

Judiciary Committee

HB02977/ SB0134

02/07/2024 @ 2:00

IN SUPPORT

I, Danielle Williams am a licensed clinical social worker in the state of Maryland and The District of Columbia. I am a resident of Owings Mills, Maryland (Baltimore County), and I volunteer with the Maryland Alliance for Justice Reform (MARJ).

As a licensed clinical social worker, I've had the pleasure of working with individuals within the correctional institution and observed first-hand the grievances and complaints that often go unheard, or circumstances in which there is no action. For this reason, I am in support of a Correctional Ombudsman.

Primarily, the biggest concern that I have observed is the lack of medical care/treatment. Many people in the correctional system are in need of medical care for surgery, X rays for fractures and broken bones, but often times appointments are missed, and routine medical care is denied. Research shows that for every year that someone spends in prison their life expectancy is cut by two years and Mass incarceration multiplies that impact on a societal level.

Secondly, an area of concern is the cost associated with medical care. People in prison are required to pay co-pays of \$2-4, to see medical even though some may not have jobs due to long wait lists and lengthy sentences which creates a barrier to seeking treatment. Some have to consider their options before even scheduling a medical appointment.

I have a sibling who is currently incarcerated in Western Correctional Institution (WCI). He had a scheduled appointment for surgery prior to incarceration. He has a torn ACL which requires surgery in order to properly heal. Left untreated, he will continue to limp until he is released and is able to seek proper medical care. He has repeatedly submitted requests to see the surgeon and has yet to receive a response. Subsequently, the lack of medical care often leads to secondary problems such as dependency to pain meds and other psychological problems.

The horrendous state of health care behind bars contributes enormously to a decline in overall health and life expectancy. Hence, A correctional ombudsman will offer inmates an outlet for complaints and grievances about prison conditions and treatment. Moreover, a correctional ombudsman will ensure that policy and procedures are executed for every incarcerated individual. I sincerely ask that you consider this unfortunate circumstances and vote in favor of the bill.

Sincerely,
Danielle Williams, LCSW-C
Maryland Alliance For Justice Reform
Daniellewilliams.lcswc@gmail.com

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Danielle Williams, LCSW-C
Maryland Alliance For Justice Reform
Daniellewilliams.lcswc@gmail.com

Harlow Brian Saib
166873 J.C.I.
P.O. Box 534
Jessup, MD 20794
Nov 11th 2023

Re: Ombudsman Bill SB0134/HB0297

My name is Harlow Brian Saib and I have been incarcerated for 42 yrs. in the Maryland prison system DPSCS. Over the 42 years I have done everything possible to reform my past behavior that caused my incarceration. G.E.D, graduated from Coppin State College (now) University, not to mention the hundreds of programs that I have completed. A/V P, Smart Program, NA/AA, etc. Drug abuse was the root of my criminal behaviour.

My institutional record excellent! The DPSCS is broken in so many ways and is in need of an Ombudsman for the Maryland prison system. The inmate Grievance Procedure is a joke because other prison staff sides with their staff and not the inmates which causes most complaints to be outright denied.

I believe that an independent Ombudsman would go along way to correct many of the issues that negatively affect Maryland prisoners especially concerning Medical treatment. I have been seen by two different doctors by two different hospitals, Mercy & John Hopkins and they both recommended me for a right hip replacement which has been denied constantly for six years. I ask that this bill be passed into law ASAP!

Sincerely,
Harlow B. Gault

November 7, 2023

SB0134/HB0297

To Whom It May Concern,

My name is Janet Johnson. I am currently incarcerated at Maryland's Correctional Institution for Women (MCIW). My family and I are lifelong Maryland residents who believe that every voice and vote matters. I am writing you in reference to the Ombudsman Bill. As an incarcerated individual, I can attest to the importance of passing the Ombudsman Bill and the impact it will have on Maryland's incarcerated individuals. The Ombudsman Bill will provide a much needed oversight to the application of DPSCS' own rules and regulations as mandated by law.

I have been incarcerated for nearly two decades. I have witnessed the deterioration of resources and humane policy practices within this facility. My main focus today is the medical department. For instance, there is no geriatric preventative care. The geriatric population of MCIW is the most vulnerable population, and is often neglected or ignored. According to Maryland's DPSCS Inmate Characteristics Reports for July 2022, there are 24 incarcerated individuals over the age of 60 within MCIW. Several of these individual were diagnosed with osteoporosis. Osteoporosis is a disorder in which the bones become increasingly porous, brittle and subject to fracture, owing to loss of calcium and other mineral components (Webster's). While osteoporosis is not a curable disorder, osteoporosis is preventable. There are three incarcerated geriatric individuals housed on my tier that were recently diagnosed with osteoporosis. I have witnessed these ladies complain, for up to three years prior to their diagnosis, of symptoms that precludes osteoporosis. Simple geriatric care could have prevented them from developing this disorder. Our geriatric population also develops other disorders such as sciatica, degenerative bone disease, cataracts, etc. Basic geriatric preventative care can save our geriatric population from dying of pneumonia, another pandemic, or even the common cold.

Another area of the medical department that would benefit from the Ombudsman Bill is the scheduling of appointments and/or referrals. It is very difficult to get a referral to see a specialist. As it currently stands, incarcerated individuals who are experiencing a health illness for a prolonged period of time are recommended to try any and all alternative treatments recommended by MCIW's health care providers (Nurse Practitioners) prior to getting a second opinion someone outside of the institution. While this is financially feasible due to the population size of the institution, there should be a time frame in which the use of alternative treatment should be discontinued and a specialist contacted. We have seen members of our population die due to this process. For example, there is the case of Barbara Hampton. For years, Barbara complained of stomach pain, digestive issues, pelvic pain, fever and bleeding. The medical department was adamant about alternative treatments for issues of constipation and delayed referring Barbara to a specialist. Our Warden the time, Margaret Chippendale, had to personally escort Barbara to medical and insist that Barbara be transported to the emergency room. It was during this time that Barbara was diagnosed with stage 4 cancer. Barbara's health quickly declined, resulting in her death. Barbara's diagnosis was unfathomable. She knew

something was wrong with her body, yet the medical department prolonged treatment by refusing to refer her to a specialist.

In addition to Barbara's delay in receiving a referral, I have my own experience of inadequate care. I was diagnosed with uterine fibroids. Unfortunately, my fibroids grew so large that it was obstructing my colon and bladder. Medical insisted on trying various alternative treatments for constipation as opposed to sending me to the hospital. I experienced debilitating pain that prevented me from going to work, school and participating in institutional activities. I was fortunate enough to get assistance from former Warden Chippendale, who overrode medical and sent me to the emergency room. I was admitted and had to undergo emergency surgery. I was recommended, by the surgeon, to see a gasterologist ASAP. This was in March of 2020. I had documentation of the recommendation when I returned to the institution. However, it took me three years and several Administrative Remedies before I was allowed to see a gasterologist. I won my Administrative Remedy to gain permission for a consultation with a gasterologist in September of 2022, I did not go for my consultation until June of this year (2023). I have to have a colonoscopy and an endoscopy, but my appointment is not until sometime in 2024. That is outrageous. I fear for my life. I became incarcerated when I was 18 and I am only 36. My Judge afforded me the opportunity of a second chance by giving parole on my sentence. I am afraid that I will not see my opportunity at freedom due to the lack of medical care within this institution. We no longer have an administration that will intervene on our behalf as our previous administrations have done. We are not getting response to our Administrative Remedies about our medical care.

The Ombudsman Bill will ensure that we are treated within our rights. I hope that you consider passing this bill. I understand that as incarcerated people, we have to take responsibility for our transgressions. We are still human beings who deserve to be treated humanely and not just warehoused. I thank you in advance for your time and consideration.

Respectfully,

Janet Johnson #923-246 / # 2958232
7943 Brockbridge Road
Jessup, Maryland 20794

From: James Davis # 185002

ISSUES EFFECTING ADMINISTRATIVE REMEDY PROCEDURE

* MEDICAL: DCD 185-002 permits medical complaints, yet when the ARP reaches I.G.O., they cite Corr. Services Manual to hold the IGO has no jurisdiction, because the medical dept. is not a State employee. (C.S. Title 10)

ANSWER: Contrary to ADAMSON V. C.M.S. and C.S. Title 10, in WILSON V. SEITER, the federal court defined "conditions of confinement" including food, water, exercise and medical treatment. The State contracted the medical provider, and can tell the medical entity that it is not complying with the contract;

2. INVESTIGATION OF ARP CLAIMS : THE ARP process is not in compliance because:

(a)- Grievances are investigated by non-neutral parties, some of which are the person being complained about, or the person complained about actually answers the complaint;

(b) The "Investigation" of an ARP usually omits any interview of the Grievant, or witnesses the grievant indicates has knowledge helpful to the case.

3. DIETARY : The following issues exist here;

(a) Regarding Dietary and other complaints, informal complaints are rarely processed or responded to;

(b) Dietary stopped serving coffee after COVID restrictions, because dietary staff claim they couldn't get it to the unit for breakfast. With a brand new Coffee machine (very expensive) it stays wrapped up like a Christmas present (WEST COMPOUND)

(c) Dietary staff do not control the excessive amounts of salt being placed on several dietary items

(d) no access to supervisor (CAPT.)

4. FINANCE

— (a) Money takes weeks to be taken out the account (going to home or catalog)

(b) Vouchers sent to people instead of money order; 3-4 times in a row

5. CASE MANAGEMENT

- The ARP system requires case management decisions can only be attacked through IGO, which will take 6-12 months for a hearing, and 2-4 months for a decision (lose 2 mo.// win, 3 months, law judge at least 30 days for Sec'y, DPSCS)
- Case management do not respond to requests at all, in timely fashion
- IPs have to go to other counselors
- mistakes cannot be included in ARP
- Institutional Progress Reports are to be given out once a year but all counselors do not provide them or are lethargic in doing so;
- If transferred from another pre-release,, if I have already completed prerequisites (in-house assignment etc (at another facility), I should not have to complete it again
- case management specialists have no contacts in the commitment office, do not issue Diminution sheets, and in urgent situations dealing with outside counsel, i.e. court, etc. counselors refuse to help

6.* RAISE OF INSTITUTIONAL WAGES

The cost of living has increased exponentially, yet efforts to obtain a pay increase across the board. The last raise over 10 years ago

7. WI-FI PROBLEMS: You cannot complaint about wi-Fi not working properly, through ARP. For the money W-Fi should work, not stop and pause for extensive delaps through commercials. When wi-fi was left on 24 hours is when movies will stop for long periods. C.S. §10-206. Complaints ~~can only be filed against State employees. The correct~~ section is C.S. (Corr. Services, §10-206(a))

8. MAIL- photos and mail takes forever to get in

9. NO COPY MACHINE TO COPY LEGAL PAPERS: Library rarely open and copy machine broke

10. NOTARY SERVICE AVAILABLE ABOUT ONCE EACH 5-6 WEEKS

11. NO INST. PAROLE AGENT TO COMMUNICATE WITH PAROLE OVER PAROLE ISSUES