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ACTING DIRECTOR OF GOVERNMENT RELATIONS

**POSITION ON PROPOSED LEGISLATION**

**BILL: HB0297 Office of the Attorney General - Correctional Ombudsman Unit**

**FROM: Maryland Office of the Public Defender**

**POSITION: Favorable**

**DATE: 03/05/2024**

Attached are written testimonies provided by six incarcerated individuals who request that this Committee to issue a favorable report on House Bill 297.

**Submitted by: Maryland Office of the Public Defender, Government Relations Division.**

**Prepared by: Sarah McKinley, Student Social Work Intern,**

**[sarah.mckinley@maryland.gov](mailto:sarah.mckinley@maryland.gov)**

Melissa Shipley #920-334  
MCI-W  
7943 Brockbridge Rd.  
Jessup, MD 20794

To the Maryland General Assembly Judicial Proceedings and Judiciary Committees  
IN FAVOR- Correctional Ombudsman Bill #SBO134/HB0297

I am a Maryland resident and will be for the next two consecutive life sentences that were imposed upon me in 2002. During my incarceration I have been through several different Health Care Provider Companies. The problem being we had so many ARPABLE problems with the providers of Wexford Medical, they filed bankruptcy, opened a Horizon Medical and kept the same providers we wrote up. I am definitely in support of a favorable vote to support a bill that would put in place overseers of our current medical department.

Since there is no outside accountability of these providers they do as they wish and we have no recourse to receive adequate care. In 2017 I had a double mastectomy due to breast cancer (BRCA 2 Gene). The same day I had surgery, Dr. S. removed the bandaging that ran the width of my breast plate. I told her the Oncologist said not to remove for seven days, she said in order to treat me she had to see it. She pulled out several stitches and opened up the front of my incision, which resulted in an infection. I was in medical for 20 days until they removed the drainage tubes. I had to keep track of the draining fluid and clean my own tubing. The whole time they refused to give me the pain medication I needed to heal, they said it was only skin- not major surgery. The Oncologist said how often I was to return and what medication I was to be on. This facility said it was just a SUGGESTION and they did not have to follow it. WHAT????

As of October 4, 2023, my cancer numbers have increased yet again. Today is November 13, 2023 and I still have not been sent to see my oncologist. This is exactly how things progressed last time. When I showed them the lump in my breast, they said let's wait a month and see if it gets any bigger. WHAT??? This cost me both my breasts. NO chance for chemo or radiation to curb the cancer. I filed many ARPS against Horizon but I was told they were NON- Meritorious. I only have to receive adequate care not GOOD care or Preventative Care.

Having an independent oversight committee will help others receive the care they need in time to save their lives or their body parts. Bringing medical issues to light sooner will cost less in the long run- not just monetarily. I would not wish what I went through on anyone.

I ask for a favorable vote in support of the Correctional Ombudsman Bill

A handwritten signature in black ink that reads "Melissa Shipley". The signature is written in a cursive, flowing style with a large loop at the end.

Shala Dorman # 3376681

7943 Brockbridge Road/PO Box 500 Jessup MD 20794 (MCI-W)

January 2024

**To the Maryland General Assembly Judicial Proceedings and Judiciary Committees**

IN FAVOR-Correctional Ombudsman Bill **SB0134/HB0297**

My name is Shala Nicole Dorman and I am a Maryland resident who has been incarcerated in the Maryland Department of Public Safety and Correctional Services system for the past 15 years. I served the first half of my sentence at Patuxent Institution and have been back at Maryland Correctional Institution for Women since 2017. Serving 15 years in Maryland's DPSCS has time and again convinced me of the need for an outside impartial oversight within the confines of Maryland Correctional Institutions. For this reason and numerous others I am in support of a favorable vote in support of the Ombudsman Bill.

Independent oversight isn't just a desire for Maryland's Incarcerated Population; it is a necessity that has gone unmet for far too long. Within the Institution here at MCI-W time and again Incarcerated Individuals have been threatened and bullied into dismissing ARP's and not pursuing institutional write ups by the officers who are in charge of processing these forms; which are our only recourse for making complaints. Time and again mail has been opened and destroyed, never making it to the addressee on the envelope because it was addressed to someone whom holds authority or that can take action against the institution. I myself have been left no choice but to send some of my mail out certified, costing me the better part of \$13.00, just to ensure that it reached to recipient. There is zero accountability for the Incarcerated Individuals whom the Institution knows suffer from mental health disease. II Kalifah Milton has to date attacked (5) other II's (4) of whom did not retaliate and fight her back. Kalifah has known mental health issues and is consistently given 30-60 days on segregation or not sent to segregation at all and just spends a month in treatment services and then let right back out into population. This practice endangers the well-being of every other II on these grounds. Kalifah need not be provoked, she just simply attacks. I have been a first-hand witness to (3) of these attacks and at no time was she provoked or antagonized. Not having independent oversight is what has perpetuated a problem that could have been mitigated at this point, saving other women from being attacked and suffering the trauma that follows an experience of that nature. Medical continuously fails to perform their duties and follow-up on treatment plans. I have multiple goiters on my thyroid right now as well as

an enlarged thyroid. These goiters have caused me to be hoarse for over a month and a half, they continuously grow and the medical department does nothing without being forced to do so. Right now I have a goiter that is 9 centimeters and the chronic care physician has yet to call me and see me or to schedule a follow-up appointment with the endocrinologist. This has been ongoing for more than a year and a half. These are just a few personal examples of challenges that are being faced within the institution.

Having a Correctional Ombudsman will benefit not just the inmate population but also the Department as a whole. Independent oversight will eliminate much of the need for IGO hearings due to inability to resolve issues and violations of inmate rights within the institution. This will also make everyone accountable, not just the institution but II's as well. Unfortunately the Department is failing at this point to "correct" behaviors that led individuals to these facilities in the first place; a main reason for this is a lack of programming and available transitional services for II's within the Institution. This lack of programming and the low morale within the institution is a strong contributor to recidivism. The lack of programming, transitional services, work release options and cognitive classes not only affects the II population it affects the communities that we are returning to and the families that await our return. Recidivism is a direct result of the lack of these resources and takes its toll not just on the individual but also on the individual still awaiting release.

Again, I cannot reiterate enough the desperate need that exists within the Department for independent oversight and a Correctional Ombudsman is the answer to the widespread injustices that occur within the correctional institutions daily. A favorable vote in support of the Ombudsman Bill is what will create sustainability and accountability within corrections and we all need accountability. I support a favorable vote in support of this bill.

TO: MD General Assembly Judicial Proceedins and Judiciary Committees  
FROM: Cynthia J. Downs #901573; MD Correctional Institution for Women (MCIW)  
RE: Ombudsman Bill # SB0134/HB0297  
DATE: January 2024, Legislative Session

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I have been a life-long Maryland resident as are my siblings, children and 14 grandchildren. I am 68 years old and have completed 18 years at MCIW. I am preparing for a transition into Work Release to better prepare myself for re-entry into society, increase my necessary Social Security Earnings and to fulfill my genuine purpose in life. However, therein lies the problem in which an Ombudsman would be key and I am asking for your support of the above reference Bill.

MCIW is the "only" prison for women in the State and yet we are penalized for being women by the State through DPSCS' own unwritten rules and regulations which are based on the Federal, Maryland Constitutions as well as COMAR. MCIW does not have an offsite Work or Pre-Release Center like all of our male work/pre-release counparts are afforded. We are housed in a Maximum Security prison, in general population cells, double bunked and fed the exact same food as all other female inmates. Those women who work pay approximately \$750 per month for room and board and \$35 weekly for transportation. Less than half of our paychecks are left for clothing, phone calls, personal hygiene items and savings for our release.

The State of Maryland already allocates money to DPSCS for each inmate housed at its prisons. Unlike our male counterparts we are not allowed to use public transportation-which is available one exit up Rt. 295. We are not allowed to use the light rail or buses, as are our male counterparts. One of the largest Work Release employers-Maryland Correctional Enterprises is approximately two miles from MCIW. There are five women employed there and each pays \$35 per week. That totals \$175 per week for a two mile trek as income to DPSCS, in addition to room and board fees. Our male counterparts have consistent reintegration to society, the women do not. There are no family leave the last four months of work release, or available outside trades educational programming for women.

Women are even denied employment where male work release inmates work. This greatly limits are job choices. According to DPSCS' own rules and regulations all work release inmates are allowed to work within a 30 mile radius of their facility. Not at MCIW. Women are "urged" to work as telemarketers, secretaries or in one fast food restaurant. All for the convenience of MCIW Staff. None of those jobs allows a living wage and when over one half of ones paycheck is kept by the prison system, savings are minimal. The women who work on work release are released with \$50 in their pockets, often.

These are just a few of the discriminatory practices the State invokes on its female prisoners. An Ombudsman would keep MCIW accountable for adherence to the States' rules, regulations, laws and policies within the prison system. Currently when letters are written to the Governor or other outside entities they are

forwarded back to DPSCS or MCIW Administration for an "investigation." It is vital to the integrity of the prison system for an objective trier of facts to monitor and intercede on behalf of all residents of Maryland, male or female.

I urge you to review this matter as just one of numerous discriminatory practices against female prisoners in Maryland. As you are aware over 90% of prisoners are released and a successful reintegration into society bodes well for all Marylanders.

Thank you.

Oriana Garcia 455-782  
7943 Brockbridge Rd.  
20794

SB0134/HB0297

Since my arrival, April 2017, I have been subject to the rollercoaster of deliberate indifference, improper training, and undeserved malice our entire population suffers. My first year there was a two month period the entire institution was out of menstrual pads. We resorted to torn shirts, rags, washcloths and wads of toilet paper, which they said we were also low on. When an audit team came onto the grounds and we were all locked down to keep us away from them - we shouted out our windows about the lack of pads, and the fact that the AC that was turned on to impress them, never for us. **We were punished. The heat was turned all the way on high for two straight weeks.**

My grandmother passed away the same fall. The Dietary department would not allow me even one day bereavement, because their failure to keep the department properly staffed became my burden, as there was no one to cover me.

It took me four months to move downstairs, as I have trouble on stairs. I was volleyed between Medical and Custody, both claiming the other had the authority. Custody did not relent until someone they favored wanted my bed assignment.

**We have ONE therapist for 500+ IP's.** This is not enough support. The pandemic brought this to a head for me, personally. Due to rampant disorganization and lack of communication, I did not receive my meds for three days, from not being let out of my room during medication time. Our officers became comfortable and preferred us locked down all but one hour a day. I wrote mental health for over two months, because I was already withdrawing due to stress and missed meds, and decided to go cold turkey because that was preferable to the ups and downs of 300 MG of Effexor.

**I had to beg for toilet paper, and that is still an issue.** The only thing that got me through being sick was one of our RCA rescues, Ozara. She came into my room for months, leaning her body on mine when I was curled on my bunk crying, or over the toilet. She was my only support on a daily basis. Our administration is taking no new applicants for the program, or rescues **-leaving cats like Ozara that could be changing lives like mine - to die.**

We do not have enough substance abuse support. **Our Warden has stated that addiction is like losing weight. It is a choice, and you just have to stop getting high.** N.A. is only authorized once a month. As well as going on lock for dirty urine, you are not allowed to work for 90 days. Punishment on punishment. We are mammals, and have reward systems in our brain. When there is nothing to look forward to, and punishment only principles, we're not giving them any reason to stop getting high.

Independent oversight is beyond crucial. When the audits are announced, our administration has their favorite IP's spread bleach, paint, and wax on every visible surface, and we are punished if we speak to visitors, or just locked down to be kept away, for the appearance of order.

The Warden, has been heard regularly on the radios saying "I'm not talking to no inmates, put movement on hold." I didn't want to believe it, until I heard it myself. We are not human to her. We need an independent ombudsman to remind our overseers now and in the future of our humanity and worth, because you cannot continually tear down human beings and expect a positive result without building them back up with something in its place.

To begin real, corrective progress, as intended by DPSCS's mission statement, please vote in favor of the Correctional Ombudsman Bill.



MICHELLE WONG  
# 492218

SB0134/HB0297

I am bringing to your attention of my serious medical case that I could not get adequate and timely medical care at the MCIW (Maryland Correctional Institution for Women) to go to the hospital or see the oncologist ASAP for screening plus treatment for cancer. The following is my case information and I am appealing for your help to save my life.

### March 2023

I first came to MCIW in March 2023 and did an initial medical assessment. I informed MCIC Medical staff that I had breast cancer and did a mastectomy surgery on my left cancerous breast in 2017. I did not do radiation nor chemo after surgery, which I should have, and this puts me at a very high risk of having cancer coming back. I signed the Medical Release forms so that MCIW Medical can retrieve my medical records. I also informed the Health Provider that I have this sporadic chest pain. The Health Provider told me that the pain might be caused by the mattress that I was sleeping in.

### July 2023

My chest pain became more persistent and severe in July 2023. I saw several MCIW Health Providers and a doctor. I informed them the pain is in the center of my chest and it felt like cancer pain which I have similar cancer symptoms. I requested to go to the hospital or see the oncologist. The MCIW Medical staff did the vitals and EKG to check the heart. All results were normal. They refused to let me go to the hospital stating that all my vital signs and heart condition were all normal. They prescribed painkillers (Motrin) for my chest pain instead.

**Aug. 21, 2023**, I submitted an ARP (Administrative Remedy Process) of complaints in regards to inadequate and untimely medical care. ARP was directed to YesCare. MCIW Medical is contracted to YesCare. I received a responding letter dated Sept. 4, 2023, from YesCare representative named Heidi Miller. Her response stated that my medical condition was seen by their medical provider on Aug. 25, 2023. It listed the same thing that the doctor had already told me that day that I have history of Vitamin D deficiency, breast cancer in April 2017, and status post left mastectomy. All tests, mammogram, mammography/sonogram and CTA chest which were all done early this year with an outcome of all normal results. She also mentioned, "there are no pending consults for review at this time" which means there are no appointments for me to see any specialists. YesCare neglected the fact that there are numerous problems with their medical care practices.

### Problems With MCIW Medical- YesCare

- 1) Even though mammogram, mammography/sonogram tests were normal, these tests limited to detect cancer only in the BREASTS not the chest. I have pain in the chest not the breast! All these tests CANNOT verify that I do not have cancer in the chest or elsewhere in my body. These tests were given to women over 40 years of age annually here at MCIW as a standard check. It was not given to me because I have chest pain.
- 2) CTA chest was done on my chest to detect cancer tumors in the chest but cannot detect bone cancer in my chest. MRI or other screenings give more sophisticated screening for cancer in the bones. I worry

that my chest pain may be caused by bone cancer because the pain is in the chest bone in the middle of the chest.

3) I had requested MCIW Medical to give me a copy of my CTA chest and confirm whether CTA chest that I did was capable to detect bone cancer in my chest. It has been over a month and I still have not received a copy of my CTA report nor confirmation.

4) Even though my vital signs and EKG for the heart were normal, these tests do NOT detect cancer. If people with cancer depend on these tests to determine whether are not to go to the hospital, it will jeopardize their lives!

5) I requested the chronic care doctor, Dr. Sighn, on Aug. 25, 2023, to see the oncologist or go to the hospital ASAP because I continue to have the persistent chest pain and was getting worse. I was informed by Dr. Sighn that I would need to follow the procedure to see the "Chain of Medical Professionals" which means I would need to see them in the order of: 1<sup>st</sup> – Health Provider, 2<sup>nd</sup> – chronic care doctor, 3<sup>rd</sup> – gynecologist, 4<sup>th</sup> – oncologist. She told me because I am in prison and I have no choice but to follow this procedure regardless how urgent or if my condition is relating to cancer. She said she will let me see the gynecologist next. I found out she never put in a "consult" for me and thereby no scheduled time was set for the appointment for me to see the gynecologist.

This "Chain of Medical Professionals" procedure is a barrier and a delay for cancer patients or post cancer patients. People with cancer or with history of cancer need to follow up with an oncologist NOT a gynecologist. Cancer can progress for the worse by the time MCIW Medical schedule an appointment to see the oncologist. This delay is fatal! In addition, this procedure was never mentioned to me when I did the initial medical assessment in March 2023. I was informed by the Health Provider during the initial medical assessment that I will be seeing the oncologist given the fact of my history of cancer with a high risk of cancer occurrence. It has been over 6 months, the appointment was not even arranged for me to see the oncologist.

6) I submitted a letter to the MCIW Warden, Ms. G. Holland, of complaints of the above problems on Aug. 27, 2023. She responded with a letter informing me that my complaints were directed to an appropriate department but non-specific as to whom. Her resolution seemed to redirect my complaint back to MCIW Medical who continues to provide inadequate, untimely medical care and failed to arrange appointment for me to see the gynecologist or the oncologist.

7) This untimely and inadequate medical care provided by the MCIW Medical staff further exemplifies when the Health Providers, chronic care doctor and the head nurse, Ms. Jalloh, who failed to submit a "consult" for me to see the gynecologist".

**Aug. 31, 2023**, I informed Ms. Jalloh about my urgent medical conditional of my persistent severe chest pain. I requested to go to the hospital or see the oncologist ASAP. She refused but told me that she will let me see the gynecologist the following week of **Sept. 4<sup>th</sup>-8<sup>th</sup>, 2023**, instead. I found out that there was no "consult" submitted for me to see the gynecologist. Thereby, no appointment and I was not called to see the gynecologist in the week of Sept. 4<sup>th</sup>-8<sup>th</sup>, 2023, to see the gynecologist.

**Sept. 10, 2023**, I submitted a SickCall to inquire why I was not called to be seen by the gynecologist.

**Sept. 12, 2023**, I was called to see Provider 4 in response to my SickCall. Provider 4 told me that he will submit a "consult" for me to see the gynecologist. An explanation was not even given to me why I was not called to see the gynecologist in the week of Sept. 4<sup>th</sup>-8<sup>th</sup>, 2023, as promised by Ms. Jalloh. When I asked for the date for the appointment for the gynecologist, Provider 4 told me to "wait for the call".

**Sept. 20, 2023**, I was seen by Provider 1 in response to another SickCall that I submitted because of my persistent chest pain and was getting worse. Provider 1 informed me that the previous Health Providers and chronic care provider, Dr. Sighn, all submitted a "**reference**" for me to see the gynecologist and there are **no "consults"** were submitted. The difference between a "reference" and a "consult" is that a "reference" is only a written note on my medical record to suggest that I see the gynecologist. Whereas, a "consult" is needed to schedule a time for an appointment for me to see the gynecologist. Without a "consult" there will be no scheduled or confirmed time for me to see the gynecologist. So for me to see the gynecologist can be infinite. Subsequently, this will delay the time for me to see the oncologist. No treatment was given to me for my persistent severe chest pain. **There is still NO TREATMENT given to me for my persistent severe chest pain!** I CANNOT take painkillers every day. Prescribing painkillers (Motrin) and Vitamin D for me to take still does not make the chest pain go away. This is not a treatment to the root of a serious medical problem!

**8) The Health Providers and doctors could not give me an affirmative diagnosis for my unusual persistent severe chest pain.** It was mentioned in their medical record that I complained of "chest wall pain". I do not know how this analysis of my pain was to be "chest wall pain" when no tests were done to prove the claim except for a brief physical examination conducted by Dr. Sighn on Aug. 25, 2023. I clearly told Dr. Sighn that my pain is in the chest bone in the middle of my chest. I expressed my concern that the pain can be caused by bone cancer. The doctor's assumption of my chest pain to be "chest wall pain" is concerning. Often, when a doctor gives out an assumption of a diagnosis without proper testing can be wrong or result in malpractice. If in fact my pain is caused by bone cancer, it is fatal! Given the fact that I have history of cancer with high cancer reoccurrence, plus, an unusual persistent severe chest pain, it is imperative that I need to go to the hospital or see the oncologist to do screening and get treatment ASAP.

I had Vitamin D deficiency before and never had any kinds of pain. I have been taking the Vitamin D pills since July 2023 prescribed by Dr. Sighn and there is no improvement. I still have this unusual persistent severe chest pain.

Cancer is an insidious disease. It is not apparent in the early stages and fatal when discovered late in the disease. There are 4 stages for cancer:

Stage 1 and Stage 2 are the early stages of cancer. Most people survive in these early stages.

Stage 3 and Stage 4 are late stages of cancer because cancer has metastasized. Most people do NOT survive in these late stages!

**This is why an early screening and treatment is crucial especially any pains or symptoms appear.  
Delay in screening and treatment is an absolute death!**

- 1) Given the fact I have history of cancer with high risk of cancer reoccurrence and an unusual persistent severe chest pain, I need to go to the hospital or see the oncologist ASAP! Only the hospital has the equipment to do the sophistication of screening and treatment for cancer. The oncologist will eventually refer me to the hospital to do the screening and treatment for cancer.
- 2) Even if I did not have any kinds of pain, it is necessary for me to follow up with the oncologist and not the gynecologist. The oncologist is the specialist for cancer or post cancer. I have history of cancer with high risk of cancer reoccurrence, it is imperative for me to following up with the oncologist at least twice a year. I have not seen an oncologist over a year since I have been detained!
- 3) It is very important that the Medical Staff need to have integrity to ensure patients go to their appointments to see the specialists. People with chronic disease need to be seen by the specialists on a timely basis, so that they will not degrade in their care or illnesses. As mentioned in the responding letter dated, Sept., 4, 2023, sent to me by YesCare representative, Heidi Miller, she state that "there are no pending consults for review at this time" for me which means I have no appointments to see any specialists. Yet, the Health Providers, chronic care doctor and Ms. Jalloh all promised that I will see the gynecologist and oncologist but neglected to set up these appointments. There was NO explanation as to why "there are no pending consults for review at this time" for me to see the specialists given the fact of my cancer history and unusual persistent chest pain.

Even though I am an inmate at MCIW, it is my constitutional rights to have adequate and timely medical care. I am working hard to do rehabilitation plus taking educational courses to cultivate and looking forward to contribute to my community upon my release. Without adequate and timely medical care, it will hinder my physical and mental capacity during this period of rehabilitation and putting my life at risk. The problems mentioned above needs to be rectified by MCIW Medical or YesCare. I am appealing for your help and defend for my constitutional rights for adequate, timely medical care at MCIW. I thank you very much for your time and effort.

Sincerely,

Michelle Wong

Inmate# 492218

Dagmar Jensen #915094  
#915-094  
MD Correctional Inst - Women  
7943 Brock Bridge Road  
Jessup, MD 20794

January 2024

To the Maryland General Assembly Judicial Proceedings and  
Judiciary Committee

IN FAVOR: Correctional Ombudsman Bill # SB0134/HB0297

I am a Maryland resident and have been incarcerated at MCIW for nearly 26 years. Following are some of my experiences and things I've witnessed that show an independent correctional ombudsman office is desperately needed.

#### MEDICAL

Around 2016/2017, inmate Mary Utley went to medical complaining she could not breath. Without doing proper diagnosis, she was returned to her housing unit. This was repeated for about five day. Then Ms. Utley died. She had pneumonia: an illness that is easily detectable with proper diagnosis and curable.

In 2015, inmate Stephanie Joseph had been reporting an extremely bad cough for about 2 years. No proper diagnosing was done. Medical simply gave her CTM (an allergy medication) and sent her away. Sometime in 2015/2016 her husband picked her up and rushed her to the hospital. Two weeks after leaving MCIW, Stephanie died of lung cancer.

August 2022 I had a quickly enlarging, highly inflamed, infection in my left hand. My hand swelled to the size of a softball and the skin was ripping. The provider, Ms. May, said she saw no need for antibiotic. The next day the infection spread to my elbow. That evening I fainted from the pain and was taken to the dispensary. The nurses said my vitals were OK and refused any further care. The infection continued to spread up my left arm. With a scheduled appointment, I returned to medical but all providers refused to see me. I tried to insist on appropriate care but was told that officers would be called to take me away. After one week and "acting-out" Provider Immanuel prescribed 7 days of antibiotic. The infection again started to spread up my arm. Only after more drama and complaining (proper sick-calls requests were submitted), I was given a stronger antibiotic that eventually cured it. It then took several months of my own physical therapy to regain proper hand movement.

Around 2016 I began complaining to Dr. Singh that I had pain in my back and numbness in my left foot. Dr. Singh stated,

"Old people get that, massage it." At each visit over the next few years, she repeated the same despite the numbness increasing up both legs. In 2018 a Provider May ordered x-rays due to the pain and numbness. I was never given the results, but every visit, Dr. Singh would say, "All your vitals are OK. Numbness is normal in older people." She refused to do any further diagnosis. In 2023 I begged OG-GYN Dilworth to help me. The pain, like when blood returns to a numb area, kept me awake at night. Shoes had become painful to wear. Dr. Dilworth ordered a bone scan. The bone scan showed osteoporosis. OSTEOPOROSIS is PREVENTABLE but not curable. Due to the deliberate indifference and no proper diagnosis, I will continue to suffer worsening pain and potential for fractures that could have been prevented. This indifference to my health has unnecessarily reduced my quality of life.

Many others have their medical horror experiences. It is a known fact that medical records disappear when there is a complaint.

#### DENTAL

The dental care is far below community standard. When I arrived in 1998 at age 49, my teeth were in good shape from my life of good dental care. I had fillings that were 20 and 30 years old in my mouth. As they began to need replacing, low quality metal amalgams was used. ALL of the MCIW's fillings fell out after 4 weeks to 4 months. After 2 or 3 times replacing fillings, the dentists wanted to pull the tooth rather than save it. I lost 4 molars/bicuspid due to bad fillings.

Around 2010, we were told we could get a cleaning. The employee did not clean, but scaled. The harsh drilling like procedure was passed over my teeth again and again at the gum line. A few months later, my teeth began to break off at the gum line, leaving the rest of the outer wall and the filling. To date I have lost 3 molars to this type of breaking while eating soft foods. I now have trouble chewing with only two molars that meet to grind.

I had two severe infections in my mouth causing much pain and black eyes. I asked the dentist to drain the very painful build-up of puss. She stated, "You want me to make holes in you!!, I'm not going to do it." The correct medical term is "fistula" and they are a common procedure to drain puss. I made the fistulas myself, drained and cured the infections.

I have been told by 3 inmates that while having a tooth pulled, the dentist broke the good tooth next to it, and had to extract that tooth also. There are many more dental horror experiences.

ADMINISTRATION HARRASMENT/RETRIBUTION AND THE COMPLAINT SYSTEM  
(ARP)

The complaint process known as ARP (Administrative Remedy Process) is greatly unfair. Inmates do not use it because it is not only futile, but most fear the retaliation when using the process or even speaking up. The present administration does NOT respond to inmate letters, complaints, or reports.

July 2022 I was sent a book from Amazon. I never received it. I wrote the mail room clerk who remembered seeing it. Nothing was done so I wrote an ARP. The ARP coordinator, Ms. Anderson-Davis, who is also a Case Manager, never responded to my ARP. Per official procedure, I appealed to headquarters/Commissioner of Corrections. Saturday, November 19, 2022 at 8 p.m., Ms. Anderson-Davis came to my cell and searched for the book. She did NOT find it. She then responded to my ARP by telling a lie and stating she had found the book. I appealed again.

Ms. Anderson-Davis then began a barrage of retaliatory searches and confiscation of my property over the next several months. This was done despite Warden Holland stating that Ms. Anderson-Davis should not have entered my cell. First Ms. Anderson-Davis came to my cell and confiscated almost ALL my books. Then Ms. Anderson-Davis directed other officers to do several retaliatory searches, confiscating authorized items with "inventory searches." Inventory searches are used only as punishment. DOC rules state that an inmate may possess all items obtained with authority. The "inventory search" confiscates all property that is not on the inventory sheet list of basics. I lost authorized items that I had paid for, was given as reward or gift for certain activities and services, etc. Not all items were registered on the confiscation sheets. Instead of Warden Holland putting a stop to this, she condoned it and assisted in changing the subject from the lie Ms. Anderson-Davis told and her retribution, to my "having too much in my cell." I was punished for properly using the ARP process and telling the truth.

MANY INMATES HAVE EXPRESSED THEIR FEAR OF USING THE ARP PROCESS due to the retribution they have seen to me and others.

OTHER

I could write a book on other serious problems at MCIW. They include but are not limited to: Finance: inmate monies, etc., Mail Room: book and correspondence disappearance, Officers: inappropriate behavior, Mold in walls and ceilings causing "allergies" and other untreated health issues, Addiction not being properly addressed, etc.

Thank you for your concern in this matter. I hope you can see that MCIW makes it painfully clear that ABSOLUTE POWER CORRUPTS ABSOLUTELY. I hope you can see that an INDEPENDENT OMBUDSMAN BILL is necessary.

Respectfully yours,

*Dagmar Jensen*