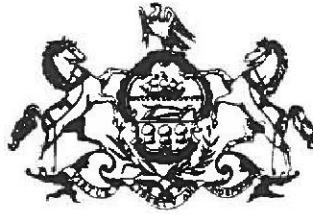


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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

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EXECUTIVE COMMITTEE, NATIONAL CAUCUS
OF STATE LEGISLATURES
EXECUTIVE COMMITTEE, NATIONAL BLACK
CAUCUS OF STATE LEGISLATORS

APPOINTMENTS

PA COUNCIL ON THE ARTS
EXECUTIVE COMMITTEE OF THE COUNCIL
OF STATE GOVERNMENTS 1990-91
LEGISLATION COALITION FOR PA LIBRARIES
- CHARTER MEMBER
PA LEGISLATIVE CHILDREN'S CAUCUS

**OPENING STATEMENT
PRISON HEALTH CARE
PHILA. CITY COUNCIL CHAMBERS
APRIL 23, 1993**

**GOOD MORNING LADIES AND GEN-
TLEMEN. I WOULD LIKE TO CALL
THIS HEARING TO ORDER.**

**I WOULD LIKE AT THIS TIME TO
INTRODUCE THE HEALTH AND WELFARE
COMMITTEE MEMBERS AND STAFF THAT
ARE PRESENT.**

**FOR TOO MANY, THE ISSUE OF HOW
A PERSON RECEIVED HEALTH CARE**

ONCE THEY ENTERED THE CORREC-
TIONAL SYSTEM HERE IN PENNSYLVANIA WAS A TOPIC OF GENERAL DISCUSSION. IN FACT, THERE SEEMS TO BE AN UNWRITTEN CONCEPT AMONG THE PUBLIC THAT ONCE A PERSON IS INCARCERATED, THEY DESERVE THE VERY WORST TREATMENT.

THE PURPOSE OF THIS HEARING IS TO HEAR TESTIMONY AND HAVE DIALOGUE ABOUT THE STATE OF OUR

HEALTH CARE DELIVERY SYSTEM AS
IT RELATES TO THE PENNSYLVANIA
CORRECTIONAL SYSTEM.

WE REALIZE THAT THERE ARE SOME
PROBLEMS IN THAT HEALTH CARE
DELIVERY SYSTEM. WE RECOGNIZE
THAT SOME OF THE PROBLEMS HAVE
TO DO WITH OVERCROWDING AND RE-
CRUITING HEALTH CARE PROVIDERS.
WE ALSO REALIZE THAT OTHER MAJOR
PROBLEMS ARE THE FRAGMENTED

HEALTH CARE SYSTEM FOR OUR COR-
RECTIONAL INSTITUTIONS AND THE
LACK OF CLINICAL LEADERSHIP.

ONE OF MY MAJOR CONCERNS IS HOW
DO WE ADDRESS THE NEED FOR SOME
COORDINATION BETWEEN THE DEPART-
MENT OF HEALTH AND THE DEPART-
MENT OF CORRECTIONS REGARDING
THE PROVISION OF HEALTH CARE TO
THE RESIDENTS OF THESE INSTITU-
TIONS?

IN 1991, THE JUVENILE AND
CRIMINAL JUSTICE INTERNATIONAL
CONSULTING SERVICE DID A SURVEY
OF THREE OF THE CORRECTIONAL
INSTITUTIONS IN PENNSYLVANIA.
THE RECOMMENDATIONS MADE BY THIS
GROUP WOULD SEEM TO HAVE PROVID-
ED A GUIDING ARM FOR HOW TO IM-
PROVE OUR HEALTH CARE DELIVERY
SYSTEM.

ANOTHER MAJOR CONCERN IS HOW

DO WE INTEGRATE THE HEALTH CARE
NEEDS OF THOSE WHO ARE INCARCER-
ATED WITH THE NEEDS OF THOSE WHO
ARE NOT INCARCERATED, BUT WHO
ARE HAVING SERIOUS PROBLEMS RE-
CEIVING HEALTH CARE SERVICES.

WE MUST ALSO REALIZE THAT THE
ISSUE OF VIOLENCE TRANSLATES
INTO A HEALTH CARE ISSUE AND
AFTERWARDS CAN RESULT IN INSTI-
TUTIONALIZATION. MOST PEOPLE

HAVE A HARD TIME MAKING THE CONNECTION BETWEEN THE TWO. LET ME GIVE AN EXAMPLE OF WHAT I AM TALKING ABOUT. IF A PERSON HAS A BAD ENCOUNTER WITH A LAW ENFORCEMENT OFFICER AND AN ALTERCATION TAKES PLACE, WHO PAYS FOR THE MEDICAL TREATMENT OF THE PERSON WHO SHOWS UP IN A TRAUMA CENTER OF EMERGENCY ROOM? IN MOST CASES, THE HOSPITAL MAY

HAVE TO EAT THE COST OR PASS THE
COST ON TO THOSE WHO HAVE THE
ABILITY TO PAY. ANOTHER EXAMPLE
WOULD BE IF A PERSON HAS AN AL-
TERCATION WHILE INCARCERATED.

HOW CAN WE ASSURE QUALITY CARE
IS PROVIDED EXPEDITIOUSLY?

THE WHOLE ISSUE OF SCREENING,
DIAGNOSIS, AND TREATMENT OF
THOSE WITH SPECIAL NEEDS SUCH AS
HIV, AIDS, OR TB IS ALSO MAJOR

AREAS OF CONCERN. SUCH CASES
MAY BE FIRST INDICATORS OF A
MAJOR HEALTH PROBLEM WITHIN THIS
SYSTEM.

IN CLOSING, THERE ARE SEVERAL
ISSUES THAT ARE OF MAJOR CONCERN
TO THIS COMMITTEE. SOME OF THEM
I HAVE OUTLINED IN THIS STATE-
MENT. BUT THERE ARE TWO THAT I
PURPOSELY LEFT FOR LAST; THEY
ARE AVAILABILITY AND TRAINING.

I AM VERY CONCERNED THAT THERE
MAY NOT BE ADEQUATE MEDICAL
STAFF TO SEE AND TREAT THOSE WHO
ARE SICK. AND I AM EQUALLY CON-
CERNED THAT THE TRAINING OF SOME
OF OUR MID-LEVEL PROFESSIONALS
NEEDS TO BE UPGRADED SO THEY CAN
PROVIDE BETTER TREATMENT.

WE WANT TO HEAR YOUR TESTIMONY

AND BEGIN TO RESOLVE OF THESE
VERY SERIOUS PROBLEMS.