

1/20/26
~~1/29/26~~

Inmate Submission

To: (1/29/26)

Correctional Advisory Committee Meeting

Attn: Joint Committee on Advisory
Correction Advisory Committee
Legislative Office Building
Room 2500
Capitol Avenue
Hartford, Ct 06106

Subject: Input / Written Testimony

Fr: John S. Reminski #241124
Osborn Corr. Inst
335 Bilton Road
Somers, Ct 06071
Until
Apr 2026

- Testimony / Narrative Follows -

Ladies and Gentlemen of this Committee

As I thought of this submission I thought of citing personal details and thought of the importance of looking at the big picture.

This would be to expound on the conduct of Connecticut refusing to identify the actual problem - putting on a show and throwing a ridiculous amount of money, in the case of the Feckless

Ombudsman "Agreement" (not a contract) awarded, not bid out to a Friend of the

Governor, Atty. DeVaughn Ward of HTFd.

Currently, the agreement is costing the taxpayers \$750,000.00. This almost identically mirrors a contract that the state has with Atty. Walter Bersky as "Inmate Legal Assistance (ILAP)"

All this is required to address the mandate of 42 USC 1997 - (Civil Rights of Institutionalized Persons) a statute totally ignored by Ct.

I have been an incarcerated Word of the State for 25 years and watched as Civil Rights were undermined while wrapped in a number of camouflaging programs - such as the Ombudsman, ILAP, and the Office of the Public Defender.

In April 2026 I will be released. I am excited as I write another chapter in my life.

I ask you to take this submission to heart and look at it with an open mind.

One thing I know, regardless of how a current system is disabled, sanity dictates that:

A) Throwing money at a problem is never the solution

B) You do not destroy the current system until you are able to put an improved system in its place

- That is what was done here

- It is what is done with ILAP

- It is what was done when Correctional Managed Health Care (cmhc) was dissolved and Medical Care was brought into the D.O.C.

- It is what happens when you put in place people responsible for making decisions that were not put there by merit but by favoritism and class structure

Those are the ingredients for failure in any organization. If it were a private business, without bottomless financing it would fail

Cost Recognition

According to the Comptroller's Office, the funding designated for Ombudsman Services, assigned by the Governor to Atty DeVaughn Word, now at 55 Farmington Ave, Httd, a wholly state occupied building, is \$750,000⁰⁰

At the same time Inmate Legal Assistance Program (ILAP) has funding by Special (no-bid) contract for the same amount, going to Atty Walter Bersky of Old Saybrook. As stated, this is a gifted no-bid contract and has been for over a dozen years. This contract is to provide Legal Assistance in Civil matters to inmates. This contract is designed to eliminate any Federal need for access to a Law Library Access to Legal References and Information

By contract, Bersky is prevented from any Assistance in Criminal matters. Interferes with a necessary ability to Sheperdize

The only service offered by Bersky is to provide State and Federal Forms, something any court clerk does on a daily basis

Since neither Atty Word or Atty Bersky ever appear in court there is no need to have Law Firms assigned either payout

Proposal -

Combine the Ombudsman energies and those of ILAP under one banner

Since neither presents any representation in any Court of law there is no mandated rationale to assign these responsibilities to an attorney. ILAP provides forms and basic instructions for their completion to inmates - not Legal Assistance. Similar to what every court clerk does in each Judicial District

Notes: At one time Library Clerks (Legal Beagles) provided the same service and experience to inmates - with better results.

Now inmates are on their own - left to fend for themselves while the state wastes \$1,500,000⁰⁰ annually to line the pockets of selected "friends of the state" 100% controlled by the state - to interfere with the access.

The Ombudsman agreement is only necessary to promote communication between D.O.C staff specifically the A.D.A. and Guidance (Medical and General) Facilitators, supervised by a practicing Misandrist (Reed Colleen Gallagher)

Realistically
The Osborn Mission Statement is:

- Do As Little As Possible
- if possible
- Do Nothing At All
- Cash Pay Check

That is a day to day reality that is readily practiced - at Osborn in

- Operations
- Medical
- Headquarters - Wethersfield

Sadly, if everyone just did their jobs according to their job description there would be no need for such an exorbitant expenditure for the Ombudsman (\$750,000.00)

As it is the focus on doing nothing permeates from the top as it has for years under the current Commissioner, who came up through the ranks. Ignorance cannot be claimed.

Example: Look at every Directive. Those affecting inmates and staff alike all (in Reference to Authority) refer to American Correctional Assoc Standards including to adherence

Fact: GDOC has not been a paying member of the ACA for over (25) years.

* You cannot find a set of No standards anywhere in the DOC or state - Seems Rather Odd 17

To address the disorder and ignorance (deliberate I assert) caused by the abuse of minimized Civil Rights that are available to Incarcerated Institutionalized Persons as outlined in 42 USC 1997 et seq I suggest a review of both ILAP and the Ombudsman offices and a consideration that those Civil Rights abuses will be best addressed by consolidating the "purpose" of both into a single function

First, establish a legitimate RFP Request For Proposal expanding the search parameters to include Non-Attorney persons.

Since there is no legal Representation before any court attorneys services are not mandated

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From an outside private office oversight of this new office (after combining ILAP and Ombudsman) all Civil Rights efforts can be focused on... Civil Rights and basic assistance of... Inmates!

Through that Central office with the cooperation of the State of Connecticut - not the Dept of Corrections to avoid the appearance of conflict each facility can have a focal point for assistance and Communication

An economical and effective function of the reborn operation should include Front Line Inmate Assistance Clerks at each Facility

7-Facilities

with access to a central point with on site coordination between the Facility inmates and the Contractor Representative

- Staffing -

Inmate Clerks at each Facility:

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Average 30 hours per week \$135.00
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Total (7) facilities under \$1,000.00 per week

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The reality is that Civil Rights have been categorically abused for so long - attributed to the Failure To Act - Let's not rock the boat.

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based on 25 years of exposure to the
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Do with this what you will

Respectfully

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Enclosure!

Narrative Ex(2) Summary Judgment Motion

1 | 20
#124

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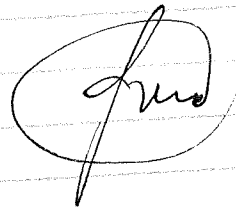
Enclosure!

Narrative Ex(2) Summary Judgment Motion

Correctional Advisory
Committee Meeting 1/29/26

Re: Ombudsman

The attached will give this Committee
an example of the Frustrations
confronting inmates due to a constructed
Merry Go Round



This is Narrative Attached To Held Court
Motion For Summary Judgment Failure To Protect
Kaminski vs Quillo 25-5090538 Kaminski vs Shog
SUBJECT- 25-5090522

Failure To Act To Protect A
Vulnerable Institutionalized Word
Of The State

The Pro Se Plaintiff John S Kaminski
a (71) year old twice Honorably Discharged
Veteran (DD Form 214 on file) is herein
putting forth his position and reason for
deciding to withdraw this matter, not
because it does not have merit.
He is withdrawing it, asking that it be
allowed without prejudice as he is
approaching an imminent date of release
(April 2026) and will have great difficulty
not defaulting administratively due to the
transition difficulties expected.

Question:

Whose Job Is It To Protect The Civil
Rights of Incarcerated Person(s)?

According to 42 USC 1997 protecting the
Constitutional Civil Rights of Institutionalized
Persons is the identified responsibility of
each States Office of the Attorney General
Cr. William Tong - Defendant.

Ultimately, the overall responsibility is that of the Governor Ned Lamont (defendant). That "authority" can be delegated - the "responsibility" is solely that of the Governor.

In order to properly carry out those responsibilities for 3.5 million residents of the State of Ct. other than through the "elected" position of the Attorney General, the Governor selects representatives "Commissioners" and "Judges" that he can use as tools to delegate his authority to - not his sovereign responsibility - to carry out the burden of his office.

What happens when that system fails?

Answer: The details laid out to the court (ad nauseum) in this docket and all others (3) in total happens -- Nothing!

In a concerted effort to divert responsibility at all levels - a position of Correctional Ombudsman is created. The Office of Government Accountability miraculously finds and allocates \$1726,000 of funds totally contrary to General letter 11 - which derives jurisdictional authority through the Department of Administrative Services, pursuant to the authority mandated in Title 4a Chapter 58 of Ct. General Statutes.

Payments of this nature [to the Ombudsman Atty DeV Vaughn Ward \$726,000⁰⁰ and to Inmate Legal Assistance (\$750,000⁰⁰) Atty Walter Bersley^{IV}] totally disregard the letter of the law - promoting Civil Rights abuses and passing the buck - avoiding scrutiny

If the Attorney General and his AAG staff in that office did their job which is primarily to protect citizens of the state (including prioritizing the protection of Civil Rights of vulnerable Ward of the State - \$1,500,000⁰⁰ in payments to Ward + Bersley (illegally) could be re-allocated more appropriately

This Common Sense conclusion seems to elude everyone, including the courts, conveniently

In what reality does the Governor get to selectively and prejudicially hand out 3/4 of a million dollars - to one Speed attorney out of 37,000 licensed in the state, an attorney who has no special skills

Apparently this reality?

Note: Both the Ombudsman Contract and Inmate Legal Assistance (Ward and Bersley \$750,000 each) violate D.A.S rules of bidding.

The Plaintiff, over a period of a decade has done everything he could to motivate the defendants in this Writ of Mandamus, as well as (3) others (one active two dismissed plus this current matter) to act - to protect him - to carry out their ethical and legal responsibility - as they are mandated "by law" to protect him. More egregious is this court and others has clearly seen Evidence of Practice and Pattern for all parties to disregard their responsibility to enforce the need by all parties to act - to do their jobs.

Opposing Counsel and the courts, to date, as well as all defendants are more than happy to focus on the legal minutia to validate feigned ignorance and that without argument sets up Deliberate Indifference and Dereliction of Duty.

Failing on every level to protect the incarcerated Work of the State entrusted to their care.

In this current matter, once again the staff of the Attorney General, through assigned Assit/ Associates of the A/G's office have all made, what is clearly a routine decision to ignore and hide behind non-existent protections of Administrative Flourish to overwhelm and defeat a Pro Se Plaintiff, only trying repeatedly to bring the obvious into the light of day.

To respond - Counsel for all the Defendants has opted to play a dangerous game of "Lawfare" instead of showing the slightest concern (Failure To Act / Deliberate Indifference) to a Ward of the State, repeatedly abused even after being identified (by UConn Health Center Neurosurgical staff) as being in need of repair surgery, a minimum of (2) more surgeries to correct previous surgical trauma (mistakes) - Botched surgical blunders or intended medical exploitation

Although previous and distinct Writs of Mandamus were dismissed (by Judge Shaikh) who also exhibited Deliberate Indifference to the Plaintiffs serious medical needs and the substance of the previous complaints, as did the defendants and their counsel from the Attorney General's office, he focused clearly on his position that a Writ of Mandamus was not an appropriate venue

This was clearly a Failure To Act on a known abuse, an orchestrated abuse, a clear violation of 42 USC 1997

Clearly the conduct exhibited repeatedly is not only sanctioned by the office of Attorney General but the courts as well

All others, D.A.S., Comptroller etc. turned a blind eye to the law

For this court or any court, and the office of the Attorney General to sanction the conduct and general lack of concern for the Plaintiffs well being by the Defendants listed, new on (4) Writs of Mandamus by superceding the law to protect State Actors Appears to be by agreement and displays a clear hint of conspiracy.

There is no personal liability involved as the Plaintiff only asked for medical care made necessary as the result of poor care at Ulm Health Center arranged by the Dept of Corrections (Richeser).

To claim that this court has no jurisdiction which translates quite literally as responsibility has no validity.

Conflicted Counsel A/G's office

In a Motion titled: Motion for Hearing - Conflicted Counsel dated: 11/01/25 submitted to the court the Plaintiff clearly laid out his argument that the Defendants (who all have access to their offices General Counsel) should be ordered by the court to use that counsel (or a one employed by the state) so as to allow for representation by the office of the Attorney General to protect him and his Civil Rights to be properly treated at a facility other than Ulm Health Center.

As in (3) previous matters in this same District Court Judge Shank has regularly taken the position that he has no separate legal responsibility to protect a Word of The State

Validating A Writ of Mandamus

According To CGS-52-485 as it relates:

- ... writ which will issue to enforce legal right
- No other legal remedy (not exhausted)
- To secure obedience in matter of public interest
- Against an "inferior tribunal"
- Compel judges to make a finding
- Certify evidence
- Against a Public Officer
- Against officer whose Duty It Is To
 - Perform An Act
- Must be clear legal right to relief [and]
no other legal remedy (not exhausted)

Plaintiffs Interpretation of CGS 52-485

The sole purpose of a Writ of Mandamus is to insure that the Defendants in the particular Writ are formally and clearly appraised of the complaints, by way of the courts jurisdiction after identifying the matters brought before it as justiciable as presented to the court

Not only were these details brought into this matter they were also listed in
Keminski vs Richeson Docket#

- Exhaustion and Notification -

Additionally before filing these two complaints with this same Judicial District in Hartford, in order to insure that every other avenue had been thoroughly exhausted so as to allow the listed State defendants every opportunity to address the problem and all other incidental person(s) in a position of authority (related or appointed) identified on several court documents - purposely served on over one dozen defendants, all represented by the Office of Attorney General - whose authority demands they "Act" in the interests of not only the Plaintiff but all other Words of the State similarly situated (who failed or refused to) just as this court has refused to - to address well documented and reported Civil Rights violations - Federal / State.

Withdrawal vs Court Refusal

To Accept Withdrawal

For Cause (By The Court)

Since the last surgery and the discovery post surgery of another a 2d device on the left side of L3-L4 opposite the broken screw on the right side of L4 (1st lumbar surgery) and the same conclusion by New surgical Review of the Cervical (Neck) area A3d + 4th Surgery were justified. The cervical caused a 50% reduction in Cerebro Spinal Fluid to the brain (Cerebellum)

- Surgical Trauma -

This, according to research by the Plaintiff has caused

- Intra Cranial Hypotension -

All of his symptoms support this conclusion. See Attached

Yet, the Defendants have absolutely no interest in minimally getting a 2d unbiased opinion or contemplating alternative care

To this point this court has abdicated its responsibility to a feckless position of Administrative Law.

It seems evident that the Defendants, and this supervisory court will do anything and everything to protect the State Actors (Defendants) and its medical representatives from Udon Health Center

Could it be they are concerned by a 2d opinion of their surgical history that would surely validate the inept care and in fact generate a Good Faith Certificate against medical care-to date?

Summary Judgement

On its own this court can, according to the
Ct Practice Book Sec. 17-44, order a Summary
Judgement Sua Sponte

- Remedy Requested -

1) That this court, based on the facts and history
of this complaint, exercise its clear legal
authority and responsibility order a
Summary Judgement, in Favor of the
Plaintiff, as it is within its legal
authority

The outcome expected by the Plaintiff
is simple: That this court recognize its
authority and order a long awaited
impartial examination of the abuse the
Plaintiff has endured over a decade of,
what factually supported abuse and a
conspiratorial cover-up of the pattern of
abuse

The examination in part is that of
Ulman Health Center record of surgical failure
mismanagement of medical complaints
by the D.D.S. and defecto Claims Wren.

The Plaintiff needs to remind the court
that the evidence is the Plaintiff himself

That is not only the legal path but
the ethical path of all the defendants
tested - all who have turned a blind eye
to the abuse of a Word of the State

This court not only has the authority
but the moral obligation & responsibility to
in line particularly at a vulnerable Word of the State

Declaratory Judgement ??

The Plaintiff, who is Pro Se and who can only be considered a legal novice, after a review of Gr. Practice Book Section 17-54 thru 17-59 questions whether, based on the details of this complaint and that the only Remedy he seeks is for the Defendants to look at the history of abuse he has endured for years and the inaction (Failure to Act) of all listed parties and correct the abuse.

Its as Simple as that...

Just because the State Agencies have "no oversight of an incarcerated word of the State (unofficially) does not absolve them of their legal and ethical responsibility to "Act" in this matter to protect them.

The court has "jurisdiction" which translates into responsibility to protect a word of the State where no other protection exists

Respectfully Submitted

John S. Annin, Jr.

#241124

Abandonment Inc.

335 B. 1st St.

Amesbury, MA 01921

Certification of Service

The Plaintiff, John S. Kominski, herein certifies that on/about _____ he mailed a copy of this Motion To Withdraw to Court of Record.

AAG _____
145 Capitol Ave
Hartford 06106

The Plaintiff

John S Kominski
#341124

Enclosure

Downloaded Etplaneticu
of

Intracranial Hypotension

Intracranial Hypotension

 / [Condition](#) / Intracranial Hypotension



Overview

Intracranial hypotension is a condition in which there is abnormally low pressure or volume within the skull due to a reduction in cerebrospinal fluid (CSF).

Cerebrospinal fluid is the colorless fluid that surrounds the brain and spinal cord. It is continuously produced in the cavities of the brain called ventricles and absorbed into the bloodstream. This fluid cushions the brain and acts as a shock absorber. It also serves as a vehicle for delivering nutrients to and removing waste from the brain.

Also in the section...

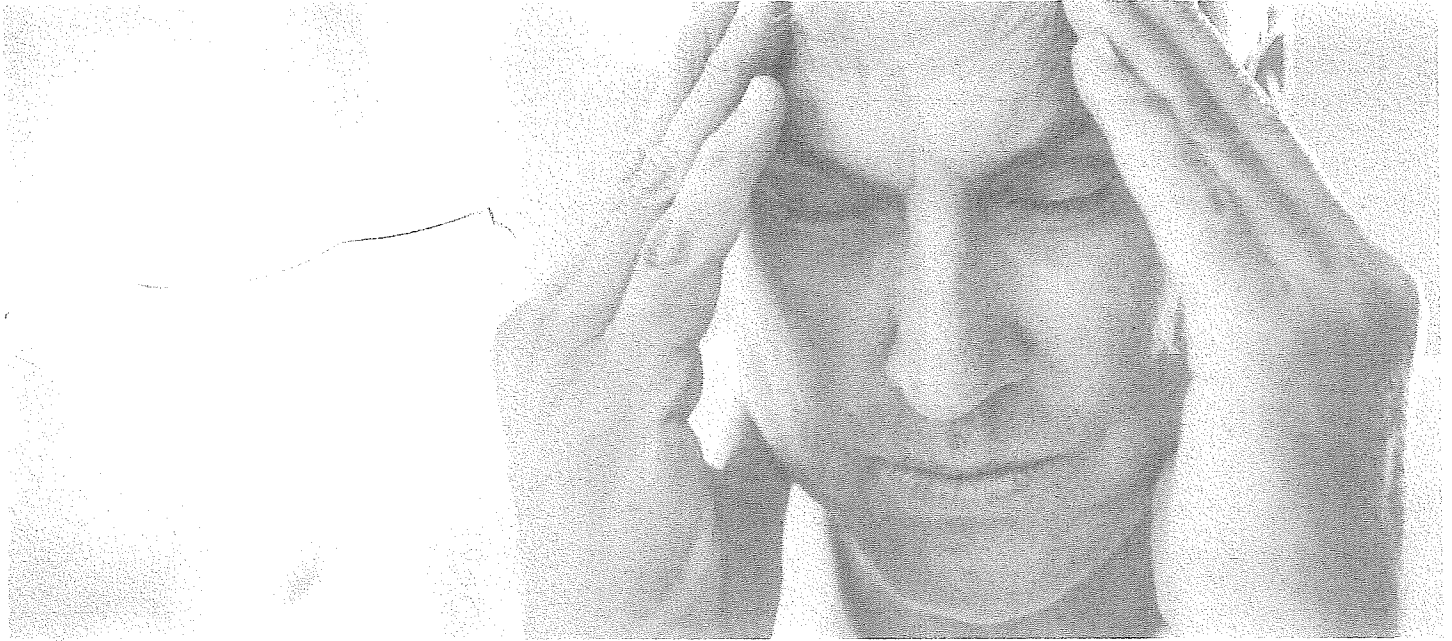
duced—often due to a CSF leak—

. This results in a headache and

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In This Article

1. [Overview](#)
2. [Symptoms](#)
3. [Treatments](#)
4. [Resources](#)



Intracranial Hypotension Symptoms

Symptoms of intracranial hypotension include:

- ✓ Positional headache, which worsens when you sit up and improves when you lie down
- ✓ Sensitivity to light or sound
- ✓ Nausea, with or without vomiting
- ✓ Neck pain or stiffness
- ✓ Hearing changes, such as muffled hearing or ringing in the ears
 - Difficulty concentrating
- ✓ Double vision
- ✓ Dizziness
- ✓ Imbalance
 - Memory impairment

Many medical conditions can cause headaches accompanied by other

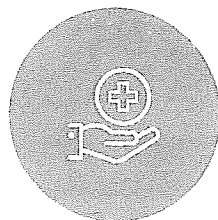
neurological symptoms. Contact a medical professional if you are having symptoms.

Intracranial Hypotension Treatments

Depending on the cause of the cerebrospinal fluid leak, symptoms may resolve on their own. Your doctor may initially recommend bed rest, drinking more fluids, increasing your caffeine intake, and taking pain relievers.

If your symptoms do not improve with conservative treatments, your doctor may suggest an epidural blood patch. This procedure involves taking blood from the arm and injecting it into the spinal canal outside of the dura to seal the leak. It is performed by a neuroradiologist under video X-ray guidance.

If you have intracranial hypotension due to the over-draining of a shunt system, you may need to have the valve on the shunt replaced.



Find a Specialist

MIGRAINE AND HEADACHE SPECIALISTS

Common Questions

How common is intracranial hypotension?

Intracranial hypotension affects an estimated 5 per 100,000 people, but it is thought to be underdiagnosed.

Who gets intracranial hypotension?

Intracranial hypotension affects men, women, and children of all ages. However, it is more common in women than in men, and the peak age of diagnosis is 40.

Intracranial hypotension often results from a cerebrospinal fluid leak. CSF leaks can occur without an identifiable cause, or they can be caused by:

- Lumbar puncture (spinal tap)
- Placement of tubes for epidural anesthesia or pain medications
- ✂ • Spinal trauma
- ✂ • Spinal surgery

Underlying weakness of the spinal dura, the outermost layer of the protective tissues surrounding the brain and spinal cord, is present in many cases of spontaneous intracranial hypotension. Several genetic disorders have been associated with areas of thin or weak dura that may predispose people to CSF leaks. These include:

- Ehlers-Danlos syndrome
- Marfan syndrome
- Autosomal dominant polycystic kidney disease

Over-drainage of a shunt system placed for hydrocephalus can also cause intracranial hypotension.

How is intracranial hypotension diagnosed?

Your doctor may use the following to diagnose intracranial hypotension:

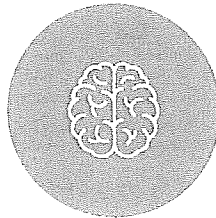
- Physical and neurological examinations
- ✓ ✓ • Magnetic Resonance Imaging (MRI) with contrast
- MR, digital subtraction, and CT myelography may be used to locate the site of the leak

✓ Medically Reviewed by Kerry Knievel, DO, FAHS on September 4, 2022

Resources

[National Organization of Rare Disorders](#)

[Spinal CSF Leak Foundation](#)



5 People per 100,000

Intracranial hypotension affects an estimated 5 per 100,000 people,
but it is thought to be underdiagnosed.