

From: [Larson Tyler](#)
To: [Malone Debbie](#)
Subject: FW: Senate Bill 281
Date: Thursday, May 16, 2013 12:01:41 PM
Importance: High

For OLIS – tomorrow’s work session

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From: CAPT Eugene Ebersole [mailto:usnavyjag@hotmail.com]
Sent: Thursday, May 16, 2013 11:59 AM
To: Rep Greenlick; Rep KenyGuyer; Rep Thompson; Rep Clem; Rep Conger; Rep Harker; Rep Kennemer; Rep Lively; Larson Tyler
Subject: Senate Bill 281
Importance: High

Dear Chairman Greenlick and Vice Chairs Keny-Guyer and Thompson and members of the Committee:

When I appeared yesterday in support of Senate Bill 281, I feel I did not communicate my ideas as clearly and completely as I would have liked to have done. I, therefore, felt that I would serve your committee better by reducing my ideas to a short email for your consideration and inclusion for SB 281.

I am writing in support of SB 281. I am a retired U.S. Navy Captain and served a total of 32 years military service (active and reserve - first 2 years in the Army from 68-70). I was in combat in Vietnam in the Army from 69-70 and at the end of my Navy career in 2009 went to Iraq. I finished my service with the Navy and retired in January 2010 upon returning. I also served the people of Oregon as a Senior Assistant Attorney General in the Oregon DOJ for 21 years. I was in the Navy reserve during my position with DOJ. While I loved working for DOJ, the overwhelming multiple disabilities from my years of military service, in particularly my combat tours in Vietnam and Iraq, necessitated my retirement from DOJ in January, 2011.

I am a 100% disabled vet based upon a multitude of physical injuries and also severe PTSD. I lived with my PTSD (mostly in denial that I had a problem) for 40 years and only after being exposed to combat again in Iraq did I start to come to grips with my own difficult issues. I began and continue to receive counseling and medical treatment from the Veterans Administration for my injuries and PTSD. After leaving DOJ it was necessary to get new civilian medical care through Tricare insurance. My primary treatment physician, a prior Air Force flight surgeon of 8 years with tours in Afghanistan, believed that the use of medical marijuana could provide symptomatic relief for the pain I have from my multiple medical

conditions. Under her care and supervision I am now a cardholder under the OMMA program for two years. While I have numerous "pain" issues, which get relief from the use of cannabis, I also find that it significantly improves the anxiety, hyper alertness, headaches and irritable bowel syndrome that I am plagued with when my PTSD flares up. I can attest unequivocally that on days when my PTSD issues are overwhelming it is a blessing that I have the OMMA status. Counseling helps a great deal, but the medications, like Prozac, Zoloft and stronger drugs the VA gives, do not always provide relief and some of us simply cannot physically or mentally tolerate those medications and their side effects. Appropriate use of marijuana is a viable alternative with little or no side effects for most. Medical marijuana has very substantial benefits for my PTSD and the physiological issues that it causes in my body. Oregon is a forward thinking state and this bill is simply a common sense approach giving a treating physician one more option in developing a treatment plan for their PTSD patients. It may not be for everyone, but no medicine is.

Having drafted and testified on numerous bills during my Oregon DOJ tenure, I am aware of how easy it is for a bill to get tabled or sent to a committee for further review, causing it to become lost and not made into law. I am concerned that there are some who are seeking amendments to SB 281 or wish to drive the "monster truck" of other marijuana legislation into this simple bill's enabling clause. To allow that to happen would be a serious mistake. This is a very simple addition to help all PTSD sufferers, not just veterans. That being said, every war brings with it advances in medicine that allow soldiers, who in prior wars would have died, to survive. Unfortunately, many of those survivors have to live the rest of their lives with debilitating conditions. The major signature injuries that post 9/11 veterans today are suffering are PTSD and Traumatic Brain Injury, usually caused by surviving close encounter explosions such as IEDs. Since these often show no external markers, so others know the vet is disabled and suffering, we are usually forced to endure our condition in silence. It is no surprise that today more post 9/11 vets die of suicide than those that died in combat. With the war in Iraq over and the one in Afghanistan coming to an end there will be thousands more returning vets who will need treatment for PTSD. Let's give them this simple option to help a little.

Please don't let this bill get stuck in committee. Vote for a "do pass" and carry this bill proudly to the floor for passage.

I would be willing to testify to that effect if any working group, other committees or legislators need to hear it from someone who held high level positions in both the military and government service. I stand ready to assist you in any way to get PTSD included as an additional category for OMMA eligibility.

Eugene F. Ebersole
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