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On Behalf Of: Oregon Physicians for Social Responsibility  
Committee: Senate Committee On Health Care  
Measure: SB520

Testimony SB 520: Relating to early medical release from custody  
Chair Patterson, Vice-Chair Hayden, and Members of the Senate Committee on  
Health Care,

My name is Dr. Ann Turner. As a retired physician who worked my entire career with vulnerable populations at community health centers and as a member of Oregon Physicians for Social Responsibility, I am speaking in strong support of SB 520. Oregon, along with nearly every state in the nation has a statute that provides early release for incarcerated people who are terminally ill, elderly, very sick, or very incapacitated. And like most other states, Oregon's statute is not effective. In fact, in a report by the organization FAMM, Oregon received an "F" rating and scored 5th from the bottom of all fifty states.

Passing SB 520 will make early compassionate release a reality for those who are severely disabled, sick and dying.

A critical aspect of this bill is that it will establish a Medical Release Advisory Committee or MRAC, made up of 5-13 licensed medical professionals who will evaluate the person medically and determine their eligibility for release, based on their being terminally ill or so severely disabled that incarceration no longer serves its intended purpose of punishment and rehabilitation. These are individuals with terminal cancer, with other end stage diseases such as heart, lung or liver failure with less than 12 months to live, or they are individuals who are so severely disabled that they are not able to perform their activities of daily living, like dressing themselves or using the bathroom independently. These are NOT people who if released from prison, are likely, or even able, to be a threat to public safety during the remaining weeks or months of their lives.

Nevertheless, the Board of Parole makes the final decision and can deny release if there are public safety concerns. In making its decision, the Board will have the recommendation of the MRAC that will include not only the person's diagnosis but his or her prognosis and functional capacity, information that is critical to assessing public safety risk. The evaluation of the MRAC gives the Board of Parole the information about the person's medical condition and health status to use in evaluating any risk that person might have to public safety. Given the fact that Oregon has one of the oldest prison populations and that, nationally, the rate of recidivism is very low in the sick and elderly, less than 5% over age 50 and less than 1% over 65, the risk to society is very low.

In addition, the bill requires that decisions be made in a timely manner within 2-6 weeks so people in prison don't die, awaiting a decision. Time is of the essence when

someone is very sick.

Keeping people who are dying and unable to care for themselves in prison does not make the public safer. Not only is this unnecessarily cruel to the incarcerated individuals but their families suffer when they cannot comfort and restore relationships at the end of life.

Therefore, I urge you to pass SB bill 520 to make the humane and compassionate release of those in Oregon prisons suffering from severe illnesses and disabilities a reality. Thank you.

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