

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,
My name is Amy Smets, I started my nursing career at Coffee Creek as a new grad, fully knowing I wanted to work in corrections. I am very passionate about the work I do and the patient population I serve.

Coffee Creek has proved to be a very challenging environment. Even if I know I've tried my best, I still come home from a shift feeling that it's not enough. I and my fellow nurses have seen very difficult times, and unfortunately, this has continued to persist to this day.

Covid was one of the biggest challenges we faced. Being sleep-deprived was commonplace. We worked long hours with little staff and dangerously high patient loads. We were frequently working with multiple mandated overtime shifts a week. Working a double on any given day became the default. The little time off we had was spent in a daze trying to recover from the exhaustion accrued from the workweek. Any additional time off requested was denied due to the state of emergency, making it nearly impossible to catch a break. Combine that with the utter confusion and uncertainty of what was going to happen next, coupled with the constant concern for you and your own family's safety in the back of your mind. We were called "heroes" by the media yet still seen as untouchables because of the potential risk we carried. The guilt was a constant heavy burden reminding us that we couldn't just "leave work at the gate." When it came to gaining recognition for all we had endured, our governor told us we were not essential. But still we endured.

During Covid we were faced with another challenge: the fires. We were instructed to evacuate our entire facility, sending us to Deer Ridge Correctional Institute, 2 hours away in Madras Oregon. There the air quality index was over 600—making Madras the second worst in the nation at the time. Those of us that volunteered to go to Madras were greeted by a dense fog of smoke in the air. Even the clinic had a haze. There we were faced with learning a new facility at the drop of a hat, it would be days before we even started to regain the slightest sense of normalcy. We had no idea how long we would be there. After six days of 10-12 hour shifts, we were finally allowed to go home, back to our home cities to contend with the aftermath of the fires.

I recall these events to you with the intention to illustrate the extent of adversity that Coffee Creek nurses have faced during my time there. These are only two examples. Today, I stand

before you with a critical message: the challenges we face did not end with Covid, nor did they end when the last fire was extinguished. Working at Coffee Creek has not become any easier, the problems we face today are equivalent in severity, but have now become chronic in nature. While we may appear to have better staffing, it has been a revolving door of “agency nurses” who are actually contractors and akin to “traveling nurses” in the private sector. As state permanent hires we are currently being outnumbered by agency staff, which exacerbates our staffing problem when you look at the badging requirement that pairs undertrained contracted nurses with state RNs. The added insult is that the contracted nurses get paid \$100 dollars more per hour than we do. They work on twelve-week contracts, so the accountability is lower than it is for state staff. This in turn directly affects the quality of care for adults in custody. If you were to look at our seniority list of nurses today, you would see that there is a two-year gap between myself and the next nurse below me. This gap wasn’t caused by lack of hires, we had hired at least two dozen nurses over the course of those two years. That’s two dozen nurses that came and left within a two-year span. This does not even account for the countless nurses who will have come and gone since then.

The fact is: nurses don’t want to work at Coffee Creek. As nurses, we are required to do a lot more than our counterparts in the private sector. We have few if any CMAs. There are not enough providers. The likelihood of investigation is high because the Rule of Threes doesn’t apply to health care, so we frequently do not have a second staff present when we are examining our patients. This practice is another inconsistency with our colleagues in the private sector. We do not have industry standard shifts, nor does our pay or offered benefits compensate for the costs of working in this environment. DOC is not competitive with the surrounding options - especially at Coffee Creek Correctional Facility where there are many hospitals and clinics in our vicinity. Most disheartening of all, is to see a new hire genuinely interested in the work, be beaten down to the point that they must choose between their passion for corrections and their own mental well-being.

I’ve given six years of my life to Coffee Creek, and in those six years I’ve found one thing to be certain: it doesn’t have to be this way. We need change, especially to our administration. Research shows the culture of an organization is a direct reflection of from the top down. I’ve stuck around most of all for my patients, however, I am also invested in making Coffee Creek a better place for everyone, because I know it can be. So, I stand here today as an advocate for my patients and my coworkers because this bill will be a step in the right direction for Coffee Creek.

Thank you for the opportunity to testify today. I am happy to answer any questions.

Amy Smets
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