

“STILL” Maryland’s Shame!

****The emails below are actual real correspondences between Michael, Michaels family members and a plethora of Maryland state employees, clinicians, and agencies. Certain information has been omitted due to its current investigation status. The redacted portions shall be “posted” when available.***

Pt. Michael Kapneck - URGENT

2 messages

Steve W <[REDACTED]@hotmail.com>

Sun, Oct 29, 2023 at 8:30 AM

To: "m [REDACTED]@maryland.gov" <m [REDACTED]@maryland.gov>, "m [REDACTED]@maryland.gov" <m [REDACTED]@maryland.gov>, "d [REDACTED]@maryland.gov" <d [REDACTED]@maryland.gov>, "e [REDACTED]@disabilityrightsmd.gov" <e [REDACTED]@disabilityrightsmd.gov>, Nubia Henry <[REDACTED]@gmail.com>

To all concerned parties,

To begin, SGHC patient Michael Kapneck hereby formally requests that this email and its entire contents be added to his chart. As the department is well aware, my brother-in-law Michael Kapneck's court appointed attorney (S [REDACTED] [REDACTED]) withdrew his appearance under the false pretense that Michael had ample funds for his own legal representation. This last-minute manipulation by the OPD (Office of the Public Defender) has caused an absolute train wreck, stifling Michael's movement, treatment and overall faith in the process, which was already terribly undermined. It has also been known that Michael's hospital course has been riddled with controversies, many of which have been recognized by the resident's grievance system, the Office of Healthcare Quality, Disability Rights Maryland and a multitude of Michael's Psychiatrists. As if by design, the unbridled barrage of mental abuse is allowed to continue with impunity.

In the past, I have personally contacted Montgomery County Police regarding threats directed at Michael and his family (as part of his family, those threats have been directed at me) from [REDACTED] gang members. To my shock Michael was placed on a ward which housed two self-professed [REDACTED] gang members and a security staff (officer [REDACTED]) proudly displayed a [REDACTED] tattoo on his forearm, declaring his affiliation with this horrendous criminal gang. Michael was in such fear that he brought this to the attention of his treating psychiatrist (Dr. D [REDACTED]) who had a conference call with SGH clinical director Dr. C [REDACTED] but little was done to protect Michael from the seemingly endless mental abuse that came from security staff Mr. [REDACTED]. This continued through Michael's hospital course and became so detrimental to his health and safety that we requested a transfer on multiple occasions, to no avail. We were met instead with multiple resistance.

It should be noted that Dr. E [REDACTED], Head of Admissions at SGH who obviously knew about the [REDACTED] gang members who were stationed on Dayhoff C, worked with CTPHC's S [REDACTED] [REDACTED] to have Michael transferred to that particular unit. Despite the voluminous documentation covered in the attached emails (i.e. exhibits 12 & 13) pertaining to this subject, it should also be stated that when Michael was transferred to the Red Bricks Building, he was placed on a unit with three known [REDACTED] Gang members which sparked the attached "[REDACTED] REFERENCE & SGH POLICY VIOLATIONS EMAIL" / request for transfer; i.e. see attached [REDACTED] Transfer Req #1 & [REDACTED] transfer Req #2 – which were IGNORED. While these above items might seem like mere talking points concerning Michael's situation, they became the focal point of his daily fears at SGH for what should be obvious reasons. The very entity which was supposed to be treating Michael's condition, created a fertile environment which not only undermines his treatment in progress, but has in many ways exacerbated it. Dr. E [REDACTED] S [REDACTED] and S [REDACTED] [REDACTED] should be fully investigated for their direct involvement in this scandal.

EXAMPLES

1) When Michael brought up the continued mental abuse and threats of bodily injury directed at him by security staff Mr. [REDACTED], Michael was told by Dr. D [REDACTED] (this happened in my presence during an ITP) "just deal with it".

2) When Michael was at a physical therapy session, Dr. D [REDACTED] covering for Dr. D [REDACTED] on Dayhoff C, moved one of Michael's roommates and attempted to replace him with an 18 yr. old known gang member who was an outspoken racist. When Michael confronted Dr. D [REDACTED] and Social Worker K [REDACTED] [REDACTED], his concerns were invalidated and met with the following; Dr. D [REDACTED] stated "I needed the bed space" which was immediately disproven when Michael pointed out there were two other empty beds in two other dorms. K [REDACTED] [REDACTED] then stated "we wanted to see how you would get along with him". But when Michael stated that he would move his belongings into the hallway in protest of being forced into a highly volatile and even dangerous situation, the idea was quickly abandoned. Further, when Michael shared this alarmingly poor discretion, Dr. D [REDACTED] waved it off as a nonconcern.

* Be advised this is the abridged version of the events. The overall details are unbelievably disturbing and available upon request.

3) Since Michael has been on Dayhoff C (approx. 10 months) Dr. D [REDACTED] routinely expresses the following points at the beginning of each Community Meeting. Namely; "we want an environment free of violence or the threat of violence. We want an environment of respect and with that, all patients should speak respectfully to staff and vice versa. Hence, if a staff treats you poorly or is being disrespectful, bring it to my attention and it will be dealt with". But as the months unfolded, he later changed that declaration by stating; "when you have an issue with a staff member and you bring it to my attention, you put me in a precarious position". Thereby in essence stating the first example; "if you have a problem just deal with it". This method of governing subordinates has proven to be ineffective as the next example will reflect.

4) Michael's room was recently searched, led by Lt. [REDACTED] & Lt. [REDACTED], two security staff who have continually berated Michael, constantly targeting and triggering him and treating him unfairly / unprofessionally. SGHC020587 **CONTRABAND AND CONTRABAND SEARCHES POLICY & PROCEDURE** states (on Pg. 1 under policy B. & C.) ... B. "patients' rights, dignity, privacy and safety shall be protected during necessary search procedures". C. "all searches shall be reasonable and conducted at the lowest level of invasiveness that is consistent with health and safety". Yet, despite the above noted, Michael's property was ransacked and literally obliterated, i.e. family pictures ripped off walls, permissible hygiene items seized and not returned, hospital issued items (unaltered) removed, doctor approved \$90.00 down pillows taken and not returned but most importantly, all emails provided herein (i.e. exhibits 12 & 13) which for obvious reasons places Michael and his entire family at risk.

THIS SHOULD HAVE BEEN DEALT WITH A LONG TIME AGO. Especially, when Michael and his family member Ms. Nubia H [REDACTED] reported to Dr. D [REDACTED] that the only mail that Michael hasn't received over a 15-year time period of incarceration, was a piece of mail Michael requested by phone, which contained an email naming the staff members affiliate with the [REDACTED]. There are times where it seems like I'm quite literally watching a page out of the Soviet Gulag Archipelago or the movie "Shawshank Redemption" in how abusive these staff members are. Why haven't they been FIRED?! I can assure you that if it was your family member suffering under this injustice THEY WOULD BE.

5) For the record, Michael was told by a tenured staff member that "security is listening to your phone calls. I heard that they contact the hospital operator (who has the ability to eavesdrop) to notify her when you are on the phone so she can monitor your calls and relay issues of importance". In addition to this subject, Michael has reported the following;

- a. Security staff [REDACTED] [REDACTED] (while in a conversation with security staff officer [REDACTED]) stated within earshot of Michael, that he "couldn't wait! They'd wear masks so they could go right in front of the security cameras" (i.e. security cameras in front of Michael's family member's business in Rockville Maryland).
- b. Security staff officer [REDACTED] threatened Michael stating "you ain't no man. You just a broke psych patient. I looked up your family's business". [REDACTED] also stated within earshot near or around the time Michael reported him and Mr. [REDACTED] for making false statements... "it's either you or the office (i.e. the company Michael founded but no longer owns – the office is located in Rockville MD) if you don't drop the hearing" (i.e. the hearing regarding Michael's hand being slammed in the door by TR staff Mr. [REDACTED]).
- c. When Michael reported these issues to the FBI, officer [REDACTED] spontaneously quit and found a new job.
- d. During the recent search, Lt. [REDACTED] said that Michael should watch out because "I am an extremely dangerous man".
- e. During Michael's recent visit on 10/25/23, despite Michael having a doctor's order to receive paperwork (legal or otherwise) Lt. [REDACTED] stated "You think you're special. I don't care if you have a doctor's order or not. I'm not taking your word for it". When Michael told him to simply check with "Day C" nursing 50 ft. away, Lt. [REDACTED] said "No and if you get out of your seat your visit is over". When Michael verbally protested from a seated position that security was treating the environment like a jail, Lt. [REDACTED] replied "After all the time you've done, you should be used to it!", to which Michael replied "did you just hear yourself Ms. [REDACTED]? By virtue of your response, you agree that you are treating this setting like jail. THIS IS A HOSPITAL! THIS IS A HOSPITAL! THIS IS A THERAPEUTIC, NOT A PUNITIVE SYSTEM. THIS IS WHERE YOU ALL HAVE IT WRONG". At that point Lt. [REDACTED] terminated the one hour visit 30 minutes early, in spite of the fact that the first 20 minutes were consumed with Michael's struggle to access the legal / personal paperwork his visitor was dropping off. The very "paperwork" that Michael's psychiatrist (Dr. D [REDACTED]) wrote a doctor's order for. This order was totally ignored as well as SGH policy regarding allowable items that can be hand delivered at the time of a patient's visit. *for the reasons above that Michael does not feel that his best interests are being considered by the above named security staff. In addition, please note that Michael has requested via RGS RA E [REDACTED] [REDACTED] 10/26/23 that it is Michael's desire to speak with an outside agency (in person) i.e. local police, FBI etc. regarding the sensitive stolen paperwork and the source of multiple verbal threats.

6) To date Michael has been attacked physically and mentally for his race. He has been called "cracker", "Nazi", "white boy". Being called a "Nazi" is especially painful as Michael is Jewish. In addition, he has watched the majority of the west African nursing staff who are Muslim, rally around the terror attacks perpetrated by Hamas against Jews in Israel – all of which despite being discussed

with his doctor, has gone unaddressed. In order to keep things as accurate as possible, Dr. D [REDACTED] has made several attempts to quell the flood of unprovoked assaults mentioned above.

7) Michael would like to state for the record that the director of nursing on Dayhoff C Mr. [REDACTED], who knew Michael from CTPHC, has dragged Michael's name through the mud since his admission to SGH going as far as to say "here, I will destroy you". In addition, he admitted stating such, to head nurse Ms. G [REDACTED].

8) Also see attached "additional SGH policy violations" to support Michael's over-all declaration regarding the treatment of issues / concerns he has had while at Spring Grove.

These are just a few of the more recent examples of Michael's maltreatment while a patient at SGH, but Michael feels it is also extremely important to address the statements and concerns regarding his upcoming October 31, 2023 Conditional Release Hearing (CRH). Concerns noted below:

- a. S [REDACTED] [REDACTED] acted as Michael's attorney full well knowing that Michael did not "own" Universal Lightning Protection Inc. Rather, he was simply the founder of the revived company. Please see attached screen shot; i.e. "S [REDACTED] Screen Shot". Mind you, that screen shot is from February 2023. Despite the "screen shot" S [REDACTED] filed a **MOTION FOR POSTPONEMENT AND A MOTION TO VACATE**, 4 plus months well after the aforementioned screen shot?!
- b. Michael has petitioned the OPD on multiple occasions requesting their representation. Despite providing a plethora of information supporting his indigency status, the OPD has evaded and declined. * see attached example of "info" submitted to the OPD (i.e. WAIVER OF COSTS & AFFIDAVIT OF INDIGENCY docs).
- c. Michael is also concerned about the following statements made by Dr. D [REDACTED]
 1. Dr. D [REDACTED] told Michael; "don't talk about bad stuff in the up-and-coming CRH". Thereby effectually telling Michael what to say in his hearing?!
 2. Dr. D [REDACTED] told Michael that; "if you don't go through with the CRH, you cannot stay under my care".
 3. Dr. D [REDACTED] then contradicted himself by stating, "it would be malpractice to move you to another unit". I personally heard Dr. D [REDACTED] make this statement during Michael's last ITP. Despite Michael feeling that there are a considerable number of errors / inconsistencies in Dr. D [REDACTED]'s October 20, 2023 CRH report, the following statement in paragraph 2 on page 10 concerns Michael the most [sic] "after multiple conversations with a public defender, Mr. Kapneck decided that he did not want to further pursue representation from that source, and he elected to represent himself in his Administration Law Judge conditional release hearing".
 4. Dr. D [REDACTED] told Michael (on multiple occasions) as well as myself on our recent telephone conference call (10/26/23), that he would not move Michael to another unit / out of his care until he was approved by the courts (i.e. the ALJ & both county judges) for a conditional release. But he refused to put it in writing, which concerns Michael deeply.

*but despite Michael's concerns with the above stated, he wants all concerned parties to know that he DOES believe in Dr. D [REDACTED] and values their therapeutic relationship. It is for those reasons and

those reasons alone that Michael is moving forward with his CRH despite all of the other pending, past and potentially future issues.

This concern was made known to Dr. D [REDACTED] & Mr. B [REDACTED] (please attached transferred discretion email) nearly 10+ months ago. Michael's fears regarding this issue are not unfounded due to how Michael's transfers have been horribly mishandled in the past; i.e. failure to observe security protocols in prior transfer requests, has now caused his present concerns over his safety to become extremely exacerbated. Michael also wants it to be known (for the record) that despite doing nearly 10+ years in the Maryland Dept of Corrections, he has NEVER had any issues with anyone, especially not with any gangs! (i.e. Michael has never started any trouble with them). Michael felt threatened yet again as recently as 10/26/23 by security staff Officer [REDACTED], who said "think about your family" implying that the [REDACTED] will retaliate against Michael by harming his family. That being said, along with Michael's security concerns, he wanted it to be documented that should anything happen to him, his family or his family's business once he has been released, the following security staff must be fully investigated for any involvement in connection with crimes involving threats, assaults and / or murder; head security staff [REDACTED], security staff [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] (who is missing an eye from a gang shootout), Lt. [REDACTED], Lt. [REDACTED] & Lt. [REDACTED]. This would include checking their cell phones which is directly related to Dr. [REDACTED]'s Conditional Release Report dated May 8, 2023, paragraph 5 on page 10 wherein it states; [sic] "thus, when he witnesses a staff member not doing their jobs by talking on their cell phones when they shouldn't be...". It should also be noted that in lieu of the above along with policy and procedure SGHC090303 **Use of cellular phones, personal digital assistance and radio pagers ("beepers")**, the staff ARE using their phones regularly, excessively and without impunity. Michael has diligently tried to bring attention to this issue many times but has been met with indifference. This area of concern should be fully investigated and rectified.

In conclusion, I want to apologize for this lengthy, voluminous and complex correspondence. Thank you for your patience and forbearance. Per what we all hope will be Michael's imminent conditional release, his chief concern is that his "placement" to a community program be handled with the utmost discretion and confidentiality. On a positive note, Michael is looking forward to a successful outcome regarding his long awaited CRH on Oct 31, 2023. That outcome of course, being the court following the recommendations of the hospital for a conditional release. Michael wants nothing more than to rejoin his family and to be reintegrated as a productive member of society.

Sincerely,

Steve W [REDACTED]
(202) [REDACTED]

Urgent Legal Situation Re: Pt. Michael Kapneck

Steve W [REDACTED] [@hotmail.com](mailto:[REDACTED]@hotmail.com)
To: B [REDACTED] -MDH- <[\[REDACTED\]@maryland.gov](mailto:[REDACTED]@maryland.gov)>
Cc: Nubia H [REDACTED] <[\[REDACTED\]@gmail.com](mailto:[REDACTED]@gmail.com)>

Sun, Jul 23, 2023 at 10:05 AM

Hello B [REDACTED],

I really appreciate you taking my call on Friday. Sorry to burden you with this latest issue, but your involvement is critically necessary at this juncture. Before delving into the urgent matter at hand, which we briefly discussed on Friday, it's important to establish insight into this situation by summarizing several material developments related to Michael's hospital course to date. I will attempt to be as

succinct as possible, but you need to be fully informed as to exactly what has taken place to date, relative to Michael's TX and his conditional release.

1) Despite Dr. M [redacted]'s previous characterization of Michael while he was at CTPHC, Michael has flourished at Spring Grove despite tremendous adversity / less ideal conditions;

a) Michael was physically assaulted without provocation twice, both of which resulted in emergency room visits. As a result, he is still being treated for problems with his vision. This is supported by documentation in his chart as well as by direct information; i.e. I was on the phone with him when he was attacked the first time. The latter was discussed during his latest ITP.

b) Michael continues to be frequently harassed and threatened by security staff officer [redacted] the [redacted] gang member I emailed you about on January 17, 2023. The latest issue with [redacted] officer [redacted], resulted in a full-fledged investigation by the resident grievance system (Ms. E [redacted] [redacted]) and the law office of Terry D. Mason (P [redacted] [redacted]). The reason I am [redacted] mentioning this is because when this was discussed at length at Michael's ITP's, Michael was [redacted] quelled and told "just deal with it". I witnessed this firsthand.

c) Despite Michael's highly successful therapeutic alliance with his original and current treating psychiatrist (Dr. D [redacted]), Michael was suddenly moved during Dr. D [redacted]'s leave of absence (when he had his knees operated on), despite Michael being told he would not be moved. The reason this is incredibly important is because of the manipulative manner in which it was [redacted] conducted and the psychological stress Michael was subjected to. Dr. D [redacted] himself stated as [redacted] much on Friday (07/21/23) during our conference call [sic] "when I found out what they had [redacted] done, I was outraged by this".

2) Michael has not only been medication compliant but he himself proposed Prozac to help him cope with the overwhelming depression caused by an established pattern of maladroitness care. That's not to say that Michael has been without fault nor that he doesn't appreciate the highly effective treatment afforded by the following clinicians; Dr. D [redacted] and Dr. B [redacted]. This includes over 60+ hours of 1:1 psychotherapy sessions with Dr. D [redacted] and months of dialectical behavioral therapy w/ Dr. B [redacted], as ordered by the administration. That said, this begs the question why Michael is on the one hand receiving highly successful treatment but then on the other, suffering abuse that is alarmingly detrimental to the hard work and effort expended by both Michael and his specialists.

a) It should also be noted that Michael (of his own accord) purchased and completed a 250+ page workbook on his bipolar I disorder, working diligently to learn as much about his illness as possible. In addition, Michael has also read 300+ books since 2019 on various subjects aimed at bettering himself due to his inability to attend college and graduate school, with his favorite [redacted] word being "erudition".

b) As Dr. D [redacted] has said in his reports, Michael is a man "who can be very disciplined". I think this is critically important in understanding Michael as a patient and why he is qualified / ready [redacted] for a conditional release so he can be reunited with his family. *I understand this is not central [redacted] to why I reached out to you, but it is material to Michael's conditional release. Dr. D [redacted] stated In his CRHR (conditional release hearing report), Michael has reached a point where "**he would make more significant gains if he were discharged to the community where he can continue with his TX in a more appropriate environment. Indeed, continued inpatient commitment at this point, in many ways, is impeding his recovery**".

3) In conclusion, Michael has already been interviewed by Ms. H [redacted] [redacted] of Cornerstone Montgomery Inc. for supervised Residential Rehabilitation Programming (RRP) Services at the Intensive – 24/7 Level of Care. I wanted to bring this to your attention because until Michael has his official hearing, he cannot be interviewed for actual placement. This brings us to the matter at hand regarding S [redacted] [redacted] very recent and sudden withdrawal as Michael's public defender at the 11th hour. In the

scramble to rectify this, Michael was told by Dr. D [REDACTED] **“that the hospital has an avenue for Michael to be represented by a pro bono attorney”**. This turned out to be incorrect as Michael and I were informed on a conference call on Friday (07/21/23) with Dr. D [REDACTED]. The latest proposal being; the AG will drum up the CRHR (Conditional Release Hearing Request) for Michael to sign *Pro Se* and additionally assure there will be no opposition to his release as a *Pro Se* litigant. While we are appreciative of all the work being done on Michael’s behalf to get him a conditional release, the fact that he is being asked to represent himself is alarming for what should be obvious reasons.

*For your convenience, please note the following points extrapolated from (X2) emails between Nubia H [REDACTED] on the behalf of Michael Kapneck and emails from S [REDACTED] [REDACTED] which were forwarded subsequently for your review.

a) Per our conversation on Friday, S [REDACTED] [REDACTED] is claiming that Michael is the owner of Universal Lightning Protection and as such, has ample funds for private representation. He claims that Michael told him this which makes no sense considering the fact Michael sent him an email on 02/06/23 explaining this in detail to the contrary. It should be noted that Michael’s email date was prior to S [REDACTED] providing any services from the Office of the Public Defender, giving S [REDACTED] over FIVE MONTHS to contest Michael’s financial situation. Despite the above, Sa [REDACTED] also provided the following legal representation over the past five months; i.e. extensive legal advice, multiple conference calls, filing a Motion for Postponement and a Motion to Vacate his jury trial, with Michael and his TX’s full expectation that S [REDACTED] would be representing Michael at his long awaiting ALJ hearing. This point in and of itself completely contradicts the core basis of S [REDACTED]’s accusations. *please see subsequent forwarded email for confirmation.

b) Additionally, S [REDACTED] originally requested information from Michael Kapneck re: [sic] “Universal Lightning Protection Inc.’s tax filings and financial statements” (06/30/23). Per the emails forwarded to you, Michael DID offer an official letter from the accountant (07/09/23) which then caused S [REDACTED] to change his story AGAIN; i.e. that Michael perjured himself, further complicating things.

c) As I mentioned on Friday, Michael and I tried to reach out to the Office of the Public Defender to no avail. On 07/21/23 Michael answered the patient phone and to his surprise it was Mr. V [REDACTED] calling for another patient. When Michael tried to get a straight answer out of him regarding this sudden turn of events, Mr. V [REDACTED] was very evasive, only confirming his decision to withdraw his appearance. For the record, Michael’s doctor, DBT therapist and TX team are SHOCKED and APPALLED. Dr. D [REDACTED] went as far as to state that in his entire career, he has never seen anything like this.

In closing, (by law) patients are to be afforded an annual hearing determining release. But due to the Covid pandemic and this recent turn of events, Michael has been waiting for over four years! But as mentioned above, despite tremendous adversity at CTPHC and Spring Grove, Michael has made good use of his time and continues to maintain a positive attitude towards returning to his family and society. I want you to know as well, that I have been very hard on Mike in the past, including not speaking with him at times as it was necessary in showing him “tough love”. But I am ECSTATIC at the progress Michael has made over the past 2 years, especially under Dr. D [REDACTED]’s care. This why Michael and I talk almost every morning for 1 hr. per a doctor’s order. Dr. D [REDACTED] has been an absolute BLESSING as he has addressed Michael’s much needed substance abuse problem, prescribing Michael Suboxone in addition to his psychiatric medication.

He has made a huge investment of time in Michael meeting with him 2 to 3 times a week, which is unheard of. This brings us to the most important issue at hand; the current legal conundrum regarding Michael’s conditional release. As already noted, Dr. D [REDACTED] the FRB and the CFRB all concur that Michael is ready to be released but he cannot be released without a hearing. How can Michael go into such a critically important hearing without legal representation?! I really appreciate you looking into this matter.

Sincerely,

Steve W [REDACTED]
(202) [REDACTED]

From: Steve W [REDACTED] [REDACTED]@hotmail.com

Sent: Saturday, January 21, 2023 7:29 AM

To: B [REDACTED] -MDH- [REDACTED]@maryland.gov

Cc: s [REDACTED]@maryland.gov s [REDACTED]@maryland.gov

Subject: Re: patient Michael Kapneck UPDATE

Hello B [REDACTED],

Thank you for taking the time to speak with me on the phone recently - I really appreciate it. I wanted to give you an update on my brother-in-law Michael Kapneck.

Mike was recently moved from the Covid isolation unit where he had been recovering from Covid, to unit Red Brick 2. I was recently on an ITP call with Mike's new TX and there were a couple of things said during that call I found troubling. The most serious was the response I got when I raised the issue that Mike has once again, been placed into a unit with two [REDACTED] gang members. Psychologist Dr. W [REDACTED] tried to dismiss this by implying that this usually has more to do with "a patient's fears" than any real danger (the rest of the TX seemed to rubber stamp this IDIOTIC statement). Considering the fact that Mike has already been attacked once by two [REDACTED] gang members and that I had to call Rockville City Police to warn them about a [REDACTED] threat against a business Mike founded in Rockville, I found Dr. W [REDACTED] statement to be ALARMING and downright OFFENSIVE. I had to then "reinvent the wheel" by pointing out what Dr. W [REDACTED] should already know - or does know and is ignoring - that Mike has already been attacked and threatened multiple times by [REDACTED] members in what is obviously racist hatred against Mike for the simple reason that he is white. This is why Dr. D [REDACTED] had a [REDACTED] member moved off of his unit at Mike's insistence when he arrived at Spring Grove. Dr. W [REDACTED] and other members of Mike's TX tried to backtrack and assure me that they take these threats seriously but in a blatant CYA move to cover his initial statement, Dr. W [REDACTED] then said "we cannot 100% guarantee that a patient will never be attacked".

Well, here is how serious Mike's current situation is. Mike just overheard one of the [REDACTED] gang members on his unit asking Spring Grove staff member [REDACTED] [REDACTED] who is a PST, who Mike is. Mr. [REDACTED] replied "I don't know but I'll find out". I don't think I need to remind you of how deeply penetrated [REDACTED] is into CTPHC and Spring Grove, which means that when Mr. [REDACTED] goes back to this [REDACTED] gang member with information he got from the [REDACTED] network, it is going to be the equivalent of pouring gallons of gasoline on the raging fire of racist hatred buring inside this [REDACTED] gang member. It is for this reason that Mike is exercising his right to request a transfer to the Finan center. I will once again remind you that almost two years ago, doctors at CTPHC had all agreed he should be moved the Finan Center. Mike's bags were already packed and he was about to be moved when at the last minute it was determined he could not be moved there because his brother Tadd Kapneck was already there and this could cause a conflict. Tadd has since been moved to an assisted living program so there is no reason that Mike cannot be moved there. Dr.W [REDACTED] response to my concern clearly shows me that he is not competent to be treating my brother-in-law let alone any other patient. I know this sounds rather harsh but what could be more critical to a patient's

well-being than their physical safety?! There needs to be a bond of trust formed between not only the patient and their TX but also between concerned family members. I know for a fact that [REDACTED] gang members at CTPHC and Spring Grove regularly carry around weapons as the security is very lax. Such a flippant initial response from Dr. W [REDACTED] and Mike's current TX team gives me no confidence in their ability to properly care for and treat my brother-in-law.

In conclusion, I will reiterate what I said in my last email to you; we are respectfully requesting that steps be taken immediately to have Michael transferred to the Finan Center for his own safety and well-being. IMPORTANT: I cannot stress enough how important his transfer is to be done in the strictest secrecy due to the fact that if [REDACTED] members find out he is to be transferred they may try to attack him. This is at the request of Michael, myself, his sister Bianca and Nubia H [REDACTED] (the mother of Michael's son), all of whom have a release of information and are involved in his treatment.

Sincerely,

Steve W [REDACTED]
(202) [REDACTED]

From: Steve W [REDACTED] [REDACTED]@hotmail.com
Sent: Tuesday, January 17, 2023 8:06 AM
To: B [REDACTED] -MDH- [REDACTED]@maryland.gov
Cc: s [REDACTED]@maryland.gov s [REDACTED]@maryland.gov
Subject: Re: patient Michael Kapneck IMPORTANT

Hello Mr. M [REDACTED],

I hope all is well. It's unfortunate that I have to reach out once again regarding Michael's situation at Spring Grove. As per my last email, Michael was moved to a ward (Dayhoff "C") where two self-declared [REDACTED] ([REDACTED]) gang members were also housed. In addition, a guard by the name of officer [REDACTED] openly brandishes tattoos of his affiliation with the gang. Although Dr. D [REDACTED] did have one of the [REDACTED] members transferred to another ward, it has become apparent that it wasn't enough. The reason is because security guard [REDACTED] has become very aggressive with Michael by making threatening statements and went as far as meddling with his snacks and private property. Although there is no direct evidence, he is the only common denominator in all of the issues Michael has been dealing with at Spring Grove. Please feel free to contact Ms. C [REDACTED] [REDACTED], Dayhoff "C" Charge Nurse, to verify this (Ms. G [REDACTED] was who made this known to Michael's TX).

Above all this, it's most disappointing that once Dr. D [REDACTED] left to have his knee surgery, the abuse was escalated by officer [REDACTED] and other staff members associated with the [REDACTED], thereby resulting in Michael's transfer to another building (Red Brick 1). The issue now is that it has become apparent that there are many more members of Spring Grove's security who are affiliated with the [REDACTED]. They are all abusive towards Michael for one reason – Michael is white. I want to be clear that this is not because of any other "misunderstanding" between these security guards and Michael. It is a racially motivated predatory situation where these guards are out to get Michael due to incidents which happened at CTPHC with other [REDACTED] members – namely when he was attacked by [REDACTED] gang members because they blamed Michael for the transfer of a [REDACTED] member, as I pointed out in a previous email. The fact that these current guards know and are abusing Michael accordingly, dovetails to a much larger threat to the overall security at Spring Grove, jeopardizing the safety of any other white patients due to the racist

nature of the [REDACTED] entire mindset. The complicity of these guards has now influenced multiple patients who are also [REDACTED] members.

In essence Mr. M [REDACTED], we are hereby respectfully requesting Michael's transfer to The Thomas B. Finan Center in Cumberland where Michael's brother Tadd was previously housed. The Finan Center is a much better placement for my brother-in-law for several reasons. First, given the fact that the Finan Center is located in Cumberland, there are no [REDACTED] members / affiliates who work there. Michael has been able to verify this both, because he has been housed in that area before and he has spoken with several other patients who have been there who have also verified this. Secondly and more importantly, in 2020-2021 Michael was already accepted there and ready to be transferred until it was realized that his brother Tadd was there and housed in the cottages where they wanted to place Michael. In short, Michael's brother Tadd Kapneck has been moved from the cottages to assisted living, thereby no longer creating an issue with Michael's being transferred.

I understand that it is well within a patient's right to request a transfer but this situation is much more urgent based on the fact that Michael has already been attacked by [REDACTED] members and is frequently threatened by them – which I why at one point I had to contact Rockville City Police when [REDACTED] members threatened to have other [REDACTED] members on the outside, attack a family business which Michael is the founder of. We are therefore respectfully requesting that steps be taken immediately to have Michael transferred to the cottages at Cumberland for his own safety and wellbeing. IMPORTANT: I cannot stress enough how important his transfer is to be done in the strictest secrecy due to the fact that if [REDACTED] members find out he is to be transferred they may try to attack him. This is at the request of Michael, myself, his sister Bianca and Nubia H [REDACTED] (the mother of Michael's son), all of whom have a release of information and are involved in his treatment.

Sincerely,

Steve W [REDACTED]
(202) [REDACTED]

From: Steve W [REDACTED] [REDACTED]@hotmail.com
Sent: Tuesday, November 8, 2022 9:01 PM
To: B [REDACTED] [REDACTED]-MDH- [REDACTED]@maryland.gov
Subject: Re: THANK YOU (patient Michael Kapneck)

Hello Mr. M [REDACTED],

I am sending you this email to thank you for what you did for my brother-in-law Michael Kapneck by having him moved from CTPHC to Spring Grove. Thank you for your careful consideration of my prior emails in pointing out both; his TX teams' diagnosis of Michael's condition / recommendations of treatment as well as grave concerns regarding Michael's safety. I understand that in your role as Director of the MDH Healthcare System, you are very busy and have many responsibilities. Taking the time to read my emails and investigate these matters speaks volumes as to your care and concern for patients currently treated within the MDH Healthcare System. It also shows that you understand the importance of family involvement in a patient's treatment plan and that you can be trusted.

This segues to safety concerns at Spring Grove which you may or may not be aware of. I am sharing this with you because I believe that you can be trusted to take appropriate action. It appears that the [REDACTED] ([REDACTED]) gang has also penetrated this facility as well, via both patients and staff (one of the guards openly displays a [REDACTED] tattoo). When Michael was moved to Spring Grove he was placed in the same unit as a very high ranking [REDACTED] gang member, right across the hallway from him. Mike was made aware of this patient as well as a second [REDACTED] gang member and that both of them readily have access to regular items which could easily be fashioned into weapons /shanks. Shortly after Mike was moved, he was approached by several staff members on Dayhof C who had heard from staff members at CTPHC as to why Mike was moved, which means that Spring Grove staff who are either directly involved with the

█ or sympathetic with them also know. While Michael's safety is a concern, he is by no means the only patient who could be affected by █ gang members. Dr. D █ is well aware of this dilemma as he has already had to deal with another one of his non-█ patients who was attacked by a █ gang member. Dr. D █ was in fact, so concerned for Michael's safety that he had to place him on a 1:1 for his protection. He is doing everything he can to address the situation, including seeing to it that these two █ gang members are moved. While it is entirely possible that at least one of these █ gang members may already have been moved by now, there is an ongoing concern of retaliation by █ gang members against Mike. It is for this reason that any and all information about Michael needs to be held in the strictest confidence – EVEN when it comes to staff members. I am still shocked at how information is so easily passed around from one staff member to another eventually making its way to other patients and █ gang members.

Other than these serious safety issues, Michael has adjusted quite well to being at Spring Grove. He really likes Dr. D █ and gets along quite well with him. Dr. D █ has placed Michael on a Suboxone Maintenance Program because he understands that Michael is a high functioning patient with addiction issues. This is very important in Michael's treatment and recovery because the goal is as always, to rehabilitate patients so that with appropriate management and accountability, they can once again become functioning members of society. This is especially important in light of Michael's upcoming trial which will determine his future placement, hopefully into some type of assisted living program in his hometown of Rockville Maryland. This is why secrecy is of the utmost importance in regards to Michael's situation; i.e. █ gang members are extremely vicious and vengeful and will go to great lengths to retaliate against anyone who they believe has crossed them. In Michael's case, once these █ gang members are moved they will probably blame Michael for it and try to retaliate. That retaliation may not be limited to physical attacks against him. The █ gang is HQ'd in █. They all know Mike is part owner of a business in Rockville so Mike's business partners and employees are currently on high alert. Seeing that Michael's trial is soon approaching, it is important that the details of Michael's placement be kept in strict confidence. If word leaks out as to his placement and any other details of his life and treatment for that matter, █ gang members on the outside may look to retaliate against him wherever he is placed; i.e. it would be far safer for Michael if they don't know.

In conclusion, I once again want to thank you for all that you have done, not only for my brother-in-law but for all the patients in the MDH Healthcare system. Your appointment as Director was indeed a wise choice. If you have any further questions for me, please do not hesitate to reach out, either by replying to this email or you can reach me on my cell.

Sincerely,

Steve W █

(202) █

From: Steve W █
Sent: Thursday, October 20, 2022 11:32 AM
To: B █ -MDH- █ [@maryland.gov](mailto:█@maryland.gov)
Subject: Re: CTPHC patient Michael Kapneck – EMERGENCY

Mr. M █,

I want to begin by thanking you for responding to my last email. I appreciate your taking time to answer and look into my brother-in-law's situation. I must however, correct multiple inaccuracies in the account given to you, regarding Michael Kapneck's time at CTPHC.

You stated in your email that "Mr. Kapneck is considered dangerous and a threat to staff members and other patients" and that "the safety and health of our patients and staff is top priority for the MDH Healthcare System, which oversees CTPHC...". But the facts show the opposite is true – facts which I

pointed out in my last email, which you did not address in your reply; e.g. Michael has not had any behavioral notes in quite a while, has NEVER been put on 1:1 or 2:1, never been put in seclusion nor ever required “emergency medication”; i.e. it has been clearly documented by E [REDACTED] [REDACTED] of Disability Rights Maryland and R [REDACTED] [REDACTED] with RGS (Resident’s Grievance System) that the two times this was done it was COMPLETELY UNJUSTIFIED; e.g. R [REDACTED] [REDACTED], found that Michael’s grievance against being put on emergency meds in that incident was 100% “Valid”. Ms. C [REDACTED]’s finding in the other incident, was primarily based on upon CTP Officer [REDACTED] statement that “I was sitting within 6 feet of Mr. Kapneck and charge nurse Ms. F [REDACTED]’s conversation and at no time did Mr. Kapneck threaten anyone, use profanity, or even raise his voice”. I would encourage you to access the video of that particular incident and / or ANY OTHER SITUATION CITED by DRM and you will see that Michael did nothing wrong.

Thankfully Michael was recently moved off of the Admissions Unit, but it’s worth considering why he was moved there in the first place. This happened AGAINST the advice of his entire treatment team for what should be obvious reasons – Michael IS NOT a danger to anyone. Let’s consider for a moment what actions on the part of a patient would necessitate such a move back to admissions level. Here are four actual examples which have happened since Michael has been at CTPHC; in one incident, a patient was moved to admissions after he jumped over the nurse’s station and destroyed charts which incited other patients to riot. In another a patient broke a staff member’s jaw ([REDACTED] [REDACTED]). Another patient was caught with a large quantity of drugs ([REDACTED]) and in yet another incident, patient [REDACTED] [REDACTED] assaulted multiple female staff members, one of which resulted in her having to have rotator cuff surgery. Michael has NEVER done anything remotely close to these kinds of incidents, which begs the question WHY he was moved to the Admissions Unit in the first place. Michael's being moved from Admissions notwithstanding, there is no legitimate reason S [REDACTED] [REDACTED] can give for why he overrode Michael’s treatment team in this matter and why Mr. M [REDACTED] continues to do so.

Dr. K [REDACTED], Dr. S [REDACTED] and Dr. J [REDACTED] have all stated on the record that Michael’s affect of irritability and frustration are a direct result of his “demoralization” which is a direct result and consequence of negative, and even traumatic incidents which have occurred during his time at CTPHC – some of which involve the way he has been abused by staff. Regarding inappropriate things Michael has said to staff during his time there, contrary to what certain staff members claim, THERE IS NO EVIDENCE that Michael ever threatened any staff member with physical violence. And as far as inappropriate comments made, do I need to remind you that CTPHC is a MENTAL Hospital? While inappropriate comments are unacceptable, there is a sharp distinction made between such and physical threats. While Michael has defended himself against unprovoked physical assaults, THERE IS NO EVIDENCE Michael has ever threatened anyone with physical violence.

On the contrary, Dr. C [REDACTED] has stated on the record that Michael “is not a danger to others”. Michael is in fact known throughout the hospital as an empath with compassion and sympathy towards other patients of all races and genders. My understanding is that any inappropriate comments made towards others were a reflection of those same comments made towards him regarding his race and gender. Once again, CTPHC is a MENTAL hospital and the context of such comments made does matter. Your claim that “Mr. Kapneck’s transfer to another unit was delayed due to his suboxone taper treatment which ended on September 29, 2022” is completely misinformed. It is a FACT that Michael’s entire treatment team believes he should be on suboxone indefinitely and it is the standard of care in the U.S. to treat patients with addiction issues accordingly; i.e. Michael’s treatment team believes he needs to be treated for addiction issues. Furthermore, patient [REDACTED] was on the admissions unit but his suboxone treatment was not “tapered” before he was moved back to 1A. I’m not asking you to discuss any patient other than Michael. I am simply encouraging you to consider that this is yet another example that Michael is being treated differently by S [REDACTED] [REDACTED] AGAINST the advice of his treatment team.

Lastly, Michael’s safety and wellbeing IS STILL IN DANGER at CTPHC. Per my last email, Michael was viciously attacked by [REDACTED] [REDACTED] and another patient. Like all the other violent attacks Michael Kapneck has suffered during his time at CTPHC, this attack was not only unprovoked but racially motivated. When my brother-in-law was recently moved off of the admissions unit, certain staff tried to move him into the same room as patient [REDACTED] [REDACTED] who recently attacked him! What is going on

in there?! Had it not been for my brother-in-law's adamant refusal to go into that room and Dr. F [REDACTED] intervention to move my brother-in-law to a different room, who knows what could have happened. CLEARLY, the "safeguards" at CTPHC has in place are NOT working. While patient [REDACTED] [REDACTED] has been completely moved, my brother-in-law is still in serious danger from several other [REDACTED] ([REDACTED]) gang members associated with [REDACTED] [REDACTED], who continue to pose a serious threat to Michael Kapneck and other patients at CTPHC – especially white patients. In addition to the risk of even more racially motivated attacks, large quantities of drugs and weapons are still being smuggled into CTPHC. If you think I'm exaggerating, [REDACTED] gang member [REDACTED] [REDACTED] recently offered Michael free drugs on 10/19 at approx. 10:30 AM. Michael immediately turned he drugs over to Dr. F [REDACTED] to give to S [REDACTED] [REDACTED]. Do you have any idea the risk my brother-in-law is taking in doing this???? If S [REDACTED] [REDACTED] passes this information on to the wrong staff member, IT WILL get back to these [REDACTED] gang members. Patients are still regularly terrorized and beaten yet nothing is done about it. What is it going to take for those in authority there to put an end to this? A homicide???? These [REDACTED] gang members have already threatened my brother-in-law that if he presses charges against them, the next beating will be a MURDER via a weapon smuggled into CTPHC.

It is LONG since time that my brother-in-law should have been moved to another facility, if for no other reason than for his SAFETY. Multiple doctors at CTPHC concur with this. How is it that Michael's past FIVE TX TEAMS have all concurred that Michael should not be at CTPHC and yet S [REDACTED] [REDACTED] continues to go against their professional advice and block Michael being moved to a more appropriate facility???? They have all stated on the record that he's not "symptomatic" – there have been no psychiatric medication changes in over a year, Michael has never been violent nor threatened anyone with violence and yet S [REDACTED] [REDACTED] continues to override his treatment team's advice, including moving Michael to another facility. At this point, this is already egregious and negligent malpractice.

Mr. M [REDACTED], you have been warned. If anything happens to my brother-in-law from this, I will hold you and S [REDACTED] [REDACTED] personally responsible for NEGLIGENCE. Please move him to another facility NOW.

Sincerely,

Steve W [REDACTED]
(202) [REDACTED]

From: Steve W [REDACTED] [REDACTED]@hotmail.com
Sent: Wednesday, October 5, 2022 10:04 PM
To: bryan [REDACTED]@maryland.gov bryan [REDACTED]@maryland.gov
Subject: Re: CTPHC patient Michael Kapneck – EMERGENCY

Mr. M [REDACTED],

This is now the second email I am sending you regarding my brother-in-law Michael Kapneck who is a patient at Clifton T. Perkins. To date I have received no reply, no phone call from you in regards to my first email, but I cannot say that I am surprised. Michael was recently attacked again, which now comes to a total of approximately TEN ATTACKS since he has been there. Of the ten times he has been attacked, it has been corroborated that EVERY SINGLE ATTACK was unprovoked on his part. Most of these attacks were racially motivated and some were even instigated by staff. In this most recent assault, one of the two patients who attacked my brother-in-law, is none other than [REDACTED] [REDACTED]. If you go back and reread my last email you will see that I warned you about patient [REDACTED] [REDACTED] SEVEN TIMES. This recent vicious assault was absolutely racially motivated as [REDACTED] [REDACTED] has clearly declared such by using discriminatory language in his disdain for Caucasians; calling them "cracker", "white bitch" and "white devil" and going as far as attacking white patients for "using the black peoples' phone", yet you did NOTHING in response to my warnings. The other attacker involved in this recent attack is in Clifton T. Perkins because he MURDERED HIS CELL MATE. Need I say more? This attack could have EASILY been prevented had YOU and / or the clinical director S [REDACTED] [REDACTED] heeded the advice of my brother-in-law's

treatment TX team, all of whom repeatedly stated that my brother-in-law should have never been moved to the admissions ward in the first place and kept insisting that he be transferred off of the admissions unit. In this recent attack, Mr. [REDACTED] and the other attacker locked my brother-in-law in a room and beat him so badly that he sustained very serious injuries to his right jaw, left hip and hand. Had it not been for a security guard who happened to see what was going on, it would have been far worse.

Are you not at all concerned about this? What if he had been killed? Are you aware of the fact that many of the patients being transferred to Clifton T. Perkins from the state penitentiary are smuggling weapons in by hiding them in their rectum? What if Michael's attackers had a shank?! This hospital is not safe, let alone the appropriate treatment facility for my brother-in-law. LAP T [REDACTED] [REDACTED] stated ON THE RECORD a year and a half ago (see attached) that Michael Kapneck's personal safety at the facility is compromised, yet clinical director S [REDACTED] [REDACTED] has done everything he can to not only prevent Michael's transfer to a more appropriate facility, but he has seen to it that Michael has been put in very dangerous situations again and again - AGAINST the advice of Michael's treatment teams. The threat to his safety has not ended with Michael being moved off the admissions unit either. Michael was moved over to the SAME UNIT AS [REDACTED] [REDACTED] and INTO THE SAME ROOM???? In case you forgot how patient [REDACTED] [REDACTED] is involved in all of this, go back and reread my previous email. Had it not been for Michael's refusal to share the same room with patient [REDACTED] as well as the intervention of Dr. F [REDACTED] who had Michael moved to a different room, he would have ended up sharing a room with [REDACTED] [REDACTED]. This is beyond outrageous.

This is DESPICABLE and per my last email yet another example of S [REDACTED] [REDACTED] personal vendetta against my brother-in-law. There is a GLARING and OVERWHELMING amount of evidence that Michael should have been moved to another facility long ago, yet S [REDACTED] [REDACTED] continues to block this. That evidence is ON THE RECORD from; LAP T [REDACTED] [REDACTED], the advice of multiple treatment teams who have worked with Michael, the fact that Michael is at Gold Level and that he has not had any notes of any behavioral issues for quite a while.

The bottom line is that Michael needs to be moved out of Clifton T. Perkins for his own safety. When can I expect a phone call in regards to this?!

Steve W [REDACTED]
(202) [REDACTED]

From: Steve W [REDACTED] [REDACTED]@hotmail.com
Sent: Saturday, September 17, 2022 8:45 AM
To: b [REDACTED]@maryland.gov b [REDACTED]@maryland.gov
Subject: CTPHC patient Michael Kapneck – EMERGENCY

Mr. M [REDACTED],

My brother in law, Michael Kapneck is a patient at Clifton T. Perkins, Maryland state mental hospital. The reason I am emailing you is because I am absolutely alarmed at what is going on there and am deeply concerned for his safety and that of other patients in the facility. Michael has been attacked multiple times since he has been there, in what were mostly racially motivated attacks that were unprovoked by Michael. Recently, Michael was moved back to the admissions unit. After he was moved, it was definitively concurred by his ENTIRE treatment team; One West senior Psychiatrist Dr. P [REDACTED], Dr. R [REDACTED], unit psychologist Dr. N [REDACTED], social worker Ms. S [REDACTED] and Mr. Kapneck's current psychiatrist Dr. V [REDACTED], that he DOES NOT belong on the admission unit for OBVIOUS reasons; Michael is not symptomatic, he's not dangerous, not a threat to anyone and he is a high functioning residential patient.

Since Michael was moved back to the admissions unit he has been attacked twice. Most recently he was assaulted by patient [REDACTED] [REDACTED] in what was strictly, a racially motivated attack which came on the heels of another racially motivated attack against another white patient named [REDACTED] [REDACTED]. Mr.

█████ viciously attacked patient █████ because according to Mr. █████, he used use “the black people’s phone”. Both of these assaults came on the heels of a 2:1 order Sr psychiatrist Dr. P █████ had written regarding Mr. █████’ violent behavior in the facility—but the order had no effect on thwarting his attacks against Mr. █████ nor against my brother-in-law. After Mr. █████ was attacked, he was moved to 2E for his safety – but after my brother-in-law was assaulted, he still has not been moved???? It has since come to my brother in law’s attention that Mr. █████ is planning to get other members of a street gang in █████ to attack a business in Rockville Maryland which my brother-in-law is part owner of. Michael was told this by another black patient who overheard Mr. █████ discussing this planned attack with two other patients; █████ and █████ who are also black. The three of them frequently terrorize other patients in the facility – especially those who are white. I’m quite sure that if this was reversed and it was three white patients terrorizing black patients, the hospital would immediately act to separate and deal with the troublemakers. This recent threat is so serious that I had to meet with Rockville City Police to warn them about it. They are currently investigating it and will contact Clifton T. Perkins in this regard.

All of the above is not far removed from Michael’s most recent email pointing to Clinical Director S █████ personal vendetta against my brother-in-law, for his submittal of a complaint to the Board of Physicians. Michael’s allegations of a vendetta on the part of Mr. M █████ against him cannot be denied, considering the following;

1. "Invalidating" RGS J █████ █████'s "valid" findings of abuse. *See 2nd paragraph on page 5 of the DRM Investigation.
2. Overriding somatic orders for this writer's double pillow and seat cushion, despite confirmed arthritis and extreme pain (w/out consultation).
3. Going along with the "order" to restrain and forcibly medicate this writer despite video confirmation that the writer was peacefully sitting at a table (by himself), on an enclosed porch, with no other patients on the milieu.
4. Called for "security" because this writer respectfully inquired about "fresh air" while Dr. M █████ was administering COVID tests. Thereby, absolutely blowing the situation out of proportion.
5. Vehemently going against Howard County ER Dr’s orders and this writers TX Team, "overriding" their collective decision to place this writer on a Suboxone taper. *regardless of the illicit, peccant act, the patient's physical life was in danger while undergoing the withdrawal epoch. Mind you, that this writer's presentation was so alarming, it was determined by CTP primary care physician to send this writer to the ER! * It should also be noted that other patients have been on suboxone while here at CTP, while Dr. M █████ has been Clinical Director. i.e. Mr. █████. Why the personal attacks? Does their origin stem from (as this writer has said all along), "Dr. M █████'s retaliation/retribution for this writer submitting a complaint to the Board of Physicians re: Dr. S █████ █████ punitive, negligent, and intentional harmful TX to date".
6. The FACT Mr. M █████ has frequently overridden Michael’s entire treatment teams!
7. The FACT that Rockville City Police had to be contacted to deal with a threat made by patient █████ █████ to attack a business Michael is part owner of in Rockville.

In conclusion, my brother-in-law has been told over a dozen times that he should be moved out of Clifton T. Perkins to Thomas B. Finan center or Spring Grove or, conditionally released to a group home. He has been told this consistently by various treatment teams but to date, NOTHING has been done in this regard because Mr. Mo █████ continues to block it. Michael’s move back to the admissions unit is preposterous considering that according to Michael, since 2019 only three patients have been moved back to admissions; one for breaking a staff member’s jaw, another for being in possession of a large quantity of street drugs and the other for inciting a full-scale riot on award.

At this point considering the danger Michael is in, I would like a phone call explaining what the next steps will be in this regard. You can call me anytime on my cell phone at (202) [REDACTED]. Michael needs to be moved out of Clifton T. Perkins for his own safety. When can I expect a phone call?!

Sincerely,

Steve Winkler

(202) [REDACTED]

From: Steve W [REDACTED] [REDACTED]@hotmail.com

Sent: Monday, January 4, 2021 8:40 AM

To: M [REDACTED] -MDH- [REDACTED]@maryland.gov

Cc: S [REDACTED] -MDH- <[REDACTED]@maryland.gov>; K [REDACTED] -MDH-

<[REDACTED]@maryland.gov>; I [REDACTED] -MDH- [REDACTED]@maryland.gov

Subject: Re: Steven W [REDACTED] emails to CTP

Ms. F [REDACTED],

Per my last email December 29, 2020, I now understand that on the heels of the violent [REDACTED] attack against Michael, he was once AGAIN transferred back to unit TWO EAST where he has already been sexually harassed by staff member [REDACTED] [REDACTED] who is a sexual predator and openly harasses patients sexually. In addition, I understand that charge nurse P [REDACTED] blatantly lied about the circumstances / FACTS regarding Mike's first "seclusion" on TWO EAST. Michael was abruptly transferred to ONE SOUTH where there was AGAIN questionable circumstances/ FACTS regarding Michael's first "restraint / forced medication" by J [REDACTED] [REDACTED], Psychiatrist Dr G [REDACTED] and Clinical Director S [REDACTED] [REDACTED]. Had this action been justified, the security video would have been retained for evidence and documentation supporting CTP staff's claims that this action was justified. The FACT IS - IT WAS NOT RETAINED. This is a glaring, tacit admission that putting Michael in restraints and forcing him to take said medication was not justified and was done so based on LIES with malicious intent. Then to hear of the abuse Michael suffered from J [REDACTED] M [REDACTED] under the direction of Dr G [REDACTED], forcing Michael's right leg / knee into the restraint chair despite Michael's pleas not to do so due to the swelling in his knee from an infection was beyond outrageous. This resulted in Michael being transferred to Howard County emergency room for FIVE DAYS. Michael's filed grievance over this situation was found to be VALID, so there is no excusing it nor explaining it away. This is also why complaints were filed to the Maryland Board of Physicians, Health Care Quality and the Civil Rights Department.

I also understand that Michael was then transferred to TWO WEST where he was forced to take medication by charge nurse O. F [REDACTED] whose report was 100% refuted by none other than CTP security officer [REDACTED] who stated in his written report that "at no time did he hear Michael threaten anyone, curse or yell" nor did nursing staff ask for his assistance (complaints to Maryland Board of Physicians, Health Care Quality and the Civil Rights Department were submitted). And now, on the heels of the [REDACTED] assault, you transfer him back to TWO EAST where he was sexually harassed and lied about?! No wonder the collective consensus from the majority of Michael's doctors (i.e. Dr.'s K [REDACTED], S [REDACTED] and Dr J [REDACTED]) is that "Michael has been demoralized by his treatment while at CTP".

These are undeniably, egregious violations of proper patient care, chiefly because moving Michael repeatedly is antithetical to Michael establishing any therapeutic alliances with his treating team-members, i.e. the same doctor, therapist, social worker etc. In light of one disturbing incident after

another involving either, CTP staff's utter incompetence or their abuse of Michael and violations of his rights; at a minimum, his treatment is being completely undermined. I therefore have absolutely no confidence in CTP's ability to effectively treat my brother-in-law, nor any other patient for that matter.

I ONCE AGAIN demand an answer as to what is being done to fully investigate and rectify these multitudinous incidents and most importantly, what is being done to move him to a less dangerous facility which will be far more conducive to his treatment and a patient of his functionality.

Respectfully,

Steve W [REDACTED]

From: Steve Wi [REDACTED] [REDACTED]@hotmail.com
Sent: Tuesday, December 29, 2020 7:51 AM
To: M [REDACTED] [REDACTED]@maryland.gov
Cc: S [REDACTED] -MDH- [REDACTED]@maryland.gov>; K [REDACTED] -MDH- [REDACTED]@maryland.gov>; I [REDACTED] -MDH- [REDACTED]
Subject: Re: Communication

Ms. F [REDACTED],

Per your last email, I spoke with Michael's social worker S [REDACTED] [REDACTED] several weeks ago. As Ms. R [REDACTED] pointed out, there's nothing she nor anyone on her current team can do in regards to investigating most of the concerns I addressed in my last email to you, due to the fact that most of these incidents occurred on different wards and / or because many of the concerns addressed are not within the scope of each individual team member's level of authority at CTP. As the CEO of CTP it is YOUR responsibility to ensure that YOUR staff on each and every ward are doing their jobs and following security and legal protocols according to whatever their specific roles are.

In your last email you stated; "Administration will follow up as appropriate". I therefore want to know what "Administration" is doing to "follow up" on the many concerns I cited in my email to you, including; the four times Michael was violently attacked, staff abuses towards Michael and other patients and clear violations of Michael's and other patient's rights as well as hospital security protocols and other standards.

Well, you can add to that long list what is now A FIFTH VIOLENT ATTACK against Michael. I was deeply troubled to hear that Michael was violently attacked yesterday by patient [REDACTED] [REDACTED] who is in CTP hospital for first degree murder. I understand that patient [REDACTED] is extremely violent and was recently involved in another incident in which he slashed a patient's throat with a razor from ear to ear on TWO EAST. In his attack on Michael which occurred yesterday morning,

although a security code had been called in regards to patient [REDACTED] first attempt to attack Michael, he was able to elude twenty security officers who had responded to that code and violently assault Michael who was on the ward porch collecting his paperwork. Michael was punched and scratched by patient [REDACTED] in this violent attack, causing bleeding around Michael's eye, nose and mouth.

What is going on in there?! This is not the FIRST or SECOND or THIRD or even the FOURTH attack against Michael but the FIFTH VIOLENT ATTACK?! I am demanding that a full investigation be conducted into this and that the security camera footage of this incident dated 12/28/2020 between approximately 8:30 AM and 9:30 AM be retained for future evidence.

Based on the FACTUAL EVIDENCE I have listed in my last email as well as this FIFTH violent attack against Michael, I am absolutely APPALLED at the lack of security and care for Michael and other patients in CTP. I echo Dr. M [REDACTED]'s and Dr. S [REDACTED]'s advisement and recommendation that Michael be moved to a less dangerous facility which would OBVIOUSLY be far better for his treatment regimen. Shuffling Mike from ward to ward in CTP is completely unacceptable for what should be by now, OBVIOUS reasons.

In conclusion, I remind you once again that as CEO of CTP it is YOUR responsibility to ensure that the longlist of incidents I listed in my last email, including the many violations of Michael's and other patient's rights, violations of hospital security protocols as well as this recent violent attack be fully investigated. I demand to know what actions YOU are going to take in regards to addressing the many violations of Michael's and other patient's rights. I also demand to know what actions YOU are taking to see to it that CTP Doctor's recommendations / advisement that Michael be moved to a less dangerous facility are fulfilled.

Respectfully,

Steve W [REDACTED]

From: M [REDACTED] -MDH- <[REDACTED]>
Sent: Monday, December 7, 2020 4:26 PM
To: sp [REDACTED] <[REDACTED]>
Cc: S [REDACTED] -MDH- <[REDACTED]>; Katherine Jou -MDH- <[REDACTED]>; Iris Mielke -MDH- <[REDACTED]>
Subject: Communication

***Pursuant to the notice below Saint Michaels Mission is unable to share C.T.P.H.C. CEO's M [REDACTED] [REDACTED] response to Mr. W [REDACTED]'s (many) cares/concerns. Rest assured, the response was wholly inadequate as was the vast majority of interactions between Michael's family and representatives from the Maryland Department of Health.**

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