



To: Oregon House Committee on Behavioral Health  
From: Lotus Heart Counseling and Colleagues  
Re: **Opposition to House Bill 2493**

May 8, 2021

Dear Committee Members,

We ask you to please oppose House Bill 2493, a bill that clumsily attempts to provide a registry and rulemaking authority for various and unrelated alternative healers. If passed, HB 2493 would negatively affect the practice of needed modalities and the consumers who need them.

My name is Susan Pease Banitt, LCSW, RYT. I am not only a licensed clinical social worker of over two decades here in Oregon, but also a Reiki Master, Yoga Therapist and healer who utilizes shamanic modalities based in my own Celtic heritage and spiritual system. I have taught and supervised therapists around alternative modalities since before my graduation from social work school. I was on the first ever complementary therapy committee at Beth Israel Hospital in Boston, MA (1990) with David Eisenberg, MD, the physician who, in the early 90s, went on to do landmark research about how commonly people paid out of pocket for alternative healing modalities. I have co-authored a booklet from Omega Institute on yogic healing for traumatized war veterans and been a Board President for Street Yoga as well as Treasurer for the National Association of Social Workers in Oregon. I have also written a book on holistic healing from trauma that is widely circulated in Oregon and includes the right use of multiple modalities for shealing from trauma and PTSD. Since 2014 I have trained dozens of students, both licensed healers and nonprofessionals in the uses of Reiki for healing and in yogic healing techniques..

I and my colleagues listed, strongly oppose HB 2493 on the grounds listed below.

- 1) **Why the rush?** I heard about this bill today, May 8, from a Reiki colleague. Stakeholders and knowledgeable parties have not been informed of this pending action where potentially so many will be affected. I checked with Delmar Stone, Executive Director for NASW, Oregon, today, and he had heard nothing about this bill. We should have time to gather our communities for feedback both positive and negative for such an action and have time to look hard at what this really means as well as any racism underlying such a bill, which I believe to be significant. I am a well-known international expert and author

in this area who lives in Oregon, and yet, I did not hear of this bill until now. If you Google “therapist trauma alternative healing Oregon”, I am the third therapist to pop up. What kind of research have you all actually done on such an issue, and why have you not consulted local stakeholders and experts? Many of us would be happy to donate our time to help educate the Behavior Health Committee, myself included.

- 2) **Clients need access to all of the providers they can.** Right now, I cannot think of a single therapist who has openings. We are all full! The COVID and political crises have created a tidal wave of trauma and mental unwellness. People need options, at this moment, more than ever before. Why would we take this particular moment to discourage needed community practitioners of all kinds or add one more thing to practitioners already significant work and psychological load? This seems very mean spirited (even if not intended that way) and short sighted to me.
  
- 3) **Alternative healers are not medical providers, nor is that a specific term; it is an overly general and vague category.** Many, if not most, alternative healing modalities have significantly different cultural bases than Western medicine. The training is significantly different in these professions and based in longstanding indigenous traditions from various parts of the world. There are a myriad of healers and practitioners so diverse that it seems unreasonable to try to capture them under one catch-all heading. From HB 2493: Alternative well-being care means: *the application of techniques and intervention such as hypnotherapy, life coaching, philosophically based disciplines, and spiritually based disciplines relevant to the particular approach of the registered alternative provider to support change in emotional, relationship or attitudinal conflicts or to modify behavior that interferes with effective emotional, social, relationship, health, work or spiritual functioning of the individual or group of individuals to whom the alternative therapy or care is provided.*  
This could literally mean any friendship-based advice, mentoring, parenting, self-help book, TV show, religion or educational activity including teaching improvisational comedy!
  
- 4) **This bill potentially includes all spiritual healers which breaches the separation of church and state laws.** Other groups that include the “laying on of hands”, besides Reiki practitioners include: Mormons, Scientologists, Evangelical Christians, and all 7<sup>th</sup> Day Adventist Pastors. Are they going to be subject to this registry too? What about tribal shamans, non-tribal shamanic healers? Schools of shamanism? Witch groups and witchcraft?
  
- 5) **This bill is not anti-racist.** We expect Oregon leaders, especially Democratic leaders, to be invested in anti-racism and to deeply examine new legislation for “hidden” systemic racism. Many, many alternative healers in Oregon, and especially Portland, are Black, Indigenous People of Color (BIPOC). Many are in the process of retrieving lost cultural

knowledge from slavery, colonialization and other heinous activities of white invading cultures. Is this really the time we want to be singling out these groups and people without adequate input from diverse stakeholding communities? Especially when traditional medicine has been failing said communities? This bill will be very intimidating to people who have traditionally been oppressed by white legislation. At best it lacks cultural humility and advocacy; at worst it is an expression of systemic racism in its potential intimidation of practitioners who are more likely to be from non-white or non-white identified communities. There is a long, long history of white Northern European countries censoring and suppressing healing technologies from indigenous cultures around the world.

6) **Dual relationships are not a problem in all alternative modalities, only in some.**

Section 5 (f) leaves a lot of leeway for the regulatory board to discipline practitioners for “entering into additional relationships”. In my profession of therapy, of course, dual relationships can be a big problem and they are understandably proscribed, as it may be in a life coaching practice. In an indigenous modality, however, such as shamanism, the shaman lives “in the village” and has relationships with his friends and neighbors. Some of these healing communities are so small even in a moderately sized city such as Portland that having this overlap is inevitable. Because there is a vast difference between these “alternative modalities” (see #3 above) one rule should not apply to all. That is why social workers have a social work board, medical doctors have a state board of medicine, etc. For example, I would never think of bartering counseling services for counseling. But Reiki practitioners exchange with each other all the time as Reiki can be done without any exchange of personal information. A therapist may have friends who become Reiki clients but not solicit practice clients to become friends. Perhaps it would be better to work with the various Boards of healing practitioners throughout the state to develop their own guidelines in incorporating alternative healing modalities, as so many of us already do with great efficacy.

7) **How could we ensure that the regulatory board even had an adequate understanding of myriad alternative therapies whose rules for competent practice vary so widely?**

This is, to me, one of the biggest problems. All other licensing (regulatory) boards evaluate their members’ conduct based on the standard of their own professions, of which they are members. A life coach is ill equipped to evaluate kundalini yoga, and a yogi does not understand Reiki or plant medicine. To make matters even more difficult, there is a lack of research --which is not the same as a lack of scientific basis – in alternative and complementary therapies. The NIH was researching them for a time, and then research was shut down for several years. I do not know if it started up again or not, but what I do know is that it has been very difficult to find funding sources for indigenous and nontraditional (non-white mainstream) healing modalities. This does not mean there is no scientific basis. There is, but in many cases there is a lack of will and knowledge about how to measure things like energy medicines, even though most of the planet utilizes energy medicine for healing. In Chinese medicine it is called “Qi”; in Indian medicine it is called “prana”; the Iroquois call it Orenda. Some humans can perceive subtle energy and some cannot. Those who cannot are not qualified to evaluate

those who can. This would be like asking a blind man to evaluate your painting. I do not know a thing about baseball; am I qualified to be an umpire?

There are many more reasons why this bill is a bad idea with good intentions. But don't take my word for it. Do more research. Talk to your constituents and stakeholders. We will be.

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