

**ROBERT M. PIERRO, M.D.**  
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February 24, 2009

Appropriations Committee  
Room 2700, Legislative Office Building  
Hartford, CT 06106

Dear committee members:

I am writing to register my opposition to Gov. Rell's proposal to close Cedarcrest Hospital in Newington and to move patients to Connecticut Valley Hospital in Middletown. I am writing as both a concerned citizen of this state and as a psychiatrist who works at Cedarcrest.

We all know that the budget crisis facing the state is quite severe and to come up with solutions is a daunting task. It is easy to merely look at numbers and conclude that if closing Cedarcrest will save the state millions of dollars per year, then this is a good thing. To the contrary, closing Cedarcrest to save money is akin to a family in a budget crisis which concludes that a good way to save money and balance the family budget would be to stop buying food. Food is certainly essential for the health and well-being of a family; Cedarcrest is essential for the health, well-being and recovery of persons with psychiatric disabilities.

While Cedarcrest admits a few patients from the far reaches of the state, and even from other states, it remains an acute, regional hospital for people with severe psychiatric disabilities. A large number of admissions come from local hospital emergency departments, local hospitals with psychiatric units and referrals from other facilities, including group homes, other supervised living settings and even from DOC. Most of the patients are committed, but some are voluntary. Most start off really not wanting to be in the hospital. However, these patients end up at Cedarcrest because other facilities cannot properly care for them. Our patients include those with schizophrenia, severe bipolar disorders, major depressions, Borderline Personality Disorders, autistic spectrum and pervasive developmental disorders, organic

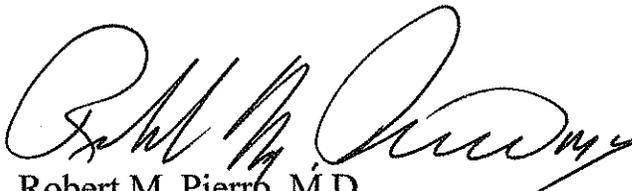
mental disorders, impulse control disorders, as well as a variety of other serious psychiatric disabilities plus a number of sex offenders. We frequently admit patients that no one else can handle. Many of these patients will take a long time to reach a state of recovery sufficient to reintegrate them back to the community. Some will always need close, continuous supervision.

To close Cedarcrest would do a disservice to a large group of individuals with severe psychiatric disabilities, as well as do a disservice to the surrounding communities and the hospitals that serve these communities. The backlog in hospitals for patients waiting for a bed at Cedarcrest would only worsen, especially if the net number of beds is decreased as per the proposal. If anything, we could use more acute inpatient beds, not fewer.

Many years ago the late Sen. Hubert H. Humphrey was quoted as saying: "It was once said that the moral test of Government is how that Government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped." Let us not abandon our severely psychiatrically disabled citizens by closing Cedarcrest. I do not believe it will benefit the state in the long run, economically, medically or socially.

Thank you in advance for your attention to this important matter.

Respectfully,

A handwritten signature in black ink, appearing to read "Robert M. Pierró". The signature is fluid and cursive, with a large initial "R" and a long, sweeping underline.

Robert M. Pierró, M.D.  
Principal Psychiatrist, Cedarcrest Hospital  
President, Medical Staff, Cedarcrest Hospital.