



American Friends Service Committee

Michigan Criminal Justice Program

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Testimony supporting House Bills 4101 and 4102

American Friends Service Committee—Michigan Criminal Justice Program

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Thank you for your time today and for taking up House Bills 4101 and 4102.

The American Friends Service Committee's Michigan Criminal Justice Program has advocated with and for people in Michigan's prisons for over 30 years.

We support House Bill 4101 and 4102 with the hope that these bills will create a meaningful, streamlined, and efficient internal MDOC process to review and release medically frail people on parole to nursing care facilities, home hospice, hospice centers, or other placements where a person's medical complexities can be managed with care, compassion and expertise.

To exemplify the serious obstacles to compassionate release for someone who is medically fragile and/or terminal, I will outline one case of the too many that I have witnessed throughout my fifteen years with AFSC. In August of 2013, the mother of a 21 year old prisoner, Brandon, contacted AFSC to see if we could help in getting a medical commutation for her son. Brandon was 19 when he went to prison on a drug offense and an offense related to his drug distribution. He was diagnosed with cancer at age 16 but it was in remission at the time of sentencing. Brandon lived with bone cancer in Michigan's prisons for nearly 2.5 years. He had a 4 year 3 month minimum and had not yet reached his earliest release date. His cancer reappeared shortly after he entered the MDOC. He became very sick during the last year of his life and could have potentially qualified for research-based treatment if he could have been medically paroled. As a prisoner he did not qualify for any research related treatments. The MDOC did their best by him and he was, for a period of time, weekly transported from Macomb prison to Karmanos for treatment (a 35 to 40 minute van ride each way). These transports were exceedingly costly and very, very painful for Brandon as he was shackled during transport. Brandon wanted desperately to stay at Macomb prison while trying to get commuted because he feared that he would go to Duane Waters the prison hospital to die. And, he knew, that Duane Waters is not set up for visits and functions essentially as a level V prison with more rules restricting property access and freedom of movement in general. While the MDOC has established what I call hospice lite, it by no means is inviting to families who would like to visit their dying loved ones and care for them in their final days. In all reality, the wife of a very long serving prisoner who stayed married to her husband for his 51 years of confinement and visited him weekly until 2 years before his death because of her health was allowed only 30 minutes bedside the day before he died.

The MDOC waited too long to start the medical commutation process. It took months for Brandon to be determined terminal and then processed. He lived in agonizing pain. His mother visited him as much as possible, but when a person is that sick, prison is far from the ideal place to live with a complex and painful medical condition. Brandon had to go through the regular and arduous commutation process. During his February 11, 2014 public hearing—a mandated step toward release—he was wheel chair bound, bone thin, falling into sleep, disoriented from pain medications

and end of life conditions. He was questioned by the Assistant Attorney General as though he was lucid and able to account for details of his past criminal activities (I was there and saw it all). With a medical parole statute like HB 4101/4102 his release could have been expedited. By the time the commutation process was completed and the commutation granted he lived for nine days at Karmanos hospice. He died in early March of 2014. The only good thing to come out of this sad story was that his mother was able to have 24 hour access to Brandon during his final days because he was commuted.

There are countless other stories like Brandon's.

This bill would open up the possibility for people with expensive, chronic, and complicated medical problems—people like Bandon—to experience an expedited parole process and be released to medical care in the community shifting some medical costs from the state all without having to navigate the costly commutation process.

Adding more bureaucratic or legal hurdles to any process to release medically frail people makes neither fiscal or humanitarian sense. A similar bill (HB 5245), not as refined or seasoned, as this thoughtful piece of legislation suggests that an already taxed MDOC staff—an assistant MDOC director—must first determine with the help of a physician medical frailty and then petition the sentencing court to allow for a medical transfer to the free world. It replaces one bureaucratic hurdle (the commutation process) with another bureaucratic hurdle and one outside of the MDOC's purview—the courts. HB 4101 and 4102 places responsibility for process in the hands of the MDOC, medical providers, and, more specifically, the MDOC's parole board. The board is well suited as experts of parole to discern with the help of MDOC medical providers and outside medical providers the parolability of prisoners based on multiple factors including health care status.

Our organization does not get weighed down by the political machinations of law enforcement and the state legislature. We believe in the worth of every person. We believe in redemption and mercy even for folks who are not riddled with disease, chronic illness and the ramifications of the human body simply growing old. With that being said, mercy and humane treatment are at the center of this bill. We have been waiting for years for this kind of relief for men and women who need it the most and believe, when passed, that the MDOC will process more medically frail people to the community and provide fiscal relief to the state and compassionate relief to prisoners and prisoners' loved ones.