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United for Quality Care

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Osborn CI, DOC

Before the Appropriations Committee

Good Afternoon Senator Osten, Representative Walker, and members of the Committee, my name is Gabriela and I am a nurse employed by the Department of Corrections Health Services Unit since August 2018. Previously, I was employed by Correctional Managed Health Care contracted through UConn Health. I feel privileged to provide medical care to the only people currently in the United States who are ENTITLED to receive or refuse health care, as provided by the 8th Amendment to the Constitution.

History

In 1960, 400 CT state prisoners staged a riot due to complaints of harsh conditions. In a direct response to this riot in 1963, Somers Prison, known today as Osborn Correctional Institute, was opened, today, on record, we house the oldest living incarcerated man in the United states. In total we have only 21 full time Nurses employed at Osborn to provide medical care 365 days all 24 hours a day to an estimated patient population of 1300+ men, in a total of 17 housing units.

General Information

Under this one roof, we house mental health level 5 and medical 5 patients, five being the highest acuity level in the DOC scoring system in the Mental Health Infirmiry and Medical Infirmiry. If you have not been fortunate enough to have ever seen these wards, picture the medical unit in any war movie, in other words: an open room with hospital beds lined up. Any score lower than a 5 is housed in General Population, which include but not limited to: (i) a methadone housing unit, (ii) a handicap accessible ADA unit, and (iii) a mental health level 4 housing unit.

I am here today to thank you for appropriating funds for inmate healthcare in last year's budget. In the last year DOC, Health services unit has been able to:

- Initiate hepatitis C virus testing and treatment for a larger group of patients,
- More effectively tackle the opioid epidemic by inducted the Medication assistance treatment program into multiple jails and prisons including Osborn through outside vendors. This program provides patients with the continuity of care that is so critical to treatment of this disease, and
- Eliminate the Utilization Review Panel. By eliminating this panel, we can more effectively treat our patients and help ensure our patients will see the recommended specialist.

These are just a few examples of the progress being made. That is why we are here today, to ask you to protect and continue to increase funding for inmate healthcare. Because even with this progress, today we stand at CRISIS staffing levels.

Staffing

Currently at Osborn, nursing staffing level stands at only 44% leaving us 56% understaffed in nurses. These standards from UConn were last updated in 2016. This results in a nursing to patient ratio that is too high. In the Osborn medical level 5 Infirmery --which is comparable to a step-down unit-- there is no assigned physician to care solely for these patients, which would absolutely be the expectation in a hospital setting. These are our most acute and chronic care patients, similar to the war movies, infected gunshot wounds, new amputees, men receiving chemo, radiation, returning post-surgery from aortic valve replacements, spinal fusion, hospitalization from pneumonia, sepsis, and so much more. With respect to senior medical providers, we have a mere three at Osborn- 1 physician and 2 PART TIME APRNS are expected to efficiently care for every one of the thirteen hundred patients.

Please imagine yourself as a patient in your local hospital if this was the environment. Imagine your father, brother, or son as a patient in that environment.

Lack of Resources

- We have no appropriate disposal for hazardous pharmaceutical waste. We use biohazard bins to dispose of all medical waste which is in direct violation of US Environmental Protection Agency regulations
- Men have missed specialty appointments due to broken wheelchair vans
- There are an estimated 1,800 UConn specialty appointments that are approved yet UConn has no appointment slots to schedule them into
- Following an emergency, we are expected to continue our nursing duties with no relief time to process. We do not debrief after traumatic events.
- Our internet access is strictly limited; in the outside world, providers use the web to assist with diagnosis/plan of care/ patient education. any “unauthorized” reading materials are in violation of DOC administrative directives. However, we have not received any authorized medical reference textbooks as substitute.
- The only in-service training since 2018 entailed reading a policy UConn created in 2007. The advancements in medicine since 2007 are significant. Just think about how far we have come with cell phone technology since 2007. That was the year the first iPhone was available on the market.
- We are not American Heart Association CPR certified, which is absolutely the community standard. You cannot get any job in any medical field without AHA CPR certification
- We have received no special medical emergency response training. yet are expected to perform as a critical care response team when the resources and training are nonexistent.
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As a 9-year medical employee with DOC, my career puts a tremendous responsibility on my loved ones. This year we lost a beloved staff member to suicide. We comply with extensive mandatory overtime. There is no agency wellness program for HSU employees. We STRIDE to provide community standards care but history has proven our efforts are not enough. To provide quality of care to our patients --who we see as your brother, father, son, uncle, --we are asking for your support to increase funding for DOC HSU I am concerned-- on a DAILY basis-- for patient and staff safety. Without health services staff becoming the public's and DOCs priority, I fear history will repeat itself, meaning that riots and untimely deaths will be imminent.