6 February 2020

Chair & Members of the Committee Joint Committee on Judiciary Oregon State Capitol Salem, OR 97301

## Re: House Bill 4005

Dear Chair Sanchez, Vice Chair Springer- and Members of the Committee:

I am writing in non-support of House Bill 4005. If you live in a rural area there is not a response of police in 5-10 minutes. The response can be up to 1 hour to 20 minutes. In my town a man had entered a house by breaking down the back door. The man was confronted by the homeowner who was armed with a rifle. The man left the residence after being confronted. The man had entered the house by breaking down the back door. The suspect was confronted by the homeowner who was armed with a rifle. The suspect then left the residence after being confronted. The man then went to the neighboring house and rang the doorbell. The home owner called 911. Then the man walked over to the area of the original house and broke into the house again. The homeowner held him at gunpoint for twenty minutes until, a Deschutes County Deputy and a Black Butte officer arrived. This bill severely restricts a homeowner the ability to defend themselves during a home invasion. In particular, its amendments, which would hold a gun owner to a higher standard than a criminal in the commission of a crime of theft. It is a gross misuse of the Emergency clause which would make HB 4005 *retro-active*.

I do not support HB 2015 line12. The statistics used to justify this bill are flawed. About four children cut of every 500,000 below the age of 12 commit suicide annually, according to the Centers for Disease Control and Prevention. "The number has doubled since 1979, but in recent years it's been only the 14<sup>th</sup> leading cause of death for kids in that age group, just after meningitis and anemiathe Disease. The numbers are low for several reasons. For one thing, the factors that correlate with suicide-depression, drug use, peer pressure-don't usually hit until puberty. In fact, autopsies of children who kill themselves show that a higher-than-usual proportion are tall for their age-a good proxy for pubertal status. As you'd expect, the suicide rate climbs among adolescents aged 10 to 14 (1.3 per 100,000) and spikes among teenagers 15 to 19 (7.67 per 100,000). Another reason for the low suicide rate among children is parental supervision. The younger the child, the more likely a parent will be nearby to intervene. As a result, it's often hard to tell the difference between a suicide and an accident. (Official definition of suicide: "Fatal self-inflicted destructive act with explicit or inferred intent to die.") For example, a medical examiner might be presented with the case of an autistic child who jumped off his bunk bed in a hospital, hit his head on the floor, and died. Or a little girl might jump out the window in the course of a fight with her older brother. The factors that cause children to commit suicide differ slightly from their older counterparts. Depression can play a role, but among the youngest suicides, a predisposition to impulsiveness is just as important. Children who kill themselves often have a mood disorder, ADHD, or a "conduct disorder," which basically means antisocial behavior. Living an in abusive household can lay the groundwork for suicidal behavior, and an incident like getting kicked out of school or a dying relative can trigger it."

I do not support <u>HB - 4005 page1 - Line 15</u> because the information is not correct. Suicide deaths in females for poisoning, 27.9% for suffocation then 31.2% for firearms. https://www.statista.com/statistics/560161/distribution-of-us-suicide-deaths-by-method. Suicide in veterans are higher than non-veterans. The real issue is the lack of mental health resources in Oregon. The focus has been on punishing gun owners, making them criminals in their own homes Instead of finding funding for enhanced community mental health. Once, you leave the Portland metro area mental health resources are not as plentiful and the community based mental health clinics are overloaded.

I do not support **HB 4005 page 2 line 4**. This line purports 2/3 of all school shooting in the US involved weapons taken from their homes. The shooter of the Parkland school shooter (non-student 19 yrs.) has 45 visits from law enforcement without any referrals from law enforcement to mental health. In 2016 and 2017, the sheriff's office received a number of tips about Cruz's threats to carry out a school shooting. The FBI learned that a <u>YouTube</u> user with the username "nikolas cruz" posted a message in September 2017 about becoming a school shooter, but the agency could not identify the user. In January 2018, someone contacted the FBI tip line with a direct complaint that Cruz had made a death threat, but the complaint was not forwarded to the local FBI office. Cruz threatened to rape, kill, brought knives to school, and he was allowed to stay in school but, could not bring his back-pack in the school.

I do not support <u>HB 4005- page- 2 line 10</u> the line purports that this act will be effective in reducing gun violence and suicide in Oregon. Again, the elephant in the room is being ignored. That elephant is providing suicide prevention and mental health. Suicide prevention should be taught in the schools as well as, mental health identification. Firearms Safety could be taught in the schools. The Eddie Eagle Gun Safety program is available. The program teaches children not to touch firearms but, to go get an adult.

I do not support <u>HB 4005 Section 5, b 24</u> Hours is not a reasonable amount of time. A week would be a more reasonable time.

I do not support HB 4005 <u>Section 5 2A</u>. A class B violation is excessive. It equates to committing Robb II.

I do not support HB 4005 Section 5, c, Filing a false report is already listed in ORS.

I do not support HB 4005 Section <u>5, 3</u>, it holds the gun owner to a higher standard than the thief that stole the firearm.

I urge the Committee's consideration to enable homeowners to defend themselves, mandate mental health screening and have more than adequate funding for mental health. I beseech the Committee's non-support of HB4005 and its amendments.

Respectfully,

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LAURIE KIMMELL, MSgt, USAF (Ret.)

# **Mental Health PDX**

Mental Health Association Of Portland - Oregon's Impartial & Independent Advocate

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# Report details magnitude of suicide among Oregon vets

May 12, 2014 | No Comments

A new 17-page report provides numbers and rates of suicide by Oregon veterans from 2008 to 2012. Some key points from the report:

- Suicide is the leading cause of death among veterans under 45 years of age.
- Between 2008 and 2012, veterans constituted 8.7 percent of Oregon's population, but accounted for approximately 23 percent of suicide deaths.
- \* The rate of death due to suicide was higher in veterans than in non-veterans.
- · The rate of suicide for male veterans was more than double the rate for female veterans.
- Nearly 97 percent of veteran suicides were males.

DOWNLOAD - "Suicide Among Oregon Veterans 2008-2012" (PDF, 345KB)

The map below is from Metric Mapping and does not appear in the report. Three tables from the report are reproduced below; see the report for more.



### Table 1. Veteran suicides by year, sex and age group, Oregon

Year	Sex		Age group in years			Total
	Male	Female	18-34	35-54	>=55	rotar
2001	150	5	18	55	82	155
2002	168	4	18	66	88	172
2003	164	4	10	55	103	168
2004	160	7	10	54	103	167
2005	149	5	9	39	105	154
2006	136	7	9	48	86	143
2007	155	2	9	44	104	157
2008	134	4	12	41	87	140
2009	135	10	9	38	98	145
2010	146	5	12	43	96	151
2011	144	6	10	47	93	150
2012	150	5	9	51	95	155
Source: Death certificate data, Gregon Health Authority						

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