

Senate Health Care Committee
Chair, Senator Deb Patterson Vice-Chair Senator Cedric Hayden

Thank you for the opportunity to speak in favor of SB 442 which would established a shared office within OHA and ODHS to assist COFA residents in applying for and accessing services and benefits entitled to them by state statute and federal treaty.

I won't belabor the shared history of the Compact of Free Association with the United States, except to say many of the health and economic issues facing today's islanders stem directly from the U.S. government's involvement with them during WWII and the post-war above ground nuclear testing performed at several Marshallese atolls, including Castle Bravo on Bikini Atoll, the largest @ 15 megatons. The resulting fall out has made many areas in the Marshall islands uninhabitable, local produce with high radiation levels, and birth defects higher than any other region in the world. More and more islanders are living and working in Oregon and elsewhere because of the limited opportunities in their homelands. Thanks to the Oregon Legislature we have seen (9) statutes passed *unanimously* to aid our COFA residents, starting with the Driver License Bill HB 2517 in 2013. Most of these bills respond to the problems related to the unique status of COFA islanders. Under the compact, COFA individuals can travel, work, reside and go to school without time restrictions. They can enter the U.S. with only an I 94 document and a passport. They pay taxes and are entitled to SSI, Medicare and Medicaid, SNAP, and FEMA assistance. Unfortunately, despite the existence of these benefits and the efforts of several NGO's and CBO's, many islanders are not able to access them for a number of reasons. SB 442 addresses these problems.

I wish I could give you a hard number of COFA residents living in Oregon and how many are accessing the health and social services available to them, but I can't. The data collection on this population is sketchy at best. For instance, of the estimated 9000 COFA residents in Oregon, only seventeen (!) have accessed dental care under OHP. This figure is not broken down by age, gender or even work status, but the small number begs the question of whether we are doing as well on the ground as we are on paper. On the Oregon Health Authority web site there is a page entitled: "Public Health Accountability Metrics". Listed beneath that are four discreet sections. The first: "Communicable Disease Control" lists (5) areas being studied by OHA; The second: "Environmental Health" lists (6) areas being tracked. However, under the last two sections: "Prevention and Health Promotion" and "Access to Clinical Preventative Services there is only this: "Metrics forthcoming".

SB 442 would be the essential interface between the islander community and the state. It would do this with outreach, help to access benefits, and develop a user-friendly, multi language web site and comprehensive resource hub for individuals as well as NGO'S and CBO's. It would offer language assistance services - no less than six (6) languages are spoken among the three island nations - and culturally aware personnel to reach the broader islander community that individual grant dependent NGO's cannot. It would be in the best position to comprehensively gather the data to answer the above questions (including accountability of NGO's) and support better focused and more effective approaches to health care and social services for the target community. In other words, SB 442 is critical to the success of all the COFA related bills that have come before it in the past 10 years.

I urge you to support SB 442 and recommend its passage by the senate.

Sincerely,
Wayne Baum,
Citizen Advocate, CANN