

To the Senate and those here to consider this important bill, thank you for your time. My name is Kyle Keyser, and I am a police officer for the Eugene Police Department. I've been a police officer with Eugene for eleven years and spent most of that time as a patrol officer. When I heard this bill was being discussed today I felt compelled to share my story as this topic has had an impact on my life, as I know it has for other officers and first responders. I apologize for not being able to attend this session in person but very much appreciate your consideration in this matter. On February 16<sup>th</sup>, 2015 I was working as a patrol officer and responded to a physical dispute inside of a vehicle. In summary, we encountered a van full of people who were intoxicated and not overly cooperative. One of the people in the van had obvious injuries to his face and hands while another occupant in the vehicle had blood on his knuckles. We worked to sort through the issue and to provide care to the injured subject, while also dealing with the other occupants. The male who had blood on his knuckles was identified and ended up having an unrelated warrant. When we attempted to take him into custody, the male was resistive and forced officers to carry his entire body weight. While I was checking him for weapons, I was poked by an uncapped hypodermic needle, which he kept in his jacket pocket. The needle had poked through the inner liner of his jacket and was facing down toward his waistband.

This interaction was not unique; officers deal with these situations on a regular basis and unfortunately are around hypodermic needles daily. We come into contact with a population of citizens who due to drug use or life circumstances, have a higher rate of communicable diseases than the average population. I have not only been poked by an uncapped needle, but I've also been exposed to blood on multiple occasions. These exposures often happen in law enforcement and at times are unavoidable. We are tasked as first responders and thus, do not always have the luxury of fully protecting ourselves. This is a job that we accept and go into knowing the risks, but it should not be one that limits the right we should have to protect our families and ourselves.

In my situation, once I was poked by the needle, I quickly checked and found the needle punctured my protective glove and my skin. I knew at the time that the person I was dealing with was an IV drug user, which for obvious reasons was a cause for concern. The needle was used, but without testing I would have no way to know which diseases I could have been exposed to. I went back to the police station and quickly had my blood drawn. This allows a medical lab to perform a base line test on my blood. The subject who had the needle was asked if he would give blood in order to find out what kinds of diseases I may have been subjected to. He was completely uncooperative and later when asked again, he had the temerity to tell an officer that he did have a communicable disease, but would not tell us what it was. This response was not given to protect his personal medical information. It was done intentionally, to place my wellbeing in limbo and to cause fear.

I was at the end of my shift, being told to go home and that somehow the situation would be taken care of. Well, that sure is easy to say when you're not facing exposure to a potentially life changing disease. For me, it was extremely stressful. I am married, and at the time I had to think about what exposure to a communicable disease could mean not only for myself, but also for my wife who was pregnant at the time. In situations like these I found that as an officer, you are left with quite a few unknowns, and not a great sense of security. The following day I had a meeting at the occupational health clinic in order to speak with a doctor about the incident. In that meeting, it was explained to me that if I had been

exposed to HIV, it was important to take a prophylactic medication within 72 hours of the exposure and preferably within 24 hours. Time clearly was of the essence, although I was faced with a difficult decision because taking this prophylactic was not a decision to be made lightly. The doctor explained that if I had been exposed to HIV, the medication could prove to be beneficial in stopping contraction of the disease, but it also came with the possibility of adverse side effects. I have heard from others who have taken the prophylaxis regimen that the user can often become very ill (temporarily) from the drug. More importantly, the doctor said there was the slight possibility of liver damage due to the drugs use. Clearly, if I had readily accessible information about what I may or may not have been exposed to, this would give me a clear path for decision making. No one should have to take a medication without knowing if it's medically necessary or beneficial.

I was told in my medical appointment that the rate for transmission of HIV, Hepatitis B, and Hepatitis C were all relatively low, with both hepatitis diseases being slightly more likely to be contracted than HIV. I trust that information but again, from someone who is facing the consequences of being on the wrong side of those percentages, it doesn't make you feel all that secure. In my case, a court order was obtained to take a blood sample from the involved subject since he committed a crime in which I was a victim. I think about that regularly because in many situations, officers can be poked by a needle and the person who had used that needle may not have committed a crime against the officer. In that case, without this legislation, it seems the officer would be left wondering what they may have been exposed to.

I underwent multiple blood draws over the following six months and it was determined that the involved subject did have a communicable disease. I won't share the disease out of a privacy interest for the subject, but really it doesn't matter what it was. I was exposed to a life threatening disease and it only seemed logical that my family and I should know what I was facing. After six months passed, I fortunately found out that I had not contracted the disease I was exposed to.

Many times when officers have been subjected to blood exposures, the subject whose blood was involved is willing to participate with giving a sample. It seems that many people understand the gravity of what an exposure can mean and even when being arrested, can put aside that aspect of their interaction with police and act for the greater good. Unfortunately that is not a universal response and legislation needs to be put into place in order to protect first responders in situations where willing participation is not possible. This is a public health issue and one which should be enacted in order to protect those who place themselves at risk, in order to serve the public. Thank you for your consideration in this matter.

Respectfully,

Kyle Keyser

Police Detective

Eugene Police Department