

**Testimony before the Judiciary Committee**  
**Concerns Regarding “Three Strikes” and Medical/Mental Health Correctional Facility Proposals**  
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Good afternoon, Senator McDonald, Representative Lawlor, and members of the Judiciary Committee. My name is Karen Zimmer, and I have concerns about two proposals by your committee that were discussed in a recent Hartford Courant article. Proposal #4 includes a 1200 bed medical/mental health correctional facility, and Proposal #8 suggests a “three strikes” law that includes misdemeanors. I have a close family member with a serious history of mental illness who has spent a number of months in prison, including twice at Garner Correctional, because of symptoms of his mental illness.

When Steven (not his real name) was arrested for assault of a health care worker, he was homeless, paranoid, and refusing to take medication because he thinks it is poison. He has been hospitalized more than 20 times in 13 years. I thought he might improve while at Garner because I thought he would receive treatment and have a chance to stabilize. How disappointed I was. I have worked as a psychiatric nurse since 1983, and I can tell you that Garner is still a prison, not a psychiatric hospital. His medication regime was not adequate and he did not stabilize. Communication with mental health professionals is spotty and there are not enough of them. I was told by a former employee at Garner that inmates cheek their medications and trade them for other goods and services. She also told me that if an inmate was in clear psychiatric crisis, even with a social worker’s referral, it took several weeks before a psychiatrist would have time to evaluate the inmate.

Steven told me that although his medications were supposed to be crushed, this was not always done, and he was, in fact, able to cheek them, and agreed that sometimes inmates traded meds for goods. Sometimes when he called us (collect) he was clearly decompensating and manic. I was unable to reach someone for days to express my concerns. Voice mail is not available and messages were not returned. Basically, Steven was not much different after several months of prison than when he went in, and he was hospitalized soon afterward. Lots of money spent, but for what? A 1200 bed medical prison will be exorbitantly expensive; Connecticut’s resources would be more wisely spent on community treatment and housing, not thick walls, razor wire, and prison guards.

I believe that assault on a medical person is considered a violent felony. I am not trying to excuse what Steven did, and he needs consequences for his behavior, even though he was ill at the time, but I worry that if Connecticut implements a “three strikes” law that he will be in danger of being imprisoned for life. He is not a bad person. He is an ill person. Unfortunately I don’t have enough information to figure out the cost of putting a person away in prison for the rest of their life, but providing intensive community treatment and supportive housing has got to be much more cost-effective and is certainly more humane than that. A three strikes law may create many more problems than it will solve.

The Governor’s Blue Ribbon Commission on Mental Health report in 2000 included a “Vision for the Future”, that included these recommendations:

- *People who use services are treated with dignity and respect and their legal rights are protected.*
- *Access to appropriate care is timely and easy to obtain*
- *Best practices and the latest scientific knowledge guide service delivery*

I do not believe that building a 1200 bed medical correctional facility to warehouse people with mental illness or mandatory incarceration for life for 3 violent felonies are “best practices”. I urge you to rationally consider what is really best for Connecticut citizens, and to refrain from a “just lock them all up” mentality.

Thank you for your time and consideration.