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INCARCERATED OREGONIANS WILL DIE IN PRISON NEEDLESSLY DUE TO FAILURE TO PASS COMPASSIONATE RELEASE REFORM

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PORTLAND, Ore. - Advocates alarmed by Oregon's failing system for compassionate release from prison of severely and terminally ill people are drawing attention to the serious consequences that will inevitably follow the Legislature's failure to pass much-needed reforms. Senate Bill 520 (Chief Sponsor Sen. Michael Dembrow, D-Portland) would have allowed medical professionals to weigh in on the decision about whether to release an applicant for compassionate release while making the process clearer and more transparent.

Oregon has one of the oldest prison populations in the country, [according to research by Pew](#). In addition, constant stress, poor nutrition, and the overall environment of prison life are physiologically aging. Adults in the custody of Oregon's Department of Corrections during their end of life stage may be bedridden, rarely awake or lucid, and/or experience barriers to visitation by family and friends. ODOC has acknowledged the high cost burden of providing care to these individuals who are not eligible while incarcerated for programs such as Medicare. [A joint legislative task force report last September recommended compassionate release reform as a way of saving money to improve healthcare in prison.](#)

Oregon's present system for compassionate release has been criticized for being slow-moving, byzantine, and for having no guarantee of input from qualified health professionals on the Parole Board's release decision. In fact, from 2013 to 2020, more people died awaiting a decision on release than were actually released. Only 7% of applicants were able to complete the process and were granted release over that period.

[Senate Bill 520 was introduced in the 2023 legislative session.](#) The bill would establish an independent Medical Release Advisory Committee (MRAC) within the Board of Parole, comprising 5 to 13 licensed medical professionals appointed by the governor. The MRAC would review compassionate release applications and make release recommendations solely from a medical and public health perspective. A release navigator would assist Adults in Custody with planning for reentry and ensuring continuity of care in the community. If the MRAC recommends release, the applicant would have counsel appointed to assist them with the release court and Board of Parole's review. The sentencing court and the Board of Parole would then either affirm or deny the application for release.

“The harsh truth is: people will die in prison who need not have done so because of the Legislature’s failure to pass SB 520,” said Zach Winston, Policy Director for the Oregon Justice Resource Center. “This is about the basic humanity of whether we want to continue to be a state that allows seriously ill people who pose no threat to anyone to endure their final days incarcerated, separated from family. On top of that, we’re currently missing out on millions of dollars in savings projected to come from the reforms which would ease the burden on state taxpayers.”

“After a visit to the Oregon State Penitentiary to observe its infirmary and hospice program, I realized that Oregon’s prisons are not able to provide adequate end-of-life care or care for those who cannot look after themselves,” said Dr. Theodora Tsongas, an environmental health scientist with a focus on public health. “Despite the best efforts of staff and the volunteer efforts of other adults in custody, prison will never be an appropriate environment for someone who is seriously or terminally ill. The difficulties of providing adequate care for aging and ill adults in custody raise the question of justice and the need to continue incarceration. What is the point of keeping a person in prison who is unable to function and is not a threat to society? In what sense can this be called rehabilitation?”

“The failure to pass SB 520 to reform early compassionate release is tragic and disappointing – tragic for the incarcerated who will die in prison without the support and care of their families, disappointing for Oregonians who will unnecessarily continue to pay for end-of-life care,” said Ann Turner, retired primary care physician and member of Oregon Physicians for Social Responsibility. “As a state, we are failing in compassion for incarcerated Oregonians at the end of their lives.”

“Health equity is a right due to all people regardless of their immigration, carceral, class status and race, gender, age, disability, and location,” said Esther Kim, Co-Director of Advocacy and Policy for the Oregon Health Equity Alliance. “Access to health equity should not be contingent on identity, privilege, or leveraged as a reward based on behavior or wellness. The failure of SB 520’s passage shows the state of Oregon’s commitment to upholding white supremacy, anti-blackness, and anti-Indigeneity. US prison and carceral systems can never be divorced from their chattel slavery roots. The only exception to the 13th Amendment (abolishment of slavery) is as punishment for crime. Rather than focusing on punishment and imprisonment that further causes unnecessary and inhumane suffering, we will continue to shift our attention and energy to strategies of compassion and care for all Oregonians.”

Advocates say they’re determined to fight on to reform Oregon’s compassionate release system and will now regroup to plan for their next steps.

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