

Oregon Senate Committee on Judiciary and Ballot Measure 110 Implementation  
Senate Bill 835

Regarding Compassionate Release

Chair Prozanski, Vice-Chair Thatcher, Committee Members,

I am Dr. Theodora Tsongas, an environmental health scientist/epidemiologist. Most of my career has been in public health at Federal and state public health agencies, including the Oregon Health Division (now the Oregon Health Authority). I am a member of Oregon Physicians for Social Responsibility and the American Public Health Association.

I am writing in support of Senate Bill 835

I initially became concerned with compassionate release when I learned about the plight of persons in custody during the Covid19 pandemic, with the impossible situation within prisons to avoid infection due to the constraints on space and inability to take basic sanitary measures. Basic public health measures remain difficult in the prison setting and concerns about impacts on surrounding communities, the families of adults in custody, and the general population have been amplified by this experience. SB835 creates a compassionate release process that can more effectively address public health concerns.

The need for an accessible and robust compassionate release process became apparent as we learned about the sparse mechanisms available to address health concerns among adults in custody. The eligibility criteria for compassionate release in the past were too narrow and the process was largely inaccessible and when accessed took months to review a case. Requests for compassionate release for medical conditions were reviewed by non-health experts. What is needed is an independent review with a medical and public health lens rather than just looking at the nature of the offence. The responsibility for review of medical conditions should go to health experts.

SB835 creates a process that is accessible for AICs to apply for compassionate release and inclusive enough to address health concerns that cannot be adequately cared for within the prison setting, and will be more effective in addressing those

concerns with medical and public health expertise through the establishment of a Medical Release Advisory Committee.

It is important to be able to evaluate the effectiveness of the compassionate release process to make sure it is achieving its objectives. SB835 tasks the Department of Corrections with data tracking and reporting annually on the numbers, demographics, and medical conditions of AICs applying for compassionate release and the disposition of their cases.

Mass incarceration in our country constitutes a public health crisis with great needs in providing equitable care for persons in custody. With the aging of the incarcerated population, particularly with the imposition of longer sentences in the 1980s and 1990s the number of inmates 55 and older in the US has increased disproportionately to the increase in the overall prison population. Furthermore, chronic health conditions tend to be at a more advanced stage among the incarcerated compared with the age-adjusted general public. Not only is more care for chronic health conditions needed, but the advancing stage of illness may interfere with a person's ability to function within the prison environment, leading their health to deteriorate further.

And the difficulties of providing adequate care for aging and ill adults in custody and those suffering from limiting disabilities or health conditions raise the question of the justice and need for continuing incarceration. It is our responsibility as a society to act fairly: what is the point of keeping a person in prison who is unable to function and is not a threat to society? In what sense is this rehabilitation?

SB835 will go a long way toward addressing the injustices within our prison system. Please vote yes. Thank you for your very difficult work and for the opportunity to comment on this important matter.