Frank Kelly #404548
MacDougall-Walker Correctional Institution
1153 East Street South
Suffield, CT. 06080

Joint Committee on Judiciary
Legislative Office Building, Room 2500
Hartford, CT. 06106

RE: TESTIMONY FOR THE JULY 30, 2026 CORRECTION ADVISORY COMMITTEE & OFFICE OF THE CORRECTION OBUDSMAN PUBLIC HEARING ON HEALTH, SAFETY, AND WELLNESS IN CT PRISIONS

To the Members of the Joint Committee on Judiciary, the Correction Advisory Committee, and Correction Ombuds DeVaughn Ward:

My name is Frank Ishod Kelly (Inmate #404548). I am an incarcerated Native American man currently housed at MacDougall-Walker Correctional Institution in Suffield, Connecticut. I write to you directly from inside these walls to present formal testimony for the semi-annual public hearing hosted by the Correction Advisory Committee (C.A.C.) and the Office of the Correction Ombudsman (OCO) on Thursday, July 30, 2026. In January 2026, the Office of the Correction Ombudsman published a landmark 57-page

report concluding that the Connecticut Department of Correction (CTDOC) is operating in a state of "sustained institutional failure". As someone who experiences this failure every single day, I can confirm that Obudsman Ward's findings are not an overstatement — they are our daily reality. Below I present a rigorous, high-level analysis of the systemic crises inside CTDOC facilities, focusing specifically on the denial of Native American constitutional rights alongside broad institutional failures in healthcare, sanitation, nutrition, and education. I conclude with a feasible, statutory blueprint for the CAC and OCD to execute immediate structural reform.

I. NATIVE AMERICAN RELIGIOUS AND CULTURAL RIGHTS: SYSTEMIC DENIAL AND CONTINUOUS VIOLATIONS

While the CTDOC purports to uphold religious freedom, Native American incarcerated individuals face severe structural discrimination and ongoing violations of Religious Land Use and Institutionalized Persons Act (RLUIPA), 42 U.S.C. §2000c, and Administrative Remedy Directives.

1. Denial of Sacred Ceremonial Items and Smudging:

Native spiritual practice relies on sacred medicines - sage, sweetgrass, cedar, and flat cedar — for smudging, purification, and prayer. CTDOC routinely classifies these natural botanicals as "contraband" or restricts access

under the guise of air-quality or security concerns. Smudging is not a luxury; it is the equivalent of Catholic Communion or Islamic Jum'ah prayers. Restricting access or forcing spiritual items to be kept in uncontained, damp storage areas violates RLUIPA's strict scrutiny standard, as less restrictive means of security exsist.

2. Access to Sweat Lodge and Communal Pipe Ceremonies: Despite exsisting policy provisions, access to the Sweat Lodge and Sacred Pipe ceremonies is virtually non-existent due to administrative neglect and recurring facility lockdowns. When lockdowns occur due to staffing shortages, religious services are among the first programs cancelled, severely disrupting the spiritual wellness necessary for rehabilitation.

3. Cultural Identity and Hair Protocols: For Native men, hair is a sacred extension of the spirit and cultural identity. CTDOC staff frequently subject Native individuals to arbitrary search protocols, forced haircuts during classification shifts, or disrespectful handling of sacred medicine bags during cell searches.

II. COMPREHENSIVE ASSESSMENT OF CTDOC INSTITUTIONAL FAILURES

1. Health and Hygiene Conditions: Environmental Hazards The OCO's 2026 report verified what incarcerated individuals

at MacDougall-Walker have reported for years: widespread black mold in housing units, heavy dust and mold buildup on ventilation systems, sewage backups, and pest infestations. Inhaling toxic mold spores through obstructed HVAC units causes chronic respiratory illness, sinus infections, and compromised immunity. Relying on incarcerated workers with household bleach to clean toxic black mold is a biohazard violation, professional remediation is legally required.

2. Physical and Mental Health Services: Systemic Delays and Medical Errors

Medical care within CTDOC is severely compromised by long delays and a lack of centralized tracking. Incarcerated individuals experiencing severe symptoms — including chest pain or palpable masses — are routinely dismissed with over-the-counter pain relievers like ibuprofen rather than being referred to specialists. Furthermore, recent findings by the State Inspector General documented "significant medical errors" in prescription distribution leading to preventable deaths. For Native Americans, mental health services completely lack culturally responsive care or trauma-informed frameworks that address historical and intergenerational trauma.

3. Food Services and Nutritional Integrity:

Meals served across CTDOC facilities are chronically low

in nutritional value, high in refined carbohydrates and sodium, and frequently served under unsanitary conditions. Reports compiled by the Obudsman highlighted visibly unclean kitchen equipment, spoiled milk, moldy food and rodent droppings in food prep areas. A diet devoid of fresh vegetables and lean protein exacerbates chronic health conditions like diabetes, hypertension, and high cholesterol — disproportionately impacting Native American and minority populations.

4. Education, Programming, and Lockdown Velocity: Education and vocational training are the primary tools for lowering recidivism. However, routine staffing shortages trigger frequent rolling lockdowns. During lockdowns, educational classes, library access, and rehabilitive programming are suspended. Treating educational and religious programs as optional amenities rather than statutory rights undermines the foundational purpose of the correctional system.

III. THE SOLUTION BLUEPRINT: FEASIBLE, HIGH-LEVEL RECOMMENDATIONS FOR THE CAC AND OCO

The Correction Advisory Committee and the Office of the Correction Ombudsman possess significant statutory power under Public Act 22-18 and Public Act 25-161 to review CTDOC operations, recommend binding policy changes, and advocate legislatively. To move beyond

"Sustained institutional failure", the CAC and OCO must implement the following actionable blueprint:

1. Establish a Dedicated Native American Cultural and Religious Liaison:

Action: The OCO should recommend that CTDOC create an independent, external Native American Religious Services Coordinator.

Execution: Authorize accredited Native spiritual advisors from local federally and state-recognized tribes (such as the Mashantucket Pequot and Mohegan Nations) to enter facilities weekly with certified sacred medicines (sage, sweetgrass, cedar) without administrative interference.

1. Mandate Independent Environmental Health Audits and Mold Remediation:

Action: Issue a formal directive requiring the Connecticut Department of Public Health (DPH) or an independent OSHA-certified contractor to inspect all ventilation systems, showers, and kitchens at MacDougall-Walker and surrounding facilities.

Execution: Ban the practice of using unequipped incarcerated workers to scrub black mold. Allocate emergency capital funds for industrial HVAC cleaning and ductwork replacement.

1. Implement Centralized Electronic Medication Tracking and Independent Oversight:

Action: Require CTDOC Health Services to implement a

centralized, transparent digital tracking matrix for specialist referrals, dental queues, and chronic care appointments.
Execution: Establish a mandatory 14-day triage rule where any unresolved physical complaint (e.g., chest pain, lumps, unexplained weight loss) triggers an automatic external diagnostic review, eliminating the reliance on basic analgesics for severe symptoms.
1. Revamp Nutritional Standards and Food Safety Audits:
Action: Mandate unannounced quarterly inspections of all facility kitchens by local health department inspectors.
Execution: Require CTDOC Food Services to coordinate directly with medical dietitions to overhaul the master menu, restoring nutrient-dense meals, eliminating moldy/spoiled shipments through vendor accountability clauses, and providing traditional native dietary options where applicable.
1. Establish a Lock-Down Mitigation Policy to Protect Essential Rights:
Action: Formulate a state-wide operational rule mandating that staffing shortages cannot result in the total cancellation of basic human necessities.
Execution: Even during staff-related cell-confinement, facilities must guarantee minimum daily shower access, medical triage passes, and outdoor recreation, and religious

smudging/ prayer windows.

IV. CONCLUSION

The semi-annual hearing on July 30, 2026 presents a critical opportunity to move from documentation to decisive legislative and administrative action. The detailed accounts of institutional failure outlined by Obudsman Ward — and felt directly by those of us living inside Mac-Dougall-Walker — demand immediate structural intervention.

Respecting the constitutional rights of Native American incarcerated individuals are restoring basic standards of health, sanitation, and nutrition are fundamental obligations under state and federal law. I urge the Joint Committee on Judiciary, the Correction Advisory Committee, and Ombudsman Ward to adopt the actionable recommendations in this letter to restore safety, wellness, and basic human dignity to Connecticut's correctional facilities.

Respectfully Submitted,

Frank Ishod Kelly #404548
MacDougall-Walker Correctional Institution