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## **Testimony by David W. Oaks, Chair of Subcommittee for Voice & Inclusion, Opposing SB187**

To State Senator Floyd Prozanski and the Senate Judiciary Committee

I chair Senator Prozanski's Subcommittee for Voice & Inclusion of Oregonians with Lived Experience of the Mental Health System. While I very much appreciate Floyd adding me to his Work Group, and supporting our Subcommittee: Our Subcommittee emphatically opposes SB187. We are part of Senator Prozanski's Work Group on mental health

decriminalization, co-chaired by Judge Pat Wolke. Please note that our entire Work Group has never addressed either of these two bills, SB187 & SB189. I have emailed the whole Work Group twice for more than a month, and no one except Judge Wolke has stated, via our Work Group meetings or email, support for these two bills.

This is my 45th year working for the human rights of people with disabilities. Our disability movement has a key slogan that for years has been used internationally: ***Nothing About Us Without Us!*** Let me emphasize that State Senator Prozanski's Work Group has never endorsed nor even discussed these two bills. Our Subcommittee in the Work Group is intended to provide a voice for Oregonians who have actually been through mental health care.

We are very concerned and opposed to SB187 for the following reasons:

## **2021 Concerns by Subcommittee for Voice/Inclusion of Oregonians with Lived Experience in the Mental Health System**

### **Senate Bill (SB) 187, Defines “danger to self or others.”**

We are concerned about the attempt to define “danger” in this bill. SB187 is an unnecessary and ill-informed attempt to legislate support for individuals experiencing mental health challenges, whether the support is helpful or not. The concepts central to SB187 are “dangerousness” and requiring individuals to accept existing services.

SB187 uses unscientific definitions of dangerousness and harm;

SB187 ignores the ineffectiveness of forcing individuals to accept services;

SB187 does not account for what existing services are actually available;

SB187 makes it easier for citizens to lose their civil rights and liberties;

Typical pharmaceutical treatments can have significant, even fatal, risks.

A reputable landmark study by the McArthur Foundation found that there is virtually no factual basis for most metrics designed to assess this type of

“danger”: <https://macarthur.virginia.edu/risk.html>

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Back in the 1970s, as a working class student on scholarships at Harvard, I experienced five psychiatric institutionalizations. As is far too common, I experienced coerced and even forcibly injected psychiatric drugs. This trauma very negatively affected me. Thankfully, a Harvard volunteer agency placed me as a community organizer for human rights in mental health. I graduated with honors in 1977. Coercion in the mental health system is very problematic, as we can see from these two flawed bills.

I wrote an email to our Work Group Chair, Judge Pat Wolke asking about his testimony before the State Senate Judiciary. I asked, “Will you be sure to say clearly that you speak for yourself and not the Work Group? We have a slogan in the disability movement, ‘Nothing about us without us.’ As you know, the Work Group was never consulted about the actual bills, and we were never even informed about the hearing Monday.”

Unfortunately, even though I very much respect Judge Wolke, during his testimony there is an implication of support by the Work Group for SB187. To repeat: This bill was never brought before our Work Group!

When our Subcommittee on lived experience met by Zoom with Judge Wolke, we had a civil discussion of our significant disagreements. I was disappointed to hear that after all these years working on these issues, Judge Wolke had never even heard of the main academic study on predicting *dangerousness* by the McArthur Foundation, referenced above.

During the testimony on Monday, 15 March, before the Senate Judiciary Committee about SB187, we heard from several members of NAMI. While I am sure each is very caring and supportive of their loved ones, a few notes: First, a large portion of NAMI's budget comes from the pharmaceutical industry. Family members I know who criticize mental health care do not have the expensive microphone that the pharmaceutical industry has gifted to NAMI. Second, please note that we heard from moms, but not from any of their adult children. Let us hear from folks with direct lived experience.

During my spoken testimony, I mentioned that two of the individuals on our Subcommittee regarding lived experience had given testimony against a similar bill in a similar hearing a couple of years ago. Both expressed that

they felt marginalized, silenced, and discounted. It looks like things have improved, and I hope those who heard us truly hear the voice of lived experience and oppose the bill.

I am sure that many family members wrestle with extreme and overwhelming complex issues involving mental and emotional distress. But there ought to be curiosity about the message from those with lived experience and our allies. One of the individuals invited onto our Work Group is not an Oregonian, a representative of a group that has promoted involuntary treatment. Please note that while it is rare, we have surfaced two documented cases in Minnesota where involuntary outpatient treatment has included court-ordered electroshock, ECT. The late board member Fred Frese of the nonprofit promoting involuntary treatment was a friend of mine. Fred disclosed to me he once almost had involuntary electroshock. He said that the nonprofit that he served on the board for, almost endorsed coerced shock but he emphatically opposed it.

While involuntary electroshock on an outpatient basis may be a rarity, it does exist. Until issues like this are exposed and addressed, how can bills like SB187 even be discussed? There is an immense belief in traditional

mainstream mental health. I am pro-choice. However, evidence-based mental health science is showing that long-term psychiatric drugs can be harmful, and there are alternatives available that can be more helpful.

Please hear from those with lived experience and our allies to address the myriad issues involved with Oregonians with severe mental and emotional problems. Please oppose such simplistic, outmoded, harmful approaches as SB187.

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