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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 Samantha Hernandez and I am submitting testimony on behalf of Oregon Physicians for Social Responsibility, an organization of over 2,000 health professionals and public health advocates from across the state working to address the gravest threats to health and survival.

Over the last few years, one of the many injustices that the COVID-19 pandemic has spotlighted is how prisons fail to protect the health of adults in custody. Crowded prisons with insufficient access to masks and hygiene infrastructure have caused Oregonians in prison to become sick and die from COVID-19. People with histories of incarceration are already in worse physical and mental health according to research by the U.S. Department of Health and Human Services. It is well documented that incarcerated people have a higher prevalence of acute and chronic health conditions than the general U.S. population, including infectious diseases, mental health diagnoses, substance use disorders, traumatic brain injuries, hypertension, heart problems, diabetes, asthma, and stroke, along with overall lower life expectancy. Incarceration under standard conditions in U.S. prisons reduces life expectancy an estimated 2 years of future life for each year of incarceration. The harms to health also extend to family members and communities. Add to this the harm to families of not being able to be with or care for family or friends who are in their last stages of life.

Oregon has a system in place for compassionate release from prison of eligible incarcerated individuals who have serious medical conditions or are elderly and permanently incapacitated. However, for people who are seriously or terminally ill, Oregon's process for compassionate medical release from prison does not work because it is unclear and confusing and depends on a seriously ill or incapacitated individual to prepare the application themselves. We've learned that between 2013 and 2020 more people died in prison waiting for a decision on their release application than were actually released. Only nine were able to complete the process and were

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released. Despite our state's aging prison population, we do not have a humane and effective system in place to handle release of individuals whose continued incarceration does not serve them or our community. Current criteria for early medical release are too narrow, requests are not reviewed by medical professionals, and the application process is inaccessible and slow.

Fortunately though, we have a plan to improve Oregon's process for compassionate medical release. Senate Bill 520 will establish an independent Medical Release Advisory Committee (MRAC) of health professionals within the Board of Parole to make recommendations for inmate medical releases based on medical and public health criteria. SB 520 will greatly improve the process for adults in custody who have pressing medical needs that cannot be met by state prisons. The final decision on release will remain with the Board of Parole who can deny release if there is a public safety concern.

We urge the members of this committee to move this bill forward with a Do-Pass recommendation.

Thank you for the opportunity to testify,
Samantha Hernandez

Sources

Eric Reinhardt. 2023. Reconstructive justice - public health policy to end mass incarceration. New England Journal of Medicine 388;6;559-564.

American Public Health Association. 2021. Advancing Public Health Interventions to Address the Harms of the Carceral System. Policy # 202197.

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