



27 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.

After reading through the testimony, and listening to the remarks in the Public Hearing today, I would like to make a few critical points before Senate Bill 1076 moves to a work session.

First, there is **nothing** in this bill that prevents hospitals from discharging patients as they please. It only requires them to make a good faith effort to work with the nonprofit community to provide services and coordinate discharge. The goal is not to turn the ED into “the world’s most expensive homeless shelter,” but simply to **prevent people from dying outside**. That’s really it. In situations where there are no answers, they can still discharge and make certain the person is returned to their camp. This effort is about creating a system of state-wide best practices for homeless discharge, nothing more.

Second, some of these hospitals are multi-billion dollar corporations, with annual revenues exceeding \$1 billion and valuations well over \$1 billion, based on public information readily available on GuideStar, ProPublica, and other financial reporting websites. It is simply not true that the financial resources to address this problem do not exist. It’s also not going to be doctors and nurses doing this work. It will be care managers and case coordinators. No one is expecting the hospitals to solve homelessness, but only to make sure that vulnerable patients are not released into deadly conditions.

Third, there will be more needless deaths next winter unless there are systemic changes. Melisa Blake was not the first, nor will she be the last. In the winter of 2020, we had a 60-year-old woman who had been evicted from adult foster care, and no way to care for herself. After she went missing for a few days, she was eventually found deceased, from hypothermia, after being discharged from the hospital that same day for the 13th time in a span of just three months. Thirteen times. *She went twice 25 October. Once on 27 October. Once on 28 October. Once on 8 November. Twice on 9 November. Once on 10 November. Twice on 11 November. Once on 4 December. Once on 6 December. And once on 9 December, which is the day she died.*

If this bill cannot move through the Committee, based on our moral imperative to protect the weak and the sick, then I urge the Committee to consider an amendment to appoint a statewide taskforce on health and housing, appointed by the Governor, the Senate President, and the Speaker of the House, that can prepare a report for the Legislature and a priority bill for action in 2025. Another 500 homeless people will die again in 2023 in Oregon, some of them needlessly. It’s my earnest hope that this Committee will say that “enough is enough,” and either move this bill forward or create a Task Force that can make a set of recommendations to protect the most vulnerable members of our community. Their lives matter, as much as yours or mine and, until we do everything possible to prevent unnecessary deaths, tragedies like Melisa Blake’s will continue.

Respectfully,

Jimmy Jones
Executive Director