

To: Senate Committee on Health Care  
3/13/23  
Re: SB 520 Compassionate Medical Release

Greetings Chair Patterson, Vice-Chair Hayden, and Members of the Committee:

I am Dr. Theodora Tsongas, an environmental health scientist/epidemiologist with a career in public health. I am testifying in strong support of SB520.

It is well documented that incarceration leads to shortened life expectancy as well as increased risks of chronic and communicable diseases and poor mental health.

In January I participated in a visit to the Oregon State Penitentiary to observe its infirmary and hospice program. We were given a short tour of the areas of the prison where adults in custody (AICs) with physical disabilities are housed. We saw a row of 40 cells, each of which had a wheelchair or walker parked outside the cell door. AICs could not be assisted in getting to or from the bed or toilet or to the cell door with these mobility devices outside of the cell.

I was dismayed by what I saw and heard on that visit, especially about what appeared to be inadequate facilities to care for critically ill patients. The bare bones atmosphere of the infirmary, the peeling paint, the inability of patients to be isolated from noise and conversations in a large and echoing room, and the conspicuous lack of staff were alarming.

I believe the hospice room was at the end of a short hallway with furniture stacked up in a corner of the hallway indicating to me the kind of 'throw-away' attitude to patients at end of life. Further, concerns were expressed that AICs who were seriously ill did not want to be put in that room because it is "the death room". "You don't come out of there alive."

It was unclear whether family or friends from outside could spend any time other than a few moments with AICs in hospice or be there to comfort them as they die.

Under the current process, the Board of Parole, without medical expertise, has to read and decipher the medical terminology in the AIC's record in making a decision for compassionate release. Furthermore, many AICs are so ill and disabled that they lack the capacity to apply for early release; the process is unclear and confusing, with no timelines for decisions to be made.

SB 520 remedies those problems by defining a clear process, allowing DOC staff, family members and others to submit the application. Furthermore, SB 520 defines a process for a release navigator to assist AICs with completing applications, with re-entry planning, and to ensure continuity of care in the community upon release.

The State Prison system is not able to provide the care for those AICs with serious disabilities or for those at the end of life. Please help AICs get the care they need by voting Yes on SB 520.

Thank you for your hard work.