Written Testimony in Opposition to SB 1003

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Monday, June 2, 2025

Distinguished Members,

My name is Ian McIntosh, Interim Executive Director for Not Dead Yet (NDY), a national grassroots disability rights organization that opposes legalization of assisted suicide and euthanasia as deadly forms of discrimination., and the non-voluntary withdrawal or withholding of life-sustaining medical treatment, including but not limited to, futility policies involving health care provider decisions to withhold or withdraw life-sustaining medical treatment.

On behalf of Not Dead Yet members in Oregon, we urge that you oppose SB 1003 and in doing so, oppose "The Oregon Model" which continues to justify historic and present fears that the end goal of proponents is one incremental step followed by another until death by demand is the law of the state and indeed of the land. What SB 1003 proposes would expand participation, moving from doctors alone to other so-called "providers" access to provide assistance with a person's suicide. It would mandate promotion from healthcare facilities, forcing hospices and hospitals to disclose assisted suicide availability prior to patient admittance. What type of message does that send to a vulnerable person, that health and death are equivocal options according to the healthcare facility? Moreover when within that promotion is an emphasis on SB 1003's other expansionary provision, which would incentivize vulnerable patients toward a reduced waiting period from 15 to 7 days?

SB1003 requires every lawmaker to look in the mirror and remember the assurances Oregon's initial legislation promised but has consistently betrayed. At what point is the integrity of a promise made and then repeatedly broken, not evidence of fundamentally insufficient legislative architecture that was always intended to expand?

The facts of the matter are plain: Momentum is on the side of our opposition to this plainly and obviously eugenical and ableist enterprise in which since 1997, ONLY 11 states and D.C. have decriminalized assisted suicide despite strenuous opposition from every national disability rights organization with a position. And contrary to proponents' curious representation, they are all progressive.

Now more than ever, SB 1003 comes at an unthinkable time of hardship for people with disabilities. As of this moment, the fragile national infrastructure of the American disability community hangs in the balance. Many people with disabilities will pay a terrible price in loss of autonomy as federal agencies are being dismantled and seismic regressive policy changes and proposed budget cuts that will greatly reduce or eliminate critical programs, are poised to take effect.

Against this backdrop, it is a moral failing and a cruel hoax to endorse **SB 1003** as a way of effectuating autonomy, as outlined HERE by the Bazelon Center for Mental Health Law's Statement on Proposed Cuts in Budget Reconciliation Bill and as this protest by ADAPT on cuts to Medicaid yesterday clearly demonstrates.

My predecessor and storied founder of Not Dead Yet, Diane Coleman put it best when she said: **“"Legalizing assisted suicide means that some people who say they want to die will receive suicide intervention, while others will receive suicide assistance. The difference between these two groups of people will be their health or disability status, leading to a two-tiered system that results in death to socially devalued group"**

And yet, unbeknownst to many who previously vote for bills like **SB 1003**, American assisted suicide advocates, like Senator Susan Eggman and bioethicist Thaddeus Pope, don't view Canada's eugenical healthcare option as something to be repulsed by and repel at every opportunity. But as the goal for American assisted suicide advocates to succeed in imposing in every state what is set as the finish line with national, donor-class, assisted suicide advocacy organizational aspirations. Namely, Canada's eugenical MAiD regime, which was also celebrated for having followed the Oregon model in 2016.

Here I should mention, I am a Canadian with disabilities living in America. And according to Tim Stainton, Director of the University of British Columbia's Institute for Inclusion and Citizenship, Canada's eugenical descent into assisted suicide and euthanasia is, “the biggest existential threat to disabled people since the Nazi's program in Germany in the 1930s”.

The reason his observation should be jarring is precisely because, the goal for American assisted suicide advocates to succeed in imposing in every state is in alignment with national, donor-class, assisted suicide advocacy organizational aspirations.

Namely, Canada's eugenical MAiD regime, which was also celebrated for having followed the Oregon model in 2016 and is celebrated by American advocates as a model “not an anti-model.”

Because of the ocean of evidence and the persuasiveness of our argument, authentic momentum is on the side of opposition to this plain and obviously eugenical movement funded by national assisted suicide advocacy organizations:

• **Since 1997**, ONLY 11 states and D.C. have decriminalized assisted suicide despite strenuous opposition from every national disability rights organization with a position. And contrary to proponents' misrepresentation, *they are all progressive*.

• **Since 1997, nearly 400 cases have been defeated or withdrawn**. That's a numerical advantage of approximately 40 to 1. And the reasons for opposition are transparent and verifiable and gathering and are part of the larger disability civil rights movement which is fighting for public healthcare policies to live.

Let's connect a few historical dots quickly as to why there is such strong present-day opposition:

The modern philosophical father of assisted suicide, Francis Galton coined the term "Eugenics"; He believed in **"lower races", "genetically inferior stock"** (i.e. people with disabilities) and, in that subset, those who were **"feebleminded"** who needed to be removed from any hygienic society.

Starting in the early 20th century, this eugenical "option" led to one of America's most egregious historical crimes: The forced sterilization of people deemed a threat to society for being born poor, disabled or of colour.

Karl Pearson at University College London was the first Chair of Eugenics. And at Francis Galton's retirement dinner, Pearson said of the Nazi adoption of Galton's ideas**: "I have no doubt also that the [Nazi] Party sincerely wished to benefit the German racial stock, especially by the elimination of manifest defectives, such as those deficient mentally."**

The dinner took place in 1934 a few years before head liaison officer with the German National Socialist Party's Department of Health **Viktor Brack** and his department T-4, would begin the systematic killing of the mentally-ill, the chronically sick and the disabled.

Brack had no medical experience before his appointment. An eerily familiar similarity when we look at other assisted suicide expansions and advocacy efforts that defer to donor-class advocacy organizations rather than the overwhelming consensus of authoritative organizational opposition.

This Euthanasia program, Aktion T4, was in fact the forerunner to the Final Solution, having proved successful in its initial implementation murdering nearly 400,000 people with disabilities, then expanded to carry out another 6,000,0000 murders in line with Galton and Pearson and subsequently, Kevorkian's ideals.

Had an informed public and legislature stood up against these ideas, what became the slippery slope template for the unthinkable extermination of society's most vulnerable, would have been merely an exercise in exile.

For some, that may sound like a scare tactic, however, **Jack Kevorkian** was never duplicitous in his self-identification or that of assisted suicide and euthanasia's modern-day origins for what they've always been, saying: **"Intense emotionalism engendered by the concentration camp atrocities of World War II has unfairly stigmatized this honorable concept and cloaked it in silence."**

Remember, two-thirds of Jack Kevorkian's victims were people with non-terminal disabilities. Mental competency was never a foundational justification to practice assisted suicide with impunity. And Jack Kevorkian had no problem calling assisted suicide, suicide, saying: **"I believe that are people who are health and mentally competent enough to decide on suicide."**

SB 1003 shares its genetics with Senator Blakespear's SB 1196, Canada's MAiD regime and The Euthanasia Program – Aktion T4, all connecting back to Francis J. Galton's idea that says: Assisted suicide and euthanasia are rational ideas if you have a disability. In other words, because you were born with a disability or acquired one later in life, medical futility and disability bias determine that person to have a life worth less and thus, better off dead.

Not Dead Yet's grass tops belong to the very lawn owned by Jack Kevorkian on which it was conceived, by Diane Coleman who passed away on November 1, 2024. She was a leader in the civil rights fight for equal access to transportation and healthcare, and raised the obvious central conundrum against assisted suicide and euthanasia bills, saying:

"It's the ultimate form of discrimination to offer people with disabilities help to die, without having offered real options to live."

So the idea that it is a "scare tactic" to quote the recorded position of assisted suicide and euthanasia advocates, moreover when the government takes a role in providing for its systematic enforcement in which no new rights are being conveyed except immunity from prosecution for healthcare professionals engaged in assisted suicide and euthanasia, is at best misguided and at worst intentionally deceptive.

And make no mistake, in order for any of what's happened in Canada to have happened, we needed one initial step to occur in order to move stigma from one group to another.

The shocking number of deaths and relentless expansion rate in Canada aside, the claim from proponents has been that Canada has nothing to do with America in this issue. As a point of order, it was Compassion and Choices, the American assisted suicide organization who in April of 2016 published the following headline on their website:

Canadian Government Follows Oregon Model…**Canada's present day horror's began with taking the first step** and the applause of professional American assisted suicide activist organizations.

Here it's important to note the need for terminological elasticity, or employing facts to fit preferences, which is standard operational procedure in disability bias, medical futility and assisted suicide practices. Death by ableism in effect.

What does death by ableism look like? The answer reveals a much-needed point of clarification: Assisted suicide laws are not, state-centric outgrowth of unmet wants. They are the byproduct of national and international industry. And so, the short answers to the question are: Present day Canada, the pre-Holocaust Nazi-era eugenical euthanasia program Aktion T4, sold as healthcare in Hitler's Germany by killing people with disabilities (and it a contemporary of sorts with American policies of the time – See Buck v Bell), and every jurisdiction in America and the world where assisted suicide and euthanasia laws exist and expand.

Death by ableism requires limitless terminological elasticity, rendering words and promises meaningless. As a common example from proponents that we hear in every testimony is the repeated point that assisted suicide is an incorrect term. However, every bill eventually deals with self-administration; Of a prescription for drugs taken by a person determined to have capacity and who knows that if they take the drugs intended to cause death, that they will kill themselves. Any Google search will accord a definition of suicide with the above scenario. Any Google search will provide the word Aid as a synonym for Assistance. The meaning is plain: It's suicide with assistance or assisted suicide.

The finer point as to why sophisticated opponents insist on redefining terms, has less to do with transparent, verifiable meaning and more to do with opportunistic timing attached to personal stories to pass initial laws quickly. It's an end that justifies the means model.

It's why, for example, another proponent before an assembly may say that this bill cannot be voted on according to passions and feelings and in the next breath state that any one opponent doesn't speak for her and neither do the overwhelming consensus of national disability rights organizations. But that works the other way around as well, and that's why we have authoritative organizations whose expertise we rely on. Like in the example of access to defibrillators, we would defer to the American Heart Association. It is standard practice to defer to the best authoritative opinion in matters of public policy. *Except it seems, when it comes to assisted suicide and euthanasia laws.*

And it's a clue into the larger architecture unveiling in other state and national jurisdictions: By using an umbrella term like "MAID", once jurisdictions have accepted the initial law, the model invariably repeats until it expands from within assisted suicide and eventually into euthanasia: In Canada, euthanasia is now the fifth leading cause of death measured in tens of thousands. Recorded as voluntary euthanasia for the most part. The next step is involuntary euthanasia. And before the inclination to defend one version of the Oregon Model vs another, please remember that Canada was applauded by the co-author of the Oregon Model and former president of the nation's leading professional activist organization as having *followed the Oregon Model*.

Barbara Coombs Lee, then Executive Director for Compassion and Choices publicly applauded Canada's 2015 decision in *Carter vs Canada*, which laid the foundation for Canada's descent into healthcare injustice, saying in their public press release that February:

"We applaud and thank the Canadian Supreme Court for placing the patient at the center of fundamental end-of-life decisions. The eloquence of this ruling will inspire everyone who believes in individual freedom at life's end. We in the U.S. agree that denying people the ability to determine their own medical treatments and the degree of suffering they endure curtails liberty. We are heartened, as [the] availability of aid in dying in Canada will have an impact here."

What was lost in the applause was this excerpt from the fourth paragraph of the Supreme Court decision:

"Held: Section 241 (b) and s. 14 of the Criminal Code unjustifiably infringe s. (2) has a **grievous and irremediable medical condition** (including an illness, disease or disability) that causes enduring suffering ***that is intolerable to the individual*** in the circumstances of his or her condition." This means that in Canada, far from the "carefully tailored and limited" legislation proponents represent they support in the U.S., assisted suicide and euthanasia are open to a far broader range of people, including people with disabilities whose lives have been utterly devalued by this Canadian policy.

Tellingly, last April in California, Senator Blakespear introduced SB 1196 that included the same language: "…has a grievous and irremediable medical condition." It was fortunately withdrawn, but the door is open.

It is by all accounts, similar to Canada's present-day legislation, which continues to be an efficient eugenical engine that has killed approximately 70,000 Canadians by best estimates as of right now, and which in order to provide greater "access and eligibility" *expanded* from a track where death was reasonably foreseeable to another where it wasn't, and from assisted suicide as the main delivery system to "active euthanasia".

Note what End of Life Options Act author, Sen Eggman of California said of the bill's timing, but not the content: "While I have compassion for those desiring further change, **pushing for too much too soon puts CA & the country at risk of losing the gains we have made for personal autonomy**," Eggman wrote on X.

As Dr. Diane Meier, a palliative care specialist, has said, "the entire heartfelt adherence to restrictions that are announced when you first get the public to vote in favor of this go up in smoke once the practice is validated." A proponent of assisted suicide working with Massachusetts Death with Dignity has said much the same thing, although with different emphasis, i.e., "Once you get something passed, you can always work on amendments later."

Further, to the SB1196 quote above is prominent **American bioethicist Thaddeus Pope**'s medical futility blog which further outlines entailments defeated in the expansion bill that would have mirrored Canada's legislation, that Pope actively champions and believes is inevitable for American jurisdictions.

This is an interesting combination when we consider that grinding poverty under the guise of disability, terminal or non-terminal is among the most reported reasons, people are "choosing" death over life in Canada. Moreover, when we consider the threats to Medicaid and essential supports and services for people with disabilities and the very model of social safety net removed – again, reminiscent of Canada and fully apprehended by American advocates for assisted suicide advising national activist organizations.

The stories are numerous and they are as a result of merely the first step a government took in abandoning the very people that it exists to protect.

Is there any wonder why proponents didn't want lawmakers to consider the real nature of this inherently expansionary legislation? Or the national disability rights organizations' universal opposition and why they're in opposition to it? Or Canada and the ongoing international interchange between American and Canadian assisted suicide thinkers given their tacit aspirations for Canadian standards to be implemented nation-wide in America?

And while proponent lawmakers claim assisted suicide has nothing to do with disability rights, the United Nations understands the inherent relationship and the previously mentioned, constant assisted suicide activist, Thaddeus Pope conceded to disabiilty rights champion John Kelly, that assisted suicide is in fact, "all about people with disabilities

As a Canadian living in America since 2016, the similarities are startling. I can see what has taken hold in my old home country attempting to root itself in my new home country.

On Wednesday March 26, 2025, the UN Committee on the Rights of Persons with Disabilities released a set of recommendations calling on the government of Canada to repeal Track 2 of its assisted suicide and euthanasia program. Specifically, Canada's 2021 amendment to its Criminal Code that expanded through Bill C-7, which expanded eligibility passed promised safeguards.

Track 2 of the Canadian assisted suicide and euthanasia program allows people with disabilities ("grievous and irremediable medical condition") whose natural death is not reasonably foreseeable to request assisted suicide or euthanasia.

Arguing against the very premise of Track 2, the report notes that the Canadian federal government,"…**did not challenge the Quebec Truchon decision which fundamentally changes the whole premise of medical assistance in dying when natural death is reasonably foreseeable to a new program that establishes medically assisted dying for persons with disabilities based on negative, ableist perceptions of the quality and value of the life of persons with disabilities, including that 'suffering' is intrinsic to disability rather than the fact that inequality and discrimination cause and compound 'suffering' for persons with disabilities.**"

Here, we should recall that the United Nations Convention on the Rights of Persons with Disabilities (CRPD) is modeled on the Americans with Disabilities Act (ADA, 1990) and was inspired by American leadership. In 2009, President Obama signed the treaty, but as of this moment it still awaits ratification from the United States Senate.

The UN report also directly addresses a common argument advanced by advocates of assisted suicide in the U.S. – namely, that assisted suicide is all about "choice" and an extension of unrealized autonomy, and the so-called "right to die" being fought for; In stark contrast, the committee writes:

"The concept of 'choice' creates a false dichotomy by setting up the premise that if persons with disabilities are suffering, it is valid for the State Party to enable their death, with safeguards not guaranteeing the provision of support, and ableist assumptions deemphasizing the myriad of support options for persons with disabilities to live dignified lives , and the systemic failures of the State Party to address the social determinants of health and well-being, such as poverty alleviation, access to healthcare, accessible housing, prevention of homelessness, prevention of gender-based violence, the provision of community-based mental health supports and employment supports;"

When you add to that the opinion of leading assisted suicide American bioethicists who advise American lawmakers that Canada is a model and not an anti-model, it is clear that previously held notions of a stagnant law is not and was never the intended goal.

That goal can only be achieved when lawmakers reject the overwhelming evidence that assisted laws are deadly and discriminatory public policy by the majority of organizations whose sole interest it is to support people with disabilities and who have historically, repeatedly rejected the terminological war waged by opponents -- Such as: the American Medical Association, the American College of Physicians, federal agency, The National Council on Disability (who has advised both parties since 1997), The Alzheimer's Association and every single major national disability rights organization with a position on the issue (i.e. all oppose, not one supports).

As a Canadian with disabilities living in America, I am routinely shocked to witness lawmakers in America's northwest, close to the Canadian border near British Columbia, Canada, who equivocate supports for people with disabilities alongside assisted suicide bills and not seem to have a clue that in its substance, completely antithetical to the rest of the day's business and by definition: Unwitting ableism.

My predecessor and preeminent champion of people with disabilities and founder of Not Dead Yet, Diane Coleman once wrote in testimony: **"One of the most frequently repeated claims by proponents of assisted suicide laws is that there has not been "a single documented case of abuse or misuse."** To the contrary, I refer you to two resources describing problem cases: The first is from the Disability Rights Education and Defense Fund, Oregon and Washington State Abuses and Complications. The second is a journal article by two New York medical doctors, Drs. Herbert Hendin and Kathleen Foley, Physician-Assisted Suicide in Oregon: A Medical Perspective (2008)."

I hesitate to think of a better quote that exemplifies death by unwitting ableism than the following which appeared in a Maryland Matters article last February, by a national assisted suicide activist organization's DEI advisor from Washington D.C. who said (in part):

"I know in [the Black] community, we're still fighting to live…We don't get adequate health outcomes to begin with. So, it's hard to say, OK, let me offer you this option' when you haven't been given the support you need to live."

Precisely. Because it's an obvious moral failing to fight for people to kill themselves in a vacuum created by lawmakers who never lifted a pen to help them live. The death by ableism fine print reads: We acknowledge you've never had the support to live. We're not a group that's going to work for you to live. We know it seems tyrannical to offer you support to die instead and to tell lawmakers something different. But that's just because you don't understand that you are better off dead, because you're disabled.

But the good news is Oregon can still make good decisions with new information that lead to the right conclusion.

That's what the Alzheimer's Association did it terminated its brief two-month relationship with the nation's largest leading professional assisted suicide activist group, it chose to reverse course once it understood what the other organization's goals entailed. in January of 2023, they acknowledged that they, **"… failed to do appropriate due diligence."**

With new information comes new conclusions. In exercising your due diligence, we hope you will walk and roll with us past the bottom lines of donor class activist organizations, big-money insurance and pharmaceutical companies and towards the finish line as full citizens of Oregon determined to right its wrongs.

Your next vote on **SB 1003 is** truly of life and death importance and there is no reason that honours the fight for disability health justice by affirming that suicide is rational just because you were born with or acquired a disability.

Thank you for your time and attention.

Sincerely,

Ian McIntosh
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