

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

Hello, my name is Kevin Holloway, I'm a Street Outreach RN for Northwest Human Services. Having worked in the emergency department, on hospital floors, in clinics, and on the street, I have a unique perspective on this issue. I am writing to share my support for Senate Bill 1076.

As an Outreach Nurse, I help clients who are homeless navigate the health care system and try to help explain or justify the decisions of their health providers. An ED visit might represent months of work on the part of myself and other outreach teams keeping a close eye on a client and building rapport. My patients trust me when I tell them that they need to go to the hospital and they will be taken care of, but that trust is destroyed when my patients end up right back on the street hours later.

I've had a patient seen for severe frostbite discharged to a muddy trailhead in the middle of the night with no way to get back to his camp. I've found a patient in an alleyway soaking wet, overloaded with fluid, with urine running into his open wounds the morning after a hospital visit. I've had a man with dementia discharged to the street three times in one month while he had a home to go to and a whole team of people looking for him.

In many cases, these patients die weeks, days, or sometimes hours after leaving the hospital from the same condition they went in for. When that happens, I can't explain or justify it--it's just inhumane. It makes a liar out of me when I tell them that they should trust the system to take care of them; it erodes my own faith in the system.

I don't blame hospital staff for these terrible results, I know they are good people, but a broken system will beat a good person every time. I know because I've been that person. I don't expect ED doctors and nurses to provide wrap-around social services to every unsheltered person that comes in, that's not their job. It's also not the job of shelter staff, outreach workers, and volunteers to provide health care in the field but that is what is happening. They are administering medication, doing wound care, dealing with incontinence, and trying to manage complex medical conditions with none of the requisite training or resources... and every week they are coming to work and finding people they care for deceased on their doorstep.

I know this bill does not address the biggest gaps in our health care and social safety nets—we still need safe facilities where we can discharge the most fragile unsheltered patients: low barrier respite beds with nursing staff capable of providing basic care. However, we still need to make systemic changes to how we approach treating and discharging unsheltered people and we need to form new partnerships that can improve connection to social services, prevent recurrent hospital visits, and save lives. Unfortunately, I do not think that will happen without legislation, so I strongly support SB 1076.

Respectfully,

Kevin Holloway, RN