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Sohrab Zahedi, Physician  
Before the Appropriations Committee

Members of the appropriations subcommittee, thank you for the opportunity to speak today.

My name is Sohrab Zahedi. I am a physician and psychiatrist. I am double board certified in adult and forensic psychiatry and have worked in the Connecticut Department of Corrections, in various capacities, since 2009. I am an 1199 union delegate, former president of the Hartford chapter of the Connecticut Psychiatric Society, & an associate clinical professor in at the UCONN school of medicine.

I had opportunity to testify before this committee in 2019. And I wanted to thank the committee for not just lending an ear to 1199's concerns but also for increasing the annual budget for DOC medical services. That the prison population carries a heavier disease burden than the general population; the majority of inmates will eventually return back to the community is well known to you; and that this is an underserved population with a high percentage of minority individuals is well known to this committee.

Society may not have much interest in the sort of care prisoners receive and prisons are not healthcare facilities. In 1976, the Supreme Court handed down a decision that prisoners have the right to have their serious medical needs attended to. It is the legal thing to do. It is the right thing to do.

In 2019, I highlighted 3 areas of concerns since UCONN and DOC parted ways in the summer of 2018. I would like to give you an update.

My first complaint was the lack of a robust role for the mental health nurse clinician who is well versed in both nursing and therapy. My service at Manson Youth Institution still doesn't have a dedicated mental health nurse, a concern I recently echoed to experts from the Department of Justice who are currently investigating the quality of juvenile mental health services in CT DOC. This issue is not confined to me but nearly all the other 6 psychiatrists in the system. Our pleas are often filtered to disengaged supervisors or non-medical administrators who either state that we lack the funds, or consider the position unjustified. As such, we are left to rely on already overworked frontline nurses who, by

their nature, do their very best, but cannot overcome the additional task of quarterbacking an entire mental health service.

The second concern was my lamenting the absence of UCONN's academic prowess and its managerial hierarchy which was populated by highly accomplished, teaching physicians. The curbside consult was an actual possibility with individuals whose credentials and experience qualified them not just as national leaders in correctional medicine but also as professors at the school of medicine. In addition, as UCONN employees, staff had access to the resources of a world-class library and its robust online features. Today, things are not any better. We still lack training or consultative resources. Also, the clinical leadership either lacks experience in correctional medicine, is unavailable for the 3AM emergency phone call, or simply has no background in medicine altogether. Mere days ago, members of the Black and Puerto Rican caucus held an informational hearing on inmate medical care. Nobody who appeared before that committee has any significant experience in correctional medicine. Some, including individuals who used the title of "Doctor," are neither trained in allopathic medicine, nor licensed in this state. Others do not view the inmates we treat as patients, but as "criminals" who need "servicing."

The third concern revolved around a worry that DOC would not support any individual clinician's affiliations with UCONN or other regional educational departments. That concern may have been ill founded as I and other physicians in the system continue to maintain teaching affiliations and appointments in the school of medicine, and continue to enjoy supervising trainee doctors in various clinics. In this sense, things have not changed. In fact, we would welcome more support for teaching as the supervision may encourage recruitment of future physicians for hard-to-fill positions.

In brief, from my perspective as a frontline psychiatrist, not enough has changed from one year ago when I appeared before you. We had significant areas of deficiency then, and many of those continue today. So what has 1199 been doing for last 12 months you may ask? We continue to advocate to DOC leadership for adequate staffing and training. Today, I also ask you to continue and build on your partnership with 1199 to improve the DOC clinical system to better serve a burdened, vulnerable, majority minority patient population.