Mid-Willamette Valley
COMMUNITY ACTION
Compassion in Motion

20 March 2023

Chair Patterson, Vice-Chair Hayden, and Members of the Senate Committee on Health Care:

My name is Jimmy Jones, and I am the Executive Director of the Mid-Willamette Valley Community Action Agency in Salem. We serve low-income residents of Marion, Polk and nine other counties across Oregon. Annually we provide more than $70 million in services and direct client assistance for housing, homelessness, energy and weatherization, and early learning programs to more than 55,000 Oregonians in poverty, in addition to a range of emergency services that shelter the homeless and serve wildfire victims. I also serve as the Vice President for Legislative Affairs at the Community Action Partnership of Oregon, and sit on the Housing Committee of the Racial Justice Council and the House Bill 2100 Task Force on Homelessness and Racial Disparities. And for many years, I have been an advocate for the homeless residents of our state.

On behalf of those in poverty in our 36 counties, and especially the 20,000 known homeless citizens of Oregon, I write to urge your support for SB 1076, which will place sideboards around the hospital discharge process for vulnerable homeless patients. In 2022, after passage of Senate Bill 850 the previous year, the Oregon Health Authority began to track homeless deaths on a statewide basis, the first such effort in the United States. Over those twelve months, at least 522 unhoused residents died. Black and Native American Oregonians suffer the most from health inequities in our state. They also make up a disproportionate number of our homeless. As such they live disproportionately in unsheltered conditions, where the need for medical care becomes acute as they age. People of color across the country experience higher rates of illness and death for a wide-range of health conditions compared to whites, including a life expectancy of four years less. These differences are most pronounced among the most impoverished and vulnerable Oregonians, our homeless. The homeless death rates for African Americans were more than twice the rate per 100,000 for whites in 2022. The death rate for homeless Native Americans in Oregon was over three times as high as whites per 100,000. The majority of the decedents were under the age of 55; and 313 of the 522 deaths were on the street.

For us here in Salem, the connection between unsheltered street medical needs and hospital policies reached a tipping point in January of this year when Melisa Blake, a 34-year-old chronically homeless woman, froze to death on a cold piece of asphalt less than a dozen hours after she was released from a hospital emergency room. I want to be very clear. Her death was not the fault of Salem Health. They provided Melisa a high quality of care while she was there. Melisa's story, like every homeless story, is complex. There were many moments over the last five years where she might have been housed, and the path to her death on the morning of January 21st might have been averted. The straightest line, however, is the assumption that stable conditions in emergency rooms translate to expected stable conditions out in the environment. The most direct chain of events that led to her death was a medical transport decision that left Melisa lying on the ground in freezing weather, with an open warming center a mile away. Again, there are no villains in this story, only victims, and only misaligned systems of care. In a larger sense we are all to blame. Melisa did not have a home, a warm dry bed, or network of friends she could depend on that night. All she had was trust; trust that the systems that were designed to care for Melisa were working in her best interest. And on that basis, all of us failed Melisa that night.

Melisa's story is not new. It has been repeated many times across Oregon the past few years. Providers have found patients discharged in hospital gowns, some showing up at warming centers with fresh amputations, and others needing wound care that is simply impossible in an unsheltered environment, where staying warm, dry, and clean is simply impossible. SB 1076 is not perfect. It will not stop all the homeless deaths in Oregon. It will not even prevent someone from being released without a place to go, or ensure that a warm hand off with a service provider (which is needed most) actually happens. But it will ***prioritize*** each of those policy goals. It will ***create*** a data tracking system that ensures good record keeping for homeless patients released into unsheltered conditions. It will ***record*** their discharge destinations. It will ***document*** the discharge planning that was done. It will ***discourage*** third-party medical transportation companies, sometimes part of the predatory

poverty industry, from dumping discharged patients in unsafe locations. And it will ***prioritize*** daytime discharges during cold weather months, which will at least give service providers a chance to intercede. And it will make certain that patients are released with adequate clothing, medications, and having been fed. Senate Bill 1076 will simply allow us all to be ***better*** than we are right now.

There will certainly be those who say that these simple requirements are too expensive. That these mandates will force the hospitals to sacrifice quality of care to shoulder responsibilities for an ever-growing level of social work beyond their doors. These medical systems are not poor, nor can they expect to be unregulated by the very government that provides massive public subsidies to fund their operations. In 2020, the collective value of nonprofit hospital tax exemptions rose from $23.7 billion to $27.6 billion, nationally, according to the Kaiser Family Foundation. They are also recipients of heavy revenues from Oregon's Medicaid system. Nonprofit hospitals have a community benefit obligation, and this is one way that that obligation can be purposed toward the very Homeless Emergency that Governor Kotek just declared. There is more than enough financial resources in the hospital systems in Oregon to pay for the costs associated with the requirements in SB 1076.

But that is the wrong answer, to the wrong question. What is, at day's end, *too expensive* to end suffering, *too expensive* to protect human dignity, *too expensive* for us to do right by the weakest, most vulnerable members of our society? What is *too expensive* to save perhaps 50 lives each year from an early death across Oregon, and ease the suffering of countless more? If it were your mother, your sister, or your child, are system costs really the measurement of the efficacy of our fundamental moral imperative, which is to help the weak, the sick, and those most in need?

This debate is a litmus test for the kind of Oregon we want to live in, a measuring stick for the larger moral fitness of our state and nation. As the pandemic fades, will we really return to an America where some Americans can expect *one level* of safety, *one degree* of dignity, and *one level of care* based on how much money they make, or the value of their home? These questions grow more grave here in early 2023, when as many as 300,000 Oregonians may lose access to the Oregon Health Plan in May, *at a time* when we face a 14.6 percent rent increase and yet another eviction crisis, *at a time* the state's food stamp benefits have declined by as much as 33 percent, and *at a time* when many newly uninsured Oregonians may have to rely on high barrier charity care for uncovered costs, or face wage garnishment if they cannot pay their medical bills. If we fall into that trap, of dismissing our obligations because they are too burdensome, or too expensive, we endorse two Americas, one rich and one poor, one just and one where our most vulnerable and poorest citizens must trust their fate to forces beyond their control.

We are simply better than this debate. We must, collectively, do better in service of the folks in the most abject poverty in Oregon, many of whom are elderly, disabled, sick, or endangered people of color. Senate Bill 1076 presents simple, common sense reforms that will make medical discharge safer and more effective. It will also ask more of social service providers as well, create expectations to communicate, coordinate, and collaborate with hospital systems. We know, after the past decade, that modern homelessness is the result of interconnected failures among a whole host of misaligned systems: affordable housing, adequate mental health resources, adequate addiction treatment services, public health systems, housing providers, and the larger medical community. Since the summer of 2020, Oregon has invested nearly *three-quarters of a billion dollars* in federal and state assistance for homelessness and housing. We stand ready to deliver another $155 million in an early session housing package this spring. The state has yet, however, to insist that the various systems needed to make those investments successful align, coordinate, communicate, and work together in the best interests of Oregonians. Senate Bill 1076 is an important first step in that direction.

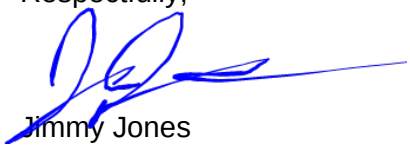
We will never save everyone. There are certainly homeless clients out there whose need levels are too acute for any of the systems mentioned above. Every day we meet people for which there simply is no answer. We cannot let the perfect become the enemy of the good, however. This is a moment, an opportunity, for us to show that we are, as a state and a people, determined to protect the lives, dignity, and health equity of all Oregonians, no matter the poverty of their condition.

I have not recounted here the many painful personal experiences I have had, as an advocate and service provider, over the years. I could write 100 pages and still not touch upon that human horror. Each one of the people who pass away is a personal tragedy to me, and a loss of enormous human potential for our

community. Our Agency believes in the fundamental dignity and infinite worth of each person. So we are always caught between protecting that dignity in the silence they deserve when they die, and telling their story so that other tragedies may be prevented. When the pandemic began, before the Oregon Health Authority began their count of decedents, I privately started keeping track of the people who pass away unsheltered. The numbers grew from 10, to 30, to eventually more than 50 over 30 months here in Salem. They were young and old. Men and women. All of them were people that someone loved. And each one of them had a name. Some of these deaths, like Melisa's, were entirely preventable.

Let's not let another year pass without doing everything in our power to stop more preventable deaths next winter.

Respectfully,



Jimmy Jones