



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

My name is Simrat Sethi MD and I work as a staff psychiatrist and President of Local 3327 representing the physicians of OHA at Oregon State Hospital (OSH). I joined the Oregon State Hospital in 2009 when this institution was in crisis and under a federal CRIPA investigation. We then worked in an old and outdated building with paper records. There were news articles and television reports about the poor quality of medical and psychiatric care. Over time and under new leadership, OSH made amazing progress by moving into a new building, transitioning to an electronic medical record, hiring well qualified medical and psychiatric providers and nursing staff, better psychiatric and medical care for our patients, a treatment mall model and an enviable record of stabilizing and discharging patients to the community. I am writing today in favor of HB 4045.

Over the last few years, OSH finds itself in a similar crisis of nursing staffing shortages and an increase in clinical acuity due to the rising numbers of acutely ill and assist patients coming to us from the various County jails across the State. This unfortunately has resulted in both patient on patient and patient on staff violence. This was compounded by the adverse effects of the Covid-19 pandemic on staffing, the need to change our admission procedures, and Covid-19 outbreaks on our patient units. OSH is again a subject of both federal and state lawsuits over delayed patient admissions.

My psychiatric and nursing colleagues report ongoing and unremitting stress of managing understaffed units, a faster pace of rapid admissions, shorter patient stays and earlier discharges with a more acutely ill patient population, who are at higher risk of engaging in violence and aggression. The Salem campus of the Oregon State Hospital seems to have become a de facto correctional institution, with a rising number of aid and assist patients coming to us from the various County jails. Some of the transporting jail officers reports that the inmates they transfer to us are too dangerous for them to handle in jail. We treat such patients with compassionate clinical care and management, but this invariably has led to rising incidents of violence perpetrated against staff. This is clear from the Oregon OSHA citations against OSH and then the involvement of SAIF corporation in hiring a workplace violence prevention consultant to work with OSH.

Staff at OSH routinely work with extremely ill high risk psychiatric patients, even on patient units that were previously meant for stable patients, due to the rising number of aid and assist patients who have replaced the civilly committed and GEI patients. Working under such conditions exacts a huge psychological toll of all clinical staff who work directly with the OSH patients. I have been informed of psychiatrists, nurse practitioners and medical clinic physicians who have been subject to verbal abuse, threats and actual physical assaults while working at OSH. Thus, we work with patients who would be considered high risk in correctional settings, but without the protections available to the correctional staff of physical separation and security measures. This is causing employees to experience professional burnout, emotional and physical exhaustion, and a rising number of staff choosing to leave employment. If mental health



professionals experience these symptoms, their ability to provide high quality care to their patients is impacted adversely.

I have reassurance that the State recognizes the impact of working in a high-risk environment on my physical and mental health by passing this bill which creates a new category for workers who engage in work that is of high risk and high stress. Passage of this bill is critical to help in recruiting a dedicated workforce to work in this high-risk environment. As a critical member of the interdisciplinary team that provides psychiatric care to high- risk psychiatric patients, in a facility without the physical protection available in a correctional setting, and the risk of being assaulted by patients on regular workdays (as well as on overnight and weekend on call duty), we believe that physicians should also be included in HB 4045.

Thank you for allowing me to testify on this bill and I hope you vote yes on this important bill, HB 4045.

Simrat Sethi MD