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Dear Members of the House Committee on Judiciary:

Thank you for allowing me to share my insights about the healthcare provided within Oregon's Department of Corrections and the necessity of adopting HB 2890, which will require the Department of Corrections to adopt community standards of care for the Adults in Custody (AIC), support the work of the DOC Ombudsperson, and ensure all AICs have meaningful access to personal electronic devices for uses including, communicating with family and legal counsel.

My name is Mark Baskerville. I am a critical care physician at OHSU and Johns Hopkins. Since April 2020, I have served as a medical consultant for over 30 attorneys with the COVID Habeas Task Force. In that role, I have interviewed over 200 adults in custody and reviewed their medical records. Many of these individuals had comorbidities that made them particularly vulnerable to severe illness and complications from COVID-19.

Over these last three years, I have found myself functioning as an ombudsman of sorts for many of the adults in custody. Through written and oral testimony, I have advocated for their protection during the pandemic, while trying to improve their healthcare. Aside from the threats of COVID-19, many had serious medical conditions that were either mismanaged or inadequately treated.

To be frank, I found the medical care across all of the prisons to be inconsistent, haphazard, and at times, negligent. In fact, Oregon judges have found deliberate indifference on the part of ODOC medical providers with some of the cases that proceeded to trial. This is a high bar consistent with gross negligence or reckless disregard to the welfare of the individuals.

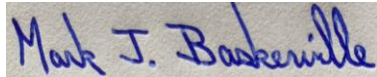
As such, there is a glaring unmet need for ensuring a community-standard and constitutionally-required medical care for our adults in custody and a sustainable

advocacy for their medical needs and preventative healthcare. They deserve the same quality of healthcare and standard of medical care as my patients at OHSU. Moreover, HB 2890 will ensure the coordination and continuation of their care during incarceration, as well as, transition upon admission and discharge.

It is these transition periods that individuals are the most vulnerable. Many suffer from inadequately- treated opioid addiction and are at high-risk for relapse and death. They deserve a seamless transition into community with the necessary safety-nets in place. It does no good to protect AICs from COVID-19, just to have them die from a heroin overdose. Sadly, this is exactly what happened to many AICs that I advocated for last three years.

As in the words Fyodor Dostoevsky, “the degree of civilization in a society can be judged by entering its prisons.” The same can be said for their healthcare. Please support this bill. Without a doubt, it will save lives. I would be delighted to answer any questions or expand upon my experience and observations.

Kind regards,

A handwritten signature in blue ink that reads "Mark J. Baskerville". The signature is written in a cursive style and is set against a light-colored, textured background.

Mark J. Baskerville, MD