

Members of the Committee:

I submit this statement as you consider investments to improve the outcomes for Oregonians affected by the fires in southern Oregon last summer. I urge you to give full and positive consideration to the health, mental health and substance abuse needs of many of the most vulnerable among us who were impacted by devastating losses both human and material as a result of the fires and magnified by the impacts, isolation and losses associated with COVID 19.

I write this brief statement after 40 years in the addiction treatment field and 35 years as a practicing psychologist. My interest is in the poor and their differential response to experiencing disasters. It is the population that is dependent on the publicly funded mental health, public health and addiction treatment systems. Of course because of Covid and the fires many Southern Oregonians doing well found themselves spiraling into poverty through no fault of their own. This is a stark reminder that this change of status from homed to homeless, from gainfully employed to unemployed, from well to ill, from food secure to insecure etc. can happen to any of us at any moment. The poor often live in fragile housing and economic situations which result in their having difficulty getting the resources together they need to help them deal with post disaster issues.

As has been said, addiction is a disease that hijacks the brain. Therefore, the coping strategies of those new in recovery or those with active addiction or mental health issues are often limited. Where one without substance abuse issues for example may prioritize food, water and shelter, it may be vastly different than those with these issues who become overwhelmed and hopeless and therefore drugs may become their priority. There are many untreated addicts around us for many reasons but among the most common is the lack of access to the overburdened public systems they need to assist them in following a more successful life journey. Particularly following disasters such as Covid and the fires many became displaced or lost someone they love. These are issues the strongest of us have difficulty coping with.

People in recovery or addictive addiction and/or those battling mental illness who experience a disaster like fires or Covid need to have support systems which are available to them when they need them. Being placed on wait lists is useless.

What I have observed is that survivors of the fires and/or Covid were often unable to access their usual treatment and other services for substance abuse, mental health and health. Calls came in to my office on a daily basis from people in crisis who were suffering the inevitable grief and loss associated with being displaced and losing everything who were asking, no, begging, for help. People whose family members had lost the battle with Covid. People scared and worried about what they might do, where they might turn for help. People who did not know where they and their families might stay, what they might eat, how they could get anywhere to look for help with cars that had burned to nothing more than empty shells and on and on. How

does one start all over again, especially the elderly? My colleagues report the same experiences. No financial questions were asked of them, but capacity drove the problem. People begging said no one was taking new patients at least not in that moment. People who felt they could not wait were squeezed in to our overburdened schedules. What I learned is that a single practitioner can be a help, but cannot do it alone. We need systems armed with the resources necessary to address the broad and real material and emotional needs of those in phase 2 of disasters. Phase 1 being survival; phase 2 being dealing with the aftermath and helping it be less tragic. We must have systems available to help them through the disbelief, stress, anxiety and grief and see a path forward, we just must.

Let us not exchange one critical issue for another. Let us instead invest in a robust strategy to improve the lives of Oregonians when they suffer from mental health, addictions and other associated human afflictions, so that people experiencing devastating losses such as those caused by the fires and the pandemic will have existing programs ready to step up. These services are the most cost effective and humane response to these tragedies.

Respectfully

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