

HB 3592 Testimony

Chair Fahey, Vice-Chairs Bresse-Iverson and Kropf, for the record my name is Christina Weathers, I am a long-time resident of Rhododendron Oregon, and I'm testifying in favor of House bill 3592. I believe this bill is critical to ensuring access to care for all pregnant people because of what I've seen in my community, as Legacy Health has closed the Mt Hood birth center.

I am here to speak about the impacts the closure of our family birth center has had, and will have, on our hospital should Legacy be allowed to maintain their current course. But first, I need to help you understand *who we are*. It's important to understand the longstanding culture of Mount Hood. We are a smaller community hospital providing services to the fourth largest city in the state and all the far-reaching surrounding areas, yet-somehow we have managed to hold onto our "small town" family vibe.

We know our colleagues; we celebrate each other's personal and professional triumphs and accomplishments, and we hold each other up in times of loss and struggle. We do it because we genuinely care about each other- we are family- and we genuinely care about the communities we serve. The nurses of Mount Hood have given patients their own money for gas, their own spare shoes in the breakroom, and they've gone to the Salvation Army that used to be around the corner to buy a set of clothes for their patients to go home in. Those are the nurses of Mount Hood caring for the community they serve and that is why we are here today testifying in favor of HB 3592.

I have worked for Mount Hood medical center in the intensive care unit for the last 17 years. During that time, I have watched the entire administrative office at our hospital change over at least three times, countless department managers, hospital directors, and I've worked for three different people in the position of the greatest authority and power, the CEO and President of Legacy Health Systems.

The Dr. George Brown era from 2008-2018 was a time of growth and success, he was a leader who understood healthcare. Dr. Brown understood the value of healthcare- not only for a system, but for the employees, and the patients in their own communities.

Maybe he understood this value because he was a Brigadier General in the United States Army serving as a physician for 26 years prior to becoming our leader and CEO. Or maybe it goes back to his childhood in New York City receiving healthcare through the New York City Community Health System and living in a community where its members kept an eye on each other, looked out for one another and their children- they took care of each other.

However, it happened, George Brown understood the *value* of healthcare *for* the people- *Our* patients in *their* community. He understood the *value* of *his* people- the employees of Legacy Health- and we felt it. He understood the *value* of access to healthcare for everyone. And he understood the *value* behind the words and the people who work tirelessly to fulfill our company's mission statement:

Our Mission is good health for our people, our patients, our communities, and our world. Above all we will do the right thing.

Legacy now qualifies their own mission statement to say — “these are not just words. They are commitments that form the core of our mission, and we take them seriously”.

Then why are we here? Because the *value* of that mission statement left with Dr. Brown which ultimately brought us to the reason are here- The unauthorized closure of the Mount Hood Medical Center’s Family Birth Center by current the administration and the impact on our community.

Legacy states they have been forced into this decision to close the family birth center as the result of a financial hardship, maybe someone outside of Legacy should consider looking into why that has happened- we have seen more patients throughout the pandemic and *even more* patients since the pandemic than during the years leading up to it. Legacy Mount Hood is not the hospital in the red on the balance sheets, not historically and likely not currently, although we cannot see the final balance sheets for 2022 on public record yet. I would recommend someone take interest in determining the true status of this health systems financial wellbeing including the benefits and profits of owning 50% of the Pacific Source insurance company.

Legacy has forced the women and pregnant people of *our* community and their unborn child into a potentially life-threatening position by way of a hospital now baron of necessary and lifesaving health care services and providers with the knowledge, skill, and experience to guide them in their practice and their patients to a safe delivery. And in the event of an unexpected emergency, they have anticipated the potential and the teams and facilities are ready and waiting.

On a personal note, my third and final baby was born in 45 minutes from the first contraction to being held in my arms. It just so happens that I had a doctor’s appointment the day before and after her physical exam she suggested I should just come into the hospital that night, I reluctantly agreed after a long discussion. Because in my mind, why would I go to the hospital if I wasn’t in labor yet? By the next morning my son was born safely, but very quickly once he decided he was ready to join the rest of us on the outside. It was because of the knowledge, skill, and intuition of my provider based on experience, and a willingness to listen to her instinct. Had she not made that decision and encouraged me to understand her perspective (my distance from the hospital, and having delivered twice before, etc.) I would have absolutely delivered my baby in the car, on the side of the highway.

The current patient care plan that has prematurely been put into action- does not work beyond the ink drying on the paper they wrote it on. It’s null and void in actual practice, and for the survivability of a pregnant person and the unborn child in trouble.

Demographically the community populations and areas we serve are diverse, spread out geographically, multinational, multi racial, speaking hundreds of different languages, diverse cultural beliefs and practices, many underserved and underinsured. For some, it’s a quick drive to the hospital. But for many of our patients *and providers*, especially in the mountain

communities like me, they don't live near the hospital. Or they don't have their own transportation and are reliant on public transportation. Maybe they do have a car, but they don't have enough gas and they don't have any money for gas. Or they only have one car, and their life partner is at work, or they're a part of our large homeless population. These people have no choice but to rely on our emergency medical services for medical help and for transportation to receive that help.

As a member of the mountain community- East of Sandy, I have made the drive to Mount Hood Medical Center for almost 20 years. My drive is no less than 45 minutes in the best weather with no traffic and pushing the speedometer needle. The drive from my house to Emanuel in the same best scenario is nearly 2 hours. During the winter, in the snow, it can easily take 2 hours just to get to Mount Hood from my house. Calling Emergency Medical Services (EMS) does not speed up that process. You will still have to wait for them to have an available ambulance, get to you, and then get to the hospital.

Now imagine you are a pregnant person in distress, or it's a family member you hold dear... imagine that drive and then imagine arriving to the hospital only to find out they can no longer help you in a safe and efficient manner. No longer upholding best practices in providing safe care and imagine being told you will now have to be transported downtown to another hospital whenever we can secure transport, but in the meantime we will try to support you- to the best of our ability- with the services we have left.

This administration's decision does not take into consideration the diverse populations we serve including minorities and refugees, the spread-out geography of all our communities, their socioeconomic status, or the impact of creating an even greater healthcare equity gap already long standing in this community and a maternity service desert.

I believe strongly that this situation would have been prevented had an equity analysis, as outlined in the HB 3592, been completed.