

IN THE JUDICIARY COMMITTEE

BEFORE THE HONORABLE SENATOR McDONALD, THE HONORABLE REPRESENTATIVE LAWLOR,

THE DISTINGUISHED MEMBERS OF THE JUDICIARY COMMITTEE

H.B. 6391

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Good afternoon, Representative Lawlor, Senator McDonald, and Honorable members of the Judiciary Committee. My name is Robert Kalman. I am an Advocacy Unlimited Board Member and graduate, residing at Whiting Division of Connecticut Valley Hospital.

Today, I am here to speak on House Bill 6391 and to urge you to promote opportunity, kindness, and to protect the rights of individuals with psychiatric disabilities. With my submitted testimony are presented extracts from cases and publications addressing the opinions of different courts on the legal implications of forced administration of neuroleptic medication, (3 are from Connecticut, 1 from Massachusetts, and 1 from the Supreme Court). Following those is an extract from *Myler's Side Effects of Drugs*, (a Dutch publication that tracks and analyzes the side effects of medications). History shows us that a Government's use of force **must** be restricted when it pertains to forced administration of neuroleptics.

In the past, I've taken Zyprexa and Depakote for approximately two years and I prefer the term "neuroleptic" to "antipsychotic." The connection between the medication and the perceived psychosis is often nebulous, and the effects go more to behavior than to the dynamics of the mind. Neuroleptic is the term coined by the French chemists who developed the first such drug, Thorazine, in the early 1950s. They took it from the Greeks, to convey the similarities they saw in persons who took Thorazine with persons given nerve agents. After two World Wars, they knew what nerve agents did.

From 2001, at Whiting I witnessed the forced applications of neuroleptics. Witnessing the forced application of medication – it shocks the faculty of consciousness and thought. Can you please imagine

the impact on the individual who is the subject of the intrusive penetration by a needle into his body? The persons screams, begging for mercy. I have heard it numerous times. You can see the fear in their eyes. I have included an extract from The Journal of the AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW. Haldol, is the drug most often forcibly administered. The graphic here depicts how the brain changes during Haldol withdrawal, in terms of "receptor occupancy," seen going left to right. It is revealing and disturbing; it evokes the commercial: "This is your brain; This is your brain on Haldol." Crime warrants punishment ~ with equal justice and by due process! The legislative history demonstrates a clear intention to bring due process protections, when the state seeks to medicate a defendant involuntarily in order to render him competent to stand trial.

In the light of the Legislative history and Court decisions, in the legislation before you H.B. 6391, line [n] must delete the words "unwilling or" in order to protect the pretrial defendant capable of providing informed consent. Connecticut is the Constitution State. It has been ever since the 1959 General Assembly enshrined the nickname in our statute books. It's proclaimed on your standard-issue license plates, this sobriquet is no mere slogan – it's the LAW. Our constitution in Connecticut was designed to protect the individual from the collective and has worked amazingly well in the past. The state and the mental health system can't identify a "collective brain" – as there is no such thing. Pre-trial detainees who are able, but unwilling to consent to medication must be protected from "forced medication".

In light of the significant liberty interest at stake in a hearing on forced medication, due process requires no lighter burden on the state in this context. The same principal is articulated in State v. Garcia, and the state must shoulder this burden of proof. I concur with the Connecticut Legal Rights Project in their proposal

Thank you for the opportunity to address the committee today on this important bill.