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I'm a retired nurse, a member of the York County Jail Board of Visitors & several social justice advocacy groups working for vulnerable people, families and planet. As a retired nurse, I bring a health perspective to my advocacy work.

The people who bear the brunt of the consequences of the government's mistaken decisions are the most vulnerable families, and people who are poor or sick.

I wonder, now, if community testimony here does make any difference.

I wonder if you hear us?

I ask you to assess your priorities, and fund, not Incarceration, but Care: Community initiatives for housing, crisis centers, & peer mentors, for providing treatment for SUD, for outcomes-based case management & handoffs for housing transportation and jobs.

I wonder if you hear us?

Since COVID, there are limited programs at MSP, & extended lockdowns and riots too, at Long Creek. Medical professionals know that extended isolation creates a cycle of hyper-reactive behaviors & riots. Lockdowns continue.

While Mr. Liberty describes positive results from prior DOC leadership & improvements,

both youth and adults, today, report ongoing harms from harassment, violence, isolation practices, & medical neglect.

Supposedly we are heard. But I wonder if you listen, or if you hear us...

After all the truths we have learned about harms and deaths in custody; after George Floyd & Brianna; after Maine's MSP scandals, youth riots and lockdowns, absent defense attorneys, aggressive DAs, surveillance sentencing, and dismal recidivism rates, I ask why you fund MSP failure & harm families & communities?

There are kids housed at LongCrk with no crime, because there was no other shelter. This year penobscot County commissioners still insist on spending tax dollars for a new jail.

At the last session efforts for reforms in youth Justice, parole, second chances, bills for elder hospice care at home, other community initiatives to reduce incarceration, & even Wabanaki sovereignty (a blow to nature & to all Mainers), ultimately went unsupported or unfunded in Maine's democratically controlled State government. This session,

Bills for youth assessment before placement, alternative planning for closing LongCreek, & others, have been gutted or pulled in committee before being debated.

There are kids housed at LongCreek with no crime, because there was no other placement. Prison is the housing and psychiatric care we offer minors & others who are homeless and uninsured.

This year penobscot County commissioners still insist on spending tax dollars for a new jail, while ignoring the punitive attitudes, leadership & culture problems there.

I've watched practices in Maine courts, and see how we treat our most vulnerable.

A missed hearing led to a warrant (failure to appear) & the man's arrest at a homeless encampment. Police knew where to find him to arrest him, but not to help him transition to the community. Prison is the housing and psychiatric care we offer the homeless and uninsured.

I do wonder if you listen, or if you hear anything but DOC sound bites?

FAMM cites one in two adults has a family member who has experienced incarceration. That's a very high number.

In my close-knit group of retired nurses, the number approaches 100%. My group of fellow nurses had the resources to help those loved ones, but every family must deal with the financial and emotional traumas of incarceration. While that family is missing a loved one who is a caregiver or breadwinner, the family must pay the fees

& expenses incurred with phone bills and commissary charges, lawyers and court dates.

After release, as people try to resume community life, they have many needs, but have inconsistent & limited social support & case management. There are many barriers to successful transition (transportation, fees, court requirements, surveillance ) but limited opportunities (housing, jobs,) to succeed. And all the public records, now electronic, follow a person, past release and for life.

I ask you to assess your priorities , and fund community initiatives for housing, crisis centers, & peer mentors, for providing treatment for SUD disease, for outcomes-based case management & handoffs, for community housing, transportation, and jobs. (eg LD 288, 1514, 1865, 1904, 1975)

And, please use whatever personal or legislative leverage you have, to improve opportunities for support and transformative justice instead of incarceration in judicial decision making.