

Submitter: Don Erickson
On Behalf Of: The American Foundation for Suicide Prevention
Committee: House Committee On Emergency Management, General Government, and Veterans
Measure, Appointment or Topic: HB2538

HB 2538: Directs the Oregon Medical Board to require physicians and physician associates to

complete continuing education regarding lethal means counseling

House Committee on Emergency Management, General Government, and Veterans.

Good afternoon Chair Tran and Committee Members:

Thank you for having us here today. My name is Don Erickson, Licensed Professional

Counselor. I am also the vice-chair of the Oregon Alliance for Suicide Prevention. I'm here today

as a volunteer for the American Foundation for Suicide Prevention. I am here today to ask you

to support HB 2538, the effort to increase suicide lethal means training for doctors

This is an issue I care deeply about because:

I have specialized in suicide prevention, postvention, suicide-related therapy, postvention, trauma and PTSD services that has included veterans and veterans' families for over 40 years. My most valuable education related to these issues has come from my son who retired from the Army just last week after 23 years of service that included a deployment in Iraq in 2006. His experience has heightened my sensitivity to the very unique culture of the military as well as the unique nuances related to suicide among veterans and particularly related to the use of firearms in suicides by veterans. After my son returned from Iraq, I watched him attempt to return to

"normal" at family gatherings and with peers. For the first time in his life, he wasn't connecting with people including his two siblings and the rest of his family. We're grateful that he recognized that he had been changed as many of the men and women

he had served with had been changed by their service. He chose to explore that change and try to understand how he and our community might provide bridges between their world and ours. Most people are unaware that the majority of mental health graduate programs and medical schools do not train future healthcare professionals in suicide assessments, treatment and prevention and they certainly don't

prepare them for the unique culture of soldiers and veterans. We aren't preparing the most critical professionals who might potentially be in a position to prevent suicide how

to assess vulnerability and how to conduct difficult conversations about suicide and about lethal means. One of the most difficult and most important conversations we

can

have with someone considering suicide, particularly suicidal veterans, is how to distance themselves from firearms. Research tells us that the majority of suicidal individuals make specific plans regarding the means for taking their life. If their plan is disrupted, even for a brief period of time, the individual often changes their mind.

Research also tells us that an individual's PCP is the most trusted professional in their life. I am

likely to follow my PCPs health-related recommendations including if they tell me that there is a

safe way to store my firearm during a period of risk in my life and assure me that I can retrieve it

upon request, I am very likely to believe them.

Chair Tran and committee members, thank you for your time today and please vote yes on HB

2538