

Dear Psilocybin Services Advisory Board Member,

I am writing this letter to express my support for the entheogenic proposal to be considered as part of Oregon Psilocybin Services.

My name is Rebeca Rocha, a Brazilian born Black and Latinx cisgender LCSW woman with a PhD in Clinical Psychology and Culture from Universidade de Brasilia, Brazil. I have lived in Oregon since 2015 serving underrepresented individuals and communities as a psychotherapist. My PhD dissertation was dedicated to the ritualistic use of ayahuasca among individuals with a history of problematic substance use in Brazil.

I seriously considered opposing measure 109 because I didn't feel culturally represented in its strong clinical focus. However, I decided to support and be actively involved in it. So, I am currently part of the Psilocybin Services Equity Subcommittee.

I became interested in ayahuasca and other entheogens over 10 years ago because of its potential to treat persistent mental health and substance use related problems. In my journey of studying and learning about ayahuasca in ceremonial contexts, I was often offered with more valuable lessons, beyond physical and mental wellbeing. They included embodying my ancestors, meeting my spirit guides, taking better care of myself, being kinder to the planet and its sentient beings, and understanding the meaning of my life.

I have visited different communities in Brazil that use ayahuasca legally for ritual purposes and can say that the ceremonial use of entheogens is fairly safe. Nevertheless, because of "the war on drugs", negative events associated with the use of ayahuasca are rare but highly publicized. They are also often associated with underlying psychotic disorders (contraindicated) and human distorted qualities, especially greed and lust. Furthermore, the ceremonial use of plant and fungi medicines have also been safely used by indigenous communities in different regions of the world throughout history.

Being a mental health provider of color from South American, serving underrepresented communities in Oregon, and involved with Psilocybin Services in Oregon; I have some concerns regarding racial justice and equity of Oregon Psilocybin Services.

Based on the composition of the advisory board with a significant number of medical professionals, it appears that the governor's and Oregon Health Authority's number one concern was safety which is understandable. The selection, however, did not consider the safety of racial minorities who have a history of being harmed by medical and research institutions as example of J. Marion Slim's gynecological experiments on Black females without anesthesia in the 19th century, Tuskegee Syphilis Experiment that left Black men without treatment to observe the disease progression in 1930s through 1970s, Guatemalan Syphilis Experiment in which U.S. Public Health Service intentionally infected vulnerable individuals with syphilis in Guatemala in 1940s, the more recent Havasupai Genetic Research that failed to obtain consent and misused the DNA of members of Havasupai Tribe (case settled in favor of Havasupai tribe in 2010).

While Oregon Health Authority (OHA) and the state government report concern for racial issues and diversity, application for the selection of the Psilocybin Services Advisory Board members focused on the applicants understanding of racial issues and contributions to diversity; racial equity was not represented in the selection. Furthermore, the board does not include an individual from Mexico or Central America/ Mexican or Central America ancestry given the contribution of Native American peoples from those regions for what we know today about psilocybin. Furthermore, according to the United States Census Bureau, Latinxs represent 13.4% of Oregon population, the largest minority racial group, and the governor failed to appoint to the board a person of Latinx origin.

Not having representation and voice is harmful, especially given the western modern psychedelic movement history of denial, silencing, and appropriation of Native peoples' wisdoms about entheogens.

The few members of marginalized communities appointed by the governor are doctors and exceptional in their fields of specialty. In my opinion, their appointments show that the standard was higher for their selection confirming the implicit bias as well as the idea that members of marginalized communities need to work twice as hard to obtain similar results. They have been persevering to advocate for ethical and equitable decisions and development of the program despite of the potential emotional labor associated with microaggressions, prejudice, hatred, and discrimination members of marginalized communities endure constantly.

I was excited to learn about Jon Denis's entheogenic proposal which can address some of my concerns relating to racial justice, equity, and accessibility. It provides a structure and safety guidelines while allowing culturally sensitive access to psilocybin services. Supporting the entheogenic proposal this Wednesday, May 25th, aligns with recognizing indigenous people's wisdom of plant and fungi medicines and their way of practicing as well as providing a culturally sensitive container for marginalized communities with a history of medical trauma who will be likely to be excluded from Oregon Psilocybin Services otherwise.

Thank you so much for your time and consideration.

Rebeca Rocha, PhD, LCSW