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February 7, 2023

Re: SB 87

Dear Senators,

For about fifteen years, my Quaker meeting, Patapsco Friends Meeting, has had a prison ministry that reached about 25 Maryland state prisoners so far. About 15 of those are prisoners with whom we maintained contact when Hagerstown MCI downsized and most of them were transferred, leaving us without enough people to hold a regular Quaker meeting. The up side was that we were then no longer volunteers working in prison and could maintain contact with these individuals over time, including writing them and helping them transfer back to their communities. This experience has convinced all of us involved in the ministry that a Maryland ombudsman is desperately needed.

At this moment, one of the prisoners is in a Maryland prison at which, for many months, raw sewage has been seeping into first-floor cells. The solution has been to provide the affected prisoners with plastic sheets to protect themselves and their belongings. Neither the prisoner we know nor his family is willing to escalate the issue outside the prison because of fear of retaliation. Imagine, if you will, raw sewage seeping into your living room/bedroom/dining room and being unable to do anything about it. If we had an independent ombudsman, that person could receive such a report and act on it.

Another prisoner had all his lower teeth removed in such a way that ordinary dentures would not fit. For ten years, he did everything he could within the system to get his teeth. Then I got involved and did everything I could within the system. Finally, in desperation, I wrote the Chair and Vice-Chair of the Judiciary Committee and my own state representatives, and at last the situation was addressed. Within a year he was able to eat solid food again. Is this the only recourse the system is able to provide when internal mechanisms fail? Are our representatives to take on the role of ombudsman (in their nonexistent spare time)?

One of our prisoners has severe mental illness (schizophrenia) and was placed in solitary confinement for nearly two years. I don't think it's possible for any of us who do not have such an illness to understand what it must be like to be confined 23 hours a day with schizophrenia. When he came up for parole, it was denied in part because he had several violations while in solitary confinement. I wonder how many violations I would have.

Another of the prisoners wrote us that he was considering ending his life, and I had a good deal of difficulty getting anyone to pay attention. Now he gets to see a psychiatrist every 3 months.

*Every 3 months* to help someone dealing with severe trauma who has been suicidal. I hope the ombudsman could shed light on how we treat people with mental illness who are incarcerated.

Lastly, a prisoner who is now doing well in society described his experience being placed briefly on a hall in the prison he said was completely controlled by gang members. If you wanted to use the shower, you had to negotiate with the gang. Here is yet another situation I hope an ombudsman could address. The answer may have to do with prison staffing, and the correctional system as a whole, staff as well as the prisoners, may benefit from the ombudsman's work.

I could offer several more examples, but these are perhaps the most egregious. I am deeply embarrassed and ashamed of Maryland's prison system. An effective ombudsman's office may be able, over time, not only to help individual prisoners but also to help the department implement evidence-based practices and reforms that will benefit prisoners, their families, prison staff, and our communities – to which most prisoners will one day return.

Respectfully,

Suven H. Rose

Susannah Rose