

## SB 1080: State Personnel – Maryland Department of Health – Pay Rates

Budget and Taxation Committee

February 28, 2024

Good afternoon Chairperson and committee members,

My name is Dr. Malinda Lawson, and I am here today to testify on behalf of SB 1080. The passing of this legislation would recognize the direct patient care that I provide daily while working with the criminally involved patients at Clifton T. Perkins Hospital Center (CTPHC) and would allow my pay to reflect the dangerousness of the environment where I am employed.

For the past 11 years, I have been the only teacher at Clifton T. Perkins Hospital Center. I am part of the admission ward treatment team so that I may begin working with those individuals who are under 21 and have a current Individualized Education Plan (IEP) for special education within the timeframes required by state and federal laws. The patients who are under 21 that I work with may have limited cognitive ability, developmental disabilities, emotional disabilities and/or mental illness which can cause severe behaviors especially when in a maximum-security environment. All CTPHC patients have committed crimes severe enough to require the most restrictive environment found in a maximum-security facility. These crimes can include Murder, Attempted Murder, 1<sup>st</sup> and 2<sup>nd</sup> degree Assault, Arson, and Sex Crimes to name a few. When teaching, I am in a classroom with up to ten patients by myself with the closest security officer being in the hallway approximately 40 feet away. Two more officers are stationed downstairs while every other officer must run at least 200 feet, go up a flight of stairs, and then go into my classroom to assist in any situation requiring assistance. There are also at least two locked doors that officers must unlock and travel through along the way. As a Marine Corps veteran, I would like to believe that I could protect myself until assistance arrives, but protocols and policies do not allow for any measures to be used except those authorized by the State making myself more vulnerable. Maneuvers learned while on active duty would definitely not be authorized for use on patients by the State of Maryland. During my time at CTPHC, I have personally been exposed to multiple patient's private parts, both up close and from a distance, and have been threatened to be raped several times while being told explicitly how they were going to accomplish that. I have been grabbed, rubbed on, and held onto in various places on my body by different patients throughout my eleven years of employment. Often patients fixate on one person believing that person is the one who sent them to CTPHC, is keeping them at CTPHC, or is conspiring against them. Being accused of these acts is common and often resulted in me receiving threats, threatening behaviors,

and attempts to commit violence. I have witnessed patient-on-patient violence and patient-on-staff violence resulting in anything from a simple black eye to being hospitalized with broken eye sockets and/or other severe damage. I was in the building during the most recent riot on one of the wards resulting in panicked overhead pages requesting first all available officers, then all available males in the building, and finishing with a call for any and all available staff. We have patients who are already serving time and come to us from prisons such as North Branch for competency education for a crime they committed while incarcerated. Many of these types of patients have a prison mentality resulting in fights, sneakiness, and manipulation of both other patients and staff. Over the past several years, CTPHC has experienced an increase in the amount of drugs being brought into the facility. Being drug-induced can be dangerous by itself, but the result can be much more volatile when mixed with prescribed drugs or unmedicated mental illness. Other patients have limited cognitive ability making them an easy mark. These patients often experience fight or flight reactions, most commonly resulting in a fight. A combination of all these patients creates a dangerous work environment.

I support SB 1080 due to the often-occurring events and overall dangerousness of my work environment at Clifton T. Perkins Hospital Center described above. My personal experiences over the past 11 years working at Clifton T. Perkins Hospital Center have included being threatened with both violence and rape while being frequently exposed to male genitalia, having attempts to cause harm made toward me, and being physically assaulted in a sexual manner many times. Although CTPHC is a maximum security Forensic Psychiatric Hospital, these personal experiences are above and beyond what I would be subjected to in a typical school environment or in a school with students having the most severe behavior issues. Unfortunately, the behaviors of the patients have not changed in my 11 years at CTPHC, and I feel strongly in presuming that they will not change in the future. Previous legislation in 2020 enacted Forensic Pay for all other bargaining units working at CTPHC. At that time, I contacted Senator Guzzone's office and was informed that Unit G was inadvertently left out of the bill. I am here before you four years later asking you to vote favorably so I may be afforded the same forensic pay as my coworkers working in the same dangerous environment with the same, often volatile, criminally involved patients.

I ask that the committee votes FAVORABLY on SB 1080.

Thank you for your time,

Dr. Malinda Lawson  
Director of Education/Teacher, CTPHC

