



Oregon Voices
PO Box 13175
Salem, OR 97302

March 22, 2021

TO: House Judiciary Committee

RE: HB 3035

Chair Bynum, Vice-Chair Noble, Vice-Chair Powers, and members of the committee:

I am writing on behalf of Oregon Voices. About two weeks ago we sent in a letter in support of HB 2200. In that letter, I described a few cases of medical problems inside that have come to our attention. Although HB 2200 would not have helped most of those cases directly, I argued that it was at least an important initial step, particularly in making the connection with previous health providers. Such connections are necessary prerequisite if existing conditions are to be dealt with reasonably.

It wasn't until a week later that we became aware of HB 3035, which goes much further and which could make some important changes to improve health care in DOC and in local facilities. I will not repeat the instances of avoidable health problems that I mentioned then, but I would like to focus here briefly on a subset of incarcerated persons I did not mention then—the elderly.

We all know that Measure 11 sentences have, not surprisingly, substantially increased the number of elderly AIC's. The aged develop more health issues, and it is commonly understood that the physical manifestations of aging are accelerated for those in custody. We hear more concerns and complaints about inadequate or non-existent care in these situations than from any other cohort.

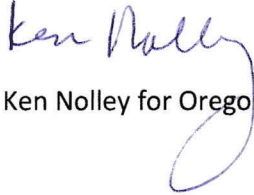
In one recent case we know of, the individual was sentenced to several years in prison when he was 80. He had a diagnosis of congestive heart failure and needed dialysis. While he was inside, he also developed Parkinson's, scoliosis, and had to have his gall bladder removed. He struggled to get DOC medical services to provide treatment. Fortunately for him, he had a tenacious wife, who was able to relocate to the city in which he was incarcerated and to monitor his care. Even though her persistence made a significant difference, by the time he was released three years later, he was unable to walk, stand, or even to turn himself over in bed. He left prison having developed a major abscess on his leg that doctors outside described as something that could have been dealt with inside if the care there were adequate. Thankfully now with the care he is receiving outside, he is now improving.

Most of the cases we hear of resemble this one in that the elderly and often failing AIC has a devoted and persistent spouse who actively fills the role of health advocate. Unfortunately, many people inside do not have family able or willing to be so persistent in their advocacy. The fact that care is often still inadequate with advocacy is an indication of how challenging things might be, even with health navigators. But what is certain is that the system that described in HB 3035 would serve to even things out and to ensure that advocates were available, whether the family could play that role or not.

Under HB 3035, health care inside might still fall short of the mark in some cases. But there would be advocates on the ground to see where the shortfalls and failures were most serious and to speak for those inside whose health care needs are not being addressed adequately now.

We enthusiastically support HB 3025.

Sincerely,

A handwritten signature in blue ink that reads "Ken Nolley". The signature is written in a cursive style with a large, looping flourish at the end of the name.

Ken Nolley for Oregon Voices