE INCARCERATED IN THE FIRST PLACE JUST FOR MISDEAMENORS OR MINOR ACCUSATIONS...we dont allow persons with Alzheimers to roam the streets or babies/young children to play in streets because of their 'civil rights will be taken away' when it is their brain that lacks the maturity to understand they need assistance and their thinking and decision making is irrational or not operative.
- **APPROXIMATELY 10% OF THE NATION'S 2.2. MILLION JAIL AND PRISON INMATES OR 220,000 INDIVIDUALS HAVE SEVERE PSYCHIATRIC DISORDERS.**  
(220,000 persons equivalent to the population of Akron, Madison, Richmond, or Tacoma)
- NON TREATMENT equals ===
  - Relapse, rehospitalization and increased costs.
  - Suicide and self-mutilation.
  - Victimization
  - Homelessness
  - Greater and increasing Deterioration of the brain the disease and the person.

T

--  
LynnetteMau  
808 285-2500  
Clearing the Pathways to Recovery  
for Integrative Cognitive Disorder

"The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss and have found their way out of the depths. these persons have an appreciation, a sensitivity and an understanding of life that fills them with compassion, gentleness and a deep loving concern.

Beautiful people do not just happen."

Elizabeth Kubler Ross, 1926-2004.

Swiss-born Author and Psychiatrist

**COMMITTEE ON PUBLIC SAFETY**

Sen. Will Espero, Chair

Sen. Clarence Nishihara, Vice Chair

**COMMITTEE ON HEALTH**

Sen. David Y. Ige, Chair

Sen. Carol Fukunaga, Vice Chair

Tuesday, February 12, 2008

3:45 PM

Room 225

LATE TESTIMONY

**SUPPORT: SB 2524 RELATING TO PRISONS**

Aloha Chairs Espero and Ige, and Members of the Committees:

My name is Carrie Ann Shirota, and I am writing in support of SB 2524. My experiences as a former Public Defender and Civil Rights Enforcement Attorney, and current staff member of a reentry program on Maui have shaped my advocacy efforts to promote accountability within our correctional system, and to increase rehabilitation programs for incarcerated persons to return home as law-abiding, contributing members of their 'ohana and our community.

I support SB 2524 for the following reasons:

- In the United States, there are three times more mentally ill people in prisons than in mental health hospitals, and prisoners have rates of mental illness that are two to four times greater than the rates of members of the general public
- Identifying people with mental illness when they come under the supervision of corrections, ensuring that these individuals receive appropriate treatment, and preparing them for reintegration into the community will help prevent future crimes
- People with untreated mental illness are more likely to commit infractions and to be preyed upon by other inmates (source: the Council of State Governments, Criminal Justice/Mental Health Consensus Project 2002)
- Due to their conditions, mentally ill individuals may have trouble adhering to prison regulations – this may lead to frustration among correctional officers who lack the training in mental health conditions. The practice of housing mentally ill prisoners in solitary confinement is inhumane and harms individuals.
- Individuals with mental illness require extensive treatment and medication in jails and prisons
- These facilities must be staffed by people trained to respond properly to individuals with mental illness including recognizing the signs and symptoms of mental illness, de-escalation techniques, and compassion
- Appropriately addressing the needs of the incarcerated mentally ill will enhance public safety

Sincerely,  
Carrie Ann Shirota, Esq.  
Kahului, Maui  
(808) 269-3858

## testimony

2nd testimony from  
Lynnette Mau

**From:** lm [peaceofmindhawaii@gmail.com]  
**Sent:** Tuesday, February 12, 2008 10:13 AM  
**To:** testimony  
**Subject:** STRONG SUPPORT FOR SB 2524

2. HEARING ON CREATING FORENSIC TREATMENT FACILITIES IN ALL COMMUNITY CORRECTIONAL CENTERS.

## COMMITTEE ON PUBLIC SAFETY

Sen. Will Espero, Chair

Sen. Clarence Nishihara, Vice Chair

## COMMITTEE ON HEALTH

Sen. David Y. Ige, Chair

Sen. Carol Fukunaga, Vice Chair

LATE TESTIMONY

Tuesday, February 12, 2008  
 3:45 PM  
 Room 225

**STRONG SUPPORT FOR SB 2524**

## -- SB 2524 -- RELATING TO PRISONS

PBS/HTH,WAM

[http://www.capitol.hawaii.gov/session2008/Bills/SB2524 .htm](http://www.capitol.hawaii.gov/session2008/Bills/SB2524.htm)

Creates separate forensic treatment facilities within all community correctional centers. End the practice of housing mentally ill prisoners in solitary confinement and with the general prison population.

- Apprx. 10% of nation's 2.2 million jail and prison inmates or 220,000 individuals have severe psychiatric disorders. these 220,000 individuals are equivalent to the populations of Akron, madison, richmond or Tacoma.
- the LA county jail, chicago's Cook County Jail and NY's Rikers Island Jail are, defacto, the nation's 3 largest 'Psychiatric hospitals' which are really '**Physciatric Warehouses**'.
- **in every county in the US the county jails hold more severely mentally ill INDIVIDUALS THAN THE PSYCHIATRIC UNIT OF THE COUNTIES HOSPITALS.**
- the vast majority of severely mentally ill individuals in jail are chargedw ith misdemeanor crimes that took place because their psychiatrid illness was not being treated.
- **the quality of life for mentally ill individuals in jails anad prisons is abysmal**, including solitary confinement, abuse, beatings, rapes, suicide, seclusion and restraints. evidence of this problem is contiuiung to get worse. "the tragedy of criminalization is worse than ever before..especially with the very noneffective- "**three strikes and your out**" law that has only **increased the numbers of incarcerated and the shame of the US prisons being the highest in the world !!**
- **the "freedom" to be penniless, helplessly ill NOT chosen by anyone\_ and finally arrested, jailed and criminally committted is NOT 'freedom' -- it is 'ABANDONMENT' THE "LIBERTY" to be naked in a padded cell, hallucinatiing, delusional and tormented with 'four point restraints' seclusion/isolation --it is a *folie a deux* between pseudo-sophisticated liberals and an unrealizing public."** Darold Treffert.1992
- **Treatment with antipsychotic medication reduces the incidence of violence by more than half.**
- **Homocides: individuals with sever psychiatric disorders who are NOT being treated are responsible for at least 5% of all hmicides (studies range from 5%-18%).**
- **in 2005 there were 16,192 homicides in the US. therefore almost 900 of them were attributable To individuals with severe psychiatric disorders.**
- **among certain types of homicides, individuals with sever psychiatric disorders are responsible for a much higher percentage:**
  - **Rampage murders: 42% had previously been psychiatrically evaluated, 20% had been psychiatrically hospitalized.**
- **Parents killed by children. 75% were severely mentally ill.**
- **Children killed by parents : 75% had haD prior psychiatric care.**

2/12/2008

- Andrea Yates case in 2002 went to prison and joined 69 other women who were in the Texas prison system because they had killed their children.
- 2003 in Texas. 4 additional killings of children by mentally ill parents not being treated.
- **STIGMA>>HOMICIDE BY INDIVIDUALS WITH SEVERE PSYCHIATRIC DISORDERS ARE THE SINGLE BIGGEST CAUSE OF STIGMA, THE MOST EFFECTIVE WAY TO COMBAT STIGMA IS TO MAKE SURE PEOPLE ARE GETTING TREATED.**

## **ENDING THE PRACTISE OF HOUSING MENTALLY ILL PRISONERS IN SOLITARY CONFINEMENT AND WITH THE GENERAL PRISON POPULATION.**

- **1999 AMERICAN PSYCHIATRIC ASSN.DOCUMENTED 142 DATHS OF PSYCHIATRIC PATIENTS NATIONWIDE FROM THE MISUSE OF RESATRINTS AND SECLUSION OVER THE LAST DECADE.**

Inmates who require mental health restraints are almost always in mental distress & clinical interventions should get at the root cause of that distress...being serious underlying mental disorder, clinicl depression, mania, schizphrenia, phobia, and other psychotic disorders. increased distress in any prolonged isolation segragation -type set up or restraints that are emotional/physical/mental/chemical. common results of these risks of restraints create self injurious, self inflicted and self mutilation and suicide. this common crisis in distress needs to STOP!!!! uneducated guards and authorities are NOT trained or professionals to understand the symptoms or the danger these setings and envirnments are used as tortuous NOT treatment.. and provoke deterioration of the person mentally, physically, spiritually and emotionally.

- **Hawai'I needs standards that protect the humane rights and consider the standards & environment and professional compassionate staffing used to govern the care, monitoring, of the most vulnerable and victimized of those inflicted with a disease they did not ask for. an institution that only 'warehouses' has only increased costs and deaths. an institution of therapy, compassion, therapy, treatment , recovery and cure is way overdue.**

• every day i8 ask myself " what's wrong with me?" why does it have to happen to me?" i never did drugs or alcohol, although i have this disease. every day it eats away my brain cells. day by day, i get weaker and dysfunctional. I'm only 15, only i can't do the things i used to do. i cant hardly speak any more. cant think or do my work in school. i don't even understand what people are saying when they are talking to me. i used to ace subjects in school except english. i used to could read and spell. i used to could figure out word problems, puzzles, stuff like that. and i cant anymore. deep down inside, it breaks my heart that i cant do stuff like that anymore. i know from the beginning that you all said you're trying to understand me better,. wecell, I'm finally opening up to you,. here's what you need to do to help me. I need occupational therapy, physical therapy,speech therapy, stuff like that. i thinkwe all should work towards me getting rehabilitated, so i'll be able to function as i used to. will you help me? please. doug wilson. new Orleans. LA

- **Hawai'I needs standards that protect the humane rights and consider the standards & environment and professional compassionate staffing used to govern the care, monitoring, of the most vulnerable and victimized of those inflicted with a disease they did not ask for. an institution that only 'warehouses' has only increased costs and deaths. an institution of therapy, compassion, therapy, treatment , recovery and cure is way overdue.**

- 06.07.99

"...I spent 15 consecutive months on the unit 5 North. this was the single most traumatic experience of

my life. The treatment consisted of an unrelenting, 24 hour a day attack on my personal autonomy and self-esteem, which i believe only exaberated my symptoms. the structure is based on privileges and punishments, which are referred to as consequences,..since they maintain they are not punitive.. it will not allow any kind of privacy whatsoever, and everything is a potential treatment issue, including nailbiting and not makin one's bed. they maintain control through humiliation and fear of humiliation..She refused to put out her ciagrtte and was physically removed to the quiet room. Because she fought the men who carried her, she was put in restraints and because she continued to fight against the restraints, she waas cold/wet packed. this hoor was onderscored by tow mental health workers hgh-fiving themselves afterwards. dianeRickard.

• Each year the commission receives, reviews and where necessary dire ctly investigats aboaut 7,000 reports of abuse and over 2,000 reports of consumer deaths..we have investigated over 200 deaths where restraint or seclusion was a factor..we have seen people die or be abused in restraint because a simple request for a second Cup of coffee was denied..or a request for a sweater on a very cold day was ignored by staff..Thomas R. Harmon, NY State commission on Quality of Care.

**Thank you for listening to this very URGENT request where a SEAPARATE FORENSIC FACILITY CAN PROVIDE FOR THE HIGHEST PROFESSIONAL CARE AND NURTURING FOR OUR LOVED ONES AFFLICTED WITH AN ILLNESS THAT SHOULD NOT BE PUNSHISHED BUT HOPE AND RECOVERY IS VISION AND PROMISE. AND WHERE ISOLATION AND RESTRAINTS ARE NO LONGER USED BUT THE NURTURING FACILITY AND STAFF WITH COMPASSION AND HUMANESS IS THE ANSWER.**

LynnetteMau  
808 285-2500  
[peaceofmindhawaii@gmail.com](mailto:peaceofmindhawaii@gmail.com)

Clearing the Pathways to Recovery  
for Integrative Cognitive Disorder

"The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss and have found their way out of the depths. these persons have an appreciation, a sensitivity and an understanding of life that fills them with compassion, gentleness and a deep loving concern.

Beautiful people do not just happen."

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