

To: Oregon Legislative Assembly, 83rd Session
Re: **Opposition** to House Bill 2467 and NAMI Oregon's Dash-3
Strategic Concept of Institutionalization
Submitted by: Carolyn Sioux Green
Date: April 5, 2025

Dear Committee Members of the Oregon Legislature, thank you for your time.

INTRODUCTION-OPPOSITION to HOUSE BILL 2467

Would the Legislature be in favor of "Federalized Institutional Standards and Treatment Protocols"? It is vital we reform our institutionalization system and judicial system.

As an American citizen, a veteran who served active-duty on the beautiful southern Oregon Coast. I speak from lived experience. I strongly oppose House Bill 2467 and the NAMI Oregon's Dash-3 Strategic Concept on Institutionalization. This bill's fortune-telling approach undermines over 50 years of case law, research, and peer-reviewed articles for institutionalization regarding "dangerousness", to include presumption or predicting the future. It also skips ORS 426 and 166 safeguards.

NAMI claims its intent is to clarify, when, in fact, it is re-defining "danger to self," and "danger to others," and "basic personal needs," and "serious physical harm," in an effort to streamline institutionalization, which exacerbates the systemic problems. HB 2467 and NAMI's flawed proposal violates constitutional rights. This bill lacks safeguards against misdiagnosing physical conditions as mental illness, undermines equal protection under the First, Second, Sixth, and Fourteenth Amendments, and the American Disabilities Act (ADA). Then fails to address the long standing egregious systemic flaws in a payer-centered-profit-driven industry instead of patient-centered care.

CONSTITUTIONAL VIOLATIONS

I urge you to reject HB 2467's as it violates due process, equal protection, the American Disabilities Act (ADA), and bodily autonomy that perpetuates a coercive system where, "Both the prospective patient and the accused criminal are subjected to a coercive process buttressed by the power of state which may result in loss of liberty. The prospective patient, however, is afforded fewer procedural protections than we give the accused of crime."¹ HB 2467 violates Due Process under the Fourteenth Amendment, undermines equal protection under the First, Second, Sixth, and Fourteenth Amendments, and the American Disabilities Act (ADA). It *lowers* the threshold for involuntary civil commitment, best defined as "Institutionalization," without clear, imminent danger.

Under SECTION 1, It re-defines "danger to self" and "danger to others" as "likely to inflict significant physical harm within 30 days." 30-days in the future is based on vague statements or attempts judged by courts or clinicians from psychiatrist to interns to counselors who lack uniform qualifications. (emphasis). Individuals listed in SECTION 2(e)(A-H) are not uniformly qualified to adequately nor effectively diagnose physical conditions; physical injuries, metabolic disorders, neurological disorders, Parkinson's, tardive dyskinesia, akathisia, diabetes, Aphasia, or medication side-effects. It falls short of the "clear and convincing evidence" a standard required by *Addington v. Texas*, 441 U.S. 418 (1979), "civil commitment "must require that an individual be both *mentally ill* and dangerous for civil commitment to satisfy due process".

In *O'Connor v. Donaldson*, 422 U.S. 563, 576 (1975), the U.S. Supreme Court decided that "A State cannot constitutionally confine a nondangerous individual who is capable of surviving safely in freedom by himself or with the help of willing and responsible family members or friends..." HB 2467 and NAMI's harmful predictive framework lowers the legal standard for institutionalization. The speculative 30-day future forecast puts innocent citizens and people in crisis

1 at greater risks of being institutionalized. In *United States v. Carta*, 592 F.2d 180 (9th Cir. 1979),
2 mandates current evidence of risk, not future guesses.

3 **LIVED EXPERIENCE AS LEGAL EVIDENCE OF SYSTEMIC ABUSE**

4
5 In my horrific lived experience, a 72-hour evaluation turned into 300 court-ordered days due
6 to a groundless 14-day ex parte order—no legal counsel-only a box checker, denied my right to hire
7 my own attorney, no due process, insufficient service of process (no notice—I was not notified),
8 forced drugged beyond recognition—nearly to death, without any judicial determination. My case was
9 for an isolated incident described as “reckless” and “erratic” driving on private property. No priors,
10 clean driving record, no witnesses, no bystanders, and a clean background. I was physically injured
11 and two-days sleep deprived. “Predictive” driving was used against me eight (8) days later while in
12 the State’s custody illegally institutionalized at Providence St. Peter Hospital in Lacey, Washington.
13

14 I was abused with chemical restraints—“pharmaceutically raped”² as a form of punishment for
15 my non-compliance to ingest drugs—when I needed to see a doctor for my physical injury, not
16 psychiatry. In the landmark U.S. Supreme Court case *Vitek v. Jones*, 445 U.S. 480 (1980), the forced
17 administration of antipsychotic medication may not be used as a form of punishment. I endured 50
18 days of forced drugging without any judicial determination, no legal counsel, no due process for the
19 300 illegal days—that included 3-days at Western State Asylum. I was discharged drooling. I could
20 hardly write my name anymore.
21

22 The State failed to comply with judicial procedures and mandates, then circumvented the
23 judicial procedures skipping the Probable Cause Hearing—through a groundless ex parte 14-day that
24 removed due process and my legal right to be heard by a neutral party. The cost of the critical error
25 without oversight and no accountability? Twenty-three (23) years, 23 years to recover from forced
26 institutionalization that included torture in four-point-mechanical restraints. Heartbreaking.
27

1 In the landmark California Supreme Court case *Riese v. St. Mary Hospital* (9th Cir. 1989),
2 Absent a judicial determination of incompetence, antipsychotic drugs cannot be administered to
3 involuntarily committed mental patients in non-emergency situations without their informed consent.
4 I was “Competent” as the record stated. Competent is a legal term, not a medical term; therefore, it is
5 not a doctors right to determine, it is the Courts. I was repetitively was denied my right to refuse.
6 Forced injections of Haldol were double-and-a-half dose increased as a form of punishment. *Id.* In
7 *Washington v. Harper* 494, U.S. 210, 238, 244 (1990). “The liberties of citizens to resist the
8 administration of mind-altering drugs arise from our nation’s most basic values.” (Stevens, J.
9 dissenting). I reported my physical injury then was ignored. I had to ask for a walking-cane-for my
10 well-documented physical injury.
11

12 **HOW IS OREGON DIFFERENT?**

13 How is Oregon any different when it comes to these systemic problems eroding our U.S.
14 Constitutional rights, removing our freedoms? What makes Oregon immune to these systemic
15 problems? Does Oregon collect data on the outcomes? If so, what year did that start? Is there
16 accountability and oversight? HB 2467 fails to define “history”. History of three years? Five-years?
17 Twenty-five years? Adult back to juvenile for history? Does it take into account those victimized by
18 fraud and systemic problems that endured forced drugging and institutionalization?
19

20 **CURRENT & HISTORIC SYSTEMIC FAILURES LACED** 21 **WITH FRAUD INCREASING HARM**

22 Oregon must first mandate a neutral-party for legal representation. Interviews and physical
23 examinations must come first—current or past medications to rule out drug-induced symptoms. A
24 mandatory physical examination and interview must be required before any psychiatric intervention.
25 There is great harm being caused by not having a neutral party for legal counsel. The illusion sold to
26 the courts for “legal counsel” are merely box checkers. Most, if not all, of the legal counsel provided
27

1 by the state would fail the *Strickland Test*. See *Strickland v. Washington*, 466 U.S. 668, 104 S. Ct.
2 2052, 80 L. Ed. 2d 674 (1984); with the primary holding “The appropriate standard for ineffective
3 assistance of counsel requires both that the defense attorney was objectively deficient and that there
4 was a reasonable probability that a competent attorney would have led to a different outcome.”

5
6 “Stipulated agreements” without the consent of the respondent (the one being involuntarily
7 institutionalized). Stipulated agreements are not neutral. This is a weaponized process against the
8 accused. Then add an ex parte (when no emergency is present); e.g. my driving was on private
9 property, no bystanders, no witnesses, clean background. This was not in a public space where
10 people were present, no other cars, not in a shopping mall. It was private property. In *People v.*
11 *Triplett*, 144 Cal. App. 3d 283 (1983), insists on specific articulable facts not subjective opinions.

12
13 In fact, psychiatrically institutionalizing individuals has become such an epidemic that
14 investigative journalist Rob Wipond wrote a book, “Your Consent Is Not Required.”³ He noted on
15 page 261, “The most common reason given for treating people against their will is they ‘lack insight’
16 –they’re incapable of understanding their mental illness.”⁴ Who determines ‘insight’? Wipond
17 exposed the massive scale of blatant fraud for profit in “Your Consent is Not Required.” Hospitals
18 illegally extend holds to fill beds and collect [Medicaid] money, “patient exploitation”. In the Fraud
19 Division, the DOJ attorney described massive networks “involving kickbacks and bribes”. “People
20 are bought and sold like cattle... literally.” “Institutions and their psychiatrist and nurses working
21 together to routinely falsify records in assembly lines of fraud.”⁵

22
23 NAMI’s flawed framework empowers unqualified clinicians that include family and
24 marriage counselors to deem individuals “dangerous” based on presumption, not fact, entangling
25 citizens in an entrenched system that is based on payer-centered priorities not patient-centered-care.

1 This bill's reliance on "past behavior" and "patterns of deterioration" (ORS 426.130)
2 perpetuates punishment, not protection, violating due process and other constitutional violations.
3 Another reliable resource in this space is Heather Catello⁶, an investigative reporter educated on
4 these systemic problems. Another excellent source to educate the Legislature is "Involuntary
5 Commitment and Forced Psychiatric Drugging in the Trial Courts: Rights Violations as a Matter
6 of Course,"⁷ by Attorney, Jim Gottstein, author of "The Zyprexa Papers, "with lived experience.
7

8 Please educate yourselves, become more informed about BOTH SIDES within the systemic
9 problems. Respectfully, I highly recommend all Legislatures consider this required education prior
10 to voting on HB 2467. This bill is an unconstitutional expansion of Oregon States's powers to
11 institutionalize individuals, further entrenching the billion-dollar mental health industry's abuses
12 while failing to adhere to constitutional protections. Individuals in crisis need genuine medical care,
13 not harm. This bill does not account for the American Disabilities Act (ADA). If passed, this bill will
14 increase unjust institutionalizations, violate constitutional rights, and exacerbate the systemic
15 failures within civil commitment procedures that are deeply flawed across the United States of
16 America, and abroad.
17

18 **We need a standardized system to protect society and innocent individuals.** In addition,
19 more challenges to this bill, since I was not notified (defective service of process), I was in contempt
20 of court 18 years later with firearms. Think about that. I was selling and categorizing a retired U.S.
21 Air Forces armory, owning a firearm, and shooting on a Military base. The State was defective in
22 service of process that put me in contempt of court 18 years later due to the groundless 14-day ex
23 parte triggered the automatic prohibition of firearms. *Dusenbery v. Graves*, 468 F.2d 822 (9th Cir.
24 1972), demands notice and a chance to contest. HB 2467 and NAMI's Dash-3 expands disarming
25 (removes Second Amendment rights—without due process), removes procedural safeguards, and
26
27

1 places an undue burden on individuals seeking to restore their rights. Restoration of firearm rights
2 under HB 2467 demands a separate ORS 166.274 motion, a burdensome, time consuming, and a
3 costly financial hurdle that NAMI's concept ignores. Restoration of Firearm-Rights was costly and
4 at my expense. My case, from the state of Washington is solidly grounded and proven beyond a
5 reasonable doubt of fraud, perjury under oath in the courts, with falsified court and medical records,
6 with no accountability or oversight as of this filing.
7

8 **SECOND AMENDMENT VIOLATIONS**

9 HB 2467 also violates Second Amendment rights. *District of Columbia v. Heller*, 554 U.S.
10 570 (2008), affirms, "The operative clause's text and history demonstrate that it connotes an
11 individual right to keep and bear arms". In *N.Y. State Rifle & Pistol Ass'n v. Bruen*, 597 U.S. 1
12 (2022), requires historical tradition for restrictions. No Founding-era precedent justifies disarming
13 citizens for predictions or hospitalizations. (*United States v. Duarte*, 101 F.4th 657 (9th Cir. 2024)).
14 See ORS 426.130(3)(a)(D), which automatically bans firearms post-commitment without pre-
15 deprivation hearings, unlike ORS 166.274's felony restoration process, breaching due process under
16 *Mathews v. Eldridge*, 424 U.S. 319 (1976). See "Flipping the Coin in the Courtroom" as cited in
17 reference 1. Restoration via ORS 166.274—a costly, burdensome, and time consuming. Hurdles
18 NAMI's concept ignores. This is another financial burden on individuals and for the tax payers.
19
20

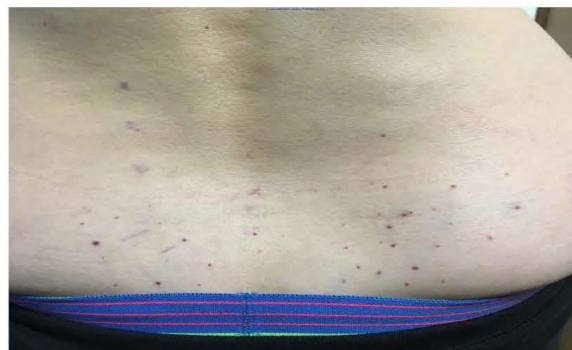
21 **UNQUALIFIED CLINICIANS & MISDIAGNOSIS**

22 As a matter of convenience, I was put in four-point-mechanical restraints (7-hours-50-mins)
23 without an interview or a physical examination, force injected drugs while in restraints, (on my
24 backside injury). It was an unqualified "social worker" lacking in education about physical
25 conditions, my backside physical injury, and with possible medication side-effects. I was unable to
26 sit still in the emergency room chairs due to my lower extremities' physical injuries—proving
27

system's epidemic abuses. Filling out paperwork after a 72-hour was signed then decided to bypass my constitutional rights with an ex parte. A physical injury does not equal psychiatry.

v. De Saussure (297 S.W.2d 81, 85, Tenn. Ct. App. 1956). See *Gibson v. United States* 781 F.2d 1334 (9th Cir. 1986).

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I. Prolotherapy, and Platelet-rich Plasma (PRP) treatments uses injections of a concentration of a patient's own platelets to accelerate the healing of injured tendons, ligaments, muscles and joints. A type of tissue regeneration. Very effective. Dr. Adam R. Geiger, a gold standard doctor, in private practice.



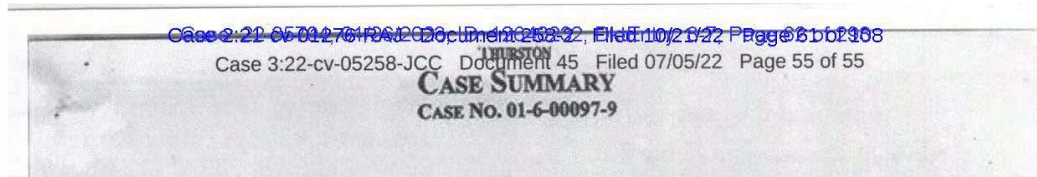
This photo is from years after her first official medical treatment started "begin sacroiliac prolotherapy treatments for iliac upslip." April 10, 2002. Effective treatments into 2023 due to drugs masking the injuries. Thankful to be here in one piece. (3-ER 547).

1 The forced injections of Haldol, yes, Haldol, for an isolated incident of driving, that I am still
2 suffering negative side-effects consequences 20+ years later. (e.g., indoors and outdoors) Sensitivity
3 to light. This photo shows visual damages, not extrapyramidal (EPS) that are extremely painful.



22 NAMI's Dash-3 Strategic Concept is flawed in that it also lacks safeguards against
23 misdiagnosing physical conditions as mental illness, undermines equal protection under the First,
24 Second, Sixth, and Fourteenth Amendments. This bill leads to more unconstitutional
25 institutionalization, precisely what *O'Connor* forbids. It relies on an overly broad range of
26 "behavioral health clinicians"—psychiatrists to interns to counselors, (SECTION 2(e)(A-H))—by
27

empowering those who lack uniform qualifications to make determinations on dangerousness
without adequate safeguards. HB 2467 undermines equal protection and invites inconsistent
application of the law. Individuals listed in SECTION 2(e)(A-H) are not qualified to adequately nor
effectively diagnose physical conditions; physical injuries, metabolic disorders, neurological
disorders, Parkinson's, Tardive dyskinesia, Akathisia, Diabetes, Aphasia, or medication side-effects.



Asylum Survivors to Reformers



Nellie
Bly
1887

Eleanor
Riese
1989

Carolyn
Green
2001

6-ER-1409

Supreme Court 1888/89-2
Western District of Washington 3:21-1276-BAL
Thurston County Superior Court 20-2-02133-34
Camden Simon Green v. State of Washington,
United States, President Dr. Peter Dinklage, Dept
of Veterans Administration, Western State
Asylum, et al.

1 Twenty-three (23) years to recover from forced institutionalized treatment, and great bodily harm,
2 that the Department of Veterans saturated her in excessive polypharmacy for a “mild” case of post-
3 traumatic stress and for her well-documented physical injury is far below any standard of care.

4 **REJECT HOUSE BILL 2467**

5 Oregon’s HB 2467 future prediction breeds harm, not public safety, as it continues to fuel the
6 epidemic and systemic failures. SECTION 2’s expansion (ORS 426.130) defies *In re Harris*, 98
7 Wn.2d 276 (1982), requiring substantial risk and *In re Levias*, 83 Wn.2d 253 (1973), demanding
8 clear evidence. Washington’s judicial failures— fraud, perjury under oath in the courts, and
9 bypassed mandated judicial procedures—mirror Oregon’s trajectory with this bill. My
10 institutionalization (not “civil” commitment) was violent, traumatic, and excessive, violated my
11 body autonomy causing great bodily harm, for unjust enrichment, not for public safety.
12 I urge you to reject HB 2467’s fortune-telling approach that undermines over 50 years of case law,
13 research, and peer-reviewed articles, that also rebukes presumption or predicting the future.
14

15 This bill also skips ORS 426 and 166, and constitutional safeguards for firearm rights, that
16 infringe on the Second Amendment.
17

18 **SOLUTION:** 19 **ADVOCATE FOR FEDERALIZED STANDARDS**

20 For the reasons stated above, opposition to Oregon’s House Bill 2467 and NAMI Oregon’s
21 Draft Legislative Concept on Civil Commitment, demonstrates a pressing need for American
22 citizens to establish a “**Federalized Institutional Standards & Treatment Protocols**” bill to ensure
23 consistent applications that protect constitutional rights and the public safety nationwide.
24

25 **A Work in Progress:** Infrastructure for Institutionalization Reformation bill under
26 “Federalized Institutional Standards & Treatment Protocols”
27

1) Rights based on the foundation of the U.S. Constitution and Bill of Rights.

2) To uphold and enforce the Constitutional Rights of all American citizens, the civil commitment requires a federalized standard.

3) The implemented strategy is similar to our driving standards in the United States of America. A stop sign in California represents the same throughout America. A stop sign in Washington state represents the same. Stop. Regulatory signs are white with black and other colored lettering. Signal lights are the same: green=go, yellow=yield, red=stop. There are not different colored versions of signal lights at intersections in different states (much like how definitions are different in each state for institutionalizing individuals). A 55 mph speed limit sign in Oregon is 55 mph in Florida, Washington, Montana, Arizona, and the rest of the nation.

4) A booklet like the Rules of the Road, only a federalized standard for institutionalization.

5) Standard of prerequisites 1)... 2)... 3)... This would include definitions for: 1) Gravely disabled, 2) **Dangerousness**. Those two definitions are key, across the board. Likelihood of serious harm to self/ others, and gravely disabled, is weaponized. The term in case law is “dangerousness” and “dangerousness standard” often twisted to suit the filer, not the respondent. Due Process cannot be satisfied without the component of being “dangerous”. Dangerous is required to be caused by a mental illness. Re-defining “danger” is deeply and constitutionally flawed.

Danger is rooted in “violent acts” according to Chapter 71.05 in Washington, 71.05.020. The Legislative’s intent cited in RCW 71.24.300.(1999c 214 §§ 1, 2, 3, 4, 8) “Dangerous Mentally Ill Offenders” “NEW SECTION Sec 1: The legislature intends to improve the process of identifying, and providing additional mental health treatment for, persons: (1) Determined to be dangerous to themselves or others as a result of a mental disorder or a combination of a mental disorder and chemical dependency or abuse; and (2) under, or being released from, confinement or partial

1 confinement of the department of corrections. The legislature does not create a presumption that any
2 person subject to the provisions of this act is dangerous as a result of a mental disorder or chemical
3 dependency or abuse. The legislature intends that every person subject to the provisions of this act
4 retain the amount of liberty consistent with his or her condition, behavior, and legal status and that
5 any restraint of liberty be done solely on the basis of forensic and clinical practices and standards.”

6 (emphasis). In 2025, Oregon’s attempts to re-define what the Washington State’s Legislature
7 intended is big shift is to widen the door of institutionalization, not make it narrower—used as a last
8 resort. It has become to lucrative a money maker backed with abuse of power.

9
10 This research and investigation stem from my firsthand experience with a corrupt prosecutor
11 and box-checker claiming to be legal counsel for me—the respondent, then. “Stipulating agreements”
12 to circumvent the judicial procedures and processes is not a neutral party. (I had/have a clean
13 background, no prior, no-criminal background, no bystanders, no witnesses, sleep deprived and
14 seriously physically injured—left injured). The less alternative provided in the Legislature was
15 evaded, so instead of a fourteen-day less restrictive, the “stipulated agreement” went for a 90-day.
16 The Thurston County Prosecutor failed to comply with judicial procedures and mandates.

17
18 The prosecutor knowingly sold (committed perjury) in the Superior Court on a groundless
19 14-day ex parte under “violent acts” (RCW 71.05.020) removing Due Process under the Fourteenth
20 Amendment, infringed on Second Amendment rights, no notice—defective service of process,
21 falsified court records, committed perjury under oath, with no-accountability. How was this in my
22 ‘best interest’? Institutionalized under perjury and fraud, creating an avalanche (insurmountable
23 harm) in my life. I am mostly recovered 23 years later Thank you Jesus!

24
25 6) DRG codes, such as “psychosis” is overly used and as a gateway to institutionalization, and still
26
27

1 in the top four DRG codes used for 20 years. See Systemic Reforms for Sustainable Change is

2 Psychosis Care: The Crucial Role of (DRG 885) LINK:

3 <https://ispsusconference2024.sched.com/event/1fyJ7/systemic-reforms-for-sustainable-change-in->
4 [psychosis-care-the-crucial-role-of-drg-885-virtual-only](https://ispsusconference2024.sched.com/event/1fyJ7/systemic-reforms-for-sustainable-change-in-)

6 **7) PRIORITIES: Negotiables & Non-Negotiables**

7 **• Negotiable Priorities**

8 **a)** Definitions (e.g., since I know Washington state. RCW 71.05.020). What are the other states
9 definitions? Definitions need to be solidified across the country. When an individual is
10 institutionalized, which is currently an uncivilized process, and often a weaponized process,
11 they become federal violations; therefore, states must fall in line with the federal mandate
12 that lines up with the U.S. Constitution. Currently, each state has different terminology for
13 institutionalization (known as civil commitment;
14

15 (Currently 32 difference acronyms/names to institutionalize Americans, as seen below).

16 Washington has ITA that stands for Involuntary Treatment Act. California has AOT for
17 Assisted Outpatient Treatment and 5150. I did some research on this back in November 3,
18 2023. (the same thing was done for child protective services (CPS), changing the name state
19 depending). See following pages.
20

21 **b)** Time in an individual's profession, namely psychiatry, or in the court system should no long
22 qualifies one as an "expert" especially if there is proven perjury under oath, falsified medical
23 and court records, and fraud. Fairness, a neutral party, with impartiality in vital.
24

25 **a)** Audio record interactions with medical providers as well first responders, people that
26 interact with an individual in the civil commitment process.
27

- b) Add time stamps to: court filings, court proceedings, emergency room reports, medical examinations, attorney notification of appearance, supplemental information for commitment, triage times and related documentation.

8) Carolyn's Non-negotiables

- a) Ban Ex Parte from Institutionalization.
- b) Mandate a neutral-party for legal representation.
- c) Affidavits to the Court from Prescribing Medical Provider & Treatment Facility:
- 1) informed consent, full disclosure;
 - 2) drugs administered;
 - 3) drugs by force or voluntarily without coercion;
 - 4) purpose of the drugs; to reduce anxiety, psychosis, reduce pain - injury related;
 - 5) how many times drug was administered, noting pill or by forced injection;
 - 6) restraints, seclusion: how long and what was the purpose and causation;
 - 7) were less restrictive alternative treatments considered and offered, if so what;
 - 8) what is in the "best interest" of the respondent;
 - 9) accountability.
- d) Mandatory Education requirements to perform under the duties of the Designated Crisis Responder (DCR), or County Designated Medical Health Professions (CDMPH). (term is referred to differently state depending).
- Oregon's* term in ORS 426 is "behavioral health clinician" that is overly broad in who it authorizes to remove civil liberties. There are far too many people who can institutionalize individuals in Oregon. Those listed in SECTION 2 are not uniformly qualified to adequately nor effectively diagnose physical conditions; physical injuries,

1 metabolic disorders, neurological disorders, Parkinson's, tardive dyskinesia, akathisia,
2 diabetes, Aphasia, or medication side-effects.

3 a) Increase education to have a cross disciplinary knowledge that includes anatomy,
4 biology, and physiology. Mandatory constitutional classes. An option would be
5 Hillsdale College as it receives no federal funding.

6 <https://online.hillsdale.edu/courses/promo/constitution-101>

7
8 b) Currently, the system has given authority to licensed clinical social workers,
9 licensed professional counselors, psychologist and psychiatrists, to strip an individual
10 of their constitutional rights. Who often fail to comply with the judicial procedural
11 process and mandates.

12 e) It is essential to mandate that two medical providers/physicians cannot be the
13 determining factor for forced drugging/electroconvulsive treatment (ECT). (see RCW
14 71.05.370 recodified from 71.05.217. A human protection mechanism is needed.

15
16
17 f) Contact: Rob Wipond connect@robwipond.com for outcome data collection as well
18 as Heather Catallo at hcatallo@wxyz.com for additional reported fraud.

19 g) Contact Jim Gottstein jim.gottstein@psychrights.org on how to provide legal
20 counsel—not box checkers for legal representation and Kristine Kapp (KK)
21 kristinakapp@gmail.com for less restrictive alternatives, to include peer-respite.

22
23
24 9) As of 11/03/23; federalizing (un)civilized commitment. I support standardizing
25 institutional (currently not “civil”) commitment standards at the federal level; to stop adult
26 institutional abuse for unjust enrichment, to contribute to greater consistency and efficiency for the
27

1 protection of civil liberties, protection of society from those creating real “danger”, reduces conflicts
2 of interest, ensures reasonable measures of human safeguards are implemented.

3 **10) Bias and Unfairness in the Two-Tiered Judicial System.** I will use the state of
4 Washington as my example. Court Staff & Employees: In the courts, staff and employees (judges,
5 clerks) will be required to work at a different court in a different county to remove familiar (I know
6 you; you know me) which is not providing evidence of true facts, circumstances, situations. These
7 relationships are often comingled (part of life) that is creating unconscious bias, impermissible bias,
8 partiality, unfairness.
9

10 Example 1: Doug Bales in Thurston County Superior Court was the Deputy Court Clerk in
11 my ex parte hearing. Years later, Doug Bales was the Judicial Arbitration Coordinator and
12 Judicial Assistant to numerous Judges AND he was assigned as the Case Administrator of
13 My Case! Thurston County has my case to 5-different judicial officers assigned.

14 Example 2: Judge Skinder Thurston County Superior Court was a Deputy Prosecutor for 16
15 years in mostly the same county. He is now a Judge in the same Court, that was hearing civil
16 cases, who recently as of ?2022 transferred to rule on criminal cases, now in civil.
17

18 Example 3: Commissioner Triebel was an employee of the Washington State Supreme Court
19 who then went to a lower court (Court of Appeals Division-II). Now he is ruling on lower
20 court cases after he has established relationships in the Higher Court.

21 Example 4: A little different situation. Judge Erik Price from Thurston County Superior
22 Court is now in the Court of Appeals Division-II ruling on cases with other judicial officers
23 he knows, is familiar with, and has had relations with, for years from Thurston County
24 Superior Court.
25
26
27

Example 5: A little different situation. A US District Judge from Seattle retired then went to work for a local law firm, who happened to be the same law firm for my case. He was advising on my case. Providence then was contacting Federal Judges in my federal case via ex parte via their proposed email addresses bypassing the district court clerks.

IN CONCLUSION

Thank you for your time. This ‘Federalized Institutional Standards & Treatment Protocols’ section of the Infrastructure for Institutionalization Reformation bill is a work in progress. These solutions reflect a willing, collaborative effort to reduce harm in a system often weaponized against innocent people facing a temporary crisis, causing great harm, destroying families and communities.

I was sleep deprived and needed sleep. I was physically injured and needed a doctor in Orthopedics or Rheumatology, not psychiatry. Reformation is needed.

Respectfully submitted, April 5, 2025.

/s/ Carolyn Sioux Green / CSX

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REFERENCES:

1. Bruce J. Ennis and Thomas R. Litwack, *Psychiatry and the Presumption of Expertise: Flipping Coins in the Courtroom*, 62 Cal. L. Rev. 693 (1974).
<https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.sakkyndig.com/psykologi/artvit/ennis1974.pdf&ved=2ahUKEwiPwqe3tcCMAxXAEkQIHbMbBWQQFnoECBYQAQ&usg=AOvVaw1XkuB4WQKUidDSeBige1k6>
2. Dr. David Healy <https://davidhealy.org/pharmaceutical-rape/>
- 3, 4. Rob Wipond, Investigative Journalist: <https://robwipond.com/>
5. How Psychiatric Fraud Drives Forced Hospitalizations, Rob Wipond YouTube
<https://www.youtube.com/watch?v=vYRQ-cJqXW4>
6. Heather Catallo “We don’t want patients to be mistreated” <https://www.wxyz.com/news/local-news/investigations/we-dont-want-patients-to-be-mistreated-agencies-push-for-change-in-wake-of-7-investigation>
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INSTITUTIONALIZATION BY ACRONYM & STATE

Below is the list, as of November 3, 2023, of the current thirty-two (32) different acronyms for institutionalizing individuals across the United States of America. One Constitution and Bill of Rights, 50 states use 32 different definitions and terms to institutionalize Americans.

1. AOT (Assisted Outpatient Treatment):and 5150** - California
2. BCA (Baker Act):** - Florida

3. CTP (Court-Ordered Treatment Program):** - Arizona
4. DTPO (Delaware Treatment and Protection Order):** - Delaware
5. ECO (Emergency Certification Order):** - Connecticut
6. ITA (Involuntary Treatment Act):** - Arkansas, Washington
7. KBH (Kentucky's Baker Act):** - Kentucky
8. LPS (Lanterman-Petris-Short Act):** - California
9. LUMA (Louisiana Mental Health Law):** - Louisiana
10. MCA (Mississippi Code Annotated, Title 41, Chapter 21):** - Mississippi
11. MGL (Massachusetts General Laws, Chapter 123):** - Massachusetts
12. MHA (Mental Health Act):** - Colorado, Georgia, Illinois, Ohio, Oklahoma, South Carolina,
Texas, Utah, Virginia, West Virginia
13. MHCA (Mental Health Commitment Act):** - Nebraska
14. MHC (Mental Health Code):** - Michigan
15. MHPA (Mental Health Procedures Act):** - Alabama, Montana, Nevada
16. MHSPA (Mental Health Screening Program Act):** - New Jersey
17. MIA (Maine's Involuntary Admissions):** - Maine
18. MHL (Mental Health Law):** - Missouri, Rhode Island
19. MPA (Mental Health Procedure Act):** - Vermont
20. MHPA (Mental Health and Developmental Disabilities Code):** - New Mexico
21. MHPA (Mental Health and Substance Abuse Treatment Law):** - Hawaii
22. NMHA (North Dakota Mental Health & Substance Use Disorder Services Act):** - North Dakota
23. ORS (Oregon Revised Statutes, Chapter 426):** - Oregon
24. TCA (Tennessee Code Annotated, Title 33, Chapter 6):** - Texas

- 1 25. IDA (Idaho Code Title 66, Chapter 32):** - Idaho
- 2 26. IC (Indiana Code, Title 12, Article 26):** - Indiana
- 3 27. IMHA (Involuntary Mental Health Treatment Act):** - Kansas
- 4 28. IVC (Involuntary Commitment):** - Montana
- 5 29. LPP (Mental Hygiene Law):** - Maryland
- 6 30. MHPA (Mental Health and Developmental Services):** - Nevada
- 7 31. MHSPA (Mental Health Screening Program Act):** - New Jersey
- 8 32. MIA (Maine's Involuntary Admissions):** - Maine
- 9 33. 04/05/2025. csx