

Rep. Stoltze and Rep. Austerman,
Co-Chairs of House Finance Committee
and House Finance Committee members,

Testimony to 4/9 House Finance Committee Hearing in support of HB 214.

My name is Bonnie Nelson. I live in Chugiak and have lived in Alaska over 40 years. I speak on behalf of the **Anchorage** affiliate of an **international** mental health **rights** advocacy organization called MindFreedom International.

We support CSHB 214 but we request an amendment to Section 3 # 15. We oppose the 3 days needed before a person has a right to have contact with their chosen support network be it family or friends or professional advocates. We also believe this should apply to the many ex parte 3-day commitments per year.

Suggested amendment:

* **Sec. 3.** AS 47.30.840(a) is amended to read: (a) A person undergoing evaluation or treatment under AS 47.30.660 - 47.30.915

(15) who (~~has been~~) is being evaluated or treated in a locked evaluation facility or unit or a designated treatment facility or unit (~~for more than three days~~) has the right to a reasonable opportunity to maintain natural support systems, including family, friends, and help networks;

We think the right to 24/7 private phone access would be adequate but the right to face to face visitation would be much better to prevent further traumatization of anyone involuntarily committed and treated against their will.

I was the major end of life care giver for my parents with the help of my sons and brothers and we took turns sleeping beside them either on a cot or on the floor 24/7. They would have been terrified if Providence or Regional Hospital had not allowed us to do that. I want to commend them both for allowing it. I do not know if this is routine but they thanked us and told us how much it helped them and calmed them down and made their work easier and reduced their liability.

MFJ does not take \$ from government or special interest organizations as

does the National Alliance for the Mentally Ill, NAMI who gets large sums of \$ from the government MH industry such as from Psychiatrists, Psychologists and Pharmaceutical Corporations. MFI is in strong opposition to the **national** NAMI policies that overly promote the benefits and use of drugs and ECT as well as policies that support **coercion/force** and deny pwd's (people with disabilities) rights of liberty, privacy and the right to refuse health care and have a choice of who their health care provider is or be able to get 2nd opinions or a choice of legal representation. This is commonly based on petitions for involuntary commitment and forced drugging by **family** members who we have been told by many are abusive and the cause of their emotional distress.

One example: confidentiality policies sometimes are not in the best interest of patients or beneficiaries of MH services. ... People should have the right to demand their records be made public as well as have the right to not have them be shared w/o their permission. Another example of how confidentiality policies can be a problem has to do with the public's right to know information and policy makers need to do oversight and be able to gather that data to do their due diligence in oversight of government information ... so as to make **informed** choices to reform laws and policies rather than blind guessing or trust w/o verifying HSS and medical and health professionals. I have asked legislative aides to research questions and was told that they would not likely be able to find the answers to my questions because of confidentiality policies in Department of Law.

Some of my questions were:

How many involuntary commitment court adjudications were based on a **criminal** violation?

How many involuntary commitment court adjudications were based on a danger to **self** versus a danger to **others**?

How is danger defined?

What is the criteria for **how** "dangerous" a person needs to be to self or others to be involuntary committed?

Another reform we believe would help individuals advocate for themselves since lawyers seldom do these kinds of pro bono representation partly because of Civil Rule 82 would be to have the kind of court assistance currently given by the Court System helping people file and represent themselves (pro se) in cases such as child custody and land lord tenant disputes.

CSHB 214 is a good incremental beginning, but a band aid on a cancer when the better solution would be deinstitutionalization with humane treatment and housing in unlocked facilities for most of those now incarcerated in prison like hospitals and settings.

We support the repeal of AS 47.30.825 (c) (f) and (g) and that forced drugs, electroshock and psychosurgery be amended to be **voluntary** or **banned** ... but we of course would be happy for someone to sponsor that bill next year.

We firmly believe ALL people should have the right to choose their health care providers and have the right of choice of the **kind** of "care/treatment" they receive as well as the right to refuse all "treatments." We believe coercion/force is unconstitutional and unconscionable and is a form of torture and/or cruel and unusual punishment even for criminals. Most people that are involuntarily committed are not criminals and done nothing violent.

Thank you,
Bonnie Nelson