

Senate Bill 0512  
Correctional Ombudsman Oversight  
Favorable  
February 7, 2023

My name is Veronica DeRamous and **I am writing to you in support of SB0512**. I am currently a resident at the Maryland Correctional Institution for Women (MCI-W). I have been incarcerated here since 2011. During this time, I have required health care services, both medical and mental; I also need dental services, but I am too afraid to go. I am writing on behalf of all the residents at MCI-W to bring awareness to the issues we face on a consistent basis in regard to unsafe conditions, inadequate medical and mental health care, and the prison's inability to resolve problems through the Administrative Remedy Process (ARP)

A lot of female residents here are on the mental health caseload, which means they require ongoing treatment for an active diagnosis. Mentally ill residents are attacking staff and residents without being provoked. As with medical care, many of the problems with mental health care provisions in DOC stem from chronic understaffing. The consequences of failing to provide adequate mental health care can be just as severe as those resulting from inadequate medical care. *Both can be fatal.*

Provisions of medical, dental, and mental health services to women at MCI-W are unconstitutional and inadequate. The 8th Amendment does not entitle prisoners to high-quality care, but accommodations must be adequate, meaning they must reflect basic common decency. Health care must demonstrate recognition of the dignity of all human beings. No matter who provides healthcare here, they all fail to provide constitutionally adequate healthcare to prisoners. Nurses often send patients back to their housing units and tell them to submit another written sick call request (two-week process) if symptoms worsen. The prison system has provided dangerously substandard care for years. Without *outside oversight*, we remain at substantial risk of harm.

Several years ago, I slipped and fell on a wet floor injuring my shoulder and hitting my head hit the concrete floor. Alarmed, an on-duty officer ran towards me. She escorted me to medical herself because the emergency response medical team had not arrived after 10 minutes elapsed. When I got to the infirmary, the nurse was sleeping. She was angry and asked the officer if I had actually fallen because the nurse did not believe me. The nurse took my vitals, said they were normal and sent me back to my housing unit. The officer took pictures of my elbows which had scratches, my shoulder which was swollen, and the back of my head which had a knot on it. She even went back to the housing unit and took pictures of the floor, which was still wet. If the officer had not seen me fall herself and escorted me to medical, I would not have had any real proof of the fact that I fell. *My treatment illustrates how the health care system relies on nurses to assess patients, even when the patient makes complaints for serious issues.*

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I have been a student with Goucher College since 2012. Due to my head injury, I have suffered a loss of mental focus, as well as hearing and comprehension ability. In one class, I could not understand what my teacher was saying for two weeks. To date, there has been no health care provided for my head injury or complaints of difficulty understanding others.

I was also raped at MCI-W. The incident occurred when we had a male warden, and I could not bring myself to talk to him about it. I was afraid of losing my job and housing, and most of all, I was afraid of being placed on segregation and everyone knowing what happened to me. At the time, PREA (Prison Rape Elimination Act) was not like it is today. A couple of years later, when MCIW got a female warden, I wrote her a note telling her about my situation (after thinking it over and talking with my family). I did not call PREA because of the backlash associated with it (like residents being placed on lock for PREA claims). After three weeks, I had not gotten a response from the warden, so I wrote again. This time, I was even more specific and stated that I had evidence of what happened to me (gray and white clothes with semen on them) and included more specific details. Three days later, my room was searched, and my art supplies were taken. Two days later, I was fired from my job and my supervisor said the decision was made by “higher-up staff”. When I was cleaning my room a few days later, I realized that the evidence of my rape was missing. Within sixty days, I was given a letter allowing me to “return to my job”, but I had to wait for over a year to get my job back.

Upon getting *yet another* new warden, I told her about my rape. She had me talk to an officer and another woman. In our last conversation, she said there were no traces of evidence on the carpet where my incident took place and spoke about how many years ago my assault took place. I am not the only woman here who has been sexually assaulted and the incident was covered up.

Establishing an Office of Correctional Ombudsman is the solution to the many issues we face here. An investigation of Administrative Remedy Program (ARP) will show that DOC and directors are aware of inadequate mental and medical services as well as staff misconduct. **Our issues should not only be heard, but investigated and taken seriously.** An Office of Corrections Ombudsman will operate ethically, competently, and thoroughly; making it safer for those who live and work in this facility.

Please take our claims seriously, as no one here does. We are in need of assistance and feel strongly that an Office of Correctional Oversight Ombudsman will help. Please issue a favorable report on SB 0512. Thank you.