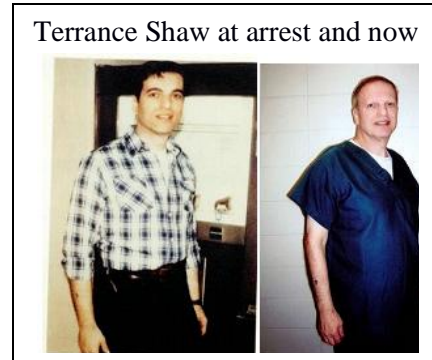
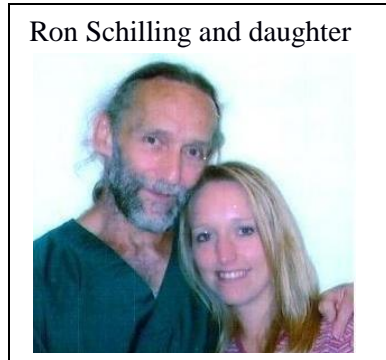
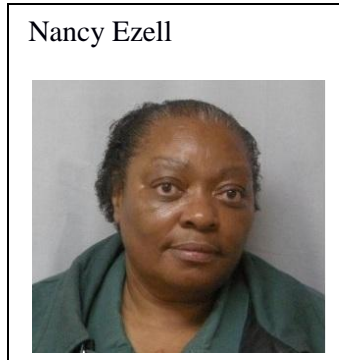


COMPASSIONATE RELEASE: THE ELDERLY, THE SICK AND OLD LAW PRISONERS

Using Executive Directive 31 as guide, a coalition of activists from WISDOM, CURE, FFUP and SECOND CHANCE have put together a compassionate release packet that includes applications for three prisoners. There are two kinds of compassionate release, one for Truth-in Sentencing prisoners,(those who committed their crimes after 2000) and one for “old law prisoners” (those who committed their crimes before 2000). We are working here on parole for these “old law” prisoners. The decision for release lies in the hands first of the warden of the prospective parolee. Then it goes to the parole chair, Kathleen Nagle, who makes the final decision. Basically the process is similar to that of parole and like parole, it is stuck.

Here are summaries of the applicants. All have good release plans:



1) Nancy Ezell, 62, was convicted in 1998 of drug possession “with intent to manufacture, distribute or deliver. (961.41.)” She was given a whopping 65 years during the height of the prison boom and “tough on crime” hysteria. Since then it has been proven how racially biased the drug law were, but Nancy is still suffering under them. She has had multiple major heart surgeries, has type 2 diabetes and is on oxygen. She is now housed in unit with young people and finds it confusing, noisy and consequently very stressful. One of her statements.”*I was sentenced to 65 years prison for possession of less than 13 grams of Cocaine with a street value of maybe \$350. I've been locked down since April of '98 and have had numerous major heart surgeries, costing the tax payers thousands and thousands of dollars. You would be shocked at the health care bill for me.*” She has four daughters.

2) Ron Schilling, 63, has been incarcerated for over 39 years for killing a man during a drug deal. He was given parole by Leonard Wells only to have it taken back in the same furor that lost Wells his job. He is constantly shuffled between medium and minimum prisons. He is a model prisoner, a fine musician and helpful to all.

3) Terrance Shaw is a Viet Nam War veteran with PTSD. His story is remarkable for the effort this man has put into rehabilitation. He has been in prison for 32 years. His crime was horrendous- a gruesome murder of someone who he thought was attacking him. He thought he was back in Vietnam. He still suffers from PTSD but now recognizes the symptoms and has it under control. On release he will go to a veterans hospital PTSD Treatment Center where he

hopes to become symptom free enough to go on to be a counselor for others also suffering from PTSD. He has multiple degrees and takes every opportunity to learn. His story is an inspiration.

The application packet includes charts from the excellent 2014 study “At America’s Expense, the Mass Incarceration of the Elderly” by the ACLU. They did exhaustive state by state research showing that we are in a crisis as a nation with a prison population growing increasingly old and exorbitantly expensive. Because prisoners cannot receive Social Security, Medicare or Medicaid, all medical bills are paid for by state taxpayers. Two of the charts are most important:

- 1) **Dangerousness:** after age 30, the rate of repeat crime drops to 6%; after age 50, to 2% and after age 65 it is 0%.
- 2) **Savings per Paroled Elderly Prisoner:** Depending on health needs, it ranges from \$27,000 to \$102,000 dollars a year per released prisoner!!

We highly recommend you read the whole ACLU study as well as a wonderful study done by HUMAN RIGHTS WATCH the same year (2012) called “Old Behind Bars.” Both highlight the humanitarian crisis as well as the financial debacle. (google the name or go to www.prisonforum.org)

Compassionate release fits into the center of all our prison reform efforts, for health care for the elderly is the bottle neck that keeps funding from going to needed programs inside and outside of prison. That we spend more on prisons than our university system for the first time in history is also significant. The biggest reason is the health care of the elderly. **AND THAT CARE IS INADEQUATE.** We should not be putting our funds into hospice units for elderly prisoners who are no longer dangerous and could be paroled to community care, when we need mental health facilities in all our prisons and more programs for the younger truth in sentencing (TIS) prisoners, many of whom come into prison needing basic education and job training.

We hope that by helping to make the compassionate release pathway truly functional, we will be raising awareness of the general crisis of the elderly in our WI prisons and of the parole system. Wisconsin is in a unique position because we can release the old law prisoners who have shown themselves rehabilitated without changing laws. In the words of SECOND CHANCE, a support group of old law prisoners families, we need to “make the law do right”.

To receive your copy of the full compassionate release packet that is being sent to DOC wardens and the parole commission chair on December 10th, please visit WISDOM web or email FFUP: contact information below.

Contact information:

WISDOM, the Gamaliel Foundation in WI; www.prayforjusticeinwi.org; 414-831-2070; wisdomforjustice@gmail.com; 3195S Superior St, Milwaukee, WI 53207;

FFUP (Forum for Understanding Prisons) and SECOND CHANCE (an organization of families of old law prisoners): 29631 Wild Rose Drive, Blue River, WI 53518, www.prisonforum.org; pgswan3@aol.com; 608-536-3993