

To Whom it concerns regarding Senate Bill 1015

I am offering my own perspective here as a working busy Paramedic in the state of Oregon. I oppose this bill for several reasons while also recognizing a need it was meant to address. First opposition. The bill is meant to address violence in communities but specifically addresses one of the smallest contributing factors, gun violence. I find this emphasis of one of the smallest factors to be a conflict of interest. Why do I say this? Well, when I'm on shift, it's not uncommon for me to see multiple overdoses on fentanyl to a point where the person is blue and not breathing. I see stabbings, car crashes, beatings and all kinds of acts of violence and self harm. I rarely see gun violence, and don't believe I need to cite a statistic to prove that my anecdotal experience correlates to the state wide trends. I don't know how to express the level of depravity and lost suffering people in every neighborhood I have been to experience and inflict. Even in the nicest looking neighborhoods you will often find a house with someone in the throes of addiction and mental health crisis, maybe the mess is covered by cleaning services etc, but the tragedy is still there. Gun violence is less than the tip of the iceberg for the massive failure to thrive we experience as a whole. I'm concerned for this bill because it seems to target this tragedy with the most inaccurate aim. Gun violence to non familial persons is such a small part of the issue. I implore you to look past the political agenda against firearms and actually address community violence issues as a whole and not just define it to firearms.

Support. I offer another perspective as a busy Paramedic, so bare with me. When a person begins their career as a Paramedic or other busy emergency provider, there is a hope to help people. As a person develops in their career the overwhelming wave of tragedy changes this perspective, and maybe that change can be only articulated at 3:30 in the morning after the 17th call mopping blood or other hazards from the back of an ambulance. There is a change I promise you. As a person recognizes this change, hopefully, they can begin to choose a path. That path is chosen every day a person shows up to work. Core to that path is the question, "What the hell are we doing where this can exist". "This" being some of the things I've described as tragedy, but much more. Many providers frankly just learn to stop asking, and only describe people as a diagnosis. The trauma patient, the chest pain patient, the gunshot patient, etc etc etc. The chest pain patient, maybe they are young and having an anxiety attack and not a heart attack. However, consider the possibility of a horrible abuse history, laundry list of psych meds that often create mental instability or anxiety like benzodiazepines being present.. Maybe the chest pain is the culmination of those factors and more, a terrible living environment, no plans for the future, failure of personal relationships, horrible physical obesity, stunted maturation, dissociated personality. Maybe that chest pain has a root cause. Prescribing another pill might numb but it will not solve.

I would ask you to consider this example for society wide intervention. "We shall provide funding for communities that have extra deaths relating to chest pain". We could provide funding to analyse evidence based statistics on coroners reports regarding coronary artery occlusion and chief medical complaints. Chest pain is what we fear, call 911. In reality something like 1 in 20 cases of chest pain actually turn out to be a heart attack of clinical significance. But we as a society fear it because it is the leading cause of death, we SHOULD fear it. Where does all of

this valid concern and scientific evidence leave the patient with an anxiety attack and chest pain? "You're ok at least it wasn't a heart attack". My point here is that when we isolate an issue or a people to a diagnosis or problem we lose any clarity which may help intervene.

Now take this chest pain patient example and apply it to gun violence patients or deaths. When we say, "communities with gun violence issues", we ignore the whole. Maybe there is general poverty, a breakdown of the family structure, young men without fathers, and no career prospects outside of crime or government assistance and maybe possibly likely these are the highest areas of gun violence. If we fund interventions that prove to reduce this symptom of violence, particularly those tied to anti gun activists, we could consider the following. Maybe make firearms so expensive that nobody will use them for crimes, maybe increase incarceration, maybe increase access to psychiatric medication and therapy, maybe re-educate people in facilities to teach that violence is not the answer. All of these things probably could prove to reduce violence, but what have we done. We have institutionalized, medicated, incriminated and restricted liberties all in the name of help because we can produce some statistics on a single variable. I support bringing people out of poverty through better opportunities, I support programs to give youth a better education through selection of schools, programs to support trades, law enforcement to catch predators with due process, economic investment to make better businesses. I support interventions to give people their dignity back. This bill does not address these factors. It simply targets symptoms and leaves a funding model ripe for abuse from anti gun organizations and activists with a low bar of evidentiary justification and monitoring.

I take issue with the oversight board. What qualifies a person as "impacted by community violence"? Are they referring to veterans and first responders, we are. Are they referring to people who lived within a certain distance of a shooting, everyone does, what qualifies an expert in prevention? I raise this issue because I see this oversight board as the mechanism to fund organizations that seek firearm legislation and not reduction of violence on the whole.

Furthermore I take issue with the grant requirements. Given the potential for a biased oversight board, there should be specific limitations on grant awards. However the description includes terms like direct violence intervention. Police directly intervene on violence. Are we funding police? It seems like a crisis intervention organization would fit this bill. Should we design and restrict funding to crisis interventions organizations to gun violence only? Will that really produce the statistics needed? I doubt it. Do we need them, yes.

In conclusion, I ask that this bill not be passed due to foundational issues and potential for abuse,