Good Evening Senator Osten, Representative Walker and members of the Committee, my name is Becky Simonsen and I am a Lead Organizer with the Service Employees International Union District 1199 New England. Our union represents 26,000 health care workers across the public and private sectors in Connecticut, including 7,000 health care workers at state agencies. This includes all 600 front line health care workers in the Connecticut Department of Corrections.

Our members working in Connecticut’s prisons are doctors, nurses, psychiatrists, social workers, and other health care professionals who care for a population with acute medical and mental health illnesses. Our members must uphold a constitutional mandate to treat and rehabilitate these individuals while they serve their sentences. 1199 members help inmates cope with histories of trauma, abuse, and addiction and attempt to best give them the tools they need to re-enter our communities, find work, and provide for their families. Tonight, you will hear from several of our members advocating for a significant expansion to the budget for DOC Inmate Medical Services.

The spotlight on inmate medical care in the DOC has largely overlooked the systemic cause of the agency’s eroding health outcomes. Years of insufficient funding have led to crisis staffing levels and substandard conditions within the agency. Under UConn’s Correctional Managed Health Care, the budget for inmate medical services has been cut over 25% over the last 10 years despite skyrocketing medical costs and increasingly medically acute and aging inmate population. Accordingly, staffing ratios and policies—including the number of nurses on a shift, ratio of inmates to prescribers, or the number of times a social worker should see a mentally ill inmate per month—have been determined by the bottom line rather than what is necessary for patient care and safety.

Our members have identified two main issues with this trend: first, underfunding has led to an extreme shortage of the number of health care staff; and relatedly, underfunding has led system-wide staffing ratios to fall so low they are unsafe for our members and inmates alike. The scope of this shortage is severe; before the transition from UConn back to DOC, 1199 members identified 120 health care vacancies across the state. Since July 1, 50 health care staff have left the agency. The department has hired less than 30 front line positions since the transition,
meaning there are currently approximately 140 vacant positions statewide. The department ran a deficit this past year despite limited hiring—the Governor’s budget of $86 million for Inmate Medical Services is simply not enough funding to fill these vacancies. We need the legislature to take action to expand the funding for our services.

The decision to underfund and understaff medical services has serious consequences for people’s lives. Staffing ratios are so unsafe for the incarcerated population that 1199 members are working under protest in several facilities. They are mandated to stay at work over and over again, required to triage crises rather than act proactively, and frequently work below the already unsafe minimum staffing levels.

1199 members are raising their voices because they refuse to continue to see inmates waiting 6 months to see a doctor, only for their sicknesses to become more emergent, painful, and expensive. They are raising their voices because they want to provide adequate preventative and rehabilitative care that can reduce recidivism. They are raising their voices because the underfunding of inmate medical services is inconsistent with our common goal of being a national leader in criminal justice reform.

The United States has the highest incarceration rate in the world.¹ And prison health care is in crisis nationwide. Litigation has most often been the catalyst for enforcement of correctional health care standards. Even the current mandate to provide adequate health care in prisons was the result of a supreme court decision in 1976.² But in Connecticut we have a choice to make. Are we going to continue to underfund inmate health services and wait for suits to produce system overhaul, allowing for the suffering of both inmates and staff that would precede it? Or are we going to make a real investment in DOC health services—which would expand preventative care for inmates, create a safer environment for staff, and produce healthier communities for all of us? Just like 1199 health care workers aim to prevent rather than react to emergencies—it’s time for Connecticut to take action now in following through on its progressive vision for quality correctional health care.