

To the Members of the House Committee on Judiciary:

I am writing to strongly oppose HB 2467, which would make it easier for judges to decide to involuntarily commit someone based on a vague definition of dangerousness to self or others, a prediction of future harm to self or others, and the recommendation of a family member, friend, or neighbor without the advice of an appropriate behavioral health professional. I am writing as an individual and private citizen, but I am a professional peer provider working in the behavioral healthcare field, and I have been an active member of behavioral healthcare advisory groups and advocacy coalitions on the local and state level.

I am someone who has lived with mental health challenges for much of my life. There have been many periods of crisis in my life, times when I was afraid and unsure whether I would make it through.

Additionally, I am someone who gives care and support to loved ones with mental health challenges. There have been times when I was afraid and unsure whether they would make it through.

In either situation, what I know to be true with every fiber of my being is that force, coercion, and violence would have only made it that much harder to find our ways back to stability, to find healing, and to hope for a better future.

It can be terrifying and heartbreaking when someone we love is suffering and unable to take care of themselves. The strain I have felt is unbearable at times. But my own discomfort, overwhelm, and panic is mine to deal with – and it should never be used to determine the course of another person's life.

To be very clear, this bill creates a punitive, carceral approach to conditions that could be prevented if our society got serious about addressing an issue that is often not substantially considered when it comes to behavioral health: wealth inequality.

A study by the American Journal of Public Health showed that poverty and lack of community greatly increase the risk of someone developing a mental health condition. A lack of access to affordable healthcare, education, and housing have more to do with our national and statewide mental health crisis than genetics, moral failings, or bad decisions.

Instead of spending \$32 million to civilly commitment 100 people for 180 days, we could use these funds for long-term healing and change that provides real support and a real chance at recovery.

- We need stronger community connections – such as peer drop-in centers and short-term respites.
- We need real support – financial, educational, and emotional – for families who have loved ones in crisis or with serious ongoing mental health issues.
- We need more affordable housing, so that people don't end up facing the trauma of living on the streets.
- We need educational programs that teach our kids how to care for their emotions and look out for one another.
- We need free healthcare for all, so no one ever has to make the choice between getting treatment or buying groceries.
- We need a variety of treatment options that include time in nature, community belonging, and activities that build self-empowerment – not just psychiatric medications or talk therapy.
- We need 24/7 urgent response teams who can respond to anyone experiencing a mental health crisis, staffed with mental health professionals and not cops.

These options would be far better ways for the state to spend its money.

Civil commitment is not a long-term solution. It offers the temporary illusion of safety only. People often come away from these experiences more damaged, traumatized, and disempowered. Making it easier to civilly commit someone, increasing the numbers of those in forced, involuntary treatment programs – all without having the funding, staff, or facilities to actually treat those people – it is irresponsible and immoral. It is also worth mentioning that people of color, particularly Black people, are disproportionately affected by civil commitment and face involuntary psychiatric incarceration at much higher rates than White people.

The rights of all people with disabilities are actively under attack in the current federal administration right now. I am sure there are those in Oregon government who also support these efforts to reduce our access to care, educational support, and the basic rights to live our lives. There are heads of federal agencies now promoting draconian ideas such as

prohibiting the use of psychiatric medications and forcing people with psychiatric, developmental or other disabilities to work on farms as a method of “treatment.”

If the state of Oregon passes this law, I am deeply concerned that this creates an easy pathway for locking up anyone who is seen as “unproductive,” disruptive to the status quo, or simply inconvenient to the state and its language of “efficiency.” Please, look at history: the disabled and “mentally ill” are some of the first people to be locked up, erased, and eradicated by authoritarian governments.

I am asking my fellow Oregonians and members of this committee to oppose these dangerous and ableist views, and instead show your support for disability rights, access, and justice.

I urge you to please vote no. Please oppose this bill, and instead look at real solutions that offer care, healing, and recovery for people with mental health conditions, their families, and caregivers. Please protect the most vulnerable by safeguarding their freedom and autonomy, and by demanding that they get the respect and support they need.

Sincerely,

Rhea Wolf

Portland, OR