

**Name:** Amanda Van Doren  
**Title:** Mrs  
**Organization or Agency:** NA  
**Topic:** Meeting Date Not Listed  
NA

**Testimony:**

For the Correction Advisory Committee Public Meeting on 29th January 2025

Relationship: Sister of an incarcerated individual at York Correctional Institution

**Written Testimony – Conditions of Confinement & Medical Care**

I am writing as the sister of a woman currently incarcerated at York Correctional Institution, and as someone who has been closely involved in advocating for her medical and mental health care during her confinement.

My sister entered custody with a complex and documented medical history, including:

- Severe hypothyroidism following thyroidectomy, with a prior myxedema coma (a life-threatening endocrine emergency known to cause profound cognitive and psychiatric impairment)
- Immune suppression requiring monthly IVIG infusions
- Serious infectious disease history, including necrotizing fasciitis, MRSA, and CMV
- Psychiatric symptoms that are medically intertwined with endocrine failure and immune dysfunction

What has become painfully clear is that York Correctional Institution is not equipped to safely manage medically complex individuals whose conditions cross endocrinology, immunology, and psychiatry.

My sister experienced:

- Delays in critical immune infusions
- Fragmented mental health care focused narrowly on crisis prevention rather than stabilization
- Lack of coordinated medical oversight despite known, high-risk conditions
- Significant distress, panic symptoms, and physical decline while awaiting care

This is not about fault or individual staff. It is about structural limitations. Correctional facilities are increasingly functioning as de facto hospitals and psychiatric units, without the staffing, integration, or safeguards required for medically fragile populations.

I respectfully urge the Committee to consider:

1. Medical complexity as a central factor in placement decisions, not an afterthought
2. Clear escalation pathways when a facility cannot safely meet a person's medical needs
3. Stronger coordination between DOC, hospitals, and forensic health systems
4. Oversight mechanisms that respond quickly when medically vulnerable individuals deteriorate in custody

My sister's experience reflects a broader, systemic issue. When serious medical illness is misinterpreted as behavioral noncompliance or purely psychiatric instability, the result is preventable suffering and increased risk for the individual, staff, and the system as a whole.

Thank you for creating space for public input and for considering the lived experiences of families and incarcerated individuals. I hope this testimony contributes to meaningful improvements in care, accountability, and humane treatment within Connecticut's correctional system.

Respectfully,  
Amanda Van Doren