Dear Chairs Winfield and Stafstrom, Vice Chairs Flexer and Blumenthal, Ranking Members Kissel and Fishbein, and Members of the Judiciary Committee,

My name is Meridian Monthy and I am a resident of New Haven. I'm writing to communicate my strong support for **S.B. 460 - AN ACT CONCERNING COMPASSIONATE OR MEDICAL PAROLE AND CREDITS AWARDED FOR RELEASE DURING AN EMERGENCY DECLARATION**. This bill would provide necessary opportunities for incarcerated individuals seeking compassionate release by assuring examination of each case by a release panel, broadening the qualifying characteristics for relief, and establishing protocol in times of emergency. Medical parole, especially during a crisis, is morally required to ensure that inmates are not placed at a higher risk when they themselves pose little risk to society.

Compassionate release is meant to shorten a prisoner's sentence when circumstances such as significant illness, imminent death, or good conduct lessen the need for continued imprisonment. In such cases as the COVID-19 pandemic, this would apply to inmates that, despite debilitating illnesses, are still being detained. States across the United States have adopted broader compassionate release laws to address growing numbers of older prisoners, overcrowding, high in-prison deaths, and high costs of medical treatment.

Medical release is economically beneficial, does not endanger civilian safety, and is ethically required.

Housing, accommodating, and providing medical care for aging or ill prisoners present urgent challenges to the Connecticut prison system that is poorly equipped to provide these services. In the past 10 years, the cost of providing medical care in the United States' carceral system was 770 million dollars. Connecticut spends nearly $100,000 on inmate healthcare a year. As prisoners age and experience declining health, their threat to public safety decreases while their cost to provide for increases. The lack of broad compassionate release procedures directly increases average age in prisons – by 2030, prisoners over 55 years of age will make up one-third of the Connecticut prison population. Releasing older, medically compromised prisoners would be less costly and prevent prison overcrowding.

S.B. 460 addresses this issue by diminishing the burden of proof needed for inmates to prove they are dangerous. The bill shifts previous language saying release would be awarded once prisoners posed "no danger to society" to "significantly reduced risk to society." Less restrictive requirements for compassionate release are present in many other states. Vermont allows release if a medical condition renders the inmate "unlikely to be physically capable of presenting a danger to society." Utah directly applies the "significantly reduced risk" standard by mentioning a lowering of recidivism rates.

It must be noted that the standards are still high – prisoners will not be released without exhibiting extreme necessity or progress. This is not a move to be lenient on crime but rather to ethically cut costs, without putting patients or civilians at risk.

A Department of Justice review found prisoners released from compassionate pardons to have a recidivism rate of 3.1 percent, compared to 30 percent of prisoners released on term. The U.S. Sentencing Commission found that older offenders (65 years and older) "had less serious recidivism offenses on

average”. This is the majority of those released compassionately. The three-person panel, as ensured by SB 460, would assess individual cases for societal danger, providing an extra layer of protection. More generally, medically debilitated inmates would not have the physical capability to reoffend.

Compassionate release is necessary to prevent putting those that pose no harm to society in danger. It is ethically required of the legislature, as representatives of the people, to respect all persons' right to life. Medical ethicists claim that prisons cannot provide patient-centered care necessary to keep terminally ill patients alive. This is reflected in high prison death rates which have consistently risen since 2010. In relation to COVID-19, at-risk prisoners died from exposure from their prison environment which they would not have experienced elsewhere.

In the US, there have been over 580,000 COVID-19 cases among incarcerated persons and 2,864 COVID-19 related deaths. In Connecticut, 19 people died from COVID within the prisons. Michael Ferrigon died a few months before completing a two-year sentence for burglary and violating probation. Harold Alling, the 19th inmate to die, had not yet been convicted of a crime. In these cases, the lack of nuance in the legal code condemned those without death penalty sentences to death. Withholding emotional and physical support denies dignity to inmates and is hypocritical to the rehabilitation focus of the criminal justice system. S.B. 460 directly seeks to address this issue by providing specific provisions in times of emergency, such as a global pandemic. By systematizing the legal reactions to such an event, this bill helps prevent future needless and cruel deaths at the hands of the government. This pandemic-related action has precedent in New Jersey where a bill allowed people with less than a year left on their sentences to be released up to eight months early (S2519).

In conclusion, compassionate release, along with being economically efficient, is necessary as it prevents unnecessary endangerment without putting the public at increased risk. S.B. 460 specifically makes the vital process of compassionate and medical release more accessible, specifically regarding the pandemic. We must protect the right to live of those in the carceral system that are silenced by a restrictive system. I urge you to favorably vote this bill out of the Judiciary Committee so that these individuals may access the healthcare they need that cannot be provided in jail.

Thank you for your time and consideration,

Meridian Monthy
New Haven, CT