



SEIUHealthcare.
United for Quality Care

February 11, 2020
Becky Simonsen, Lead Organizer
SEIU District 1199 New England
Before the Appropriations Committee

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.

As you know, 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 individuals who are incarcerated. 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 you to protect and expand funding for DOC Inmate Medical Services.

We would first like to take the opportunity to thank you for increasing funding for inmate health care in last year's budget. This funding increase is a critical step in the right direction. However, our state has a long way to go in addressing the problems in correctional health care.

We are at a significant juncture in the conversation about health care in Connecticut's prisons. 1199 union members, criminal justice reform activists, inmates and their families, and many of you – legislative champions – have forced a dialogue into the mainstream about the crisis in correctional health care. It is imperative that we remember the root of the crisis is a systemic underfunding of health services and undervaluing of individuals who are incarcerated and the people who care for them. This is about providing care for human beings.

Before last year's increase, the budget for inmate medical services had been cut over 25% over the past decade despite skyrocketing medical costs and an increasingly medically acute and aging inmate population. That means staff 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.

1199 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 second, 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: 1199 members have identified 250 health care vacancies across the state. Since July 1, 2018, 83 health care staff have left the agency.

The department has hired 62 permanent 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 frequently forced to work 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 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.

As our members will describe, providing quality care means making a meaningful, sustained investment in correctional health care. This does not end inside the walls of the prison or jail. We need to invest in medical and mental health re-entry services. We need to construct a robust system of health services available to individuals as they re-enter our communities.

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. But in Connecticut we have a choice to make. Are we going to continue down the road to progress by fully funding and expanding inmate health services or will we wait for lawsuits 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.

¹ “Highest to Lowest - Prison Population Rate.” *Norway / World Prison Brief*, www.prisonstudies.org/highest-to-lowest/prison_population_rate?field_region_taxonomy_tid=All.