



SB2248 SD2 HD1
RELATING TO PUBLIC SAFETY
House Committee on JUDICIARY

March 21, 2012

2:15 p.m.

Room 325

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SB2248 SD2 HD1, which would clarify the medical release program for terminally ill inmates.

OHA's 2010 report, "The Disparate Treatment of Native Hawaiians in the Criminal Justice System," indicated that there are deficiencies in the operation of the criminal justice system in Hawai'i. Recently, OHA worked with advocate Robert Merce to assist Delbert Wakinekona, a beneficiary in dire need of medical release.

Years of neglect and inadequate medical treatment brought Mr. Wakinekona to the brink of death. In what should have been a straight forward process, Robert Merce had to struggle with endless bureaucratic barriers to obtain basic information on Mr. Wakinekona's condition and what was needed to obtain his medical release. OHA supports SB2248 SD2 HD1's effort to improve the medical release process and facilitate compassionate release for suffering individuals like Mr. Wakinekona.

Mahalo for the opportunity to testify on this important measure. OHA urges the committee to review Mr. Merce's testimony on this matter and PASS SB2248 SD2 HD1.

NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
HAWAII PAROLING AUTHORITY
1177 ALAKEA STREET, GROUND FLOOR
Honolulu, Hawaii 96813

BERT Y. MATSUOKA
CHAIR

JOYCE K. MATSUMORI-HOSHIJO
MEMBER

MICHAEL A. TOWN
MEMBER

TOMMY JOHNSON
ADMINISTRATOR

No. _____

TESTIMONY ON SENATE BILL 2248, SD2, HD1
RELATING TO PUBLIC SAFETY

BY

HAWAII PAROLING AUTHORITY
Bert Y. Matsuoka, Chairman

House Committee on Judiciary
Representative Gilbert S.C. Keith-Agaran, Chair
Representative Karl Rhoads, Vice Chair

Wednesday, March 21, 2012; 2:15 p.m.
State Capitol, Conference Room 325

Chair Keith-Agaran, Vice Chair Rhoads, and Members of the Committee:

The Hawaii Paroling Authority (HPA) supports the intent of SB 2248, SD2, HD1, but has concerns regarding several areas of this measure and requests the following amendments:

1. **Page 3 (Line 11 through Line 12)** – (a) An inmate in the custody of the department of public safety shall be eligible to be considered for medical release as determined by the department of public safety medical director and endorsed by the director if the inmate:.....
2. **Page 4 (Line 3 through Line 5)** – (b) All requests for medical release shall be in writing and shall be made to the Hawaii paroling authority. Requests may be made by the director of public safety [~~or by an inmate or the inmate's representative~~].

The department should determine the eligibility criteria and it is the department that should make the recommendation to the Hawaii paroling authority.

3. **Page 4 (Line 6) – [H] When** a request for medical release of an inmate is made.....

4. **Page 5 (Line 15 through Page 6 Line 2) – (d)** Delete entire subparagraph.

The department should make all medical release recommendations to the Hawaii paroling authority. It is the department that is solely responsible for the custody and care of the inmate and the department's medical doctors are the primary care physicians of the inmate.

5. **Page 6 (Line 3 through Line 6) – (e)** The Hawaii paroling authority shall conduct [a] **an administrative** hearing on all requests **received from the director of the department of public safety** for medical release. The hearing shall be held within [ten] **thirty** days of receiving a medical release report from the department of public safety.

The Hawaii paroling authority is required by HRS §706-670 and HAR §23-700-31 to provide the department of public safety, the department of the prosecuting attorney, the victim(s) and/or the victim(s) surviving family member(s), the inmate and the inmate's attorney with reasonable written notice prior to conducting a hearing to consider reducing the minimum term of an inmate or to consider an inmate for release on parole. As written, the ten day hearing requirement is not practical.

6. **Page 6 (Line 6 through 8) -** Delete the entire sentence [~~The inmate and the inmate's representative shall be permitted to participate in the hearing and submit medical and other evidence in support of the request.~~]

The review process for medical releases would be an administrative process similar to requests for early parole hearings and/or requests for reduction of minimum term(s) of imprisonment as outlined in HAR 23-700-26 and 23-700-29, which do not require a full hearing, but rather are conducted during the parole board's administrative hearings sessions conducted each month. During administrative hearings, no inmates, legal council, prosecutors,

etc. are present as the parole board reviews all appropriate records, requests, justifications, etc. and discuss each case prior to rendering a decision. In all such cases, the HPA is required to provide appropriate notification to all concerned parties pursuant to HRS §706-670 and HAR §23-700-31.

7. **Page 9 (Line 1 through Line 3) – The department shall assess and refer inmates to the Hawaii Paroling Authority for possible medical release pursuant to the jointly established medical release program developed by the two agencies as provided in.....”**

A medical release program can be provided for in Department of Public Safety and HPA policies. Also, a medical release administrative hearing is an expedited parole consideration hearing process similar to that of a request for a reduction of an offender's minimum sentence(s), and not a separate program that needs to be enacted into law.

The HPA believes the recommended amendments to this measure addresses needed changes while simultaneously clarifies the affected areas as they relate to the HPA. The HPA defers to the department of Public safety on all matters that affect that agency that arise out of SB 2248, SD2, HD1 as it is currently written.

Thank you for this opportunity to provide testimony on this matter.

NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

JODIE F. MAESAKA-HIRATA
DIRECTOR

Martha Torney
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Law Enforcement

TESTIMONY ON SENATE BILL 2248, SD2 HD1
RELATING TO PUBLIC SAFETY

by

Jodie F. Maesaka-Hirata, Director
Department of Public Safety

House Committee on Judiciary
Representative Gilbert S.C. Keith-Agaran, Chair
Representative Karl Rhoads, Vice Chair

Wednesday, March 21, 2012; 2:15 P.M.
State Capitol, Conference Room 325

Chair Keith-Agaran, Vice Chair Rhoads, and Members of the Committee:

The Department of Public Safety (PSD) has reviewed Senate Bill (SB) 2248 SD2 HD1 and appreciates the Legislature's efforts to providing a statutory medical release process in the best interest of our ill, geriatric, and disabled inmates. The Department presently provides for a similar "compassionate release" recommendation process and supports the intent of SB 2248 SD2 HD1, but strongly opposes the measure in its present form.

The Department requests the following amendments to the measure:

1. **Page 4 (line 1)** – Delete "costly or"
2. **Page 4 (line 4)** - Replace "may" with "shall"
3. **Page 4 (line 5)** – Delete ";an inmate or the inmate's representative"
4. **Page 4 (line 6)** - Replace subsection (c) with "Requests for medical release shall contain the following information:"
5. **Page 5 (line 15)** – Delete subsection (d), "~~(d) If a request is made by an inmate or the inmate's representative, the request shall state the grounds for the requested release and shall contain a statement as to where the inmate will~~

~~reside if released, who will care for the inmate, and how the inmate plans to obtain medical care.~~

~~All requests initiated by an inmate shall be referred to the director immediately. Within twenty days of receiving the request the department shall submit a medical release report to the paroling authority containing the information under subsection (c)."~~

6. **Page 6 (line 3)** – Relabel section (e) to section (d) "The paroling authority..."
7. **Page 6 (line 6 through 8)** – Delete "The inmate and the inmate's representative shall be permitted to participate in the hearing and submit medical and other evidence in support of the request."
8. **Page 7 (line 6)** – Relabel section (f) to section (e) "The paroling authority..."
9. **Page 7 (line 8)** – Relabel section (g) to section (f) "A denial of..."
10. **Page 7 (line 14)** – Relabel section (h) to section (g) "The director..."
11. **Page 7 (line 18)** – Relabel section (i) to section (h) "The department..."
12. **Page 8 (line 1)** – Relabel section (j) to section (i) "The department ..."

Persons in the custody of the Department are the patients of the Departmental physicians. The Department's physicians become these patients' Primary Care Providers (PCP) and work with community specialists to provide appropriate medical services. Compassionate release recommendations are made in the best interest of these patients and their families and are based on the medical evidence provided by the PCP and consulting specialists. The medical release criteria as defined by this measure will broaden the types of medical, geriatric, and disability cases that would be able to receive a Departmental recommendation.

SB 2248 SD2 HD 1 provides the inmate or inmate's representative with a formal medical release recommendation process, which will result in recommendations that exaggerate and misrepresent the patient's condition to satisfy the medical release criteria. This process will result in requests based on the inmates' desire to be released rather than evidence-based medical decisions. Inmates constantly attempt

Chair Keith-Agaran
Vice Chair Rhoads
SB 2248 SD2 HD1
March 21, 2012
Page 3

to "mislead and scam" the health care providers to receive additional food, medications, and privileges. The health care staff has worked with and experienced many such attempts but with not with the opportunity to be released for medical reasons as the outcome.

The formal inmate recommendation process as defined in this measure, would greatly increase the administrative costs and duties for both the Department and the Hawaii Paroling Authority (HPA) as all recommendations with or without merit would require the same reports and medical review process to be submitted prior to the paroling authority hearing. These additional administrative requirements will divert physician resources from providing direct patient care to dealing with unsupported and unsubstantiated recommendations.

Thank you for the opportunity to present this testimony.



Committee: Committee on Judiciary
Hearing Date/Time: Wednesday, March 21, 2012, 2:15 p.m.
Place: Room 325
Re: Testimony of the ACLU of Hawaii in Support of S.B. 2248, S.D.2, H.D.1,
Relating to Public Safety

Dear Chair Keith-Agaran and Members of the Committee on Judiciary:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of S.B. 2248, SD2, HD1, which seeks to require the Hawaii Paroling Authority to establish a medical release program for inmates.

This smart and compassionate program could provide relief to a prison system dealing with an increasingly older population subject to more medical issues and higher treatment costs. Releasing those inmates who are found to be no-risk to public safety could save the state millions of dollars in health care costs, relieve prison overcrowding, and offer a more dignified and more humane death to those who would otherwise die in prison.

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for over 40 years.

Thank you for this opportunity to testify.

Sincerely,

Laurie A. Temple
Staff Attorney
ACLU of Hawaii

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COMMUNITY ALLIANCE ON PRISONS

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COMMITTEE ON JUDICIARY

Rep. Gil Keith-Agaran, Chair

Rep. Karl Rhoads, Vice Chair

Wednesday, March 21, 2012

2:15 p.m.

Room 325

STRONG SUPPORT SB 2248 SD2, HD1 – COMPASSIONATE RELEASE

Aloha Chair Keith-Agaran, Vice Chair Rhoads and Members of the Committee!

My name is Kat Brady and I am the Coordinator Community Alliance on Prisons, a community initiative promoting smart justice policies for more than a decade. This testimony is respectfully offered on behalf of the 6,000 Hawai'i individuals living behind bars, always mindful that almost 1,800 individuals are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

SD 2248 SD2, HD1 requires the department of public safety to assess and refer inmates to the Hawaii paroling authority (HPA) for possible medical release. Provides that an inmate in the custody of the department shall be eligible to be considered for medical release if the inmate meets specified criteria under certain procedures. Requires HPA to set reasonable conditions on an inmate's medical release. Requires the HPA to promptly order an inmate returned to custody of the department to await a revocation hearing if the HPA receives credible information that an inmate has failed to comply with any reasonable condition set upon the inmate's release.

Community Alliance on Prisons is in strong support of compassionate release as is the medical community, research organizations, and the Bureau of Justice.

The Annals of Internal Medicine¹

"Compassionate release consists of two entwined but distinct elements: eligibility (based on medical evidence) and approval (based on legal and correctional evidence) (4). We argue that the medical eligibility criteria of many compassionate-release guidelines are clinically flawed because of their reliance on the inexact science of prognostication, and additional procedural barriers may further limit rational application. Given that early release is politically and socially charged and that eligibility is based largely on medical evidence, it is critical that such medical evaluation be based upon the best possible scientific evidence and that the medical profession help minimize medical-related procedural barriers."

¹ Balancing Punishment and Compassion for Seriously Ill Prisoners. Brie A. Williams, MD; Rebecca L. Sudore, MD; Robert Greifinger, MD; and R. Sean Morrison, MD
<http://www.annals.org/content/early/2011/05/31/0003-4819-155-2-201107190-00348.full>

Human Rights Watch²

“Life in prison can challenge anyone, but it can be particularly hard for people whose bodies and minds are being whittled away by age. Prisons in the United States contain an ever growing number of aging men and women who cannot readily climb stairs, haul themselves to the top bunk, or walk long distances to meals or the pill line; whose old bones suffer from thin mattresses and winter’s cold; who need wheelchairs, walkers, canes, portable oxygen, and hearing aids; who cannot get dressed, go to the bathroom, or bathe without help; and who are incontinent, forgetful, suffering chronic illnesses, extremely ill, and dying.”

Bureau of Justice Statistics³

The Bureau of Justice Statistics reports found that between 1995 and 2010, the number of state and federal prisoners age 55 or older nearly quadrupled (increasing 282 percent), while the number of all prisoners grew by less than half (increasing 42 percent). There are now 124,400 prisoners age 55 or older.

Our prisons and those with whom we contract are not equipped to handle this aging or ill population. We know of cases where inmates have been denied wheelchairs and have had to crawl to receive medication. This is absolutely inhumane and should be intolerable.

The California prison system recently opened a prison hospice in Vacaville because of the number of aging and chronically ill incarcerated individuals serving sentences. This is part of the reason that their prison health care system was under consent decree from the federal government.

National Public Radio⁴

A January 30, 2012 public radio story reported in a story entitled, “End To California Prison Healthcare Receivership In Works”

“SACRAMENTO, Calif. (AP) — The court-appointed receiver overseeing California’s prison health care system said Friday **the state must keep its promise to spend more than \$2 billion for new medical facilities before the federal courts can end an oversight role that has lasted six years.**”

California has committed to spending \$750 million to upgrade existing medical facilities, building a new medical center and converting juvenile lockups. So far, only the new medical center in Stockton is being built. ...”

Department of Public Safety Compassionate Release Statistics⁵

37 Compassionate Releases Recommended
22 Compassionate Releases Approved
14 Actual Compassionate Releases

Community Alliance on Prisons sees compassionate release for chronically ill or geriatric individuals as something that should happen before they are on life-support. We have heard many heart-breaking stories about the treatment some terminally ill individuals have received in our prison infirmaries.

² OLD BEHIND BARS The Aging Prison Population in the United States, January 2012, http://www.hrw.org/sites/default/files/reports/usprisons0112webwcover_0.pdf

³ Bureau of Justice Statistics, Prisoner Series, 1995-2010. Based on number of sentenced prisoners under jurisdiction of federal and state correctional authorities with sentences of more than one year.

⁴ “End To California Prison Healthcare Receivership In Works”

<http://www.capradio.org/articles/2012/01/30/end-to-california-prison-healthcare-receivership-in-works>

⁵ Department of Public Safety 2009 -2011 Compassionate Release Statistics

We have also been told that there are some elderly inmates in one of our prisons who have been paroled yet are still incarcerated because they have nowhere else to go since their families are all deceased and there are no community facilities willing to take them.

Community Alliance on Prisons respectfully asks the committee to pass SB 2248 SD2, HD1.

Mahalo for this opportunity to testify.

Robert K. Merce
2467 Aha Aina Place
Honolulu, Hawai'i 96821

Phone: (808) 732-7430
Cell: (808) 390-9594

March 19, 2012

COMMITTEE ON JUDICIARY

Rep. Gilbert S.C. Keith-Agaran, Chair

Rep. Karl Rhoads, Vice Chair

Wednesday, March 21, 2012

Conference Room 325

2:15 p.m.

SB2248, SD2, HD1

Strongly Support

Dear Chair Keith-Agaran, Vice Chairs Rhoads, and committee members:

My name is Robert Merce. I practiced law in Hawai'i for more than 25 years before retiring in 2007. Last year I worked with the Native Hawaiian Legal Corporation to obtain compassionate release for a 67-year old Hawaiian man who had been in prison for 41 years and was dying from end stage liver disease. The process took almost six months and was plagued with problems from beginning to end. It became crystal clear to me that the procedures of the Department of Public Safety and the Hawaii Paroling did not serve the best interest of inmates, the government, or the people, and that a medical or "compassionate" release statute was needed to correct the problem.

I strongly support SB2248 SD2 which is a clear, sensible and well thought out medical release bill. It will save the state money by releasing inmates who do not pose a risk to society and who are in need of intensive and costly end of life care. It addresses all of the problem we encountered in our compassionate release case last year and institutes a fair and transparent process that will serve the interest of the public, the government and inmates. As Senate Standing Committee Report No. 2494 notes, the bill and its underlying purpose are "pono", meaning good, upright, just, the right thing to do.

Let me highlight a few of the most important provisions of the bill:

1. In May 2011 a group of distinguished physicians co-authored an article on compassionate release that was published in the *Annals of Internal Medicine*, the journal of the American College of Physicians¹. It was the first time in many years that compassionate release was examined in-depth from the perspective of the medical community. After reviewing relevant literature, examining state and federal statutes, *and acknowledging the failure of almost all of the*

¹ BA Williams, RL Sudore, R Greifinger, and RS Morrison. Balancing Punishment and Compassion for Seriously Ill Prisoners. *Ann Intern Med.* 2011;155:122-126.

presently existing laws to function in a manner that serves the interest of society or prisoners, the authors made several key recommendations:

1. Compassionate release procedures should be evidence based;
2. There should be a completely transparent compassionate release process
3. An advocate should be appointed to help inmates navigate the process and represent incapacitated prisoners;
4. There should be a “fast-track” option for the evaluation of rapidly dying prisoners; and
5. There should be a well-described and well-disseminated application procedure.

SB2248 SD2 incorporates all of the foregoing recommendations and to my knowledge is the first medical release bill in the nation to do so.

2. SB2248 SD2 sets out a process by which the Department of Public Safety evaluates all compassionate release requests and makes a written recommendation to the Hawai‘i Paroling Authority. The Authority then decides whether or not the inmate should be released. The HPA makes its decision after a hearing in which the inmate can present evidence of his own. This ensures that the process is completely transparent, that all sides are heard, and that all relevant evidence is considered.

3. The process set out in SB2248 SD2 provides that physicians determine whether an inmate meets the *medical* criteria for compassionate release, and correctional officials determine whether the inmate *poses a danger to society*. Health and safety are evaluated separately by the professionals who have the knowledge, training and experience to make sound judgments. Under SB2248 SD2 if a physician determines that an inmate meets the **medical criteria** for release, that inmate would still have to be evaluated by correctional officials to determine whether he poses a risk to public safety. If he poses a risk to public safety he would not be released, irrespective of his medical condition.

The most important provision of SB2248 SD2 is that the Hawai‘i Paroling Authority decides **all** medical release requests, not just those referred to it by the Department of Public Safety. Let me explain why this is so important.

Currently, the only person who can initiate compassionate release is the inmate’s attending physician (i.e. the prison doctor). *See* Dept. Pub. Safety Policy COR. 10.1G.11, *Compassionate Release for the Terminally Ill* (February 2, 2011). If the attending physician makes a mistake regarding the inmate’s prognosis and/or whether he or she meets the criteria for compassionate release, there is absolutely nothing the inmate, his family, or his lawyer can do about it. There is no appeal process and no review by an independent third party.

And I know for a fact that attending physicians make mistakes because one occurred in the case I worked on. Our client had cirrhosis of the liver secondary to chronic hepatitis C and clearly met the diagnostic criteria for refractory ascities (an accumulation of fluid in the tissues that is resistant to treatment). The medical literature states that 50% the patients who have refractory ascites die within 6 months and 75% die within one year, and therefore our client positively met the Department of Public Safety's medical criteria for compassionate release. Yet his attending physician at Saguaro refused to initiate the compassionate release process. That error of judgment almost precluded our client from being released. Fortunately, we obtained a letter from an outside expert (Dr. Robert G. Gish of the University of California at San Diego who is widely regarded as one of the country's leading authority of Hepatitis) and the Department of Public Safety wisely decided to bring our client back to Hawai'i and have him examined by Dr. Steven DeWitt, the physician at the Halawa Correctional Facility. Dr. DeWitt immediately recognized that our client had an extremely poor prognosis and initiated the compassionate release process.

We were lucky. But the point is that attending physicians make serious errors, and under the present system there is *no mechanism to correct them*. That is why it is absolutely critical that inmates have an opportunity to appeal to the Paroling Authority and persuade them that a mistake has been made and that they do in fact qualify for compassionate release. The Paroling Authority should not become a rubber stamp for the limited number of cases that successfully wind their way through the Department of Public Safety's badly flawed compassionate release system.

The process set out in SB2248 SD2 will not result in a flood of frivolous medical release claims. In most cases the DPS will initiate timely medical release requests for inmates who meet the medical release criteria, and those individuals will be referred to the HPA just as they are now and be released as a matter of course.

It is difficult to imagine that inmates who are healthy or have minor medical problems will seriously contend that they are profoundly incapacitated or dying, but if they do, the DPS will simply have to write a very short report— probably no more than a few sentences - stating that the inmate is healthy or has one or more benign medical conditions that do not meet the criteria for medical release and forward it to the HPA. Unless there is contrary evidence, the HPA hearing on that type of request would be extremely brief. The only cases that will take a little time are those where there are genuine issues regarding the inmate's condition, and those cases deserve whatever time is required to resolve them properly.

Recommended Amendments. I do suggest two amendments. First, the following should be added after the last sentence on page 6, line 16: "The notice provisions of HRS §706-669(b) or any other statute shall not apply to medical release."

Reason for the amendment. Medical release may involve a reduction of a prisoner's minimum sentence. HRS §706-669(b) states that the HPA may reduce a previously established minimum sentence "[a]fter sixty days notice to the prosecuting attorney". The sixty day notice requirement makes sense for ordinary reduction of minimum sentence cases, but is far too long for medical release cases where a prisoner may be dying and time is of the essence. The amendment makes

clear that the sixty day notice requirement of HRS §706-669(b) does not apply to medical release.

The other amendment is to change the time when the act takes effect from 2050 to “upon approval”.

In conclusion, SB2248 SD2 provides a fair and open process for terminally ill and profoundly disabled inmates to be compassionately released while at the same time protecting the public from an unreasonable risk of harm. It is a good bill and I urge you to pass it without amendments.

Thank you for allowing me to testify.

Robert K. Merce

COMMITTEE ON JUDICIARY

Rep. Gil Keith-Agaran, Chair

Rep. Karl Rhoads, Vice Chair

Wednesday, March 21, 2012

2:15 p.m.

Room 325

STRONG SUPPORT SB 2248 SD2, HD1 - COMPASSIONATE RELEASE

Aloha Chair Keith-Agaran, Vice Chair Rhoads and Members of the Committee,

I am writing as a concerned citizen with an interest in effective criminal justice policies that enhance public safety.

SD 2248 SD2, HD1 requires the department of public safety to assess and refer inmates to the Hawaii paroling authority (HPA) for possible medical release. Provides that an inmate in the custody of the department shall be eligible to be considered for medical release if the inmate meets specified criteria under certain procedures. Requires HPA to set reasonable conditions on an inmate's medical release. Requires the HPA to promptly order an inmate returned to custody of the department to await a revocation hearing if the HPA receives credible information that an inmate has failed to comply with any reasonable condition set upon the inmate's release.

It is inconceivable that elderly and/or chronically or terminally ill inmates would not be released from prison. It is inconceivable that such a cruel and inhumane practice has been allowed to continue for so long.

Compassionate release will be based on the best medical evidence. Safeguards will ensure that the conditions of release are strictly observed.

Please support SD 2248 SD2, HD1 to end the suffering of aging and chronically or terminally ill inmates.

Mahalo,

Diana Bethel

Testimony for SB2248 on 3/21/2012 2:15:00 PM

Testimony for SB2248 on 3/21/2012 2:15:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Monday, March 19, 2012 5:07 PM

To: JUDtestimony

Cc: mattrifkin28@gmail.com

Testimony for JUD 3/21/2012 2:15:00 PM SB2248

Conference room: 325

Testifier position: Support

Testifier will be present: No

Submitted by: Matthew Rifkin

Organization: Individual

E-mail: mattrifkin28@gmail.com

Submitted on: 3/19/2012

Comments:

Aloha, I am a Big Island resident, and I strongly support this bill.

It is time to show compassion to those elder people who have been in prison and are facing difficulty as they age. Our prisons are over crowded as it is, and it is costly.

If the person no longer presents a danger to the community or society, that options other than prison need to be considered.

SB2248 HD1

SB2248 HD1

Robert Petricci [nimo1767@gmail.com]

Sent: Tuesday, March 20, 2012 1:16 AM

To: JUDtestimony

Robert Petricci
po box 2011 Pahoia Hi. 96778

SB2248 HD1

I am testifying in supporting of SB2248 HD1

Testimony for SB2248 on 3/21/2012 2:15:00 PM

Testimony for SB2248 on 3/21/2012 2:15:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Tuesday, March 20, 2012 6:20 AM

To: JUDtestimony

Cc: maukalani78@hotmail.com

Testimony for JUD 3/21/2012 2:15:00 PM SB2248

Conference room: 325
Testifier position: Support
Testifier will be present: No
Submitted by: elaine funakoshi
Organization: Individual
E-mail: maukalani78@hotmail.com
Submitted on: 3/20/2012

Comments:

Dear Chair Keith-Agaran, Vice Chair Rhoads and Members of the Judiciary Committee:

SUPPORT: SB2248, SD2, HD1.

As the general public is aging, so are those incarcerated at a greater rate; and like so many of us, some not so gracefully and are in need of medical help beyond what the prisons can offer. Others have just reached a point in their lives where they need to be among family members to spend time with before they leave this planet.

Most of us have aging parents and many of us give up working to care for them. If they were incarcerated, we cannot give them the care that every human being deserve.

Hawai'i is a state full of compassion and love for their kupunas. May the committee consider passage of this bill.

Thank you for opportunity to submit my late testimony.

Mahalo and Aloha,
elaine funakoshi

Testimony for SB2248 on 3/21/2012 2:15:00 PM

Testimony for SB2248 on 3/21/2012 2:15:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Tuesday, March 20, 2012 7:35 AM

To: JUDtestimony

Cc: jorywatland@att.net

Testimony for JUD 3/21/2012 2:15:00 PM SB2248

Conference room: 325
Testifier position: Support
Testifier will be present: No
Submitted by: Jory Watland
Organization: Individual
E-mail: jorywatland@att.net
Submitted on: 3/20/2012

Comments:

Chair Keith-Agaran and members of the committee:

I urge your support for SB 2248. Treating incarcerated individuals as people of worth is an essential value of a humane society. Hawaii values require us to respect each person.
Pastor Jory Watland