Good evening Senator Osten, Representative Walker, and members of the Appropriations Committee, thank you for the opportunity to speak today.

My name is Sohrab Zahedi. I am a physician and psychiatrist by training. I completed my residency at UCONN and fellowship in forensic psychiatry at UCLA. I am board certified in both fields. Since 2009, I have worked in the Connecticut Department of Corrections. I have served at Garner, Hartford, Walker and Manson Youth Institutions. In June of 2018, I was unanimously elected, by the 8 DOC psychiatrists, as a union delegate to represent them. Of the 7 psychiatrists that remain, 5 are board certified, and 4 rotate, myself included, in providing the after-hour coverage for all the entire state.

It wasn’t until 1976 that the Supreme Court upheld the prisoner’s right to treatment of serious medical needs as a constitutional guarantee. Since then, custodial and clinical staff have faced the constant challenge of adhering to professional standards of safety and care, which are often at odds with each other. The provision of successful medical care needs a trusting partnership. Medical ethics demands that physicians strive to establish such trust, especially with a captive population that has nowhere else to turn. At their core, correctional institutions are not healthcare facilities. Yet, as far as the mentally ill are concerned, they are. These aspects make correctional medicine highly unique in its practice structure.

Besides the absolute staff needs that my colleagues are pointing out, the provision of inmate medical care in Connecticut has undergone seismic changes in recent months. In July of 2018, UCONN and DOC decided to part ways. UCONN’s role as a contractor of inmate medical services came into existence in the 1990s. That service is now under the direction of DOC. I want to highlight 3 changes that reflect on the psychiatrists’ experiences since the split.

UCONN’s model relied on a robust and supported nursing service. Be it routine or emergency situations, nurses were the first point of encounter for all inmates in need. From the lens of psychiatry, the nurse-clinician, well versed in both nursing and therapy, was the cornerstone of every mental health service. These individuals quarterbacked the care provided while monitoring the
institution’s population for any new inmate who fell “under the radar.” Today, the concept of the nurse clinician has been abandoned. Psychiatrists are left to rely on the aid of already-busy medical nurses for the carrying-out of orders and monitoring for potential pitfalls within the institution. For nearly all other matters, the psychiatric service is now relegated to non-medical staff.

UCONN’s mission as an academic institution translated to a managerial hierarchy populated by highly accomplished physicians. Our executive director did not just oversee the administration of the organization but also produced the first textbook of correctional psychiatry. The chief psychiatrist was a forensic psychiatrist with in-depth knowledge and a wealth of experience who made himself to his staff at all hours of the day. He himself participated in the on-call rotation and maintained a strong sense of the pulse of the entire system. Such an organization is essential for a team-based approach, especially when it comes to the most challenging and complex patients under our care. Lastly, UCONN’s affiliation translated to physicians having access to an online medical library with world-class resources and teaching activities that are essential for the licensure and educational maintenance.

Since completing UCONN’s Psychiatry residency program, I, along with other DOC psychiatrists, have maintained an affiliation with the department. We lecture and hold prison clinics were psychiatrists-in-training are supervised. It is accepted that such clinics help increase the number, frequency and attention given to the inmates we treat. The young doctors’ questions protect against physician burnout and push one to stay current. Yet, since the split from UCONN, DOC no longer funds these clinics. Where they occur, they are voluntary and pro bono.

The practice of medicine is an honor and a privilege. I did not graduate from medical school thinking my office would be a converted jail cell. But it is and I have come to love it. The reward of correctional psychiatry lies in its use of all clinical skills at the disposal of the treating physician in a resource-starved system, which cares for a sick patient population that society has forsaken. In closing, I will leave you with the words of the late neurologist and author, Oliver Sacks. Before becoming famous, he worked at the Bronx Psychiatric Center. In 1991, he penned an editorial in the New York Times titled, “Forsaking the Mentally Ill.” The state asylum that once provided the residential care for this vulnerable patient population had become underpopulated and began to lay off staff under the “cosy burden of a huge administrative, nonmedical machinery.” Dr. Sacks lamented the noble but misguided aim of the deinstitutionalization movement of the 1960s. That
population is now housed in correctional institutions throughout our nation. Here in Connecticut, let's not forsake them any further.