

Calvin and I thought this very brief video might be instructive and that it also might be a helpful thing to look at CT and MA and how they are faring without any form of IOC.

<https://youtu.be/YduDk8BbRF4>

The written (longer) testimony is below:

To the Members of the CT legislature

I have been diagnosed with schizophrenia for nearly forty years and was forcibly medicated many times over those decades. Involuntary medication never helped me to recover, much less improve. As one case in point, take my stay at Yale New Haven Psychiatric Hospital in 2013. There I was repeatedly and forcibly injected with IM Haldol, a so-called “anti-psychotic.” Call it what you will, it subdued me, yes, but I only got worse, a connection the doctors and staff didn’t seem to make, not even when invariably, post-injection, I would strip, defecate and write with feces on the walls of my room.

Involuntary treatment does not work. Over the short run, you can make a person take medication. You can threaten a person with hospitalization, “or else” and frighten her into swallowing pills. Or you can hospitalize someone for refusing and medicate her against will. You can, if coercion is your game, put her into 4-point restraints, punishing her for resisting and fighting the team that held her down. You can even inject drugs that once in the system continue to work for as long as a month or more.

Clearly, people do break when faced with such measures and most will eventually come to accept treatment “voluntarily.” They may even “get better”-- for a time at any rate. Nevertheless, despite the appearance of a successful outcome, the façade is shaky and involuntary treatment is the worst possible thing you can do to a person, even one you judge to be incompetent to make the decisions you want her to make. Symptom improvement will likely be temporary. For any number of reasons, as soon as you stop forcing people to do something, they usually stop.

Moreover, as recent research has shown, there is every reason to suspect that psychoactive drugs, especially the so-called antipsychotic drugs, are far less efficacious in promoting real

and permanent recovery than we have been told. However, the effects of trauma and the aftermath of involuntary treatment can be disabling and permanent. I know; I have been there.

I am rarely compliant with medications that make me feel bad, even those that others tell me alleviate my symptoms. If a drug makes me feel horrible inside, I refuse to take it. I believe that sometimes the treatment can be worse than the disease. Because of this, I have, while in-patient, been subjected to “forced medication hearings,” hearings which I was almost pre-determined to lose.

Once, I was not only forcibly medicated with the atypical antipsychotic drug Zyprexa, despite the fact that the medication had caused me to gain nearly 80 pounds, elevated my cholesterol and triglycerides sky-high, and made me pre-diabetic. In addition, the probate judge, on the instigation of my in-patient psychiatrist, ordered that I undergo involuntary ECT otherwise known as electro-shock treatments. That was in 2004. In the more recent past, my experience with involuntary treatment at Manchester Memorial Hospital in Manchester, CT was so horrendous that in combination with an equally brutal experience, at Middlesex Hospital in Middletown 6 months later, I developed global amnesia for both hospital stays and was diagnosed with the additional problem of PTSD.

I would like to tell you about the Manchester Hospital experience in some detail, as I believe it will give you a “taste” of where IOC (or ONH in Vermont), when taken to its logical conclusion, can and must lead.

I was involuntarily hospitalized at Manchester Hospital in 2009 on a 15-day physician’s emergency certificate (PEC). Within the first few days there, I was summarily taken off a two-antipsychotic drug combination, plus the anti-seizure meds and an anti-depressant I came in on. This “cocktail” had worked for me since 2006 without devastating side effects, so it was one that I was not only willing to take, I also felt it helped me function. But the psychiatrist at this hospital decided, and I quote, “since you are here, your current meds aren’t working, so I am going to put you on something else.” Did it matter to him that I had already been tried on nearly every other drug on the market, old and new, and none

worked as well and with as few side effects as the two I was then taking? No, he was the doctor and his word was law.

So the “offending meds” were removed and I was again asked to take Zyprexa, a drug that I had always found objectionable, especially because of the severe side effects I experienced. Over the next few days, I continued to refuse it, and naturally, I began to decompensate further, having nothing in my system and having been so rapidly withdrawn from my usual meds that decompensation was guaranteed. A forced medication hearing was scheduled. The psychiatrist decided at the very last minute I would not be given Zyprexa after all, but one of the oldest neuroleptics in the PDR, Trilafon. I do not know to this day why he chose this drug over dozens of alternatives. Certainly it is a medication that he had no reason to believe would be more effective than Zyprexa, or less objectionable. When I complained, he said only that should I refuse a single dose, I would be given an IM injection of Haldol.

Knowing the side effects I had had on Trilafon when I took it before, I objected. No, I was not going to take Trilafon and I refused to swallow the pills. But neither would I lie down voluntarily for any needle full of “vitamin H,” which was equally awful, so I fought them when they approached me with their punishment hypodermic. At first, they just overpowered me, injected me and walked away. But after a few refusals they would “call a code” and bring in the goon squad. I do not know how many times this happened but when they appeared – the “team” of 6 men plus a couple of uniformed security guards -- they would assault, restrain and inject me, despite my terrified screams. This sort of violent encounter happened so many times, along with frequent use of 4-point restraints and solitary confinement, where I would be locked in their barren, dark, and freezing cold seclusion room, that I literally developed amnesia. Indeed, but for whatever I recorded in my journal and their one-sided hospital chart, I would have no idea what happened during any of that entire three-week period.

Why do I tell you this? Because this is what forced medication and involuntary treatment can lead to much more often than you want to believe. Connecticut may have rated a B in the NAMI ratings for mental health care overall, Best being the best grade any state got, but

it rated *only* a B, and in-patient hospital care in this state is surely worthy of a grade well below a C, if my experience means anything. If the bill passes and IOC is instituted, how do you propose to treat someone who dares not to want treatment? You cannot assault an individual outside of a hospital and brutally medicate them using 4-point restraints if they resist. Or perhaps that's precisely what you do propose: to threaten the resisting patient with hospitalization, followed by the sort of trauma that I have gone through.

If indeed that is what you wish to do, then all I can say is, For shame! What doctors call anosognosia is really just someone disagreeing with them. But the fact is that even Thomas Insel, MD head of the NIMH for a decade, recently admitted that despite his push to discover biological and genetic causes for mental illnesses, 20 billion dollars was spent and it "did not move the needle" on either outcomes or effective treatments.*

What CT proposes to do is to subject persons with psychiatric "disorders" to more trauma and violence than ever, and that sort of treatment is just another name for brutality. This sort of coercion and cruelty masquerading as care doesn't help anyone get better, it only chases them as far away from any "treatment" as they can get.

*Added in 2018