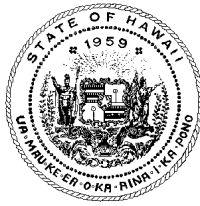


SB72

SD1



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

TED SAKAI
DIRECTOR

Martha Torney
Deputy Director
Administration

Max Otani
Deputy Director
Corrections

Shawn Tsuha
Deputy Director
Law Enforcement

TESTIMONY ON SENATE BILL (SB) 72, SENATE DRAFT (SD) 1
RELATING TO
PUBLIC SAFETY

by
Ted Sakai, Director
Department of Public Safety

Senate Committee on Judiciary and Labor
Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

Monday, February 24, 2014; 10:15 a.m.
State Capitol, Conference Room 016

Chair Hee, Vice Chair Shimabukuro, and Members of the Committee:

The Department of Public Safety (PSD) **opposes** SB 72, SD1 which will broaden the existing criteria that the Hawaii Paroling Authority (HPA) follows to provide medical releases for inmate/patients recommended by the Director. This bill would also allow inmates to apply for medical release even though our physicians, who are the inmate's primary care physicians, may not recommend it. We have two concerns with this bill.

First, this bill is not necessary. A mechanism for compassionate releases already exists. Our physicians are already authorized to recommend compassionate release when they find that an inmate's condition meets the criteria outlined in Section 2 (c) of this bill, and they do. This information, along with an assessment of the inmate's risk for reoffending, inmate's record while incarcerated, nature of the inmate's offense, and the length of time left to be served on the sentence are forwarded to the HPA for a decision.

Second, this bill will increase the workload of one of our most scarce resources – physicians – without resulting in any significant changes in the number of compassionate releases that are already granted. An inmate or an inmate’s representative could make a request for medical release, and the Director would have to submit a medical release report to the HPA within twenty days. This indicates that the Director would have twenty days to obtain a complete assessment of the inmate’s condition to determine if the inmate meets the criteria spelled out in this bill. No responsible Director would do otherwise, as there would be clear issues of public safety involved. Even if an inmate is able to obtain an outside opinion on his or her condition, it would be incumbent upon us to have our physician – the inmate’s primary care physician – verify the outside report. We need to do this because we are responsible for the care and custody of all inmates.

If your committee chooses to move this bill forward, we ask that you amend it by deleting subsection (i) of Section 3, found on lines 4 through 7 on page 7. This provision would require the Director to appoint an advocate for any inmate who requests medical release and is unable because of incapacitation or debilitation to advocate on the inmate’s behalf. If an inmate is so incapacitated or debilitated, our physician’s will have already made a release recommendation. Moreover, if our physician believes that the inmates is not so incapacitated or debilitated, then under this provision, the inmate would not need an advocate. If the inmate or another party disagrees with our physician, then the Director would be asked to appoint an advocate against himself.

Thank you for the opportunity to present this testimony.

NEIL ABERCROMBIE
GOVERNOR



STATE OF HAWAII
HAWAII PAROLING AUTHORITY
1177 Alakea Street, First Floor
Honolulu, Hawaii 96813

BERT Y. MATSUOKA
CHAIR

JOYCE K. MATSUMORI-HOSHIJO
MICHAEL A. TOWN
ANNELLE C. AMARAL
FITUINA F. TUA
MEMBERS

TOMMY JOHNSON
ADMINISTRATOR

No. _____

TESTIMONY ON SENATE BILL 72, SD1
RELATING TO PUBLIC SAFETY

By

HAWAII PAROLING AUTHORITY
Bert Y. Matsuoka, Chairman

Senate Committee on Judiciary and Labor

Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

Monday, February 24, 2014; 10:15 a.m.
State Capitol, Conference Room 016

Chair Hee, Vice Chair Shimabukuro, and Members of the Committee:

The Hawaii Paroling Authority (HPA) provides comments on Senate Bill 72, SD1, which seeks to broaden the existing criteria that the HPA follows to consider inmates for medical release.

While the HPA defers to the Department of Public Safety (PSD) for the majority of the provisions in this measure, the Authority is concerned that requests from inmates and/or their representative made directly to the HPA needlessly delays the process. As all requests will need to be reviewed by PSD, it would be prudent for all requests be made directly to PSD.

As written, this measure would not be in compliance with HRS §706-669 (Procedure for determining minimum term of imprisonment), §706-670 (Parole procedures; release on parole; terms of parole, recommitment, and reparole; final unconditional release), and the reduction of minimum sentence procedures of HAR 23-700-26(c) and 23-700-29(b).

If your committee chooses to move this measure forward, the HPA requests you amend subsection (f) of section 3, found on lines 4 through 17 on page 6. This provision would require the HPA to hold a hearing within ten days of receipt of a request for medical release, which is not feasible given that the hearings schedule for the HPA is finalized and published approximately forty-five (45) days in advance. At present, medical release requests made prior to the expiration of an offender's minimum sentence are considered an administrative action. This action does not require a formal hearing, but rather an administrative review of the request by the Authority, which includes written comments from the respective Prosecutor's Office, and can include written comments from the victim or the surviving family members of the victim. Comments submitted by the inmate and/or the inmates immediately family members can also be included. The administrative review process can be completed much more quickly than formal hearing proceedings. In cases where the minimum term has expired, the hearing is an "early parole hearing," which can be expedited upon proper notification of the parties involved.

In addition, the HPA requests you further amend subsection (f) of section 3, found on lines 11 through 12 on page 6. This provision would require the HPA to "independently assess the risk for violence and recidivism, if any that the inmate poses to society." PSD already completes periodic assessments of offenders in custody utilizing standardized evidence based assessment instruments such as the Level of Service Inventory Revised (LSI-R) and other assessment tools. The most recent results of the assessment(s) can be provided by PSD to the Authority and included in the Prescriptive Plan Update (PPU), which PSD already does. To require HPA to complete this process would require more time to administer and determine results.

The current administrative process utilized by PSD in referring requests for medical release (reduction of minimum term(s) of imprisonment) to the Authority works and is efficient and timelier than the proposed procedures outlined in this SB 72, SD1. The HPA and PSD have worked to ensure the language of PSD's medical release policy and HPA's Administrative Rules are the same, which eliminates ~~and~~ inconsistencies previously noted.

Thank you for the opportunity to provide comments on SB 72, SD1.



Committee: Committee on Judiciary and Labor
Hearing Date/Time: Monday, February 24, 2014, 10:15 a.m.
Place: Room 016
Re: Testimony of the ACLU of Hawaii in **Support** of S.B. 72, Relating to Public Safety

Dear Chair Hee and Members of the Committee on Judiciary and Labor:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) writes in support of S.B. 72, which seeks to require the Department of Public Safety to assess and refer inmates to the Hawaii Paroling Authority for possible medical release.

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.

While the ACLU of Hawaii supports S.B. 72, we also suggest the removal of Section 6, (designating the medical release program as a 3-year pilot). This program is ready for permanent implementation.

Thank you for this opportunity to testify.

Daniel M. Gluck
Senior Staff Attorney
ACLU of Hawaii

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 45 years.

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/email: (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON JUDICIARY AND LABOR

Sen. Clayton Hee, Chair

Sen. Maile Shimabukuro, Vice Chair

Monday, February 24, 2014

10:15 a.m.

Room 016

SB 72 SD1 - COMPASSIONATE RELEASE PILOT PROGRAM: SUPPORT with AMENDMENT

Aloha Chair Hee, Vice Chair Shimabukuro and Members of the Committee!

My name is Kat Brady and I am the Coordinator of 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 5,800 Hawai'i individuals living behind bars, always mindful that approximately 1,500 Hawai'i 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.

SB 72 SD1 requires the department of public safety to assess and refer inmates to the Hawai'i Paroling Authority (HPA) for possible medical release. It allows an inmate to be considered for medical release at the request of the director, the inmate, or the inmate's representative, if the inmate meets specified criteria and requires the HPA to grant or deny the request after a hearing, to set reasonable conditions on an inmate's medical release, and to promptly order an inmate returned to custody to await a revocation hearing if the HPA receives credible information that an inmate has failed to comply with any reasonable conditions of medical release. Sunsets on 6/30/2016. (SD1)

Community Alliance on Prisons is in support of this compassionate measure and respectfully requests the following amendment: Delete section 6 of the bill that makes it a three-year pilot program. A pilot program is defined as: *"A pilot program, also called a feasibility study or experimental trial, is a small-scale, short-term experiment that helps an organization learn how a large-scale project might work in practice."*¹

The Department of Public Safety and the Hawai'i Paroling Authority have medical release systems. The problem is that the two systems don't comport. Hawai'i doesn't need a pilot program; we need a medical release program with clear parameters and eligibility that is based on the best research and information available. This bill includes that current research.

Following is an excerpt from a Pew/MacArthur Foundation report entitled, "Managing Prison Health Care Spending" released in October 2013. This report examines state spending on inmate health care and the factors driving costs higher. It also reviews strategies that some states have used to control these expenses while protecting public safety and maintaining or improving the quality of care that prisoners receive.

¹ <http://searchcio.techtarget.com/definition/pilot-program-pilot-study>

A STANDARDIZED FRAMEWORK FOR MEDICAL AND GERIATRIC PAROLE²

A group of researchers, led by two geriatrics specialists at the University of California, San Francisco, have proposed the creation of national guidelines for medical and geriatric parole by an independent panel of palliative medicine, geriatrics, and correctional health care experts.* The group's recommendations were inspired by two primary criticisms of most states' medical and geriatric parole policies:

1. First, the group considers the medical eligibility criteria in most states to be clinically flawed, in part because they frequently require physicians to predict limited life expectancy and functional decline. Such requirements exclude prisoners with severe but not near-death illnesses (such as dementia) who are incapable of causing harm, participating in rehabilitation, or experiencing punishment.

2. Second, the researchers criticize what they consider to be overly onerous procedural hurdles in many states that could prevent inmates with cognitive incapacities or illiteracy from being able to apply. In other cases, they argue, the process may be too lengthy to evaluate and release a terminally ill inmate before death.

To address these concerns, the group advocates the categorization of medical eligibility into three groups: (1) terminally ill prisoners with predictably poor prognoses (e.g., Lou Gehrig's disease, rapidly progressing cancer); (2) prisoners with dementia; and (3) prisoners with nonterminal illnesses who have profound functional and/or cognitive impairments (e.g. Advanced liver disease, severe heart failure).

The guidelines would also call for assignment of an advocate to represent incapacitated prisoners; fast-track evaluation of rapidly dying prisoners; and a clear application procedure that is widely publicized to inmates. To ease anxiety about released offenders regaining their health and endangering public safety, the researchers recommend that states adopt formal recall mechanisms for prisoners whose conditions improve substantially after release. Twenty-nine national experts in the areas of prison health care, geriatrics, and palliative medicine endorsed these proposed guidelines in 2012.†

* Brie A. Williams, Rebecca L. Sudore, Robert Greifinger, and R. Sean Morrison, "Balancing Punishment and Compassion for Seriously Ill Prisoners," *Annals of Internal Medicine* 155:2 (July 2011): 122-126.

† Brie A. Williams et al., "Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care," *American Journal of Public Health* 102:8 (August 2012): 1475-1481.

A story on National Public Radio³ in May 2013 reported:

Nearly 30 years ago, Congress gave terminally ill inmates and prisoners with extraordinary family circumstances an early way out, known as compassionate release. Prison is a tough place, but Congress made an exception nearly 30 years ago, giving terminally ill inmates and prisoners with extraordinary family circumstances an early way out. It's called compassionate release.

² *Managing Prison Health Care Spending*, Pew/MacArthur Foundation, page 25, October 2013.

http://www.pewstates.org/uploadedFiles/PCS_Assets/2014/PCT_Corrections_Healthcare_Brief_JAN14.pdf

³ *Sick Inmates Dying Behind Bars Despite Release Program*, by Carrie Johnson, May 23, 2013.

<http://www.npr.org/2013/05/23/185563665/sick-inmates-dying-behind-bars-despite-release-program>

But a recent investigation found that many federal inmates actually die while their requests drift through the system.

(...)

*The Federal Bureau of Prisons didn't want to talk on tape for this story. But in a statement to NPR, and in response to the critical inspector general report, **prison leaders say they will do a better job of letting inmates know about the program, cut down on how many people need to approve the requests, and start tracking them electronically.***

In an August 2013 Op-ed⁴, Jamie Fellner of Human Rights Watch wrote:

MORE and more United States prisons resemble nursing homes with bars, where the elderly and infirm eke out shrunken lives. Prison isn't easy for anyone, but it is especially punishing for those afflicted by the burdens of old age. Yet the old and the very old make up the fastest-growing segment of the prison population.

(...)

Attorney General Eric Holder gave his answer to this question on Aug. 12 when he announced new compassionate release policies for the Bureau of Prisons. Elderly and infirm federal prisoners who have served a significant part of their sentence and pose no danger will now be eligible for early release.

Recidivism studies consistently show declining rates of crime with age. Those who are bedridden or in wheelchairs are not likely to go on crime sprees. The scores of older prisoners I have met want to spend their remaining time with their families; they are coming to terms with mortality, regret their past crimes and hope, if time permits, to make amends.

Keeping the elderly and infirm in prison is extraordinarily costly. Annual medical costs for older prisoners range from three to nine times higher than those for younger ones, because, as in the general population, older people behind bars have high rates of chronic disease and infirmities and require more hospitalizations and medical care.

I have talked with dozens of correctional staff members who acknowledge that officers are not trained to manage geriatric prisoners. Nor are there enough of them to give the extra attention such prisoners may need – to ensure they take their medications, find their way to their cell, are clean if they are incontinent.

(...)

A December 2013 article in ProPublica⁵ reported:

The government has long been criticized for rarely granting compassionate release. In August 2013, Attorney General Eric Holder announced the Justice Department would try to change that by expanding criteria for who can apply.

Under the new guidelines http://www.bop.gov/policy/progstat/5050_049.pdf, compassionate release can be granted not just to prisoners who have terminal illnesses, but also to those with debilitating conditions. Prisoners who need to serve as caregivers for family members may now also seek reductions in sentencing. And for the first time, elderly federal inmates who aren't necessarily dying or incapacitated can apply to be let out early.

⁴ **Graying Prisoners**, By Jamie Fellner, Op-Ed Contributor, NY Times, Published: August 18, 2013
<http://www.nytimes.com/2013/08/19/opinion/graying-prisoners.html?partner=rss&emc=rss>

⁵ **How Bureaucrats Stand in the Way of Releasing Elderly and Ill Prisoners**, by Christie Thompson
ProPublica, Dec. 4, 2013
<http://www.propublica.org/article/how-bureaucrats-stand-in-the-way-of-releasing-elderly-and-ill-prisoners>

*Holder touted the compassionate release initiative as one way to cut down on the "astonishing" federal prison population, which has grown by nearly 800 percent since 1980.
(...)*

Warden Burl Cain of Louisiana State Prison at Angola was quoted as saying:

"This place was not built to accommodate people like this, I'm telling you, we're really feeling it."

"We are on an unsustainable path here," Justice Inspector General Michael Horowitz said in an interview with USA TODAY.

The Op-ed from Jamie Fellner concluded:

If we aren't willing to change sentencing laws or make more use of compassionate release, we'll need to pour vast sums of money into prisons to provide adequate conditions of care for the soaring population of geriatric prisoners.

That means investing in special training for correction officers; in round-the-clock medical care; in retrofitting buildings, wheelchair-accessible cells and bathrooms; in units with lower bunks and no stairs; and in increased hospice care for the terminally ill.

But do we really want to go that route? In the case of frail and incapacitated prisoners who can safely be released to spend what remains of their lives under supervised parole, release is a far more compassionate, sensible course.

The Bureau of Justice Statistics 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.

When you consider this bill, we ask that you picture in your mind's eye a person whose body is riddled with cancer or someone who is suffering from dementia preventing him or her from the ability to walk, feed themselves or perform the most basic hygiene.

Please also understand that every person released in this system will be on parole and monitored. These are individuals who have been assessed for risk by the Department of Public Safety and again by the Hawai'i Paroling Authority. The bill is clear that no one who presents a risk to public safety will be released.

Community Alliance on Prisons has received emails from national groups who have seen this legislation and have called upon other jurisdictions to use this bill **(without the 3-year pilot)** as a model for medical compassionate release.

We urge the committee to **delete the 3-year pilot** and pass out this good bill.

Mahalo for the opportunity to testify.



SB72 SD1 Early Medical Release

- COMMITTEE ON JUDICIARY AND LABOR Senator Hee, Chair; Senator Shimabukuro, Vice Chair
- Monday, Feb. 24, 2014; 10:15 a.m.
- Conference Room 016

HAWAII SUBSTANCE ABUSE COALITION Supports SB72 SD1

Good Morning Chair Hee, Vice Chair Shimabukuro, and Distinguished Committee Members. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of more than twenty non-profit treatment and prevention agencies.

Continuing incarceration for terminally ill offenders who pose little or no safety risk in the community is expensive. Releasing terminally offenders to the care of their families is a compassionate response.

HSAC understands that research indicates the following:

- Clearly define medical eligibility and group prisoners according to functionality and safety risk.
- Assign an internal advocate for fast-track evaluations using a defined application process.
- Develop a formal recall process for prisoners who conditions improve or if their safety risk increases.

We appreciate the opportunity to provide testimony and are available for questions.

DAPHNE E. BARBEE

ATTORNEY AT LAW
CENTURY SQUARE, SUITE 1909
1188 BISHOP STREET
HONOLULU, HAWAII 96813



TESTIMONY IN SUPPORT OF SB 72 SD1, COMPASSIONATE RELEASE

TO: SENATE JUDICIARY COMMITTEE:
Senator Clayton Hee, Chair
Monday, February 24, 2014

FROM: Daphne E. Barbee, Attorney *Dee*

Dear Honorable Chair Hee, Vice Chair and Committee Members:

My name is Daphne E. Barbee, and I am an attorney in private practice in Hawaii. I very much support compassionate release of inmates who are disabled, permanently infirm and have a debilitating illness or disease and have prognosis of death with in 2 years. SB 72 SD1 seeks to streamline and define the conditions for compassionate release for ill and disabled and elderly inmates. Presently the Dpt. of Public Safety (DPS) has unchecked discretion to deny an application for compassionate release. If an inmate's request for compassionate release is denied, there should be an explanation and an ability to appeal or reconsider.

I am familiar with the inmates who are suffering terminal permanent illness, debilitating illnesses requiring dialysis and chemotherapy who are at Halawa Correctional Facility. I also know of inmates from Hawaii who are suffering serious illnesses such as cancer at Saguaro Correctional Facility. I also am aware of inmates who are elderly, disabled in wheelchairs, bedridden and unable to care for themselves without medications, injections of insulin, chemotherapy, dialysis and other forms of life sustaining medical needs. They should be granted compassionate release by DPS.

There should be checks and balances to ensure the decision to grant or deny compassionate release is done by persons with medical knowledge about the illness and how debilitating it is on the inmate. For example, how many lay persons know the affect dialysis has on the body or chemotherapy. Doctors specialize in various medical conditions. An inmate should be able to select a physician of their choosing as an Independent Medical Examiner if the DPS doctor opines that the medical condition does not meet the standards for release.

I represent an inmate and the DPS doctor recommended compassionate release. The Parole Board never got to decide the case and recommendation because the Director of DPS rejected this recommendation without any medical authority. This needs to change. The Parole Board should hear the request and then make an informed decision. Please add provisions for independent medical exam and appeal process for inmates who apply for compassionate release in the bill. There should be a process to allow the Hawaii Paroling Authority to directly hear these cases. Please pass this bill.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: shannonkona@gmail.com
Subject: Submitted testimony for SB72 on Feb 24, 2014 10:15AM
Date: Friday, February 21, 2014 10:12:43 PM

SB72

Submitted on: 2/21/2014

Testimony for JDL on Feb 24, 2014 10:15AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments: I agree with Kat Brady and I also commend her for working so hard for forgotten, incarcerated human beings. We can all learn a lot from her. "The committee should REMOVE THE 3-YEAR PILOT and just fix the broken system." ~ Kat Brady

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: ddmaria121212@aol.com
Subject: Submitted testimony for SB72 on Feb 24, 2014 10:15AM
Date: Friday, February 21, 2014 10:52:55 AM

SB72

Submitted on: 2/21/2014

Testimony for JDL on Feb 24, 2014 10:15AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Diane DiMaria	Individual	Support	No

Comments: HELLO HAWAII LAWMAKERS. I AM IN SUPPORT OF SB 72, WITHOUT THE NEED FOR A PILOT PROGRAM. MY SON WAS WRONGFULLY CONVICTED IN HILO IN 2000, THE TRULY GUILTY PERSONS (DNA PROVEN) PLEA BARGAINED AND TESTIFIED AGAINST MY SON TO GET THEIR RIDICULOUSLY LENIENT SENTENCES. ONE RECEIVED 5 YEARS PROBATION, THE OTHER 20 YEARS. THE STATE OF HAWAII DA, JUDGE, EVERYONE, KNEW THIS, THEY ALSO KNEW THAT MY IRISH/AFRICAN /NATIVE AMERICAN SON WAS CHRONICALLY ILL. THE SENTENCING REPORT ERRONEOUSLY STATED THAT HE HAD NO MEDICAL CONDITIONS THAT WOULD CAUSE THE 120 YEAR (BEFORE HE CAN APPLY FOR PAROLE) SENTENCE TO BE A HARDSHIP ON HIM! MY SON HAS THUS FAR COST THE STATE OF HAWAII HUNDREDS OF THOUSANDS OF DOLLARS IN MEDICAL EXPENSES, MOSTLY DUE TO MEDICAL NEGLECT AND MALPRACTICE. WE ARE FROM CALIFORNIA. I WOULD WANT MY SON TO COME HOME TO CALIFORNIA AS SOON AS POSSIBLE, BEFORE HE DIES FROM MORE MEDICAL NEGLECT, OR RAPIDLY SUCCUMBS TO HIS ILLNESSES. HE HAS BEEN CHRONICALLY AND SERIOUSLY ILL SINCE 1998. I PRAY THAT MY ONLY CHILD WILL BE ABLE TO COME HOME SOON, NOT IN A BOX, NOR ON DEATHS DOOR. MY SON NEEDS TREATMENTS, NUTRITIONAL AND MEDICAL SUPPORT THAT THE STATE OF HAWAII JUST CANNOT PROVIDE. THE OUT OF CONTROL PROSECUTORS IN HILO, WHO ENGAGE IN SERIOUS MISCONDUCT, NEED TO BE REINED IN. HOW OR WHEN, I DO NOT KNOW. I HAVE EXHAUSTED ALL OF MY MONETARY RESOURCES TRYING TO HELP MY SON. THANK YOU FOR YOUR ATTENTION, AND FOR THE VALUABLE WORK YOU DO. BLESSINGS BE TO YOU AND YOURS. SINCERELY, DIANE DIMARIA AND RICHARD DAMIAN SERRANO,#AO741002, BEING HELD BY THE STATE OF HAWAII AT HALAWA CORRECTIONAL FACILITY, OAHU, HAWAII

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To: [JDLTestimony](#)
Cc: kennedy@four-rules.com
Subject: Submitted testimony for SB72 on Feb 24, 2014 10:15AM
Date: Friday, February 21, 2014 10:53:07 AM

SB72

Submitted on: 2/21/2014

Testimony for JDL on Feb 24, 2014 10:15AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Rafael Kennedy	Individual	Support	No

Comments: While this bill is an excellent and necessary piece of compassionate legislation, the 3 year pilot program is an unnecessary slowdown on progress. We should fix the broken system now, rather than wait 3 years, causing unnecessary suffering and wasting money, to fix it. Please pass this bill with an ammendment striking the 3-year pilot language.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: maucrowe@gmail.com
Subject: Submitted testimony for SB72 on Feb 24, 2014 10:15AM
Date: Friday, February 21, 2014 11:08:17 AM

SB72

Submitted on: 2/21/2014

Testimony for JDL on Feb 24, 2014 10:15AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
james crowe	Individual	Comments Only	No

Comments: Please support SB72 re: medical release. It will help the prison administration and be more humane for inmates who have medical needs which are beyond the prison's expertise and capability. There is so much experience and history to medical release systems that this should not be considered an experiment for several years...again. Please act on it. Settle it now please.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: hokoanaj001@hawaii.rr.com
Subject: Submitted testimony for SB72 on Feb 24, 2014 10:15AM
Date: Friday, February 21, 2014 11:58:03 AM

SB72

Submitted on: 2/21/2014

Testimony for JDL on Feb 24, 2014 10:15AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Karin Hokoana	Individual	Support	No

Comments: There is no need for a "pilot program". Please remove the 3 year pilot program! Mahalo, Karin Hokoana

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From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: pgellatly@mac.com
Subject: Submitted testimony for SB72 on Feb 24, 2014 10:15AM
Date: Friday, February 21, 2014 3:26:18 PM

SB72

Submitted on: 2/21/2014

Testimony for JDL on Feb 24, 2014 10:15AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Peter Gellatly	Individual	Support	No

Comments: Aloha, This is a superb bill that speaks to the heart of aloha and 'ohana, our most cherished ideals. It includes only one flaw, easily corrected: There is no need for a pilot program. Pilot programs are helpful and even necessary when serious hands-on research is needed to confirm the correctness and feasibility of a proposal. In this case, however, the research has already been conducted. There is nothing that hints that the results elsewhere won't be replicated in Hawaii, where we can immediately experience both savings and genuine feelings of being pono, without reinventing the wheel. Please pass this bill. mahalo & aloha, Peter Gellatly

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: rbkarasuda@hotmail.com
Subject: Submitted testimony for SB72 on Feb 24, 2014 10:15AM
Date: Friday, February 21, 2014 11:33:17 PM

SB72

Submitted on: 2/21/2014

Testimony for JDL on Feb 24, 2014 10:15AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
RaeDeen Karasuda	Individual	Support	No

Comments: Strongly support with reservations related to the three-year pilot program. A pilot program is not necessary.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: maukalani78@hotmail.com
Subject: Submitted testimony for SB72 on Feb 24, 2014 10:15AM
Date: Sunday, February 23, 2014 5:06:30 AM

SB72

Submitted on: 2/23/2014

Testimony for JDL on Feb 24, 2014 10:15AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
E. Ileina Funakoshi	Individual	Support	No

Comments: JUDICIARY AND LABOR COMMITTEE Sen. Clayton Hee, Chair Sen. Maile Shimabukuro, Vice Chair SUPPORT SB72, SD1 Dear Chair Hee, Vice Chair Shimabukuro, and Committee Members: I am E. Ileina Funakoshi, private citizen of our dear state of Hawai'i for many years. Hawai'i has always been a state of Aloha, caring for its people no matter what race or religion, or place in life. Therefore, as one of the purveyors of this "Aloha" I am writing to ask for your support of SB72, SD1. When any of us are in the last stages of our lives, do we not want to spend those last precious moments with our loved ones instead of dying alone? That's what this bill will do. They no longer are a threat to society. One can die waiting for the long process of bureaucratic approval. This bill does not allow the inmate to be set free without restrictions. They will be placed on parole and supervised in the community. The recidivism rates are very low. It will also cut the cost of paying for medical bills and possible liability responsibilities. Please REMOVE Section 6, which makes the compassionate release system a pilot program. There is already a program and this bill fixes the current broken system. Chair Hee, mahalo for scheduling this bill, and the opportunity to give my testimony. With warm Aloha, e. ileina funakoshi

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