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Re: Testimony in Support of SB 367

Dear Chair Monnes Anderson and Members of the Senate Health Care Committee:

I represent the Association of Oregon Corrections Employees (AOCE) and write this letter in support of SB 367. Currently, if an employee of the Department of Corrections (DOC) is exposed to the bodily fluids of an inmate, the following takes place:

1. The exposed employee must request HIV and hepatitis testing of the source inmate.
2. The Health Services staff must then contact the source inmate to see if he will release his known appropriate medical information and/or submit to future appropriate testing.
3. If the source inmate voluntarily agrees to the testing, the Health Services staff obtains the sample, tests it, and releases the results to the employee's medical provider.
4. If the source inmate refuses the testing, the Department of Justice must prepare a petition for an Order to Compel by the circuit court for testing of the source inmate. ORS 433.085.
5. Once that Order to Compel is signed, it must be served on the source inmate. Then the Health Services staff test the inmate and release the results to the employee's medical provider.

Waiting for the above to occur, the employee is understandably stressed and worried about the exposure. SB 367 would allow a DOC health care provider to disclose known test results to the exposed employee's physician, if the source inmate has tested positive for HIV or hepatitis B or C or other communicable diseases that may be transmitted through the inmate's bodily fluids.

If the DOC physician knows of a positive result as outlined above, immediate notification to the exposed employee's physician would provide a faster, better, medical response. Don't employees who are exposed to communicable diseases during the performance of their official duties deserve this?

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As the bargaining representative for employees at the Oregon State Penitentiary, AOCE can tell you that the exposure rates are high.

Here is an example: In December of 2016 two (2) Corrections Officers, one male and one female, were escorting an inmate to the shower. This inmate had covered himself in blood from his face to the soles of his feet. He was also on a spit-mask order when moving him outside of his cell for prior incidents of spitting on staff. The officers removed the spit mask so the inmate could shower. In the shower, he asked the female officer for soap. When she placed the soap on the cuff port, the inmate spit on her striking her shoulder, neck, face (eyes, nose and mouth), ear and hair. His saliva also struck the male officer in his eyes, nose and mouth.

To find out if this inmate had HIV, hepatitis B or C, or another communicable disease, the officers had to go through the list on page 1. Shouldn't the inmate's DOC physician have been able to immediately notify the exposed officers' doctors if the inmate had previously tested positive? Absolutely!

AOCE supports SB 367 and asks for you to do the same. These men and women walk the most dangerous beat in law enforcement and deserve your support on this issue.

Sincerely,

FENRICH & GALLAGHER, P.C.

/s/

Becky Gallagher