

Testimony submitted to the House Republican Policy Committee on Nurse Privatization
in the Department of Corrections

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Good Morning. My name is Donald Moore and I'm a Corrections Officer at SCI Huntingdon. I've been a CO there for over 20 years. SCI Huntingdon is a maximum security prison that houses over 2,000 inmates, over half are in for life.

I'm glad to be here this morning to share my experiences as a Corrections Officer and provide my perspective to the issue of further outsourcing of health care in our state prisons.

As a CO, my work is guided by Care, Custody, and Control. That's what we do. We are here to make sure these inmates safe and under control. It's a difficult job that has become more difficult over the recent years as the population has become younger and more physical. On a routine basis I'm called to deal with fights or to control individual inmates with behavior problems.

In much of this work I rely upon the Commonwealth nurses for assistance. If a fight breaks out, I need the nurses to assess the inmates before they are returned to their cells. Often I'm faced with individual behavior problems that are medically related and the nurses help me assess the level of danger posed by the inmate.

In all these cases, the nurses are part of the security team and I know I can count on them.

At SCI Huntingdon, I know the nurses have been through three weeks of Academy training and they know the security protocols. They are experienced and know the inmates. They know which inmates may have stopped taking their meds and may pose an increased risk to the COs and the let us know this information quickly before a problem breaks out.

Because, the fact is these inmates are in prison for a reason and they are often looking to take advantage of any opportunity. Unfortunately, they often succeed, particularly with either agency nurses or other contracted medical staff who just don't have the training and experience as the Commonwealth nurses.

A simple, but serious, example is needles. I've seen agency nurses leave needles lying around as they would in a normal health care setting only to have an inmate steal them and put staff and other inmates at risk. When ever we COs have to work with contracted

nurses we are forced to be more vigilant because we don't view these nurses as part of the security team. They are just hired help without training or experience.

And it's not just the nurses. The doctors and Physician Assistants are contracted out and there is a lot of turnover. I've seen the inmates con the docs and PAs into giving them meds they don't need get a trip to the hospital that isn't necessary.

Fortunately, our nurses will step in and educate the docs and PAs about how to work with inmates.

But this is my fear. If the nurses are contracted out, who will watch the docs and PAs and who will I have to work with? My co-workers and I are very concerned that with subcontracting we will face huge turnover with the nursing staff and we will lose an important part of our security team. We will lose that knowledge of the inmates the nurses provide us and we won't know that the nurses have our back.

I know too many people in the public think we are over reacting when we say that our security will be compromised with subcontracted nurses. But we don't get a second chance in there. One slip up, one misplaced needle, one inmate who has gone off his meds or has conned a nurse or doc into giving him meds he doesn't need is all it takes to put us in danger.

It's a risk that doesn't have to happen and I hope you and your fellow legislators and the Governor don't let it happen.

Thank You.