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Testimony in Support of Adequate Staffing in DOC Healthcare:
Quality Care & Long Term Savings

Anderson Curtis:

Good evening Representative Walker and other distinguished members of the Appropriations Committee. I am Anderson Curtis and am a field organizer with the ACLU Connecticut Smart Justice Campaign. With me is my colleague Gus Marks-Hamilton. We are here to testify regarding the current healthcare crisis in Connecticut’s prisons and jails.

The message I am here to deliver today is that Connecticut residents value safe and healthy communities. We are asking the Appropriations Committee to strongly consider those values when reviewing how to adequately fund healthcare services in the Department of Correction. When it comes to health services in the Department of Correction, the vast majority of people who are the direct recipients and in need of quality healthcare are keenly aware that current level medical care in the DOC does not meet their needs. This is not simply an issue for people in prison. This is a public health crisis that affects everyone in our state. Untreated health conditions follow formerly incarcerated people back into their communities, affecting all of us.

I have served time in Connecticut prisons, where I witnessed and experienced not only my own suffering from inadequate healthcare, but also overheard the anguished cries of people suffering from opioid withdrawal.

Gus Marks-Hamilton:

More than half of people who are incarcerated in Connecticut’s prisons and up to 90 percent of people who are detained in Connecticut’s jails suffer from drug dependence, compared with only 2 percent of the general population. Hepatitis C is nine to ten times more prevalent in Connecticut’s correctional facilities than in other communities. Chronic health conditions, such as asthma and hypertension, and mental health disorders also affect incarcerated people at rates that far exceed their prevalence in the general population. Often, people view the healthcare and health status of prisoners as something insular, of no concern to, and uniquely disjointed from the general population. But more than 95 percent of people who are incarcerated will eventually return to their communities, and their health problems and needs will often follow.

Incarceration is often counter-productive to people’s health and well-being. If our state is going to incarcerate people, however, then our state also has a constitutional obligation to provide the people it has chosen to imprison with the screening, diagnoses, treatment, and other health resources they need to lead healthy lives in and outside of prison and jail. I have experienced the
inadequacies of the mental health system in Connecticut prisons and know firsthand how frustrating it can be to actively seek out mental health services but wait months for treatment while I continued to suffer.

Smart Justice strongly urges this committee to expand the healthcare services available to incarcerated people by increasing the healthcare budget of the Department of Correction, including its budget for preventative care. Currently the focus of care within the Department of Correction is only on managing and triaging crises. People are not sentenced to die or suffer from lack of adequate healthcare. Untreated mental health conditions and other medical conditions will follow people back into the community, ultimately affecting all of us. Smart Justice testifies today to strongly urge this committee to align DOC’s health care staffing ratios to fall within the proven community standards of care.

Thank you.