

March 13, 2025

Senator Deb Patterson, Chair

Senator Cedric Hayden, Vice Chair

Senate Health Care Committee

RE: Support SB 24 - 1

Chair Patterson, Vice Chair Hayden and Members of the Senate Health Care Committee,

Hello, my name is Doctor Benjamin Smith. Before working at the Oregon Department of Corrections (DOC), I completed Medical School in 2014 graduating from Loma Linda University School of Medicine. I joined the United States Navy after medical school and began my Internship at Naval Medical Center San Diego in Internal Medicine. After internship I completed two 2 tours with the Marine Corps, serving as a General Medical Officer doing primary care and overseeing the work of PAs and corpsmen. After separating honorably in 2021 I followed my wife back to her hometown of Salem, Oregon. I began working at Oregon State Penitentiary (OSP) in July 2021. I find the work there both challenging and rewarding.

One of the biggest challenges for me is determining medical necessity. I think when we sentence people to life in prison, society forgets that their medical needs will only increase with age, and it is difficult to determine when an older patient will require a knee or hip replacement, or how to most appropriately treat chronic pain in a prison environment where drugs are frequently diverted. I have found it best to address these challenges by asking experienced colleagues and getting second opinions from them. I found a wealth of knowledge in the physicians and NPs that have been working in corrections for years and are aware of trends that I would have never known about. But what has made this additionally challenging is that the physician staff has had an enormous amount of turnover in the nearly 4 years I have been at DOC.

I can't speak for every physician who has come and gone during my time, but I know that the emotional toll can make the job less satisfying. There is a very high rate of lawsuits that we inevitably become involved in, with the majority of lawsuits out of our control, from delays in outside treatment due to transport, to complaints of wanting a softer mattress and more comfortable shoes. Defending my work in a courtroom is not something I particularly trained for, but I remain focused on providing appropriate care for these adults in custody. I can understand how this can lead to frustration and burnout.

Currently, we have several physicians on administrative leave, which increases the burden of work on those of us still working. At this moment I am the only physician on the medical side of OSP and only have the help of three 3 Nurse Practitioners. I am personally caring for the health of 40% of the prison population, making sure their chronic care is up to standard, all their screening exams are done, and any acute medical issues are promptly treated.

At OSP in particular our medical infirmary houses the sickest patients in the entire Oregon correctional prison system., The care we provide is the work being done there comparing to just less than a hospital ward. When we lose physicians, we must pick up their patient panels and continue developing a plan of care in sometimes very complex patients. Oregon We must

ensure that we are able to recruit well- trained physicians to continue our constitutionally mandated task of caring for the medical needs of Oregon's prison population.

Our patient population is very different than most other clinics physicians would be accustomed to. There is a high rate of previously homeless and those without prior healthcare and treating drug addiction within the prison has been a priority and a challenge. Personally, when we are fully staffed, I believe that our patient population receives better care than many citizens on the outside, and certainly it is better care than they would have if they were not in prison.

One of my favorite parts of working in the prison system is being able to see a critical lab value and immediately get the patient into the office to discuss this with them. The access that both I have to my patients, and that they have to me is exceptional. Having essentially all my patients 'in-house' is a setting few physicians get to practice in and reminds me of caring for my Marine Battalion while deployed. So, while the care is challenging, finding high quality physicians suited for this kind of work needs to remain a priority.

I remain committed to providing high quality care for these AICs and am happy that my previous primary skills from the Navy have translated so uniquely well to this environment. Please support SB 24. There are twelve correctional facilities in Oregon, each has specific needs, but all need to move beyond the chronic understaffing that we have been managing for years.

Thank you for the opportunity to testify in support of the dash one amendments to SB 24. I am happy to answer any questions.

Dr. Ben Smith
AFSCME Local # 200 Vice President