

Written Testimony of Justin Counts in Support of Senate Bill 599

Senate Civil Rights, Judiciary and Public Safety Committee, March 21, 2024; Noon
Room 1200, Binsfield Office Building
201 Townsend St., Lansing MI 48933

My name is Justin Counts, and I am writing to share how my two years of experience working in a prison hospital have led me to support Senate Bill 599, and to urge you to support its passage.

Today, I am a veteran housing advocate providing supportive services for veteran families at the Community Action Agency in Jackson. But for two and half years, I was incarcerated in Michigan. Because I had previously served in the U.S. Air Force and had a security clearance, I was eligible to work in the prison hospital there. It paid a little bit more than most prison jobs, so I took it. I soon learned that prison hospitals are very different from any other kind of hospital.

That's because prisons are not normally the place where people dying of cancer, struggling with dementia, or who have had multiple limbs amputated are supposed to be. Our prisons were not designed to handle these kinds of challenges, and they are not equipped to provide these people with the kind of care they need.

For instance, I took care of several men and women in advanced stages of dementia. I cared for people who no longer knew where they were, or why they were there.

Imagine for a moment that you wake up tomorrow morning on a hospital bed in a prison. First, you're not even sure it is a prison until someone explains it to you. Then, you have no idea why you're there — until you're told what you did, perhaps decades ago, to bring you there. And then you're told you can't be with your family; you have to stay here.

It made them sad. It made them angry. It made them confused. Then they'd go to bed that night, and wake up the next day, and it would start all over again. Again, we'd have to explain that they are in prison. That they will stay in prison. Explain what they did. Break it to them that they can't see their family. They would feel everything all over again. And the day after that. And over and over.

At what point does this become cruel?

There was also a man I cared for who had no arms or legs — they had all been amputated. If he had been in a nursing home, he would have been able to go from one room to another during the day and talk with the people in them, to look out different windows or do other activities. In a prison hospital, though, he spent all day, every day in bed.

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Again I ask, at what point is this cruelty?

It's no wonder that people in prison hospitals want to get out of them. I was caring for one man who kept telling me that his out date was coming up. Every day he was getting more excited because his out date was getting closer. I wasn't sure what he meant, because I hadn't heard he was going home. One day I came in and was told he had passed away. Then I understood: by out date, he meant his death. He was looking forward to dying because that, to him, meant freedom.

He wasn't the only one. There were several people in that prison hospital who would rather be dead than in there. But dying in prison is terrifying in its own way, to both the patients and the staff. Imagine working somewhere where you have to listen to someone scream in pain for eight straight hours and you can't do anything to help that person's pain because the only thing you're allowed to offer — by law — is Tylenol.

When someone did die, a family member would usually come to claim them. Sometimes, though, no family could be found. While the prison staff searched for a family member, the body would remain where the person died — on that bed, in that room. Sometimes it would take two or three days for the state to take possession of the body so that it could be buried on prison property. During that time, a piece of black plastic was put over the window in the door for privacy, but that plastic didn't keep out the smell. It also didn't hold back the sanitary concerns of having a dead body in a crowded place like a prison where communicable diseases easily spread.

With stories like the ones I just shared, it's easy to see how working in a prison hospital takes a toll on everyone. It's often cruel to the patients — even when the caretakers do everything to provide the best care possible. It places immense stress on staff and extracts a steep emotional toll. It gave me a phobia of dying alone that I carry to this day. It also leads to rapid turnover inside the prison hospital — something prisons can't afford when the Michigan Department of Corrections already has a staffing shortage, and nursing shortages are occurring across the country.

Prison hospitals also squander resources. Prisons weren't designed to provide kidney dialysis, cancer treatment or memory care, but under law, prisons must provide health care to all the people they incarcerate. But prisons don't provide surgery or have advanced medical equipment like an MRI machine. For those things, prison staff have to accompany the person to a hospital in the nearest city, which costs time and labor.

If Medically Frail Parole were working as intended, we could make much better use of our resources while providing patients with a much higher quality of care. People who need round-the-clock assistance, like quadriplegics or those who need memory care, would be able to get it at facilities that were actually designed to provide it. The beds inside the hospital prison could

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instead be given to people who need acute, short-term care, such as someone who contracted pneumonia. The state would also save millions of dollars because money that would have been spent on health care out of the Michigan state budget would now be paid with federal Medicare and Medicaid dollars.

I understand that some people could argue that “victims didn’t get to enjoy their last hours, so why should someone in prison?” I have a few replies to that.

First, most of the people I cared for were not killers. Most were incarcerated for things such as retail fraud, driving under the influence and getting into an accident or trying to provide for their families by selling drugs. I am not minimizing any of those things, but I am quite certain that no judge ever handed down a sentence that included suffering for an indeterminate amount of time in a hospital ill-equipped to serve them or provide them with the level of care a doctor would recommend.

Think of what it would mean to purposefully sentence people to those conditions. What are we saying? Are we better than the people we are punishing when they took their worst actions — or are we the same? I think we can do better.

Secondly, the people we are talking about releasing are not a threat. We wouldn’t be releasing them from prison to go to Disney World, we would be sending them home to die, or to go to nursing homes where they could get the kind of intensive care they can’t get in prison. The man I told you about who had no arms or legs — he isn’t going to be aiming a gun at anyone. The quadriplegic confined to a wheelchair isn’t going to run away from police. Someone with advanced Alzheimer’s won’t have the presence of mind to defraud retirees of their life savings. We don’t have to be afraid of these people who are at the end of their lives.

Michigan’s Legislature was already wise enough to pass Medically Frail Parole. It was just an oversight that made it unworkable in its current form. So I’m urging you, let’s finish the job and make Medically Frail Parole work the way it was always intended to.

Thank you.

/s/Justin Counts

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