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Testimony in opposition to SB 1085 An Act Concerning Suicide Prevention March 29, 2021

Senator Abrams, Representative Steinberg and members of the Public Health Committee:

I am one of the leaders of Second Thoughts Connecticut, a coalition of disabled people advocating for equal suicide prevention services for disabled people and, as you may well be aware by now, opposed to the legalization of assisted suicide. Second Thoughts Connecticut is a member of the Connecticut Suicide Advisory Board (CTSAB), as are hundreds of other organizations, many of which will join in opposition to SB 1085. We believe that the current coalition structure is working and has helped make Connecticut a national leader in suicide prevention. SB 1085 is misguided legislation that would bureaucratize suicide prevention efforts and roll back some of the cutting-edge work that Connecticut has done in comparison with other states.

[As noted by the current CTSAB](#), SB 1085 does not recognize the current Board, nor does it align with its mission, vision, or the [Connecticut State Suicide Prevention Plan 2025](#). I am particularly concerned as to the effect of this legislation on efforts to prevent suicide in diverse populations. PLAN 2025 is well out in front in this regard, focusing on a number of areas including suicide prevention across the lifespan—including youth, middle-age, and older adult suicide, race/ethnicity, LGBT+, occupations (particularly first responders), military/veterans, unemployed people, those involved in the criminal justice system, and survivors who have been exposed to or who themselves have previously attempted suicide.

One area that deserves particular focus is the inclusion of disabled people in suicide prevention. Connecticut is the only state in the nation that focuses on disabled people and others with chronic medical conditions as a high risk group for suicide in our state suicide prevention plan—an especially important consideration with many people now dealing with long-term symptoms of COVID-19. We sadly live in a culture where the suicides of disabled people are too often celebrated and encouraged rather than mourned, and where too many people believe that death is preferable to disability. As noted in PLAN 2025 (pp. 57-59):

The active disability community in Connecticut has been vocal on the need for suicide prevention services for people with disabilities...[William] Peace writes that “Many assume that disability is a fate worse than death. So we admire people with a disability who want to die, and we shake our collective heads in confusion when they want to live.” ... People with disabilities have a right to responsive and culturally competent suicide prevention services. The CTSAB intends to continue to explore the needs of the disability community for such services.”

PLAN 2025 makes a number of important recommendations in this area, including “Do not assume suicide is a ‘rational’ response to disability or chronic illness.”

I hope members of this committee will at some point take the time to read PLAN 2025, and particularly the sections on suicide prevention in diverse populations including disabled people. In the meantime, let us make sure we do not put all of the progress we have made here in Connecticut at risk by dissolving the existing suicide prevention infrastructure. We in Connecticut are relatively fortunate enough to have [one of the lowest suicide rates in the nation](#), even as suicide rates are increasing and some suicides are being encouraged rather than prevented. The good work of the current CTSAB is part of the reason for this, and something we must not put at risk. Please oppose SB 1085.