

## **Vermont Traditions Coalition - Testimony Thursday March 27, 2019**

### **House Judiciary Committee**

#### **Re: S. 169**

Thank you for the opportunity to speak to you today. Vermont Traditions Coalition has thousands of members across the spectrum of land based businesses, occupations, outdoor recreation and educational and sporting interests. We represent a broad coalition from snowmobilers to farm and forest land owners and the hunting, fishing and trapping communities.

I would like to review the several sections of the bill briefly as well as address the issue of suicide prevention in some greater detail.

#### Sections 1 and 2:

As with my first statement, we support these section entirely and applaud the reforms they bring to the table for both law enforcement and the many shooting clubs and our many out-of-state visitors.

#### Section 3:

I have provided the committee with several documents, some of which call into question the relative utility of "Waiting Periods" generally and the data analysis often cited as justification for these laws. What continues to be missing from the arguments by supporters of the waiting periods is a balanced approach that weighs the access restrictions for potential victims against the asserted suicide prevention benefits. While "access to means" is always an important factor on the long road to a suicide attempt, and often cited by those hosting events supporting "waiting periods", when we review practical approaches to prevention, another story emerges.

The dominant themes with suicide prevention and intervention always stressed are warning signs of a social nature such as isolation, lack of interest in relationships, changes in personality and work habits, addiction, risk taking behaviors and the like. These are all progressive changes over time, noticed only by those with some regular interactions with the person. They are stressed because of their consistency and reliability in identifying persons at risk by friends, colleagues, family and clinicians.

An expanded version of this approach is detailed in the so-called Chicago Protocols for detecting suicidal intentions, ideation and planning by clinicians and interventionists

(such as hotline and addict clinic staff). Notice again that these intervention approaches stress identifying signs of risk, ideation and planning before means are sought or acquired.

It is all in the name: Suicide Severity Rating Scale Risk Assessment. Reading through the SSRS is revealing and disturbing but confirms that assessing the long cascade of events and behaviors leading to suicide is the most reliable method of detecting and intervening before the attempt. In a very real, clinical sense the weight of evidence says that a person may seek means long before the attempt, may never attempt or may plan long before seeking means.

Vermont has a very real deficit when it come to resources, staffing, bed space and transitional programs for those with the "disease" of mental illness such as are seen in depression, PTSD, addiction and the like. Victims of domestic partner abuse, family violence and sexual assault are all likely to benefit from an intervention strategy that is supported by state government and volunteer services such as hotlines. All over this building in other committees your colleagues are struggling with budgets and policy decisions that promise real and robust responses to all types of mental illness and the victims families. Seek them out and come along side to support these efforts.

It is also likely that victims of abuse, violence and drug trade related crimes would seek the "means" to defend themselves and their families against potential tragedy. They have a Constitutionally explicit right in Vermont's Article 16 to "bear arms for the defense of themselves and the state". Whatever good intentions we may have in considering "waiting periods", they deserve a priority position to exercise this individual right at the time the threat presents itself. 24 hours may as well be 30 days when minutes count and you have seconds to respond.

Nothing in the powers of state government can replace caring knowledge, intimate communication and tender loving that says: You matter and we care about how you deal with your sadness, anxiety and fears.

Section 4:

VTC and other firearms policy advocates worked together last year on S.221 which is referred to as the ERPO law (Extreme Risk Protection Order). Our primary goal along with others such as the VT ACLU, was to ensure the law provided maximum protections of rights through robust Due Process and limited State action against any lawful gun owner. That should have included a mandatory access to the Public Defender as an individual Constitutional right is at peril within an expedited legal procedure. Any expansion of physician reporting leading to ERPOs should be accompanied by an

amendment that provides that blanket across the board in all ERPO proceedings, especially Ex Parte ERPO proceedings.

Section 5:

VTC supports the research and data collection provisions in this section and look forward to seeing the results. The ERPO was proposed as a primarily suicide prevention measure based on detection and early intervention in specific persons. Without the blanket restriction on lawful persons in the proposed "waiting period", ERPOs seek to restrict only where the Court has been shown evidence of a specific threat of harm. Confirming these goals will be aided by this data collection. Extreme risk protection by denying an essential right should be proven with extreme certainty and extreme Due Process.

Section 6 and 7:

Repeal of Sunset provisions here are part and parcel of the goals of Sections 1 & 2, which we support. Being effective on passage will also assist clubs in facilitating registrations for Summer events schedule.

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Vermont Traditions Coalition