



On July 24, 2025, President Trump signed an Executive order called "*Ending Crime and Disorder on America's Streets*." While framed as a public safety measure, this Executive Order (E.O.) raises serious concerns in both its intent and future impact. The E.O. unfairly targets individuals who are unhoused, more specifically those living with mental health conditions. The policies outlined in the E.O. are not only misguided, but they are also harmful, stigmatizing, and threaten decades of progress in disability rights and mental health advocacy.

While individuals experiencing homelessness may face higher rates of substance use or live with a mental health condition,¹ this does not justify institutionalizing people en masse or treating them as threats needing to be removed from public view. The United States has spent more than 50 years moving away from institutionalization and toward community-based care, which honors individual dignity and leads to better health outcomes. Laws such as the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and the expansion of Medicaid Home and Community-Based Services (HCBS), along with related regulations and court decisions, reflect the United States' longstanding commitment to supporting individuals with disabilities in community-based settings, where they can live, receive care, and thrive with dignity.

The E.O. ignores that progress. It reinforces harmful stereotypes, undermines civil rights, and risks retraumatizing individuals who already face significant barriers to stability and care. Experience has shown that removing individuals from their communities through institutionalization often results in long-term harm and undermines efforts toward recovery.

At NAMI Mass, we recognize that mental health conditions are diverse, multi-layered, and complex, requiring individualized and compassionate responses. Every person deserves the right to participate in decisions about their own care. The top-down, punitive approach proposed in the E.O. strips individuals of that right and fosters an environment of fear rather than healing. The E.O. leaves little room to account for individual needs, circumstances, and preferences, completely erasing the individual from their own proposed treatment plan.

While we know Civil Commitment is utilized across the United States, it should be the option of last resort. The E.O. appears to encourage increased use of Civil Commitment without sufficient

¹ Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, S. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLoS medicine*, 18(8), e1003750. <https://doi.org/10.1371/journal.pmed.1003750>.

guardrails to ensure due process, individualized assessment, or person-centered care. Further, conflating homelessness or mental health conditions with criminality is not only inaccurate, but it is also extremely dangerous. The notion that unhoused individuals are inherently threatening is a myth, and policies based on such assumptions will only deepen stigma and social exclusion.

We are alarmed by the E.O.'s disregard for bodily autonomy, human dignity, and evidence-based mental health practices. As an organization grounded in the voices of individuals and families with lived experience, we cannot support a directive that stands so fundamentally opposed to our mission of hope, support, and inclusion.

We remain committed to building a Commonwealth, and country, where every person, regardless of housing status or mental health condition, is treated with dignity and compassion. We will continue to offer free, person-centered support to all who need it, when they need it. Most importantly, we will continue to advocate fiercely for systems that promote health, advance justice, and prevent physical and psychological distress.