

ROBERT E. BYRON
ATTORNEY AT LAW

Robert E. Byron, LLC

53 Oak Street
Hartford, CT 06106
Telephone (860) 524-9091
Fax (860) 524-9901

February 21, 2007

Re: House Bill 1068: An Act Concerning Whiting Forensic Division

Madam Chair:
Members of the Committee:

My name is Robert Byron. I am an attorney. I represent patients, termed acquittees, at Connecticut Valley Hospital, including patients at Whiting Forensic. I also represent inmates in the Connecticut prison system. It is because I know the difference between a prison and a forensic hospital that I oppose House Bill 1068. This bill is not born of the medical model of treating psychiatric patients, but of the prison model, which is a failed model. It is failed because we know that far too many persons with psychiatric problems are in the prison system, and that people who leave that system reoffend at a rate that approximates 40 per cent. For persons leaving CVH, however, that rate approaches zero.

The reason for that is, people at CVH get real treatment; people in prisons mainly get drugs. And a vital part of the treatment people get at CVH is a respect for their dignity and a recognition that they have been *acquitted* of the crimes they were charged with. These are not bad people. They are troubled people who can get better, and most of them do get better, and CVH recognizes that.

This bill, however, does not. The premise of this bill is that acquittees are criminals and must be treated as bad and irredeemable. This bill would have a deleterious effect on recovery because it would deny to patients their fundamental rights of privacy. It will be seen as an exercise in contempt, which it is, for them and their possessions. It will serve to erode the trust between patient and hospital which undergirds the therapeutic spirit of the treatment the hospital renders.

It will have another effect as well: it will reinforce the growing perception among persons accused of crimes and their attorneys that CVH is not the better alternative to prison. This perception exists because when people go there they have no idea when they will leave. They do know, however, they will be there a long time. People stay at CVH an average of 16 years. People stay at forensic hospitals nationwide, on the other hand, an average of 4 years.

The reason for that is the Psychiatric Security Review Board, which, like this bill, regards the patients as criminals. On its website, in fact, the board refers to the patients as "this criminal population." The board recommends, as a matter of course, continued commitments beyond the court-assessed termination date, and it does it over and over. Because of that, people who could go to CVH and who should go, people who would benefit from going, choose not to. And instead of becoming a part of the population of persons recovered, they become part of the population of persons who reoffend.

I recognize that at CVH, as at any forensic hospital, there will always be a tension between treatment and security. But CVH *is* a hospital; it is not a prison. This bill, however, would serve to make it less of a hospital and more of a prison, and by so doing would inhibit and impair treatment, and discourage people even more than they are discouraged now, from choosing to go there.

The current statute works. There is no reason to change it, other than to promote the notion that security at CVH involves a heightened risk. Perhaps it does, but if it does, that case should be made with facts, not speculation, and not by playing on the eternal prejudice against the mentally afflicted.

This is a bad bill, badly conceived, and I urge this Committee to reject it.