



Chair Grayber, Vice-chairs Lewis and Tran, and members of the Committee On Emergency Management, General Government, and Veterans,

For the record my name is Dr. Amit Bhavan, and I work as a staff psychiatrist and Vice President of Local 3327 representing the physicians of OHA at Oregon State Hospital. I've worked here for almost 3 years. In my time at OSH, I have worked in both maximum and medium acuity units. During this time, we have witnessed an unprecedented decline in our skilled workforce due to violence and acuity, compounded by an inability to recruit and retain that workforce.

A routine day for me involves walking onto my assigned unit at 8am, having to walk 200 feet before reaching the safest place on the unit — the nurses station. Every single time I walk onto the unit, I am greeted by patients before making it to the nurses station. Some patients are still very symptomatic and agitated which can make my journey to the nurses station quite unsafe. Many times, I have called for staff assistance to keep an eye out for safety, as patients are also upset with other physicians and nurses following an involuntary medication ruling or being involuntarily committed for care at the state hospital. Any repeat trips to the unit, especially when a patient is agitated, or making threats to harm others, I am taking a risk, jeopardizing my safety as well as the safety of my team members to usually have to intervene in various de-escalation tactics.

From 8am to 5pm, Monday through Friday, this is the expectation of my job. I do not have the physical protections that DOC provides inmates, yet I have to work with patients with behavioral issues that can and provide treatment with less safety measures available.

During the pandemic, the pace at which admissions from jail have arrived at the hospital has completely changed the landscape of the work we do, as a every single unit at the state hospital is focused now on crisis stabilization and treatment of aid and assist patients, who are more treatment refractory, and often times less stable than their GEI or Civil commitment counterparts.

Already in 3 years on the job, I have been assaulted once, resulting in a trip to the emergency room, and then 3 months of follow up with a medical specialist, as my injury resulted in decreased likelihood of being able to conceive children, as I am also in a stage of my life of building a family. That assault has made it difficult to be attentive on the job, and I have to rely on others for safety as I am still dealing with that trauma. I recognize that hundreds of employees at the state hospital are also going through similar struggles with unresolved trauma.

At OSH currently, there is a lack of interest to join a work force, who's expectation of the job is to sacrifice mental and physical health without any added protection or benefit for the high risk



work we do. HB 2701 would allow for ease of recruitment as it provides recognition for the high stress work being done. The creation of a new “high risk/high stress” category in PERS for OSH employees and 911 operators would allow us to retire earlier with full benefits, as well as receive an increase in final average salary.

I urge your support for this bill so that I can have reassurance that my personal health and my family will be better taken care of after being subjected to years of trauma in a high risk environment. It will also lower the risk that I suffer from a severe decline in physical health which is common in those exposed to severe, routine trauma in their careers. It’s additionally critical because we are in the midst of a staffing crisis, and the dedicated workforce we have currently are struggling to work another day in these conditions. As a critical member of the interdisciplinary team that provides psychiatric care with patients that are deemed unsafe for the general public, in a facility that is not physically set up with the same protections in DOC, and also taking a risk of being assaulted by patients on a daily basis, we believe that OSH employees like physicians who come in contact with patients should also be included in HB 2701 as stated in the -3 amendment.

Thank you for allowing me to testify on this bill and I hope you vote yes on HB 2701.

Amit Bhavan, MD