

January 6, 2012

Senator Katz, Representative Burns and Members of the Government Oversight Committee,

My name is Leslie Manning, I reside in Hallowell and serve as President of the Board of the Maine Council of Churches, an association of nine denominations which has long been concerned with the rights and humane treatment of prisoners in Maine's correctional systems. We are equally concerned with access to quality health care for all Mainers, so please excuse me if I speak with some depth of feeling about these two issues so closely identified with the call for social and economic justice that lies at the heart of our mission.

Only a couple of weeks ago, Bishop Malone of the Roman Catholic Diocese was here to testify in front of the Appropriations and Health and Human Services Committees that health care is a basic right and that we have an obligation to provide the best level of care possible for all Mainers. That is as true for prisoners as it is for any other group of Mainers, and we are glad to see that fact recognized and encouraged in the OPEGA report. We are deeply troubled by the lack of quality care and documentation demonstrated in this report and at the lack of vigilance and monitoring that is indicated. We are hopeful that this will continue to change and that accountability and transparency become the standard for those who deliver and monitor quality health care in Maine prisons.

We want them to be held accountable first to their patients and then to the taxpayers and policy makers of Maine, not just to their shareholders. We question, as do others, why it is necessary to award these contracts to private companies who benefit from cost savings and efficiencies at whose expense? Why are we unable to provide this level of care directly, with our own state employees who are held accountable directly to us? We are encouraged by the changes that we see occurring in the Department of Corrections in prisoner treatment and patient care, but are aware that efficiencies cannot trump delivery of necessary care to a vulnerable, medically under-served and increasingly aging population.

Prison, at so many levels, represents the failures of many systems and it is the most expensive way to treat, to rehabilitate and to change behavior, so it is very easy to look away or make it someone else's problem. We can no longer do that, as a state or a community. Corrections is the third largest item in our state budget. We cannot afford at a moral or economic level to let sub-standard care be acceptable. If, as this report says, the level of care shall be the community standard, we must ask what would be the results if a community hospital, a community clinic or a medical practice were found to be deficient in all the areas indicated in this report?

We know that providing acute care in lieu of prevention and wellness is more expensive and less beneficial; we know that providing money for private contractors for prisons while reducing early childhood education is short-sighted and damaging; we know that it is far less expensive to prevent than to treat. It is time to act on that knowledge.

From the beginning of our collective story, from the first murder in the first dysfunctional family the question is asked "Am I my brother's keeper?" And the answer that comes back, always, is a resounding "YES".