Thank you to the members of the Judiciary committee, Senator Winfield, Representative Stafstrom, for the opportunity to speak. My name is Olivia Rinkes. I'm from the town of North Stonington. I'm testifying on several bills.

I would first like to testify in strong support of SB 459, an act concerning the commission of correctional oversight, the use of isolated confinement, seclusion, restraints, strip searches, social contacts for isolated persons, transparency for conditions of incarceration and correctional officer training.

Prison is not meant to be a system of torture. Individuals who are incarcerated are under the care of the state, and the responsibility of care includes ensuring the welfare of both mental and physical health. The use of seclusion and restriction from socializing have huge impacts on a person's mental health and these impacts can extend beyond the incarceration period and make it difficult for a person returning home to fully reintegrate.

Although Governor Lamont signed an executive order last session restricting the use of certain isolative practices, passing SB 459 will only strengthen that executive order as a public act.

In keeping with healthcare as a basic need that must be met while incarcerated, while I support the intentions of SB 460, an act concerning compassionate or medical parole and credits awarded for release during an emergency declaration, I do not believe this bill goes far enough. To begin with, although I agree with the intentions of this bill to make it easier to decrease prison populations during a state of emergency that could adversely affect the health of those incarcerated, this bill does not address the needs of those who have already been affected by the Covid 19 pandemic. Although the emergency declaration status is no longer applicable, this does not mean that Covid 19 is no longer something to be concerned about. It still exists and can still be transmitted, especially in vulnerable populations with high population density where social distancing is not possible.

One thing that the Covid pandemic has taught us is that the carceral system is not sustainable. The creation of a plan for DOC to care for individuals who have or had covid is necessary because it can also be used for individuals who are experiencing long term affects known as "long covid". A family member of mine contracted Covid in October of 2020. The initial infection period was not long and although they no longer have Covid they still experience many debilitating symptoms, particularly affecting their lung capacity, which also impacted their ability to work. This family member was fortunate to not have to go through this experience while incarcerated, but many individuals who are incarcerated may also be experiencing this. The health care system in the Department of Corrections is not equipped for long term care of individuals living with long covid.

While I support the intentions of SB 460 to have a plan in place for future emergency declarations, the impacts of Covid 19 need to be addressed now by decreasing prison populations

and working to ensure those who remain in incarceration have access to medical care, and that DOC staff will respect and adhere to medical needs of those who are incarcerated.

Thank you again for the opportunity to testify in support of SB 459, an act concerning the commission of correctional oversight, the use of isolated confinement, seclusion, restraints, strip searches, social contacts for isolated persons, transparency for conditions of incarceration and correctional officer training, and to comment on SB 460, an act concerning compassionate or medical parole and credits awarded for release during an emergency declaration.