

# SB 2251

Measure Title: RELATING TO PUBLIC SAFETY.  
Report Title: Public Safety; Medical Release Program For Inmates  
Description: Requires the Hawaii paroling authority to establish a program for the medical release from prison of ill, disabled, and geriatric inmates.  
Companion:  
Package: None  
Current Referral: HMS/HTH, PGM/WAM  
Introducer(s): ESPERO

NEIL ABERCROMBIE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
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TESTIMONY ON SENATE BILL 2251  
RELATING TO PUBLIC SAFETY

by

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

Senate Committee on Human Services  
Senator Suzanne Chun Oakland, Chair  
Senator Les Ihara, Jr., Vice Chair

Senate Committee on Health  
Senator Josh Green, M.D., Chair  
Senator Clarence K. Nishihara, Vice Chair

Monday, February 06, 2012; 3:00 P.M.  
State Capitol, Conference Room 229

Chairs Chun Oakland and Green, Vice Chairs Ihara and Nishihara, and Members of the Committees:

The Department of Public Safety (PSD) has reviewed Senate Bill (SB) 2251 and appreciates the legislature's concern with regards 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 2251.

The Department requests the following amendments to the measure:

1. **Page 4 (line 18)** - After "licensed physician" add "**designated by the department**".....
2. **Page 5 (line 4)** - After "licensed physician" add "**designated by the department**".....

The Department believes that these amendments will clarify the recommendation process responsibilities.

Thank you for the opportunity to present this testimony.

NEIL ABERGROMBIE  
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 2251  
RELATING TO PUBLIC SAFETY

BY

HAWAII PAROLING AUTHORITY  
Bert Y. Matsuoka, Chairman

Senate Committee on Human Services  
Senator Suzanne Chun Oakland, Chair  
Senator Les Ihara, Jr., Vice Chair

AND

Senate Committee on Health  
Senator Josh Green, M.D., Chair  
Senator Clarence K. Nishihara, Vice Chair

Monday, February 6, 2012; 3:00 p.m.  
State Capitol, Conference Room 309

Chair Chun Oakland, Chair Green and Members of both the Committees:

The Hawaii Paroling Authority (HPA) appreciates the legislature's interest in the compassionate release of inmates from custody and expanding the HPA's discretionary ability in this area.

While attempting to address the complex issues involved, this measure contains several areas of concern. Instead, the HPA request that the legislature considers Senate Bill 2248 along with the recommended amendments submitted by HPA as the vehicle to address the legislature's interest and intent for the compassionate release of inmates. Therefore, the HPA respectfully requests that Senate Bill 2251 be held.

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

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON HUMAN SERVICES

Senator Suzanne Chun Oakland, Chair

Senator Les Ihara, Jr., Vice Chair

## COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Clarence Nishihara, Vice Chair

Monday, February 6, 2012

3:00 p.m.

Room 016

## STRONG OPPOSITION to SB 2248 and SB 2251 - COMPASSIONATE RELEASE

Aloha Chairs Chun Oakland and Green, Vice Chairs Ihara and Nishihara and Members of the Committees!

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, always being mindful that 6,000 Hawai'i individuals are living behind bars, including 1,800 men who are serving their sentences abroad, thousands of miles from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

SB 2248 requires the Hawaii paroling authority to establish a medical release program for inmates who are permanently and totally disabled, terminally ill, or geriatric and pose no public safety risk. Request the department of public safety to assess and refer inmates to the Hawaii paroling authority. Sets conditions for medical release.

SB 2251 requires the Hawaii paroling authority to establish a program for the medical release from prison of ill, disabled, and geriatric inmates.

Community Alliance on Prisons must testify in strong opposition to this bill as presented. Sadly, neither of these bills helps the process of suffering or elderly incarcerated persons. We are, however, strong supporters of compassionate release as the latest research recommends.

In our experience have known many individuals who have died alone in prison while their paperwork for compassionate release lingered on someone's desk at the department of public safety.

There has been much research in the past year about compassionate release:

## The Annals of Internal Medicine<sup>1</sup>

"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."

## Human Rights Watch<sup>2</sup>

"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 Statistics<sup>3</sup>

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.

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. A January 30, 2012 public radio story<sup>4</sup> reported:

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<sup>1</sup> 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>

<sup>2</sup> OLD BEHIND BARS The Aging Prison Population in the United States, January 2012,

[http://www.hrw.org/sites/default/files/reports/usprisons0112webwcover\\_0.pdf](http://www.hrw.org/sites/default/files/reports/usprisons0112webwcover_0.pdf)

<sup>3</sup> 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.

<sup>4</sup> "End To California Prison Healthcare Receivership In Works"

<http://www.caprado.org/articles/2012/01/30/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 Statistics<sup>5</sup>

37 Compassionate Releases Recommended

22 Compassionate Releases Approved

14 Compassionate Releases

The problems with these bills are numerous – so numerous, in fact that we recommend that they be HELD, as they are actually a step backwards, unrealistic and, in our humble opinion, lack in compassion.

Ironically, they require HPA to establish a medical release program and then proceed to turn over all the discretion to PSD, who is the only arbiter as to who gets to present their case to the parole board.

It is interesting that 'geriatric' is defined as "an inmate who is at least sixty-five years of age and suffers from chronic infirmity, illness, or disease related to aging that has progressed such that the inmate is incapacitated to the extent that the inmate does not pose a risk to public safety." Incarcerated persons 50 years or older are considered "elderly" by the system since so many people enter the system in such poor health. Also, there are incarcerated individuals suffering from chronic infirmity who are below 65 or even below 50 years of age.

The definition of "terminal illness" is worse than the current definition, which is an illness that "by its nature, can be expected to cause a patient to die within 1 year" or a "persistent illness or disease causing increasing physical weakness to the extent that the patient's quality of life is compromised and care could be better managed within the community. (Category II)."<sup>6</sup>

These bills define "terminal illness" as a condition that will likely produce death within 6 months. No one has a crystal ball to foretell the time of another person's death; chronically ill individuals have good days and bad days and the good days are not predictors of improved health.

There is no process to appeal a decision made by PSD – they appear to be the court of last resort. We know that no one is infallible, so the fact that an individual has no means to appeal a decision seems patently unfair. An individual should have the right to present his/her own evidence to support or contest PSD's position.

This measure also seems to ask the physician to determine if an individual poses a risk to public safety. Doctors are not trained to make these kinds of decisions and asking them to make this judgment call, in our view, is like asking an ACO to diagnose someone's medical condition.

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<sup>5</sup> Department of Public Safety 2009 -2011 Compassionate Release Statistics

<sup>6</sup> Department of Public Safety Policy COR.10.1G.11.2(a) and (b).

Sadly, these bills are actually a step backward in compassionate release, which is why Community Alliance on Prisons is in strong opposition. We are saddened by the lack of compassion exhibited by these measures in the land of aloha.

Community Alliance on Prisons sees compassionate release for a chronically ill or geriatric individual 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 prison infirmaries. 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 not community facilities willing to take them.

Community Alliance on Prisons, therefore, respectfully asks the committee to HOLD both SB 2248 and SB 2250, so we can start over next session with a real compassionate release measure based on research, experience, and reality.

Mahalo nui for this opportunity to share our mana`o on these measures.



**SB2251**  
**RELATING TO PUBLIC SAFETY**  
Senate Committee on Human Services  
Senate Committee on Health

February 6, 2012

3:00 p.m.

Room 229

The Office of Hawaiian Affairs (OHA) offers the following comments on SB2251, 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 urges the committee to review Mr. Merce's testimony that outlines real fixes the medical release program urgently needs. The following is proposed language to replace the existing version of SB2251:

**RELATING TO PUBLIC SAFETY**

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII**

**SECTION 1. SECTION 1.** According to the Society of Correctional Physicians, an ever increasing number of people are entering prison with serious medical conditions or disabilities, while those in custody are at increasing risk of developing a serious illness or disability due to the long terms of incarceration that are being imposed through mandatory minimum sentencing.<sup>1</sup> Longer sentences and an aging population mean that correctional facilities across the United States are becoming home to a growing number of elderly adults who often have extensive and costly medical needs that are driving up the cost of incarceration.<sup>2</sup> Concern over how

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<sup>1</sup> Compassionate Medical Release, Society of Correctional Physicians, posted August 13, 2009 at <http://www.corrdocs.org/framework.php?pagetype=newsstory&guidelineid=10110&bgn=2>

<sup>2</sup> Chiu, T. It's About Time, Aging Prisoners, Increasing Costs, and Geriatric Release. Vera Institute of Justice, April 2010.



society should deal with the aging and seriously ill prison population has led policy makers in many states to endorse early release for older and seriously ill prisoners who pose a low risk to public safety. As of 2009, 39 states had laws governing medical release.<sup>3</sup> However, these laws are rarely used due to political considerations, narrow eligibility criteria, procedures that discourage inmates from applying for release, and complicated and lengthy referral and review processes.<sup>4</sup>

The authors of an article recently published in *Annals of Internal Medicine*, the flagship journal of the American College of Physicians (ACP), recommend broader use of “compassionate” release in the nation’s prison system. “Compassionate release is a program through which some eligible, seriously ill prisoners are able to die outside of prison before sentence completion. The program functions on 2 premises: It is ethically and legally justifiable to release a subset of prisoners with life-limiting illnesses, and the financial costs to society of continuing to incarcerate such persons outweigh the benefits. The U.S. Federal Prison System and most state systems have a compassionate- or medical-release program.

Many states are also considering expanding medical release to include physically or mentally incapacitated and elderly prisoners in addition to those with a terminal diagnoses. Physicians and other medical professionals thus have an opportunity to use their unique expertise and knowledge of prognosis, geriatrics, cognitive and functional decline, and palliative medicine to ensure that medical criteria for compassionate release are appropriately evidence-based. Using this medical foundation, criminal justice professionals can balance the need for punishment with an eligible individual’s appropriateness for release. As a society, we have incorporated compassionate release into most prison jurisdictions. As a medical profession, we must lend our expertise and ethical suasion to ensure that compassion is fairly delivered.”<sup>5</sup>

SECTION 2. Chapter 353, part II, Hawai`i Revised Statutes, is amended by designating section 353-61 to 353-72 as subpart A and inserting a title before section 353-61 to read as follows:

**“ A. GENERAL PROVISIONS”**

SECTION 3. Chapter 353, Hawai`i Revised Statutes, is amended by adding a new subpart to part II to be appropriately designated and to read:

**“ . MEDICAL RELEASE OF ILL AND ELDERLY INMATES**

**§353-A Definitions.** For the purpose of this subpart, unless the context clearly requires otherwise:

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<sup>3</sup> E-Bulletin, Sentencing and Corrections Policy Updates: Three Years of Conditional Release Laws, National Conference of State Legislatures, June, 2010.  
<http://www.ncsl.org/default.aspx?tabid=20591>

<sup>4</sup> See Chiu fn. 2 supra.

<sup>5</sup> Balancing Punishment and Compassion for Seriously Ill Prisoners  
<http://www.annals.org/content/early/2011/05/31/0003-4819-155-2-201107190-00348.full>

“Continuity of care” means an integrated system that ensures that a patient’s medical needs are met as the patient transitions from one health care provider to another, from one setting to another, and from one level of care to another.

“Inmate” means any person sentenced to the custody of the Department of Public Safety.

“Medical release” means the release of an inmate before the expiration of his or her sentence due to the patient’s medical condition.

“Medical release plan” means a comprehensive written medical and psychosocial care plan that is specific to the inmate and includes, at a minimum:

- (1) A recommended course of treatment;
- (2) A plan to provide continuity of care as the inmate transitions from prison to the community

“Paroling authority” means the Hawai`i Paroling Authority.

“Reasonable medical probability” means that a medical outcome is more likely to occur than to not occur.

**§353-B Medical release program; authority to release; rules.** (a) An inmate in the custody of the Department of Public Safety shall be eligible to be considered for medical release if the inmate:

- (1) Has an illness, disease or medical condition with a prognosis to a reasonable medical probability that death will occur within 1 year; or
- (2) Has a seriously debilitating and irreversible mental or physical condition that impairs the inmate’s functional ability and that can be managed more appropriately in a community setting; or
- (3) Suffers from a serious, debilitating and irreversible physical or mental condition related to aging that impairs the inmate’s functional ability and is expected to require costly or complex care, treatment, or management.

(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 the Department of Public Safety or by an inmate or the inmate’s representative.

(c) If a request is made by the Department of Public Safety it shall contain the following information:

(1) A report from a Department of Public Safety physician stating whether or not the inmate meets the criteria for medical release and the basis for the physician’s opinion. The report shall state each diagnosis that applies to the inmate and the prognosis for each condition to a reasonable medical probability. Where practicable the physician shall discuss the results of any tests, studies or physical findings that affect the diagnosis and prognosis and the nature and extent of the medical treatment that will be required to manage the inmate’s condition in prison within the standard of care. Where appropriate, the physician shall provide citations to relevant medical literature.

(2) A report on the risk for violence and recidivism, if any, that the inmate poses to society in light of such factors as the inmate’s medical condition, the severity of the offense for which the inmate is incarcerated, the inmate’s prison record, and the medical release plan, if any.

(3) A statement as to whether or not the Department recommends medical release for the inmate and the reasons therefore; and

(4) A medical release plan that provides for continuity of care if the inmate meets the criteria for medical release.

(c) If a request is made by an inmate or his representative it shall state the basis for the request and contain a statement as to where the inmate will reside if released, who will care for the inmate, how the inmate will support himself/herself and obtain medical insurance or pay for medical care. All requests initiated by an inmate shall be promptly referred to the Department of Public Safety. Within 20 days of receiving such a request the Department shall submit a report to the Paroling Authority containing the information in paragraphs 1-3 of subparagraph (c) above and a recommendation from the Director as to whether the inmate should be released or not. If the Director recommends release, the report shall also contain a medical release plan that ensures continuity of care.

(d) A copy of all DPS reports pertaining to the request for medical release shall be provided to the inmate.

(d) The Hawaii Paroling Authority shall conduct a hearing on all requests for medical release. The hearing shall be held within 15 days of receiving a medical release report from the Department of Public Safety. 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 Authority shall independently determine whether the inmate meets the criteria for medical release and shall independently assess the risk for violence and recidivism, if any, that the inmate poses to society. The paroling authority shall also provide the victim or victims of the inmate or the victim's or victims' family or families with the opportunity to be heard. The Authority shall not release any inmate who poses a danger to society. The Authority shall grant or deny the request within 2 days of the hearing.

(e) A denial of medical release by the paroling authority shall not affect an inmate's eligibility for any other form of parole or release under applicable law.

(f) If the paroling authority denies medical release under this subpart, the inmate may not reapply or be reconsidered unless there is a demonstrated change in the inmate's medical condition.

(g) The Director of the Department of Public Safety shall appoint an advocate for any inmate who is too incapacitated or debilitated to advocate for himself or herself.

(h) The Department of Public Safety and the Hawaii Paroling Authority shall adopt rules for a fast track procedure for the evaluation and release of rapidly dying prisoners;

(i) All rules, regulations and procedures pertaining to compassionate release shall be published on the websites of the Department of Public Safety and Hawaii Paroling Authority;

(h) The Hawaii Paroling Authority and the Department of Public Safety shall adopt rules in accordance with chapter 91 to implement the medical release program.

**§353-C Conditions of a medical release.** (a) The paroling authority shall set reasonable conditions on an inmate's medical release that shall apply through the date upon which the inmate's sentence would have expired. These conditions shall include the following:

(1) The released inmate shall be subject to supervision by the paroling authority and shall permit officers from the paroling authority to visit the inmate at reasonable times at the inmate's home or elsewhere; and

(2) The released inmate shall comply with all conditions of release set by the paroling authority.

(b) The paroling authority shall promptly order an inmate returned to custody of the department to await a revocation hearing if the paroling authority receives credible information that an inmate has failed to comply with any reasonable condition set upon the inmate's release. If the paroling authority subsequently revokes an inmate's medical release for failure to comply with conditions of release, the inmate shall resume serving the balance of the sentence, with credit given only for the duration of the inmate's medical release served in compliance with all reasonable conditions set forth pursuant to subsection (a). Revocation of an inmate's medical release for violating a condition of release shall not affect an inmate's eligibility for any other form of parole or release provided by law but may be used as a factor in determining eligibility for such parole or release.

SECTION 4. Chapter 353, Hawai'i Revised Statutes, is amended by adding a new section to part I to be appropriately designated and to read as follows:

**§353- Medical release program.** The department shall assess and refer inmates to the Hawai'i Paroling authority under the medical release program established by the Hawai'i paroling authority under subpart of Part II."

SECTION 5. Section 353-62, Hawai'i Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) In addition to any other responsibility or duty prescribed by law for the Hawai'i paroling authority, the paroling authority shall:

(1) Serve as the central paroling authority for the state;

(2) In selecting individuals for parole, consider for parole all committed persons, except in cases where the penalty of life imprisonment not subject to parole has been imposed, regardless of the nature of the offense committed;

(3) Determine the time at which parole shall be granted to any eligible individual as that time at which maximum benefits of the correctional institutions to the individual have been reached and the element of risk to the community is minimal;

- (4) Establish rules of operation to determine conditions of parole applicable to any individual granted parole;
- (5) Provide continuing custody, control, and supervision of parole individuals;
- (6) Revoke or suspend parole and provide for the authorization of return to a correctional Institution for any individual who violates parole or any conditions of parole when, in the opinion of the Hawai'i Paroling Authority, the violation presents a risk to community safety or a significant deviation from any condition of parole;
- (7) Discharge an individual from parole when supervision is no longer needed;
- (8) Interpret the parole program to the public [~~in order~~] to develop a broad base of public understanding and support; [~~and~~]
- (9) Establish the medical release program under subpart ; and

[ ~~(9)~~ ] (10) Recommend to legislature sound parole legislation and recommend to the governor sound parole administration.

SECTION 6. In codifying the new sections added by section 2 of this Act, the revisor of statutes shall substitute appropriate section numbers for the letters used in designating the new sections of this Act.

SECTION 7. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 8. This Act shall take effect upon approval.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 05, 2012 3:06 PM  
**To:** HMS Testimony  
**Cc:** shaglund@hotmail.com  
**Subject:** Testimony for SB2251 on 2/6/2012 3:00:00 PM

**Categories:** Purple Category

Testimony for HMS/HTH 2/6/2012 3:00:00 PM SB2251

Conference room: 229  
Testifier position: Oppose  
Testifier will be present: No  
Submitted by: Sue Haglund  
Organization: Individual  
E-mail: [shaglund@hotmail.com](mailto:shaglund@hotmail.com)  
Submitted on: 2/5/2012

Comments:

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 04, 2012 4:49 PM  
**To:** HMS Testimony  
**Cc:** Brenda.Kosky@gmail.com  
**Subject:** Testimony for SB2251 on 2/6/2012 3:00:00 PM

**Categories:** Purple Category

Testimony for HMS/HTH 2/6/2012 3:00:00 PM SB2251

Conference room: 229  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Brenda Kosky  
Organization: Individual  
E-mail: [Brenda.Kosky@gmail.com](mailto:Brenda.Kosky@gmail.com)  
Submitted on: 2/4/2012

**Comments:**

In prison, the elderly wake up and see they are past the age of the game. Yet they find themselves to be finally awakened from their blind stupidity to be stuck inside for 10 more years. This is a bad place to sit with old bones and have the last years of your life go by. Everyone deserves a second chance, when these inmates reach elderly age, there should be another look at their folder, and their ability to be a harm any longer to the public.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 04, 2012 10:02 AM  
**To:** HMS Testimony  
**Cc:** robertscottwall@yahoo.com  
**Subject:** Testimony for SB2251 on 2/6/2012 3:00:00 PM

**Categories:** Purple Category

Testimony for HMS/HTH 2/6/2012 3:00:00 PM SB2251

Conference room: 229  
Testifier position: Support  
Testifier will be present: Yes  
Submitted by: Scott Wall  
Organization: Individual  
E-mail: [robertscottwall@yahoo.com](mailto:robertscottwall@yahoo.com)  
Submitted on: 2/4/2012

Comments: