

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 Kim Patterson and I'm the Secretary Treasurer for SEIU Healthcare Pennsylvania. Our union represents over 20,000 health care workers across the Commonwealth. Our members are home care attendants who care for the disabled and elderly in their homes; they are nursing home workers; they are RNS, LPNS, technicians, and just about every other job classification in hospitals. Our members are also RNs who work for the Commonwealth in our state hospitals, our veterans homes, the Department of Health and the Department of Corrections.

Our Commonwealth members take very seriously their role as public health professionals whose paychecks come from tax dollars. Consequently, they work every day to provide the highest level of service while trying to figure out how to do more with less. And unfortunately, for the 16 years that I've been working with Commonwealth nurses that has been my biggest focus – helping Commonwealth nurses overcome obstacles that result from scarce or inadequate state funding.

And because of inadequate funding, chronic vacancies, particularly within the DOC, have propelled our members to lead the fight to stop the use of forced overtime in health care settings. More than in any other health care setting, DOC nurses were routinely forced to work double shifts. Because they take their role so seriously, they took the lead to stop the practice of mandation because they knew:

- it was jeopardizing their ability to protect the public from harmful diseases;
- it was costly to the Commonwealth;
- and quite frankly, it was putting their health at risk.

I can't tell you how many stories I've heard about DOC nurses falling asleep at the wheel on their way home after working 16 hours straight and I'm just glad no one was killed.

But their work paid off, and we succeeded in achieving a ban on mandatory overtime for direct caregivers in 2008. And when the law was passed, our members didn't just sit back and wait for implementation. They worked diligently with their supervisors and the DOC to figure out how to implement the law in a way that was the most cost effective, and allowed the DOC to continue to provide necessary medical care.

To me, this epitomizes the work of DOC nurses. They don't just show up to get paid for an 8 hour shift. Commonwealth nurses view themselves as protectors of public health and important members of the security team within the prisons and are willing to go above and beyond to fulfill the call of duty.

Providing health care in a prison is not like any other health care job. The patients have very high rates of communicable diseases such as HIV and Hepatitis; and yet like the general population, they also suffer from diabetes and other chronic health problems. For many, prison is their first real contact with the health care system as adults.

As such, DOC nurses have the responsibility to treat these diseases when they can and, more importantly, work with inmates to teach them how to manage dangerous, life-long diseases. This is critically important because the overwhelming majority of these inmates will be released at some point to return to their communities. DOC nurses see themselves as the firewall that can stop these inmates from potentially infecting their communities when they return home. And again, many of these inmates have a lifetime of neglecting their health and the only chance we have to keep them from harming their families is through the work of Commonwealth nurses who teach them how to manage their diseases and prevent them from spreading.

Just as critically important, DOC nurses have a crucial role in the security of the institution. Just as the nurses have disease treatment challenges unlike any other setting, their jobs are made more difficult by the security requirements. Most people here today, other than my co-panelists, have probably never worked in a prison or with prisoners. The most important job, even within the clinical setting, is security. DOC nurses undergo Corrections security training; they receive yearly self-defense training; they understand the security protocols, and they work closely with the corrections officers to maintain security at all times.

Most importantly, they have experience. The average length of service for DOC nurses is 11 years and they know that every inmate is both a potential risk and is often looking to abuse the medical system by accessing drugs or getting a trip to the hospital. DOC nurses know the inmates and make sure they mentor new hires in order to give them the best chance to succeed in this challenging environment because they know there is no substitute for experience.

Recently, I was talking to one of our members and he told me "more than handcuffs or night sticks, the most important factor for controlling the inmates is knowing how each inmate is likely to behave." That only comes with experience. Unfortunately, I've also spoken to many nurses recently who say they are seeing experienced nurses leave because of the threat of their jobs being outsourced. This means that security and public health is already likely compromised with just the threat of privatization.

This morning you will hear from others who have much more experience than I with both working in a prison and with the history of prison privatization. I encourage the Policy Committee to consider their testimony as well as the recent report released last week that outlines the less than exemplary record of outsourcing prison health care and the unsubstantiated claims that privatization will save the state money. Additionally, at the Senate Appropriations Committee hearing on February 27th, Secretary

Wetzel acknowledged that there was no assumed cost savings in this years' budget for privatizing nurses.

Former Secretary Beard was clear when he talked about outsourced health care within the DOC, *"Critical to the success of managing this new multiple-vendor system is a strong central office staff, and well-trained on-site correctional health care administrators and **nurses who are state employees.**"*

Before the Commonwealth decides to expand prison healthcare outsourcing, legislators should have a clear guarantee that there will be cost savings that do not jeopardize either security or public health. Based on the record, this guarantee cannot be provided and any further subcontracting of prison health should be rejected.

Thank you.