Chairperson, Members of the Committee,

My name is Juan Perez, Inmate #406764.

I am currently incarcerated at MacDougall Correctional Institution. I understand incarceration is intended to be a consequence for criminal behavior, and I accept responsibility for my actions. However, I also believe that correctional institutions should provide meaningful opportunities for rehabilitation. I also understand that rehabilitation is one of the stated goals of the Department of Correction. My experiences have led me to question whether current practices consistently support that goal.

My testimony is not about seeking special treatment. It is about sharing the barriers I have experienced while trying to better myself and prepare to return to society as a productive citizen.

One of the greatest barriers I have faced is access to vocational education. I have been told that I must choose between maintaining a prison job and participating in vocational training. At the same time, myO.A.P. requires me to remain employed so I had to choose employment over education.

This creates a conflict between meeting institutional expectations and developing the skills needed for successful employment after release. Education and vocational training are intended to reduce recidivism by preparing individuals for stable careers, yet many incarcerated people find themselves forced to choose between earning a small institutional wage and receiving an education that could improve their future upon their release. Many of us want to leave prison with marketable skills that allow us to support ourselves and our families legally. When opportunities for education in prison are limited by work requirements, rehabilitation becomes more difficult.

I would also like to point out that many rehabilitative programs listed in our Offender Accountability Plans can be difficult to access.

It often appears that program availability is limited and inconsistent. Individuals with longer sentences are sometimes told they have too much time remaining to participate, while others begin programs shortly before transferring or being released and can't finish them. It also feels as though opportunities to enter these programs depend on personal connections with staff and/or facilitators, rather than equal access to all.

For those of us hoping to demonstrate personal growth, complete rehabilitative programming, or pursue sentence modifications, limited program access creates additional obstacles. Rehabilitation depends not only on personal effort but also on meaningful opportunities to participate in programs designedFOR that purpose.

Access to medical care has also been a significant concern. Despite submitting requests, I have yet to be evaluated by my assigned medical provider, Dr Richards . Communication with medical staff often feels inconsistent, and obtaining treatment for ongoing medical issues can be difficult For example, I have a scalp condition that requires medicated shampoo not available through commissary. After explaining to nurse Janet that previous treatments had not worked, my concerns were dismissed, and I was laughed at and told to cut my hair rather than receiving an evaluation of the underlying medical issue.

I have also suffered two head injuries while incarcerated. The first occurred in 2022 after falling from a top bunk, requiring stitches. More recently, I sustained another head injury during a basketball game that also required stitches.

Since those injuries, I have experienced episodes of vertigo and have become increasingly concerned about sleeping in a top bunk. Although I expressed these concerns and asked to be evaluated, I was informed by nursing staff that I would not receive a bottom bunk pass without having the opportunity to discuss my condition directly with my provider. Once again, I have submitted several requests for evaluation, to no avail, but I 'm still being told nothing can change without an evaluation. These experiences have left me feeling that access to consistent medical

evaluation can be difficult, even when concerns involve previous injuries and ongoing symptoms.I feel like I ’m being stonewalled.

Recreation is another area where staffing shortages have a noticeable impact.

Lockdowns frequently reduce the amount of time inmates spend outside their cells. Outdoor recreation is often canceled because recreation staff are reassigned to other duties. I understand incarceration involves consequences. However, access to fresh air and recreation also affects physical and mental health. For some people, the outside air, even in a confined space, is the only smell of outside they’ll have for the rest of their lives. It’s detrimental to people’s mental health.

Furthermore, I work in the kitchen beginning at 3:00 a.m. and finishing around 11:00 a.m. When recreation is scheduled later in the day, I often remain in my cell for the rest of the afternoon and evening because I need to sleep before returning to work early the next morning.

My work hours conflict with morning rec time. As a result, there are days when I spend nearly all my non-working hours confined to my cell with little opportunity for exercise, fresh air, or meaningful recreation.

Food quality is another issue that affects many of us. For people without family members who can send money for commissary, institutional meals are their primary source of nutrition. When meals are consistently poor in quality, those individuals have little to no alternatives. I do not expect luxury. I do expect food that is consistently safe, nutritious, and fit for human consumption.

Housing assignments can also present significant challenges. At times, I have been housed with individuals whose medical or hygiene conditions made the living environment extremely difficult. For instance, I was previously celled with someone who had incontrollable bowels because of a medical condition. There was also a time when a cellmate had to go for dialysis. The wound wasn’t bandaged properly and there was blood splatter in random places of our cell. That ’s a biohazard.

Sharing a confined space under those circumstances affected my daily life, including eating, sleeping, and maintaining basic sanitation. Housing assignments should account for significant medical and sanitation concerns to protect the health and dignity of everyone involved .

In closing, I understand that correctional facilities operate under many challenges, including staffing shortages and limited resources. However, my experience has shown me that rehabilitation depends on more than just individual motivation. It also depends on whether people have meaningful access to education, medical care, programming, healthy living conditions, and opportunities to prepare for life after incarceration. The Department of Correction is called the Department of Correction because the expectation is that people can change. I am willing to correct my wrongs and rehabilitate. My hope is that this system will provide meaningful opportunities for those of us who are trying to do exactly that

Thank you for allowing me to share my testimony.

Respectfully, Juan Perez Inmate #406764