

Testimony of Walter Tsou, M.D., M.P.H.
Prison Health Services and Tuberculosis

Representative Richardson, Members of the Health & Welfare Committee, Ladies & Gentlemen.

I am Dr. Walter Tsou. I serve as Medical Director and Deputy Director for Personal Health Services at the Montgomery County Health Department. I wish to express my appreciation to you and the members of this committee for the opportunity to speak about prison health services. In the limited amount of time I have available, I would like to concentrate on the issue of tuberculosis in the prisons. I chose TB because it is a serious disease and its management is illustrative of the problems within prisons. My familiarity with this subject stems from our Health Department's work with the State Correctional Institution at Graterford which is in Montgomery County. As you know, Graterford is the largest correctional facility in Pennsylvania and has an inmate population of over 4,000.

We first learned about a tuberculosis problem at Graterford in July of 1991 when approximately 9 active cases of tuberculosis were reported to the Pennsylvania Health Department. Investigation by the Pennsylvania Health Department at that time concluded that Graterford was ill prepared for handling tuberculosis cases. When our Health Department began operations in October 1991, we began to work with officials at Graterford in an effort to improve their TB program. While there has been substantial improvement in the awareness and efforts by Graterford on the management of tuberculosis, there are still areas that require improvement. While many of these problems are related to staffing shortages, several problems can be resolved with stronger administrative oversight. I enumerate some of the problems below:

1. Transfer of medical information from hospitals and other correctional facilities to and from Graterford is inadequate. Procedures and methods for procuring previous medical records and the transfer of these records to other correctional facilities is necessary for the proper continuity of medical care for inmates. It is costly for Pennsylvania to repeat medical work-ups on individuals who have been previously evaluated. The delay in information, especially in patients with active tuberculosis, could seriously jeopardize the health of other inmates and staff.
2. Because the volume and tracking of medical information is so extensive at a large institution such as Graterford, a uniform TB registry used by all state correctional facilities and/or computerization of this information is necessary.
3. Internal mechanisms for gathering medical lab and x-ray results and placing these results on the chart or brought to the physician's attention needs to be standardized and expedited. As a health department, we have occasionally learned about lab results on inmates even before the medical staff at Graterford. This is not acceptable.

4. Respiratory isolation rooms must be made available for all inmates suspected of having tuberculosis. Currently, Graterford only has three such rooms and our own county prison has none. These rooms should be reverse flow ventilated to prevent the spread of tuberculosis throughout the infirmary.
5. Information on arrival and discharge or transfers must be shared with the medical staff by the administration responsible for security. Occasionally, the medical staff was left unaware that the inmate had already left Graterford. In at least two cases, inmates with active TB were released and lost to follow-up in the community.
6. Standard follow-up must be developed to assure that all inmates with suspected tuberculosis take and finish their medications. A review mechanism must be developed to review the medication administration record daily. Non-compliant inmates need to be identified and reviewed with the attending physician.
7. A person dedicated by each prison must accept responsibility to report all communicable diseases to the local health department. This is necessary to assure that appropriate treatment and follow-up has been provided. Furthermore, our department has assisted Graterford in some of their TB screenings, but reporting is less than ideal.
8. Finally, privatization of prison health services has resulted in duplicative administrative structures and led to miscommunication and/or delays. The medical record department at Graterford is administered separately from the medical care providers which simply makes no sense.

The bottom line is that while much progress has been made, we still need to improve the management of tuberculosis within our correctional facilities in Pennsylvania. Multi-drug resistant tuberculosis, a disease which currently is extremely deadly, has become a very real problem in several states. Prisons in New York City have been radically changed because of the threat of drug resistant tuberculosis. Our prisons in Pennsylvania have been described as overcrowded, with high risk inmates with HIV disease, drug use, and poor medical compliance. All these factors serve as a perfect milieu for developing drug resistant TB.

In the 1920's tuberculosis was among the five leading causes of death in America. Most of the American public would like prisoners to be locked up and forgotten. But unless we provide the necessary resources and exercise appropriate public health principles now in our correctional facilities, we will regret our current pecuniary indecisiveness and bureaucratic complacency. Like a ticking bomb, we can no longer afford to wait. It's time to act, and the time is now. Thank you.