



In Memory of Ivory McCuen, 1990-2021

**David W. Oaks, Revolutionary Consultant
Ačiū! Institute, LLC
PO Box 23222
Eugene, OR 97402 USA
541-914-1469**

revolution@aciu.info www.aciu.info

16 March 2021

**Testimony by David W. Oaks,
Chair of Subcommittee for Voice &
Inclusion, Opposing SB 189**

To State Senator Floyd Prozanski and the Senate Judiciary Committee

Thank you, Sen. Prozanski, for this opportunity. Thank you to all that hear our words, representing Oregonians with lived experience of the mental health system. Sen. Prozanski, I appreciate your inviting me to join your

Work Group on Decriminalization. Please send a signal that you value our voice by saying No to SB189, and looking for a new way to change the mental health system.

I chair the Subcommittee for Voice & Inclusion of Oregonians with Lived Experience of the Mental Health System, as part of Senator Prozanski's Work Group on mental health decriminalization, co-chaired by Judge Pat Wolke. Our Subcommittee emphatically opposes SB189. Please note that our entire Work Group has never addressed this bill. I emailed the whole Work Group twice for over a month, and no one at that time except Judge Wolke stated support for this bill via our Work Group meetings or email.

As I testified yesterday and today, 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 Sen. Prozanski's Work Group never endorsed nor even discussed this bill. Our Subcommittee in the Work Group is intended to provide a voice for Oregonians who have actually been through mental health care.

Our subcommittee is very concerned and opposed to SB189 for the following reasons:

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

Senate Bill (SB) 189, Trial visit expansion

We are concerned about the increase in coercion of mental health consumers in outpatient situations in Oregon. This bill mandates more outpatient care, though leaves the terms of this care undefined.

We are concerned about requiring certain types of mental health care without providing basic needs for consumers. SB189 attempts to prioritize certain services within an under-resourced system. This bill ignores the lack of community services necessary at a time of crisis, and the lack of accessible services in general. Requiring that trial visits must include outpatient care means treating every patient the same with a “cookie cutter approach.” It does not make sense to require outpatient care if, for example, housing assistance is not available. While finding housing may be listed as a “goal” for the consumer in the bill, the bill does not provide those services as such.

As I testified yesterday on opposing SB187, as a working class student in the 1970's on scholarships at Harvard, I experienced five psychiatric institutionalizations, and mental health system coercion. I knew there must be a better way, and for my whole life since then I have worked with folks in the grassroots about alternatives to such coercion. SB189 would increase mental health system coercion. Let us use this opportunity to examine and build these choices for Oregonians and our families.

Speaking for myself, I highly recommend Sen. Floyd Prozanski, that you start a new Work Group on Mental Health Decriminalization.

First, please note that we in our field now try to avoid using the term "mentally ill." This is not about political correctness, if someone wishes to refer to themselves that way that is their choice. However, because the medical model tends to dominate the current mental health system in such an unfair way, let us try to find language that is more inclusive of a wide variety of perspectives. I wrote an essay that became popular on this topic, and you can find it here: <https://mindfreedom.org/kb/not-mentally-ill/>

Second, as I have stated previously, I very much appreciate the civil and positive way that Judge Pat Wolke has engaged in disagreement with us. However, from my testimony yesterday and today, I hope you can see there is a need for a new chair of this proposed Work Group. I have someone in mind who has expressed openness to this, and he has a great deal of experience as a state-wide mental health administrator as well as someone with lived experience. I hope Senator Prozanski will be open to a new Work Group on Mental Health Decriminalization with this new chair. While the forty individuals who made up the past Work Group are appreciated, most of their email addresses showed that they work for government agencies. Let us find true expressions of the grassroots, not just the grass-tips. Let us have widespread representation of Oregonians with lived experience of the mental health system.

Further, I would like to express that this is not just a debate about theory, lives are at stake. A few blocks from our southwest Eugene home, less than two months ago, a peer and mental health consumer, Ivory McCuen, 30, died homeless of exposure. Her image is at the top of this testimony. Ivory deserved a great deal more than simply coercion. Ivory deserved peer support, respite, good counseling, a home, and just plain warmth.

While any needless death is a tragedy, according to Ivory's sister, Breezy, a post-mortem toxicology report showed zero substances. Ivory needed warmth and support. There are more complex issues involved than simply legislating more coercion.

Yesterday, I spoke again with Breezy about her dear sister. Please note that over the decades, when an individual diagnosed with mental health difficulties is involved with a violent act (such as suicide or assault), the opponents of our social change movement have often exploited these instances. For example, our opponents have often argued that if only the law allowed more involuntary psychiatric drugging, the individual would have chosen more healthy behaviors.

By a sad coincidence, a few days after the death of Ivory McCuen, January 24, 2021, a new and hopeful model opened up in Eugene which may have saved Ivory's life if she had been able to use it. This "Housing First" model is getting great results in many other cities. In Eugene, this "Housing First" has more than 50 units of housing, that will always stay open and welcome folks back despite any mental health diagnoses and any behavior, except very extreme problems such as sex abuse and meth-manufacturing. Of

course, other services are also offered, but one can easily imagine that if Ivory had access to a home and warmth that fateful night she would have lived. Ivory, according to her sister Breezy, aspired to become a mental health counselor and intended to study mental health. Ivory wanted to be a peer mental health counselor. Please hear the words of folks in our community, and perhaps future Ivories will support others in need.

Please note that there is a widespread acceptance of psychiatric drugs as somehow “miracles.” I am pro-choice about taking psychiatric drugs, as long as a person knows about the hazards and has a range of alternatives available. However, based on discussions with Judge Wolke, he and others hold, in my opinion, an exaggerated belief in the efficacy of psychiatric drugs. Judge Wolke has referred to individuals who appeared before as like “animals” and told our Subcommittee that after being administered drugs, these individuals became coherent. But what is the long-term, sustainable plan? People diagnosed with serious persistent mental illnesses often have a far shorter than average lifespan. It’s possible if I had been maintained on decades of powerful neuroleptic antipsychotic drugs, as I was told then, perhaps I’d have brain damage, permanent twitching (called tardive

dyskinesia), or be dead. A huge range of alternatives benefitted me after a diagnosis of psychosis and bipolar.

There is another special hazard from long-term use of psychiatric drugs such as antipsychotics. After a period of time, a “super sensitivity” can develop. After taking the drugs for a while, the brain adapts, and then attempting to quit can be more difficult. There are studies that the best long-term outcome is found among those who manage to quit psychiatric drugs. We ought to be looking into non-drug alternatives beyond coercion.

Portland, Oregon is now the home of a nonprofit that organizes the main gathering, now by Zoom, of US mental health consumers and psychiatric survivors. This conference, *Peerpocalypse*, involves hundreds of us, mainly promoting peer mutual support alternatives. In my estimation, today there are thousands of previously-considered-unemployable Americans with psychiatric diagnoses, who are now employed as peer support specialists, mutual support group leaders, public educators, and advocates. Allies, family members, and mental health professionals, in my opinion, ought to be pounding on the doors of such nonprofits to learn more about

alternatives. As a start, I highly recommend individuals find the website “Mad In America” which explores rethinking the mental health system.

Finally, this bill is about coercion of individuals like myself who are diagnosed with psychiatric disorders. I will note that scientists say that the general population is harming nature and not doing enough to address the climate crisis. Certainly, there are damages and risks from the climate crisis. But in my opinion the worst is that in the long run many tipping points may be tripped, leading to a cascade of chaos and feedback effects that may actually endanger the future of civilization, and perhaps life itself.

It is time to hear from marginalized groups that have something to contribute to our collective wisdom about what I call “green disability,” which includes the way humanity is seemingly engaged in self-destruction.

Please hear the voice of the disempowered, and reject SB189, let us work on new approaches together. Oregon deserves better.

More information on Subcommittee & to get on our email news list:

revolution@aciu.info