Dear Chair Bynum, Vice-Chairs Noble and Power, and other members of the Committee:

I am a 4th year Medical Student and will begin further training in Family Medicine after graduation. My brother-in-law Miguel is serving a life sentence at the Oregon State Penitentiary. I am firmly in favor of House Bill 3035 as a medical professional and as a family member of an inmate.

House Bill 3035 will do three things: First, it will coordinate ongoing health care needs of the incarcerated. Second, it will provide an appropriate approach to mental health care. Finally, and critically, it will establish a platform for inmates to advocate for themselves.

Coordination
When a patient arrives with an injury, my duty is to understand their story, examine them, order tests and take responsibility for an assessment and assure there is a plan. I have observed that inmates, like my brother-in-law, Miguel, do not always receive this standard of care, especially with regard to pain management.

During a game of soccer at the Oregon State Penitentiary, Miguel was injured badly and X-rays confirmed he broke ribs, a condition known to cause prolonged pain with every breath. Miguel received neither medications nor follow-up. Miguel feared even asking for Advil because such requests are stigmatized and there is a culture of punishment and consequences. This stigma prevented him from acquiring the proper medication for his level of pain causing him to adapt the mindset of: "I have to live with it." Adequate follow-up is important, if not, the ongoing message Miguel receives is his health care needs are not important.

Mental Health
Miguel has severe persistent mental illness, with a diagnosis of schizophrenia since 2010, and while at the Oregon State Penitentiary he has unfortunately been shuffled through 5 Qualified Mental Health Professionals (QMHPs). On good weeks Miguel meets with a mental health professional once, but more often, these meetings occur only once a month. If he wants to contact his counselor, he has to send an internal request that takes up to a week just to be processed. Stunningly in many cases when an inmate experiences a mental health crisis, the treatment is solitary confinement not proper psychiatric care. For any human being, much less someone with severe persistent mental illness, this is inhumane treatment.

Schizophrenia management is always difficult because of the medications, troubling side effects and the need for follow-up appointments. At the Oregon State Penitentiary, there is high turnover for QMHPs and unreasonable caseloads that disrupts coordination, quality, and continuity of care. Health navigators would play a significant role in following the golden thread, that is, pulling relevant patient data from one service or stage of treatment to the next, ensuring continuity of care.

Self-Advocacy
Health navigators are crucial in laying a foundation of self-advocacy for inmates. Miguel notes that he is rarely able to receive care directly from a physician. Often, he sees nursing professionals who relay information to physicians and only when he has an issue deemed "serious" by the nurse, is he able to see a doctor. Additionally, Miguel reports instances of inmates being told "they [inmates] are doing fine" and having only "in-house" testing/labs ordered in order to avoid the hassle of taking an inmate to the hospital.

Recalling one of my visits with Miguel, he shared concerns with feeling an irregular heartbeat, and given the significant side effect profiles of antipsychotic medications, one would hope he would have the opportunity to see a physician. It has been almost one year, *12 months*, since Miguel asked to consult with a physician regarding his abnormal heartbeat and he still has not had an appointment nor any follow-up.

Additionally, health navigators would be capable of triaging necessary support and follow-up for Peer Companions. Many prison systems have peer companions also known as peer mentor programs, that help facilitate the prison system. However, it is important to note that these peers are often called 24/7 to intervene and de-escalate situations that merit trauma informed and appropriately trained professionals.

While peer mentors serve a positive purpose, Miguel's peer companion noted being called in frequently both before and during a suicide attempt. He often witnessed tough and traumatic situations, without ever receiving support, specific training, or a space to debrief and discuss what had happened. This is a great disservice to both the inmate who is going through a crisis and to the peer mentor who overwhelmingly experiences secondary trauma.

Health navigators can address the uncertainty of speaking up and bridge the gaps within the prison healthcare system. While my wife, a Licensed Mental Health Therapist, and I do our best to advocate for Miguel, there is only so much we are able to do from outside of the prison walls. Oftentimes, Miguel feels like he does not have a voice-- This is the message he receives when he is placed in solitary confinement, when he experiences an injury with no follow-up, and when he has questions about his heart and a year passes without answers. This does not have to be the message. House Bill 3035 can change this message.

In summary, I hope you will see with the personal examples I shared today, that House Bill 3035 would coordinate ongoing health care needs for inmates, provide an appropriate approach to mental health care, and establish a platform for self-advocacy. Moreover, it sets the groundwork for ensuring that everyone has access to healthcare—Afterall, healthcare is a right, even if you are in prison. In fact, the state has complete legal and moral responsibility for the health and safety of those in its custody.

Respectfully,

Esteban Garza