

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 Jamie Price. I have worked as an Institution Registered Nurse at Coffee Creek Correctional Facility (CCCF) for nearly ten years. I was interested in community and mental health at the start of nursing school, and I realized that correctional care met both of those areas. In addition, I personally discovered this path while a family member was incarcerated. They were very medically fragile and in need of close monitoring during their sentence. The care they received on the "inside," played a large part in saving and preserving their life to this day.

My testimony is derived from my experience working at Coffee Creek (CCCF). This is an institution that houses all of the female Adults in Custody, otherwise known as AICs. We house the medium and maximum females known as CCCF, and also run the separate minimum female facility known as CCCM.

In addition, we also run the intake center for all the males that are sentenced to serve time with the state (this is our third institution, CCIC). Once their medical and mental health needs are established along with custody level, they are then transported throughout the state to their respective institutions. This makes Coffee Creek a very unique establishment with very specific needs and challenges. We are not like any other correctional institute in the state.

I am thoroughly passionate in providing medical service and support to the patient population we take care of. It is the main reason I am still working at Coffee Creek. In addition, I acknowledge and respect the challenges that the management and administration faces when determining how best to provide support to AICs, consider the various degrees of patient's needs, and the constant review needed.

However, the changes in my facility I have personally witnessed over the past five years have done little to improve AICs quality and access to care. I have not seen any supposed progress. In fact, the chronic short staffing has made health services work even harder, because there are not enough skilled medical professionals to support our population, conduct a complete intake for the entire Oregon AIC population, and address emergency situations. It has frankly left me feeling guilty by association.

The recent changes witnessed, with the termination of the head physician and head administrator might be a start, however I feel it is far from over. We have a lot of work to do. My testimony here, demonstrates that we will continue to help, but we cannot do this alone.

The medical staff at ground level have been left feeling punished, blindsided, and remain in the dark to this day. Instead of the administration acknowledging the problem stems from the top down, we are constantly left with an internalized feeling we personally aren't "good enough" every day we leave the facility. We are not set up to succeed. If we are to ever start to curb the amount of neglect and litigation in the DOC Health Services we need to start from the ground up, which is why I am grateful for the opportunity to share the concerns we have from the front line.

Right now, we are floundering with more contracted nurses, or "agency staff," than DOC staff. These agency staff, for the most part, are poorly trained and simply not invested. Hired for 12-week contracts, many of these temporary employees are now going on years of employment while continuing to display the lack of involvement desperately needed for improvement. There is little to no continuity of care for AICs.

They were hired to be the "warm bodies" that make the numbers look better on paper. However, this has left core staff working the hardest posts, the longest hours, and expected to do extra managerial tasks for no compensation or extra time to accomplish. They rely on what is left of us to shoulder the needs of the institution and ensure that policy and procedure are followed.

This staffing response, the hiring of mass agency, was in regard to the poor employment numbers recorded in 2021-2022. To this day we are at the same amount of DOC employees as we had three years ago, with little to no improvements in operations or patient outcomes. I feel the working conditions and patient support have become much worse.

In addition to lack of involvement from the prior administration, we have been piecing together borrowed middle management for years now. Management that have lives far across the state, other institutions to simultaneously oversee, and simply do not know our unique institutional needs. They are buried in overwhelming amounts of redundant paperwork, litigation, and unnecessary hoops to jump through. What new management we do hire is not given proper training or support and tend to take the direction of the scapegoat when administration is questioned.

The nurses, certified medication aids, and office staff keep CCCF from completely falling apart. From triaging medical needs, passing medications, arranging necessary out trips, to emergency response we work tirelessly at trying to put out fires. Fires that could have been prevented.

Instead, we have been gas lit. We have been called disorganized, slow, and lazy. We are punished with weekly schedules that do not make sense or meet operational needs, all while giving agency staff weekends off and favorable hours. When administration is questioned as to how they came to these conclusions on our work ethic or what the rationale is for changing our schedules to less favorable days and hours, there is no response.

The few wonderful providers we do have are stretched too thin to effectively treat and manage the various needs of the AICs. Their patient loads are astronomical, expectations unattainable, and their training in a fragmented convoluted system is lacking. In addition to the untold numbers of “agency nurses” hired, we have exhausted an atrocious number of contracted doctors and nurse practitioners.

This leaves agency leading agency, agency training agency, and agency training the few number of permanent hires. Many of those permanent hires have given notice to move on to better working environments. The lack of training is reflected in the patient care, and it is getting worse by the day. This leaves an untold amount of suffering for both patients and core staff. You never feel as if you did enough on your 12-16hr shifts to make much of a difference.

I work at the only female prison in the state. I have witnessed the repercussions of having one of our two OBGYN doctors put on unnecessary administrative leave and the other fired out of retaliation for standing up for herself when asked to perform duties outside of her scope. We were left without any OBGYN care for months.

The COVID years and mismanagement that came with it shattered existing DOC systems. The pieces have become too small to simply pick up and put back together. Often, I was working multiple 16hr shifts, responsible for the care of anywhere between 100-125 COVID patients, the female segregated AICs, and the Mental Health Infirmary patients. These AICs are all located in different buildings and have many identification stations.

The care of all three institutions (CCCF, CCCM, and CCIC), consisting of upwards of 1200 patients, was the responsibility of 3-4 nurses on any given day and 2-3 nurses on nights. The isolation and neglect the AICs endured caused permanent psychological and sometimes physical damage. The sacrifice made by the few health care staff left on the floor was traumatic for us. In the end, we weren't even deemed essential workers by our Governor, and our working conditions have not substantially changed. After the lockdown was lifted for the rest of the state, we still do not have any relief.

We cannot continue to put band-aids on staffing by hiring temporary employees. We need definitive staffing numbers, adequate training, access to quality healthcare, continuity of care, and accountability. I have begged the prior administration to listen and learn from our floor staff, support new management, and humble themselves to the reality that our current protocols simply aren't working. That is why I am appealing to you today to ask for your support. This is an all-hands-on-deck situation to find solid

solutions to this health care crisis. We understand that this will cost more time, energy, and resources up front but we hope to save millions in lives and potential litigation in the future.

Oregon needs to move from being reactive to proactive in managing the DOC Health Services. And I believe that it's high time we start listening and learning from the ones that know the job and the patient population best. Respect and incentivize state correctional staff for our continued hard work with solid staffing guidelines, reasonable schedules, retention and hiring bonuses, and competitive compensation to attract the desperately needed amount of skilled, compassionate permanent staff to join us in running this agency effectively.

Thank you for listening to the dedicated core medical staff that oversees the day-to-day operations of the facility. We need visionary thinkers and an extraordinary amount of energy from our leaders to turn this around. Thank you for your time and thank you in advance for your consideration and compassion on this matter.

Sincerely,

Jamie Price, RN
AFSCME Local #2376