

November 11, 2020

The Honorable Ned Lamont  
Governor  
State of Connecticut  
210 Capitol Avenue  
Hartford, CT 06106

The Honorable Angel Quiros  
Interim Commissioner of Corrections  
State of Connecticut  
24 Wolcott Hill Road  
Wethersfield, CT 06109

Dear Governor Lamont and Interim Commissioner Quiros,

We write to follow up on our April 2020 letter insisting that the state take immediate action to protect the health and lives of veterans incarcerated in Connecticut prisons against the COVID-19 pandemic. The state government, including the Department of Corrections, has failed to take necessary action. As we head into a second wave of the pandemic, we call on you to act so that those who were willing to sacrifice their lives for our country are not sacrificed by our country.

The numbers of individuals infected with COVID-19, including in prisons, is increasing. The number of new cases in Connecticut has been steadily rising for almost two months, with the 7-day average of cases rising from 69 new cases per day on September 7 to [988 new cases per day](#) on November 8. These increases are part of a broader second wave of the pandemic that has taken hold across the state—[a wave that experts anticipated](#) and for which DOC failed to take adequate steps to prepare. The DOC has experienced a commensurate increase in cases over the same time frame. On October 13, following outbreaks in prisons in [New York](#) and [Massachusetts](#), Hartford Correctional Institute reported that [56 inmates had tested positive](#) for COVID-19. [Among the prisoner population](#), symptomatic cases have risen from zero on September 21 to three on October 28, while asymptomatic cases have increased from six cases on October 11 to 49 cases on October 28. Prison staff have also been testing positive more frequently, with cases increasing from 12 on September 21 to 55 on October 28.

Veterans are one of many groups particularly vulnerable to the effects of the pandemic. Connecticut veterans are both [older than the national average](#) for veterans and the average for Connecticut residents, putting them at [greater risk for complications](#) from COVID-19. Many have service-connected disabilities that put them at greater risk from the virus or compromise their ability to deal with the physical- and mental-health challenges that the virus poses. The lack of decarceral actions in Connecticut means that the current resurgence of COVID-19 cases puts the hundreds of veterans currently incarcerated in the state at immense risk, not only in terms of their ability to survive the pandemic but also their capacity to cope while incarcerated and their [ability to re-enter society](#) after their sentences are complete.

We acknowledge and appreciate that DOC has taken some actions to combat the pandemic, such as providing prisoners with cleaning supplies and testing individuals when they change facilities. However,

these steps fall short of what is required especially now in light of the recent spike in cases. DOC did grant early release to some incarcerated individuals, but many facilities have seen little reduction in their populations, though other nearby states that did take more extensive decarceral actions. DOC did commit to many protocols as part of the *McPherson* settlement, yet the ACLU of Connecticut recently [highlighted the many ways](#) that the DOC has failed to comply with the express terms of the settlement and thereby failed to ensure the safety of its incarcerated population. While the Hartford CI outbreak led that facility to delay its plans to open that facility to social visits, the DOC has [moved forward with opening many other facilities](#) to social visitors, putting the incarcerated population at risk if social-distancing guidelines are not followed.

**We therefore reiterate our call from our April letter to release incarcerated veterans and others who are at heightened risk from the virus.** According to public health experts, dedensification in congregate living facilities, including prisons, is an essential component of pandemic response. As noted in [our last letter](#), many states responded to the first wave of the pandemic by releasing at-risk inmates. As the second wave accelerates, Connecticut has the opportunity to avoid more deaths through selective releases of inmates who are particularly at risk. For veterans in particular, their release is likely to translate into successful transitions out of prison because federal and state veterans affairs departments and veteran service organizations provide robust support structures, such as health care, housing, and rehabilitation services.

Beyond the release of at-risk inmates, there are other actions that DOC can and should take to prevent perilous conditions within Connecticut prisons. Prevention not only includes stopping the spread of the virus, but also the mitigating the toll that isolation and reduced access to connections outside prison pose to the rehabilitation of incarcerated veterans. **We call on Interim Commissioner Quiros to take the following steps to protect Connecticut's incarcerated veterans and others from the risks the virus poses to their physical and mental wellbeing.**

First, **enforce a more stringent social-distancing policy** for all correctional officers and prison employees in situations where they are in shared enclosed spaces. Health experts note that none of the three pillars of an effective pandemic response—testing, tracing, and isolating—are being fully met in Connecticut facilities. Despite former Commissioner Cook's [executive order](#) requiring masks to be worn, veterans and others at DOC facilities have reported that people do not wear masks and social distancing guidelines are not being respected. The long hours that incarcerated individuals spend isolated in their cells might reduce their contacts with other prisoners, but the benefits of this are limited given that they are often released into recreation all at once, where they can congregate without following social distancing. While inmates are given supplies to disinfect their cells, they have to share the same supplies with others in their unit, putting them at risk. Periodic systematic testing is not being conducted, and the cellmates of inmates who test positive are often not tested or quarantined. All of these issues need to be addressed in order for veterans to be able to safely survive the pandemic while incarcerated.

Second, **provide greater access to mental health services** for inmates. Many veterans who suffer from PTSD or other service-related mental health conditions experience the pandemic as especially traumatic. The [pandemic can trigger uncomfortable memories and feelings](#) for veterans. These issues mean that mental health treatments are more critical than ever. But veterans have reported sometimes not being able

to see a mental health counselor for weeks after a request. Their frequent isolation in their cells and the limitations imposed on visits from friends and family only further exacerbates these issues. More resources dedicated to providing such access is critical to ensuring veterans and others can feel safe during the pandemic.

Third, **offer socially distanced programming led by outside volunteers.** Programming from outside organizations is crucial for the development and health of inmates. DOC itself [has touted](#) the contributions volunteers have made that support rehabilitation and re-entry efforts. Barring veterans' services organizations from meeting with incarcerated veterans stalls their rehabilitation. DOC should reintroduce programs, such as Operation Warrior Horse, that provide veteran-specific support that internal prison programming cannot satisfy. It should also allow those who are part of the Volunteer and Professional Partners program to administer supportive programming to inmates, under social distancing guidelines similar to those in place for resumed social visits.

Fourth, **ensure that no-cost personal hygiene supplies are readily available to inmates, staff, and visitors** throughout the facilities. Prisons are communal living spaces and the Centers for Disease Control [recommends](#) hand washing after touching items that are frequently touched by others. Currently, there are no guidelines for hand hygiene under the [current DOC visitation plan](#). Require all those participating in visits (inmate, visitor, and staff) to undergo handwashing before and after visitations in a manner similar to the [Federal Bureau of Prisons' guidelines](#). Providing cleaning supplies near phones is also essential, as the current approach taken in some facilities of sanitizing phones on certain pre-set intervals is not sufficient for such a high-contact area.

Finally, ensure inmates have **regular access to legal advice.** Veterans who are fortunate to survive this pandemic and be released will face particular challenges when they seek to re-enter society. Many veterans need to connect to pro bono legal counsel to address issues connected to their service, such as veterans' benefits applications and discharge upgrades, which could improve their transition back into the community. However, visits from lawyers from veterans' civil legal aid organizations have been suspended during the pandemic, meaning that most veterans can only receive legal advice during the two legal phone calls that they are allocated per month. Groups such as the Connecticut Veterans Legal Center are attempting to provide such advice by distributing their contact information to incarcerated veterans, but the DOC has so far not taken steps to facilitate this access. We call on the DOC to improve veterans' access to civil legal counsel, for example by allowing virtual visits, permitting in-person socially distanced visits from lawyers, or eliminating the two-call-per-month limit and service fees for legal phone calls.

We all have a sacred duty to protect the lives of our nation's veterans. Implementing the demands listed here can help ensure the safety of the hundreds of veterans who DOC is charged with protecting.

Every one of these demands is within the existing authority of Governor Lamont and Interim Commissioner Quiros. Following social distancing guidelines and mental health services falls within the Commissioner's responsibility to ensure that all DOC facilities are safe. Providing access to legal services and veterans programming falls within the Commissioner's responsibility over the reentry of offenders into society, which the DOC recognizes as enhancing public safety. Releasing incarcerated individuals

also falls under the discretionary powers of the DOC. Interim Commissioner Quiros has the power to place incarcerated people on a 45-day furlough (C.G.S. § 18-101a), to release incarcerated people who are part of high-risk groups (C.G.S. § 18-100c), and to grant pretrial release for those charged with class D felonies or lesser charges (C.G.S. § 18-100f). Governor Lamont is required by statute to “protect the health and safety of inmates of state institutions” in a public health emergency (C.G.S. § 28-9(b)(5)), and he has the discretion to modify or suspend any statute or regulation that conflicts with the protection of public health (C.G.S. § 28-9(b)(1)). Many of the above demands could be implemented pursuant to these broad grants of authority. **Therefore, you can and should act now to stop more illnesses and deaths that can be prevented.**

It is important to remember that COVID-19 in prison facilities threatens not only inmates but all who enter the carceral space. A [report by the National Academy of Sciences](#) found that the “cumulative COVID-19 case rates among incarcerated people and **correctional staff** have grown steadily higher than case rates in the general population since March 2020.” Taking care of the health and well-being of incarcerated individuals is thus essential to the health and well-being of correctional staff and their families.

We respectfully request to schedule a meeting with you in order to discuss these urgent problems and how best to address them collectively.

Thank you for your time and attention.

Very respectfully,

National Veterans Council for Legal Redress

Common Defense

Connecticut Veterans Legal Center

Disability Rights Connecticut

Dr. Gregg Gonsalves, PhD

Assistant Professor of Epidemiology (Microbial Diseases), Yale School of Medicine

Iraq and Afghanistan Veterans of America – Connecticut

Minority Veterans of America

National Veterans Legal Services Project

Veterans Legal Services Clinic, Jerome N. Frank Legal Services Organization, Yale Law School

