RE: Support SB 24-1

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

Prioritize Safety for DOC Medical Staff & Increase Access to AIC Healthcare - Support SB 24

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The reality is that there is a backlog of AICs needing preventative visits, which increases the acuity of their medical needs by the time AICs get medical treatment.

Join me and stand with DOC medical staff who are attempting to provide timely, high quality medical care to AICs.

Thank you for your consideration,

Alisha Cargile

Office specialist 2

Bhs intake Ccic

RE: Support SB 24-1

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Thank you for your consideration,

Carly Keller

Correctional officer

SRCI

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Brittany Ivy

Payroll Analyst

OSP and DOC HQ

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Thank you for your consideration,

Jimmi Blanchet

Institutional RN

EOCI

Years of Service: 20.5

RE: Support SB 24-1

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Thank you for your consideration,

Michael Claborn

Institution Registered Nurse

Deer Ridge Correctional Facility

RE: Support SB 24-1

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Due to the shortage I have often had to respond to emergency situations with a nurse because there were not enough nurses to go. I am not a nurse and therefore causing more stress onto the nurse that is responding because they don't have another properly trained nurse with them to assist. There are many times that the office staff have had to be pulled from their regular duties to assist with being a chaperone for a nurse because there is not enough staff. I worked at OSCI for 6 years. Just recently, I had to transfer because of the toll it has taken on my health due to of all of the stress from being short staffed. The demands that are placed upon the staff are unreasonable for the level of staffing we are provided. It is putting everyone involved at risk. This needs to be addressed before someone gets injured or looses their life. Please take a tour at one of these facilities without management present, and ask the staff questions and you will get some chilling answers.

Join me and stand with DOC medical staff who are attempting to provide timely, high quality medical care to AICs.

Thank you for your consideration,

Mandy Green Health Information Specialist Health Services Central Years of Service: 9

RE: Support SB 24-1

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Thank you for your consideration,

Jenny Langston

corrections

TRCI

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Thank you for your consideration,

Lori Schain Institutional Registered Nurse Coffee Creek Correctional Facility Years of Service: 16

RE: Support SB 24-1

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Thank you for your consideration,

Mary Kuykendall Office Specialist 2 Columbia River Correctional Institution Years of Service: 7

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Robert Eriksen

Institution RN

Deer Ridge Health Services

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Melissa Landa Gonzalez

**Office Specialist** 

TRCI

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Rosa Lopez

QMHP

**OSP** Penitentiary

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Hailey Coleman

Registered Nurse

Two Rivers Correctional Institution

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I would like to add that we are constantly getting more and more tasks added to our requirements. In addition to our population needing more and more help, both medically and mentally, young and old. Our patients' needs fall in the lap of the medical staff, especially the nurses. Our Behavioral Health Services (BHS) team is not available onsite 24/7, so we have to respond. As this continues to happen, our staffing is either staying the same, or worse yet, decreasing. The conditions of the short staffing are very unsafe for both the patients and the staff who are trying to give the best care possible with the limited resources available.

Thank you for your consideration,

Deanna Fields, RN Santiam Correctional Institution

Years of Service: 9yrs

RE: Support SB 24-1

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**Payroll Analyst** 

OSP and DOC HQ

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corrections

TRCI

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Erik Domenighini

Research Analyst

Remote

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Scott Toombs

**Correctional Officer** 

CRCI

RE: Support SB 24-1

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

Prioritize Safety for DOC Medical Staff & Increase Access to AIC Healthcare - Support SB 24

As an Oregon Department of Corrections (DOC) staff member and colleague of DOC Medical staff, I am concerned about the short staffing in DOC, and how much overtime is regularly required of our Health Services team. Public safety workers have been shouldering mandatory overtime that has been exacerbated by short staffing which accelerated around 2020.

Oregon currently does not have statutory DOC minimum staffing requirements, and overtime is mandatory for a worker to stay employed in good standing. If overtime is declined by a DOC employee, they may be subject to discipline. Staff may be mandated with little or no notice, and medical on-call, these facilities are 24/7, which places a relentless burden on them and takes time away from their family and friends. These excessive overtime shifts also increase the chances that members of our Health Services team will have an on the job injury while taking care of adults in the system.

The number of DOC medical professionals and health care staff must increase. Oregon's current staffing ratios are way below federal recommendations. As an example, the federal government recommends a ratio for medical doctors at 1 doctor for every 200 female AICs and 1 doctor for 250 male AICs. By contrast, our best information tells us that Oregon has an employee ratio between 600:1 and 1,000:1 AICs to doctors/nurse practitioners, which is four to five times the federal recommendations.

The reality is that there is a backlog of AICs needing preventative visits, which increases the acuity of their medical needs by the time AICs get medical treatment.

Join me and stand with DOC medical staff who are attempting to provide timely, high quality medical care to AICs.

Thank you for your consideration,

Rev. David Betts

DOC Chaplain

Santiam Correctional Institution