

March 17, 2023

Chair Patterson, Vice-Chair Hayden, and Members of the Senate Committee on Health Care

My name is Lynelle Wilcox. I've served people experiencing homelessness since 2018 - initially as a warming center volunteer, at many events, in Salem's annual discrimination survey, and now also in my job at SafeSleep United - United Way's overnight, low barrier, women's shelter. I strongly support SB 1076.

In my volunteer and work experiences, we've seen people experiencing homelessness discharged from hospitals to street corners and parking lots in the dead of winter, wearing just paper clothing. Some people are released to the streets after surgeries or amputations with wound care needs that are not possible to do in an unsheltered environment. One man was released in his wheelchair at midnight, still so sick that he could not wheel himself anywhere, and he was not strong enough and mobile enough to use a toilet. At a warming center, we gave him a private corner, toilet paper, and a bucket.

I hope that these situations may be exceptions and not the rule, yet these situations are not humane and are far too common. Most recently, Melisa Blake received high quality care at Salem Hospital, and then was released from the hospital to ARCHES' parking lot where she was dying on cold asphalt in the freezing air. A warming center was open a mile away. ARCHES opening staff found Melisa and called 911 and stayed with her as she died - offering humanity that life and the world denied her. Melisa was only 34 years old.

Melisa's death reflects one of many hard, sad, and complicated losses, where multiple systems are failing people. Too often, being stable in the emergency room does not equate to also being stable in the elements. Many of those situations and deaths are predictable and preventable. Senate Bill 1076 won't stop all homeless deaths in Oregon, yet it offers paths for us to do better by requiring individual discharge plans and written documentation of the discharge destination, providing some resources and supports, and meeting some basic human needs prior to discharging patients who are experiencing homelessness. In doing that, Senate Bill 1076 WILL save some lives.

Perspectives that the federal **Emergency Medical Treatment & Labor Act** (EMTALA) already requires emergency departments to keep patients in the ER until patients are stabilized, and have a safe place to go do not reflect the reality that many people experiencing homelessness **are** being released with nowhere safe to go, with declining stability, and no way to meet follow up care needs.

Concerns that bill requirements turn emergency departments into social service providers are understandable. Yet if we ever had the luxury to just maintain the status quo, we no longer have that luxury - homelessness is at a level of being a humanitarian crisis and a state of emergency. Service providers have a shared responsibility to do more and to do better. Senate Bill 1076 is a path towards saving more lives, and doing better.

Concerns about the cost of creating and implementing these common sense and simple policies are understandable. Yet hospital tax exemptions and Medicaid reimbursements reflect just some of the income that can be purposed to align with our collective moral imperative to do better.

Senate Bill's Staff Measure Summary shares that Oregon law (ORS 441.054) **already** *"Requires hospitals to adopt and implement policies for discharging patients who are hospitalized for mental health treatment. This includes care coordination and assessment of long-term needs, including the patient's capacity for self-care and need for community-based services. These discharge provisions apply when patients are hospitalized for behavioral health care, but do not specifically apply to homeless patients who are hospitalized for other health conditions. Senate Bill 1076 requires hospitals to have a discharge planning policy and process for homeless patients and to create an individualized discharge plan for each homeless patient."*

With Oregon law already requiring similar common sense and more humane policies for discharging patients who are struggling with mental health, we even have a precedent for doing better in serving patients experiencing homelessness.

The workload will be higher, yet this humanitarian crisis and state of emergency call on all of us to do more, and to do better. Hospitals found a way to do better with one population. Senate Bill extends the dignity, equity, and aspects of justice

that are required for patients experiencing mental health challenges to also apply to people experiencing homelessness.

Senate Bill 1076 is an opportunity for hospitals and all relevant service providers to work together, to create partnerships to help with the workload. We're in this together, and by what we choose here, we reflect what kind of a world we want to live in.

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What I haven't shared yet is that I knew Melisa. A week before Melisa died, a dear friend of mine had died. He'd become suddenly and unexpectedly sick, and declined quickly. He lives in Nevada, and his girlfriend created a Facebook group for sharing news, resources, support, and friendship across time and miles. We each prayed for a miracle, as the miracle failed to come, as we grew to know slices of each other.

I had not met his girlfriend, yet in the online conversations she shared their hopes, dreams, and plans and she shared their hopes, dreams, and plans lost. She shared about their love, and she shared stories of his last weeks and hours and moments. It's not fair and he was too young, and they had just found love this year, and we all expected to be able to hang out with him again sometime.

Instead, he died with care and comforts, warm and safe in her lovely home, in a hospital bed to make him comfortable, with his loved ones wrapping him in love, across time and miles.

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The very next week, Melisa died. I knew Melisa from working at warming shelters and from sometimes cooking and serving dinners at ARCHES, from Salem's annual discrimination survey, from volunteering at some homeless events, and from having many reasons to visit Arches often.

When I first met her, she was struggling with addiction. Over time, she shared proudly that she was clean. I have only a sliver of understanding how very hard it might be to be clean when there is so much to try to escape from, as you are living on the streets and camps, with so much weather, pain, risk, harm, and trauma as you navigate each day in survival mode, as people often treat you as if

you are invisible or vermin. Not seeing that you are really a warrior who is still standing, against all odds.

Melisa's a petite wisp of a girl whose life paths have not been easy. She's one of the people who sometimes slept under downtown awnings, because there's nowhere for her to be, and as human beings, we all need some shelter from the elements. She's someone who would smile as she said hello, even though her life's not giving her much to smile about.

On January 21<sup>st</sup>, she died in ARCHES' parking lot on cold asphalt in the freezing air. The life and death disparity hurts.

We must do better. Senate Bill 1076 is a start at doing better, and it will save some lives by extending dignity, health equity, and more justice to people experiencing homelessness.

Thank you for your work to create this more humane and necessary bill.

Respectfully,  
Lynelle