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Rebecca Simonsen, Vice President
District 1199 New England
Before the Appropriations Committee

Good Evening Senator Osten, Representative Walker and members of the Committee, my name is Rebecca Simonsen and I am a Vice President 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.

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 these individuals while they serve their sentences. 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.

The spotlight on inmate medical care in the DOC has largely overlooked the systemic cause of the agency's eroding health outcomes. Years of insufficient funding have led to crisis staffing levels and substandard conditions within the agency. The pandemic has exposed how decades of austerity policies have decimated the services our members provide and patients rely on, further exacerbating the extreme inequalities of race and class in Connecticut. And even though the conversation about reentry resources such as housing, medical and behavioral health services has become much more mainstream than ever, we are still underfunding those services and continuing to invest in institutions that disproportionately affect black and brown people and communities.

Last year, I came before you to say that we were at a significant juncture in the conversation about health care and reentry in Connecticut's prisons. This year, we are still in the same place. Because of this, 1199 union members, criminal justice reform activists, inmates, their families, and many of you, have come together - through the Justice Reinvestment Coalition - to fight for equity for justice impacted people by investing in the reentry resources needed to find and retain housing, receive expanded medical and behavioral health services in the community, fund criminal erasure, and creating a 24/7 mobile crisis unit to respond to people in mental health crisis. This call for investment, whether it is through the utilization of funds saved through closing facilities, or by investing significant new resources, is a result of the understanding that the root of the crisis is a systemic underfunding of health and reentry services and undervaluing of individuals who are incarcerated or formerly incarcerated and the people who care for them. This is about providing care for human beings.

Our members have identified two main issues with this trend: first, underfunding inmate medical care has led to an extreme shortage of the number of health care staff; and relatedly, it has led system-wide staffing ratios to fall so low they are unsafe for our members and inmates alike. Accordingly, staffing 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.

Once again, the Governor's proposed budget has left behind workers, incarcerated people and formerly incarcerated people. And once again, 1199 members are raising their voices because they refuse to continue to see inmates waiting 6 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 and reentry services is inconsistent with our common goal of being a national leader in criminal justice reform.

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. Even the current mandate to provide adequate health care in prisons was the result of a supreme court decision in 1976.[2] But in Connecticut we have a choice to make. Are we going to continue to underfund inmate health services and 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.

Now is the time to invest the money saved from Northern –an estimated $12-19M - into critical resources for health care, housinh, mental health care, and re-entry services for formerly incarcerated people in our communities. A person leaving prison is 12 times more likely to die in the first two weeks of their release than a person in the general population. We can't let that happen in the wealthiest state in the nation. We must also invest $15 million in critical medical services and fill the 150-plus health care worker vacancies at DOC.. If the state truly wants to be a second chance society, if the state truly wants to be a force for racial justice, we must invest in the services that our communities need.

[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.
[2] Gamble Ev. Supreme Court of United States, 429 U.S. 97 Sess. 1976.