

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, I'm Miranda Shockey-Dunn. I have been a correctional registered nurse at Coffee Creek Correctional Facility (CCCF) since October 2023. In my short time at Coffee Creek, I have experienced critical staffing shortages, worker burnout, and delays in healthcare for my patients.

I am passionate about correctional nursing. It is such a privilege to me to be able to provide healthcare to this population. I know that the work I do truly makes a difference in the lives of my patients.

My own experience with critical staffing began while I was training on the night shift. Due to staffing levels, I was assigned to train on the clinic nurse post. The Clinic nurse responds to emergencies along with other nursing tasks but, I was not assigned a trainer. In my first week off training, I was assigned to work two nursing posts: the special housing post, which provides nursing care to patients in segregation and our mental health infirmary, and to the clinic post. During that time, my workload was too heavy to have a 15-minute break, let alone a lunch break.

Over my time at Coffee Creek, I have had shifts where I have been assigned to pass medications at our minimum facility, while working special housing at the medium facility. These work assignments are a ten-minute walk from one another, and that response time can be critical during a medical emergency.

I have also been tasked with being the medical infirmary nurse, who provides medical care to our most medically acute patients while also being assigned to cover Receiving and Discharge (R&D) intake assessments, which is in a different building. Additionally, all of Oregon Corrections R&D occurs at CCCF, which means that busloads of Adults in Custody (AICs) of varying convictions are all processed through us. To process each AIC in Receiving, nurses, like me, are responsible for over 40 different assessments. Nurses have to pay close attention to people as they come in, because they may become dysregulated under the stress. They also may be under the influence of one or more substances, and they often have underlying conditions. So, being assigned to do more than one post while processing AICs is very difficult.

The most egregious staffing I have witnessed occurred on June 15, 2024. Over the Summer, I watched many of my peers experience severe burnout, mandatory overtime, and critical staffing. Throughout the afternoon of June 15th, we had multiple staff call in sick. When it became

apparent that only two nurses, (one contract RN and one contract LPN) were going to provide nursing care for our intake center, minimum facility, and medium facility I called the on-call manager. Our staffing flow sheets stated that our facilities could not be run with fewer than three nurses, and it was established that management would cover those extra posts in a critical staffing crisis. When I called the on-call manager, I asked if she could work on a staffing solution for us. She instructed me that Snake River had previously run with only two nurses on night shifts before. I asked if she wanted us to run the prison with two contract nurses (one LPN and one RN) and she said that they knew how to do CPR.

I ended the phone call in tears and when I went home that night, I sobbed to my husband because I genuinely did not know if all my patients would live to see the morning. The following week, we ran Coffee Creek overnight with one contract nurse. I am deeply concerned about the morality of our institutions when we betray our commitment to treatment and rehabilitation and simply consider ourselves buildings which house bodies. The cost to staff's professional, physical, and moral safety and our patient's physical safety is too great.

Working as a correctional nurse is difficult. I have witnessed multiple staff members require months of mental health leave. I have given coworkers ginger chews to combat the constant nausea from the stress of working in our institutions. I have even had a coworker turn to me and state, "This is the kind of stuff that makes me think about jumping off a bridge, Miranda, I'm not kidding". We know that people who work in corrections carry a higher risk of suicide, statistically than if we worked with the general public.

Today, I ask you to please support the dash one amendments to Senate Bill 24. Please do not allow the greatest privilege of my life to become the greatest trauma of my life.

Thank you.

Miranda Shockey-Dunn RN

AFSCME Local 2376 Member