

Chair Bynum, Vice Chair Noble, Vice Chair Power and Committee members,

Thank you for hearing my testimony regarding my support on HB 4142 on February 8, 2022. I have added some additional thoughts in this written testimony.

I have been a critical care and emergency nurse for my entire 18-year career as a nurse. I can attest to the statistics that violence is growing in healthcare as I have researched Workplace violence since 2005 and have implemented over 100 interventions in OHSU ED to decrease violence. We have been successful in decreasing nurse, physician and nursing assistant injury and patient episodes of self-harm and dysregulation through these efforts.

However, we are unable to remove all violence from our environment. The fact remains that nurses are assaulted 3-5 more times than any other industry including police officers, public transit workers, and highway flaggers. Despite our efforts on workplace violence and having adequate staffing, at OHSU ED between 2019 and the end of January 2022, 190 assaults with injury occurred. Having my team trained on de-escalation and trauma informed care did not eliminate harm.

When we are assaulted, we should have a means to protect someone else from being assaulted again in the future. There should be a consequence for inflicting intentional harm on someone who is caring for you. However, in my experience, assault cases against healthcare workers are rarely prosecuted and there is often no consequence for the assailant with the current law. When you leave the crimes of those who intend to hurt others a misdemeanor, you might as well be telling the public (and us as healthcare providers) that we should expect to be injured on the job- that we signed up for it by wanting to help and heal others.

My team and I could tell you hundreds of stories about being injured while attempting to provide care. I provided two such examples in my public testimony which are in italics below:

*Last April one of my staff members was punched in the face by a patient without warning while they were providing care. The team member was nearly knocked out as they fell against the opposite wall hitting the back of their head and falling to the floor. The victim became a patient among their peers. They received an extensive workup in the ER and lost time from work due to a concussion. They pressed charges but never heard back about the case.*

*In another instance, a pregnant nurse in our department was kicked in the stomach by a patient while attempting to get their vital signs. She also pressed charges, but found out later the case was not pursued.*

*I would like to note that neither of the stories I shared were the assailants were being seen for a mental health complaint, nor did they have a history of mental illness.*

Opponents of HB4142 have made a blanket statement that if it passes mental health will be criminalized. I disagree. How does adding protection to a healthcare worker who is trained to handle mental health emergencies more criminalizing than affording the same right to a highway worker, a police officer, or a public transit worker? I believe that we are more empathetic to the concerns of those with mental illness. I have already seen how nurses and physicians have declined to press charges because a patient did not have decision making capacity. I have also seen how prosecutors can choose

not to prosecute someone who's mental illness has influenced their actions in a very severe case of patient on nurse abuse that resulted in lifetime injuries and would have been a felony.

I don't want to criminalize mental health. In fact, I am a mental health advocate. I would not support this bill if I thought it would disproportionately impact the mentally ill. As someone who has a long familiar history of mental illness, I am sensitive that intent must be considered in these situations.

Will some folks with mental illness be charged with assault? Yes, I believe so, but to be honest only 17% of people never experience a diagnosable mental health condition in their lifetime. Does that mean that the other 83% are not copiable of an intentional crime because of a mental health disorder? Of course not. There is a spectrum of mental illness. There are some people who hurt others while manic, schizophrenic, in crisis or suffering severe delirium just to name some instances. These people are ill and should not be prosecuted for injuring someone when they are unable to make a rational decision. On that I think we can all agree. This is where intent comes in and HB 4142 clearly provides a provision for intent.

Here is one more story: a physician I worked with left our hospital for other work after being nearly strangled by a patient. The physician had refused to refill narcotics for a patient with a substance abuse disorder. When the physician turned around to leave the room the patient attempted to strangle the doctor. This patient could be said to have a mental condition, after all a substance abuse history is in the realm of mental illness. However, this patient was able to make decisions, was able to weigh the consequence of that decision and decided to try to harm the doctor via choking. Is it right that this doctor had no recourse to take? And yet in the same circumstances a police officer, a highway worker or a taxi-cab driver could have filed for assault in the third degree.

Let's be honest- we need to do more for the mentally ill and disenfranchised members of our communities. We need more services, more oversight and better systems. Opposing HB 4142 does not accomplish that nor does it provide the resources to help folks get well. It just further alienates healthcare workers who are working long hours in stressful conditions by asking them to accept getting punched, kicked or strangled at work.

I urge you to support House Bill 4142 in doing so you are sending your support to the healthcare workers who have put their lives on the line every day since COVID-19 started. Even after COVID has ended, they will show up to care for those in our community. Because that is what we do, we care for others.

Please show us that you care about us too. Let us know once and for all that violence and assault are not just part of the job for our teams. Support HB 4142 and encourage your colleagues to do so as well.

Thank you very much for your time.

A handwritten signature in black ink, appearing to read "Desiree M McCue". The signature is fluid and cursive, with the first name being the most prominent.

Desiree M McCue, MBA, BSN, RN, CEN, CENP

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