

Submitter: Charles Peirson  
On Behalf Of:  
Committee: House Committee On Judiciary  
Measure: HB4142

I'm a public defender in Portland, and have been since 2014. I also have several close family members in the nursing profession, and I care deeply for their safety and for how traumatic it can be to experience violence in the workplace.

I have represented dozens of people charged with crimes arising from clinical settings, especially from emergency rooms. I believe that every one of them was experiencing some kind of significant impairment, often involving both mental illness and self-medication. These are the people who would be swept up in this bill, as written. Prosecutors are not shy about charging people with assault any time there is an injury or pain, and this bill would simply shift those charges from misdemeanors to felonies. The lowest level felony assaults are level 6 offenses - that means that a person with two prior convictions for person misdemeanors (or a single felony, even a juvenile adjudication) faces a presumptive prison sentence over a year long. Felony assault convictions are also a disqualification for most public housing programs, to say nothing of the myriad other ways that a felony can get between a person and the world - job prospects, social stigma, loss of services and property while in custody, etc.

Nurses should be safe at their jobs, but this bill will not accomplish that. No person will likely ever have the thought that they would hit a nurse - or an orderly or a doctor, or anyone else - if it weren't a felony. It will only serve to increase the violence done as a consequence, as punishment is meted out to people who are already among our most vulnerable.

Those of us in caring professions will always have encounters with people who don't have the tools to make good choices. I would encourage the legislature to consider changes that might actually help make those encounters safer for everyone involved. Are emergency departments sufficiently staffed to handle patients who require more care than their medical needs would indicate? Are staff trained to receive patients who are experiencing symptoms of psychosis? Are staff who experience violence provided with the tools that they need to heal and to reduce their risks of post-traumatic stress injuries?

I urge the committee not to identify people having what is usually the worst day of their lives as the problem, and I urge the committee not to think that increasing punishment will get mentally ill people to stop being mentally ill. I also urge the committee to not be misled: if this bill becomes law it will be used to justify jailing mentally ill people who need medical attention and psychiatric help. More people will

wait in jail for their opportunity to receive treatment at the State Hospital, and more people will get their health care and mental health needs met by the most expensive provider in the State: the Department of Corrections.

I urge the committee to vote no on this bill.