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Chair Monnes Anderson and Members of the Senate Health Care Committee,

My name is Aimee Adelman, I am testifying on behalf of Donate Life Northwest and on my own behalf. I have a great deal at stake in this proposed bill not only because of my employment but also because I am a two-time kidney recipient. I would not be here today without the lifesaving decisions that my donors made. Over seven years ago I received my second kidney from a deceased donor and at that moment my life changed dramatically. I really felt like I could restart my life and I felt it was important for me to contribute to the donation and transplant community.

My professional role is as Director of Education and Outreach at Donate Life Northwest. I interact almost daily with donor families, recipients, and people who are waiting for their lifesaving transplant. These individuals guide and shape the work that we do at Donate Life Northwest. Their decisions are life changing. Because we know these donor families personally, we know how hard the final decision is to make and the dual impact on the donor family and the recipient. It carries for us a reverence and a respect for human dignity and ethical treatment.

Shortly after I starting at Donate Life Northwest I met a volunteer who was waiting for a lung transplant. He had been an active volunteer for many years and an enthusiastic advocate. Three months after I met him, he died still waiting for his transplant. His death made a lasting impression on me, and since then I have experienced the sadness of many more lives lost waiting. Each one of them is a tragedy because there are just not enough organs available. Today, I pulled the number of Oregonians waiting, there are 856. In addition there are currently 113,677 waiting nationwide.

My transplants are a result of a rare disease, and because of that I fully understand the importance of medical research. However, I oppose SB 144 because of the drastic impact it could have on donation for transplantation. I feel it is inappropriate and dangerous to change Oregon's Uniform Anatomical Gift Act because whole body donation is an entirely different concept than donation for the purpose of transplantation. The current Oregon Donor Registry consists of people who have made the decision to become organ, eye, and tissue donors specifically for transplant. Changing Oregon's UAGA could result in legislation that is incompatible with every other state in the nation. We rely heavily on collaboration with other states to make transplants happen. Any changes could disrupt these carefully develop relationships.

I urge you to reject SB 144 and carefully consider the hundreds of Oregonians who are currently waiting for a transplant.

Aimee Adelman
Director of Education and Outreach
Donate Life Northwest