

February 6, 2026

To: Oregon State Legislative Assembly

Re: Opposition to SB1573 – Impacts on Rural Public Health

To Whom it May Concern,

Although I work for a nonprofit and prevention services, I am writing today as a community member of a small and rural town known as Brookings Oregon, In the time I've worked for nonprofit/health care services I have witnessed and partaken in the growth and advantages of harm reduction and syringes exchange access in small communities such as Brookings, Gold beach, and Port orford all small and rural communities on the Oregon coast that have limited resources and opportunities for health care that are within reach.

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In rural areas options are limited and as a community member who was born and raised here even as someone who is housed, It is an obstacle to get adequate health care services that are less than 200 miles away, Mobile or temporary syringe exchanges are a necessity and often are the only option for the at-risk populations in these communities.

Setting a 2,000 ft radius around every school and daycare center could push services out of existence in what is already a very limited and remote area on the Oregon coast, Making it inaccessible to a group of people who lack transportation and resources in the first place, Thus cutting off a population of human beings who need syringes exchanges that provide clean supplies that help reduce the risk of infection, spreading of disease, and ultimately removing the chance to engage people in the direction of recovery, safety, and healing.

Futhermore, Brookings, Gold beach, and Port orford aren't over 10 miles long combined, it seems an unfair burden to hold syringe exchanges liable for any paraphernalia found anywhere in town, whether from a local syringe exchange or not it seems unjust to fine already underfunded programs that are just trying to help vulnerable and at-risk communities that need access to syringe exchange services.

SB 1573 risks removing access to HIV/HCV prevention, as well as removing access to safe disposal, support, and ultimately removing the chance to interact with an at-risk population who could be saved millions in treatment by the preventative care we provide as a syringe exchange.

I hear and understand the concern in wanting to keep the community, neighborhoods, and children safe, But I fear in removing access to syringe exchanges would increase the chances of harming the communities we all want to be safe. I have seen the good in what syringes exchanges have to offer in terms of reducing exposure and improved the health and safety for the community and clients who partake in services.

Respectfully,

Margo Perry Pereira

Margo Perry-Pereira