

Testimony in Opposition to Senate Bill 891 by Kathleen J. Lundquist

Delivered to the Oregon Senate Judiciary Committee remotely via Zoom on March 6, 2023

Hello, honored members of the Committee; all my fellow witnesses, and all you people of good will:

My name is Kathleen Lundquist. I am employed part-time as a church musician, and the rest of my time I spend as a physical and emotional caregiver for disabled family members. Though I was born in southern California in 1964, my family and I moved to Portland in 1968 – so I’m basically all but a native. Over the 50+ years I’ve lived here, I’ve paid attention to the ebbs and flows of various political issues – but I’ve never testified before the Legislature before now. The reason for this is, there are few other local political issues that I am as engaged with and passionate about as the one we’re discussing today: physician-assisted suicide as laid out in the “Death with Dignity” Act.

Another thing about me you should know is that I am an independent voter. I’ve described myself to friends as a conservative with progressive sympathies, or a radical with a taste for traditional mores and ways of living. As far as the dominant political ideologies go, I would say I identify as “non-binary”, politically speaking. [wink] The first thing I want to do here is invite you to look at the DWDA through a different lens, in a different way, rather than the blue Ds, red Rs, culture war crap. I want to show you that at its core, physician-assisted suicide (“death with dignity”, medical aid in dying, whatever you want to call it) is a human rights issue. Specifically, it’s a disability rights issue.

I’m sure you notice the presence of folks from Oregon Right to Life here in the room to weigh in. Full disclosure: I’m on their mailing list, and I’m here because they alerted me to this hearing. I agree with them on many of the issues they lobby for. But, I want to point out a commonality between us and pro-choice people, between the ways we react as human beings on an emotional level to these life-and-death issues. I know that amongst the pro-choice majority in Oregon, there are some advocates who believe that any attempt at (even common-sense) regulation of abortion represents a stealth attack on the legal right itself. There’s a deep suspicion of the “pro-life” movement - that parental notification laws or waiting periods or whatever are just wedges meant to break up and overrun and destroy access to abortion, and the goal is to turn Oregon into Gilead from The Handmaid’s Tale. Whereas, to people who oppose abortion, small tweaks to abortion laws just seem sensible to reduce harm.

I need to say: I harbor the same sorts of suspicions of the right-to-die movement, and so these tweaks to the DWDA may seem like common sense to certain advocates and believers in the law, but not to me – precisely because they provide the foundation for even more tweaks (like the changing of a “terminal” illness to a “chronic” one, allowing it to take place via advance directive, or expanding access to those with mental illness) – these changes severely undermine the ability of disabled and mentally ill people to live - **LIVE** - with dignity. And, it undermines our ability as a community to **understand that their lives are worth living**. I’m not saying this

bill's small changes will result immediately in a slide all the way to the Third Reich's Aktion T4 program, which eliminated disabled and elderly people from society out of "compassion" – but if you're rolling your eyes at my mention of that, you should read up on what some "compassionate" doctors of the Quebec College of Physicians have proposed in this regard. You should Google "Yusuke Narita", a professor at Yale who proposed mass suicide for the elderly in his home country of Japan to save the state money on their pensions. Or look at what's been done in the Netherlands with the Groningen Protocol regarding disabled newborns. If you're familiar with the situation in Canada, where they legalized what they call "medical aid in dying" (MAiD) in 2016, news reports are coming out saying many Canadians are starting to have second thoughts about the MAiD regime and how it's affected their universal health care system, because there are several documented instances of disabled folks in Canada requesting **_and receiving_** euthanasia due to their inability to navigate the broken, neglected parts of the system to get proper housing, treatment, or other proper supportive care. If that sounds unbelievable, like scaremongering or 'fake news', I'm happy to provide documentation to any Committee member who requests it.

So – in Oregon, if we're stuck with the DWDA, you must at least keep the status quo. These attempts to tweak the DWDA do nothing but confirm the worst fears of people like me: it makes me think: You all were never serious about safeguards in the first place, and the real goal is death on demand in service of a social philosophy of straightforward eugenics. **Is it? Is that really the goal?** If not, then don't mess with the law as the voters passed it in 1994.

Regarding what I just said a minute ago about euthanasia in Canada; I want to assure you that I know that's not what we're discussing here. I know the difference between euthanasia and what the DWDA prescribes, though some people like to conflate them. But I mention it in this context because they both come from the same twisted philosophical root, the same dark human impulse – and again, it would take just one tweak, one small change to the law: changing the requirement to "self-administer" to "others" being allowed to help – to bring us there. It seems a small change, but in fact it'd be a quantum leap from physician-assisted suicide into the world of euthanasia.

Why does this matter? What's the big deal? We euthanize our pets when they're ill & won't recover. Abortion, which has been legal in Oregon since before Roe v. Wade, could be looked at as a form of euthanasia, a "good death".

I'll tell you what the big deal is: There are people in this world, and in Oregon, who have problems with no solution, diseases with no cure... It's not about money! These are folks for whom **there is no product** than can be purchased to solve their lack, no health care scenario in which they will be restored to some measure of "normalcy". Money can help, but won't solve things on its own. What are we supposed to do with these people who have such overwhelming needs? This is the question.

These people are human beings, just like us. And human compassion means helping people live, not letting (or helping) them die. I categorically reject the idea that disability and illness

erode a person's core human dignity, or that the only way to get that dignity back is to die & leave the rest of us alone. The solution is human care and love, not abandonment.

Consider the sort of life that a 2-year-old girl experiences. She may not be able to get around on her own; her legs are too short and she gets tired easily. She may not be able to use a public restroom on her own; she can't cook for herself, can't work a job or pay rent. She may experience bouts of paranoid delusion about monsters in her closet or under the bed. Do any of these conditions have anything to do with her human dignity? No. If these life stages should become elongated, or come back at some point in her life due to disease or age or whatever, I maintain that they still have nothing to do with her existential human dignity.

From a government standpoint, compassion means that caregivers and health supports for physically disabled people must be fully funded and comprehensive in scope. Oregon's mental health care system looks like it needs to be rebuilt from the ground up; it's certainly changed a lot – for the worse - over the years that my family and I have dealt with it. That rebuilding work falls mainly to you as legislators, since you budget & spend our tax money. But we all need to do our part. We – each one of us, everyone within the sound of my voice – we need to give a damn about these people. Our mothers and fathers, aunts and uncles, grandparents, husbands, wives, partners, sons, daughters, neighbors, friends. They need our help. They need your help – not to make it easier to die, but easier to live, to stay here with us. Because each one of them contributes something unique to the world, just by existing – our relationships with them help us to grasp our own human dignity, as well as theirs.

In closing, once again – you can tell I don't like this law, but I request – I implore you, I beg you – on behalf of my chronically mentally ill older brother, my 88-year-old mother with dementia, and my husband who's on disability with Stage IV cancer - DO NOT CHANGE ANY provisions of the DWDA. The safeguards, such as they are, such as they were when Measure 16 passed, must be kept intact. I work every day to show practical love to my family members and remind them that the love we share makes life good, and anything that makes it easier for any disabled person to doubt their worth as a person, to fear being a burden, to feel like they're better off dead – makes my job harder. Don't make my job harder. Don't make it hard for us as citizens, as Oregonians, to understand these words of the late physicist and Catholic priest Lorenzo Albacete: “The response to suffering is not to stop caring—that, in fact, is hell—but to experience a caring that sustains us in our humanity as it was meant to be.”

That's all I have. Thank you for your kind attention.

[To the Committee: I apologize for not being able to stay in the meeting after my testimony – my caregiving responsibilities called me away. If you have any questions or would like some documentation of the issues I raised, please contact me via email and I will provide it. Thank you. – KJL]