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Greetings Senator Beebe-Center, Representative Salisbury and Honorable Members of the Criminal Justice and Public Safety Committee. My name is Nathan Goodwin. I reside at the Maine State Prison and I am writing to support LD 1863 An Act to Provide Assisted Living and Long-term Nursing Home Care for Incarcerated Persons.

My humble apology for the last testimony I submitted with the wrong LD number. This is the testimony I had intended to submit.

I have resided at the Maine State Prison since June of 2011 and have worked as a hospice volunteer since 2015. During my time at the prison I have come to know many of the men who reside here and will live out their final days here at the prison. In my role as a hospice volunteer I have been blessed to spend many of those final days sitting bedside with a number of dying men. This has given me a unique opportunity to see first hand how this bill would benefit many of the men (and I am sure one day some women at MCC) as they live out their final days.

Many of the men I have sat with have not had any remaining family to care for them and this bill would not change their end of life experience. The care they received at the MSP infirmary, with the assistance of the hospice volunteers was the end they would have chosen if they had the option purposed in this bill. The men in this facility had become these men's surrogate family and by living out their final days here inside the prison, they were able to receive visits by these men, their family.

There have also been men with family who care about them and have navigated the hurdles necessary to visit their dying family member within a maximum-security facility. The administration of the DOC, under now Commissioner Liberty's guidance, has made it as accessible as is possible within the guise of a maximum-security setting but the nature of this setting will always hinder a family's ability to spend time with their loved one. The geographical local of the prison itself makes routine visits over a short period of time both difficult and expensive. Add to this the need to time their arrival and departures around prison counts and shift changes and the necessity of the maximum-security facility to limit the visitor's access in and out of the prison. I have witnessed this lead to shortened visits as the family member ends the visit when they become hungry or need a cigarette or personal medication which cannot be brought inside the facility. Add to these hurdles the shear anxiety of being inside a facility of this nature and the visits can become uncomfortable and not conducive of the quality time a family needs as they say goodbye. This is compounded by the difficult conversations which commonly need to be had between an incarcerated citizen and their family which was left behind at their incarceration. These conversations are not easily had when confined to a set visit period and with the 15-minute checks of even the most courteous Security Officer.

Recently, one of the Maine State Prison Hospice Team members, who was influential in developing and sustaining the Hospice Program, was diagnosed with Amyotrophic Lateral Sclerosis. After over a decade of caring for men in the MSP infirmary, this man will spend his final years in the shoes of the men he diligently cared for. He has tirelessly offered of himself time and time again to not only sit bedside of dying patients but to also assist the nursing staff with patients suffering from dimension. I have personally witnessed this man give his all to assist nursing as they cleaned patients who no longer had control of their bodily functions. He knows first hand what it is like to be infirm at MSP and he now faces that struggle. Without the implementation of this act, this resident will struggle through this debilitating disease surrounded by his caring Hospice family but in the absence of his biological family whom loves and cares for him. For the men like this in our prison community this act needs to be passed so families can spend these important final moments together and true healing can be fostered.

Thank You for hearing me, Nathan Goodwin MDOC# 117369