

Testimony; House Appropriations Subcommittee on Corrections, Agenda Item; **Discussion on Overdoses Substance Use by Prisoners**; February 24, 2021; **By: Geri Morris, RHIA, MA, BS**; a licensed Registered Health Information Administrator; Bachelor of Science Degree from The Ohio State University, School of Allied Health; a Masters Degree in Education and Training from Marymount University; Arlington, VA ; Retired from Spring Arbor University; contact email; [compassionrun@gmail.com](mailto:compassionrun@gmail.com)

Imagine you have a diagnosis of Substance Use Disorder (SUD) by a medical doctor and prescribed a regimen that includes Medication Assisted Treatment (MAT) – unfortunately you commit a crime and are sent to prison – what about your medical condition and what is the possibility for you to achieve sobriety in a culture where there is a large supply of unlawful drugs?

SUD like many health issues, once diagnosed, requires treatment. Such treatment for this disorder includes therapy, counseling, group/peer support meetings, avoiding high risk drug areas, and medicine as indicated. SUD, if left untreated, can progress. Translation- one can get worse and this disorder can advance into mental health and behavior issues, and affect bodily organs such as the liver and the brain.

Because SUD is a medical condition, persons with this diagnosis deserve to have treatment, even if they are incarcerated. However, this is not the case in many circumstances, at the Michigan Department of Corrections (MDOC). Instead of the treatment modalities listed above, inmates are expected to self manage and self treat while living in a high risk drug environment.

Without such treatment, typically a relapse will result – this is a medical term for a condition where the person returns to active drug addiction. The person can become desperate, and at the mercy of the addiction. If an incarcerated person is drug tested, and is positive, the policy is to impose sanctions. One such sanction is to remove visitation privileges. A support system is a treatment modality. However, MDOC states that “removing these privileges deter(s) drug use” - however, data does not support this statement – in fact we know removal of a support system causes further damage.

In addition, inmates who have relapsed are preyed upon and get trapped into paying extorted amounts of money – if a prisoner asks for help they are put into segregation AKA the hole. The inmate then is required to complete a substance use program in order to be paroled.

Lets recap- someone diagnosed with SUD, who is incarcerated, is preyed upon, punished, denied privileges, isolated from family support , denied treatment, and often denied parole.

At MDOC in ordinary times programming and treatment have limited availability. With COVID basically all programming was halted. Thus, inmates did not get paroled and many stayed stuck in a cycle of despair, trauma, and hopelessness past their release dates.

Remember I started this testimony with one word – IMAGINE – can you imagine if you are diagnosed with a serious condition and were told you had to cure yourself and were punished if you couldn't. I certainly would not have imagined, but it happened to my son. The entire above scenario is a true, documented, and factual account of what happened to our son. He remains in “the hole”, past his earliest release date, denied family visitation (now video), programming, treatment, and parole.