

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 Michele Harker and I'm a nurse at SCI Huntingdon.

I've been a nurse for 25 years, 8 of these working in a State Correctional Institute. Prior to coming to SCI Huntingdon, I worked at in SCI Smithfield and SCI Pittsburgh. I'm pleased to have the opportunity to speak with everyone today about the proposed outsourcing of nursing services in the Department of Corrections. And just so you know, I think it's a very bad idea, that will 1) compromise the safety of staff, inmates, and the communities where inmates return to after their time in prison.

My sense is that most people here today have not spent time in a prison, and if you have, you probably did not receive medical treatment. So I want to start out by giving you a sense of what's like to provide medical services in prison.

First of all, this is not a hospital - you're in a prison. I remember the first time I went to work inside the prison walls and heard the gates close behind me. It was a scary feeling and every day I think about the fact that if there is a hostage

situation, everything possible would be done by the authorities to get us out, but they will not compromise the security of the prison for the sake of staff.

I take a risk every time I walk down those corridors. I've seen staff and inmates that have been assaulted in various ways by other inmates. My husband is a lieutenant at SCI Pittsburgh and he has a scar on his back on his back from an inmate assault.

The reality that security and control are the most important missions at our workplace dictates the way I deliver care and how nurses are prepared before they start the job. Before a nurse begins working at a Corrections Institute, she or he undergoes three weeks of rigorous security training at the DOC Training Academy where we learn how the prison functions, security protocols, personal safety, and other important skills to keep us, our co-workers, and the inmates safe and secure.

Though my formal education is in health care, at work I'm held accountable for controlling inmates and maintaining security. The DOC's motto is Care, Custody, and Control and that applies to the nursing staff just as much as it does to Corrections Officers. Each year we receive a minimum of 40 hours of training in self-defense and security.

When we begin the job, we spend several weeks working with more experienced nurses learning the routines of each shift and beginning to learn about the

inmates. Only after this extensive training and mentoring are we prepared to operate as more than just a trainee.

And this training and experience is absolutely necessary because these are not ordinary patients – these are inmates who are all potentially dangerous and we conduct ourselves accordingly. A good example is how I work with scissors. In a hospital or other clinical setting you see scissors on the counter or on trays all the time. In prison scissors are considered a potential weapon and stored in a locked cabinet. When I'm using a pair they are always with me and I never let them out of my sight because if they are stolen I'm putting myself, my co-workers, and other inmates at risk. And that goes for everything we work with that could either be a weapon or stolen and used in some way.

The prison setting is also unique in that my co-workers are not just health care workers – they are also Corrections Officers. We are an early warning system for correctional staff. We are constantly working together whether it's treating an inmate in his cell or giving correctional staff a heads up when inmates have a change in medication or other condition that can potentially affect their behavior.

And it's not just the setting that is a challenge. It's also the types of disease and illness we are faced with every day. For many of these men, their entrance into the prison system is the first time they've had access to health care as an adult after years of risky behavior. Consequently we are dealing with very high rates of HIV; Hepatitis A, B, and C; and tuberculosis – all of which can infect other inmates and staff.

More importantly, the majority of inmates will return to their communities and, in many cases, the work of the DOC nurses is the key to preventing these inmates from infecting other family members or the community. We teach them how to maintain their treatment on the outside and we educate them on behaviors to prevent passing their illnesses on to loved ones. My understanding is that the DOC intends to speed up the release of non-violent offenders into other settings and our public health role will become much more important as this occurs.

Because of the focus on security and public health, I'm very concerned about the potential for further outsourcing of DOC health care. Because frankly, I've already seen the challenges of working with both the current vendor and non-DOC nurses.

Although I've worked with some very dedicated non-DOC nurses and subcontracted staff, the level of turnover is much higher than with Commonwealth employees and there doesn't seem to be that focus on the core mission of security.

When former Secretary Beard said that Commonwealth nurses were critical for oversight of subcontracted services, he was right. I've already seen inmates try to take advantage of contracted staff to get unnecessary medication or other treatments. Very often we nurses will sit down with the contracted doctors or

Physician Assistants to educate them about who the problem inmates are and who have legitimate medical needs.

Recently I worked with a doctor who ordered a back brace for an inmate. When the brace arrived I inspected it and realized there were two metal rods that could easily be removed and turned into a weapon. I alerted a Lieutenant and he agreed so I worked with the contract staff to locate an alternate assistive device that could be approved by security.

This is what we nurses do every day. We make sure that nothing within our domain can be used to harm other inmates or staff and we do our best to make sure these inmates don't harm others when they return home.

If the state does go forward with subcontracting nursing services in the prisons I can imagine some of the problems that will arise. I honestly can't say if I would work for a contractor who is not focused first and foremost on security. I would also be very concerned about my husband and the rest of the staff who would lose that early warning system and oversight of the current subcontracted work.

Thank you for your time.