

Testimony in Support of SB 293-1: Improving Medical Services in Oregon Prisons

Chair Patterson, Vice Chair Hayden and Members of the Committee,

My name is Angela Kim, and I am here to urge you to support SB 293-1. I speak today not only as a former critical care nurse with 15 years of experience but as someone who spent 17.5 years incarcerated and experienced firsthand the dismal shortcomings of prison healthcare. Recently I served on the Governor's workgroup for healthcare related to the Gender Informed Practices Assessment – GIPA. I personally witnessed the harm inflicted on others due to delays, denials, and outright neglect.

During my time in the Department of Corrections custody, I developed multiple serious health conditions that I had never experienced before. After just three years of eating the nutritionally inadequate prison diet, I became diabetic, hypertensive, and developed high cholesterol. Before incarceration, I had eaten Korean food my entire life without issue. But in prison, processed, carb-heavy, and nutritionally deficient meals were the only option, and they made me sick. I was far from the only one—many incarcerated people develop chronic illnesses in prison due to poor diet, lack of access to proper medical care, and unhealthy living conditions.

It took me seven years of persistence to finally discover that what Department of Corrections providers had diagnosed as carpal tunnel syndrome was actually a bone spur pressing on my spinal column. By the time I was correctly diagnosed, I required cervical fusion surgery. Seven years of worsening symptoms, pain, and damage—because proper diagnostics and care were delayed at every turn.

As I neared the end of my sentence, my dental concerns were ignored. I repeatedly complained of a toothache in a tooth that had previously been root canaled—one that should not have been capable of feeling pain. Over the course of a year, I saw the prison dentist three times and was repeatedly told nothing was wrong. After my release, I lost that tooth due to an undiagnosed jawbone infection, requiring a bone graft. This wasn't an accident or bad luck—it was the direct result of "slow-playing," a practice where care is delayed until the Adult in Custody is released, pushing medical responsibility onto the community.

I also watched others suffer much worse fates. I remember a woman displaying critical symptoms who was ignored for months. By the time she was finally diagnosed with cancer, she was one of the lucky ones—lucky because she made it to her release date before she died. Many do not.

During my incarceration, a doctor temporarily assigned to the prison through Doctors Without Borders was horrified at what he saw. He had worked in war zones and

impoverished nations, yet he told us he had no idea Americans were subjected to such medical neglect. He ultimately resigned, telling us, *“DOC won’t let me practice medicine the way it should be done, and I can’t risk my license providing substandard care to people.”*

These stories are not isolated incidents—they are the norm. And with more than 95% of Adults in Custody returning to our communities, their health becomes a public health issue. When we allow people to leave prison sicker than when they entered, we create greater burdens on our healthcare system, increase the risk of recidivism, and fail to uphold basic human rights.

SB 293-1 addresses critical gaps in care by requiring ODOC to:

- Treat pre-existing conditions, ensuring that AICs do not lose access to essential care upon incarceration.
- Make medical decisions based on need, not on the length of an Adult in Custody’s remaining sentence.
- Document specific reasons for denied medical care, creating accountability in the system.
- Provide access to essential prescription medications in line with national standards.

These are not radical demands. They are the bare minimum for a humane and responsible correctional healthcare system.

Right now, Oregon prisons are nearly 600 medical appointments behind schedule. A recent national review placed Coffee Creek Correctional Facility on probation due to failures in basic medical care. These are systemic issues that will not fix themselves.

We have a moral, legal, and practical obligation to act. Passing SB 293-1 is a necessary step to ensure that incarceration is not a death sentence for treatable conditions. It is a step toward justice, public health, and fiscal responsibility. I urge you to support this bill.

Thank you for your time.