

Good evening Chairpersons, members of the Correction Advisory Committee, representatives of the Office of the Correction Ombuds, legislators, and members of the public.

I am a Registered Nurse working in Connecticut correctional facilities representing many frontline healthcare workers who provide care inside these institutions every day.

I want to speak from my direct professional experience about conditions of confinement and how they impact health, safety, and dignity, not only for incarcerated individuals, but also for the staff who work inside these facilities.

In correctional settings, healthcare does not exist separately from confinement. The conditions under which people are housed, lockdowns, restricted movement, limited access to hygiene, overcrowding, and staffing shortages, directly determine health outcomes. As nurses, we see the consequences of those conditions in real time.

I have personally experienced situations where extended lockdowns and limited movement delayed access to medical care. Sick call is postponed. Chronic conditions worsen. Mental health symptoms escalate. What could have been addressed early becomes a crisis simply because care was not accessible when it was needed.

Staffing is a major factor. When nursing units are understaffed, care becomes reactive instead of preventive. Medications are delayed. Assessments are rushed. Follow-up becomes inconsistent. Nurses are frequently required to work mandatory overtime or double shifts, not because they want to, but because there is no one else. This level of strain is not sustainable, and it puts both patients and staff at risk.

Mental health conditions are especially impacted by confinement. Many crises occur overnight, during lockdowns, or during periods of isolation. When access to mental health services is limited during those times, nurses and custody staff are left managing individuals who are actively decompensating, suicidal, or in distress, often without the clinical resources that situation requires. This increases the risk of self-harm, use of force, and long-term trauma.

Basic living conditions also matter. Limited access to showers, hygiene supplies, clean living spaces, proper ventilation, and consistent recreation directly affect physical and mental health. These are not minor inconveniences, they are conditions that contribute to infection, chronic illness complications, anxiety, depression, and behavioral deterioration.

As we move toward the 2026 legislative session, I urge this Committee and policymakers to recognize that conditions of confinement are a public health issue. What happens inside

correctional facilities does not stay there. People return to our communities. Staff return home to their families. The effects ripple outward.

We need:

- safe and consistent healthcare staffing,
- timely access to medical and mental health services,
- humane living conditions that support health and dignity,
- transparency and accountability that includes more frontline voices,
- and policies that prioritize safety for both patients and staff.

As a nurse, my obligation is to care for people.

As a union delegate, my obligation is to advocate for safe, ethical working conditions.

And as a member of this community, I am asking you to take conditions of confinement seriously, because health, safety, and dignity depend on it.

Thank you for the opportunity to share my experience.