

To: Oregon Senate Committee on Judiciary

Date: February 6, 2024

Re: SB 1560

Greetings Chair Prozanski, Vice-Chair Thatcher, and members of the Committee,

I am Dr. Theodora Tsongas, an environmental health scientist specializing in epidemiology with a career in public health. I am a member of Oregon Physicians for Social Responsibility.

Basic public health measures remain very difficult in the prison setting. The need for a more accessible and robust compassionate release process became more apparent as we learned of the barriers within the present system: the eligibility criteria are too narrow, the process is largely inaccessible and when accessed takes months to review each case, and requests for compassionate release for severe medical conditions are not evaluated by medical experts.

In January 2023, I participated in a visit to the Oregon State Penitentiary to observe its infirmary and hospice program.

We were given a short tour of the areas of the prison where adults in custody (AICs) with physical disabilities are housed. We saw one of two rows of 40 cells, each of which had a wheelchair or walker parked outside the cell door. There was no way that these people could be assisted in getting to or from the bed or toilet or to the cell door with these assistance devices outside of the cell.

I was dismayed by what I saw and heard on that visit, especially about what appeared to be inadequate facilities to care for critically ill patients. The bare bones atmosphere of the infirmary, the peeling paint, the inability of patients to be isolated from noise and conversations in a large and echoing room, and the conspicuous lack of staff were alarming.

It is clear that Oregon's prisons are not able to provide adequate end of life care or care for those that cannot care for themselves. Despite the best efforts of staff and other adults in custody, prison will never be an appropriate environment for someone who is seriously or terminally ill.

Oregon's prisons have a higher proportion of older adults in custody than other states. It is well documented that incarceration leads to shortened life expectancy as well as increased risks of cancers, cardiovascular and respiratory diseases and poor mental health. Even more, the overall environment of prison life with constant stress can exacerbate pre-existing conditions and physiologically age people faster than those outside.

Oregon has already concluded that we do not need to continue incarcerating individuals who are at the end of their lives or who struggle with even the most basic daily activities. But our current compassionate release process is ineffective and inconsistent with its purpose. Many AICs are so ill and disabled that they lack the capacity to apply for early release, the process is unclear and confusing, with no timelines for decisions to be made, and the method of review is not medically informed. It is difficult for families of adults in custody to spend time with or comfort their loved ones as they die.

Of 131 adults in custody with severe medical conditions that applied for compassionate medical release over an 8 year period between 2013 and 2020, only 9 were able to complete the process and were granted release after lengthy delays. Eleven applicants passed away while waiting for an outcome.

Finally, prison medical care is costly. The Oregon Department of Corrections has acknowledged that a small number of individuals with serious medical needs and conditions takes up a significant portion of its health services budget. Passing compassionate medical release reform would result in multi-million dollar savings that can be invested in rehabilitation, reentry programming, and improved medical care.

Senate Bill 1560 would establish a task force to review and evaluate Oregon's correctional system, existing statutes, barriers to and the rationale for establishing an independent Medical Release Advisory Committee within the Board of Parole, comprised of licensed medical professionals appointed by the governor to review medical release applications and make release recommendations solely and objectively from a medical and public health perspective. Furthermore, the task force, under SB 1560 would define a clear process for compassionate medical release, that would alleviate the problems with the current system.

The difficulties of providing adequate care for aging and ill adults in custody and those suffering from limiting disabilities or health conditions raise the question of the justice and need to continue incarceration. It is our responsibility as a society to act fairly: what is the point of keeping a person in prison who is unable to function and is not a threat to society? In what sense can this be called rehabilitation?

It is time to correct this failing now, by passing SB 1560 and getting the process moving! Thank you for your time and for this opportunity to provide testimony.

Theodora Tsongas, PhD, MS