

For instance, we are concerned about how the phenomenon of medical apartheid might manifest itself in the practice of assisted suicide. While we realize that these fears are not born out in the Oregon statistics, we also note the state's lack of racial diversity, and we are concerned that Oregon's racial demographics make its statistics an inadequate indication of whether assisted suicide would exacerbate medical discrimination in other states.

Indeed, we note that Kevorkian's youngest victim, Roosevelt Dawson, was a disabled, African-American male who died in 1998, at age 21. Like Christopher Reeve, he had recently become a quadriplegic, but he did not have Reeve's access to economic privilege. In comparing media coverage of the two cases, Rosemarie Garland Thompson noted, "What makes life untenable for Dawson and life preferable for Reeve, I argue, is that the narrative emerging from Dawson's life imagined him as incurable, but Reeve, including his extensive support system and positive media image-focuses a great deal of cultural, economic and racial capital on creating an optimistic narrative of cure (Garland-Thompson, 778)." In validating suicide, society always uses discriminatory standards.

People in oppressed identity groups frequently lack access to healthcare, including pain control. Some individuals, such as those in the foster care system, do not have families to stand by them in the face of a serious illness. The same applies to those who have been abandoned by their families following the disclosure of sexual preference and identity. If such an individual were to become seriously ill, he, she or she would inevitably end up navigating their choices through a labyrinth of state bureaucracy, fiscal want, and social isolation. If doctors put a DNR on their charts without asking them, there would be no hovering loved ones to notice and inquire about their true wishes. Because such individuals are not socially conditioned to expect or demand equality, they would be less likely to know about all of the treatment options available to them. This compounds the universal problem of inaccurate diagnoses that have that potential to cut patient lives' short by months, years, or even decades.

Even if they did have this information, their choices would be constrained by whatever resources that the state is willing to put into their care. Their situations would be parallel to that of Oregon woman Barbara Wagner. They would be offered limited choices for treatment, one of which would be assisted suicide. Unlike people with a more stable background, they would not have the financial, familial or personal resources to "own," their bodies completely. Unlike the people whose stories are being used to push this bill, their bodies would always be partially owned by the state. Hence, any ostensive "choice" for assisted suicide on their part would be made in the context of their social subjugation.

We urge you to pass strong legislation mandating that medical schools provide rigorous training in pain management and social justice in the medical sphere. We urge you to pass legislation that advances LGBT employment and marriage rights, eliminates Section 14(c) of the Fair Employment Standards Act, legalizes the proposed Community Choice Act, requires medical schools to train their students in advanced pain control techniques, implements harsh penalties for police brutality, abolish the death penalty, raise special education standards and promote economic equality for all citizens. Please do not exacerbate these inequalities by passing legislation that our discriminatory society is not equipped or willing to oversee.

Sincerely,

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"How the Ideology of Pity is a Social Harm to People with Disabilities" *Social Philosophy Today* (2010)

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[http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/journal\\_of\\_literary\\_and\\_cultural\\_disability\\_studies/v008/8.2.patsavas.html](http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/journal_of_literary_and_cultural_disability_studies/v008/8.2.patsavas.html)

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**OTHER ACADEMIC ANALYSES OF ASSISTED SUICIDE**

Rosemarie Garland Thompson, "The Cultural Logic of Euthanasia: "Sad Fancyings" in Herman Melville's 'Bartleby'" *American Literature*, 2004-PDF attached \*\*

Bill Peace, "Comfort Care as Denial of Personhood" *The Hastings Report* 2011-PDF attached\*\*

Patricia K. Jennings and Clarence R. Talley, "A Good Death? White Privilege and Public Opinion: Research on Euthanasia" *Race, Gender & Class*, 2002-PDF attached \*\*

\*\*denotes articles that address assisted suicide directly or that consider topics that are particularly relevant to that issue

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