

Testimony before the judiciary committee  
March 29, 2012  
Opposing SB No. 452  
An Act Concerning the Care and Treatment of Persons with Psychiatric  
Disabilities

Good morning Senator Coleman, Representative Fox and members of the Judiciary Committee. My name is Pamela Spiro Wagner. I am a lifelong resident of Connecticut, currently living in Wethersfield. As a Brown University graduate, elected to Phi Beta Kappa in 1975, I attended U-Conn Medical School until psychiatric difficulties, later diagnosed as schizophrenia, forced me to leave. In 2005, I co-authored the memoir, *Divided Minds: Twin Sisters and their Journey through Schizophrenia*, which was a finalist for the CT book award. I also wrote a book of poems, published in 2009. As a visual artist, my work has been exhibited in Norwich, Hartford, Wethersfield and on the internet. I am here today to oppose SB 452, an act concerning the care and treatment of persons with psychiatric disabilities. This bill proposes to introduce involuntary outpatient commitment to CT.

Involuntary treatment does not work. Over the short run, you can make a person take medication (which is what this is all about). Yes, you can threaten to hospitalize her "or else" and frighten her into swallowing a pill for a while. And you can medicate her forcibly if she ends up in an inpatient setting. You can do so despite the horrendous side effects she may experience – from intolerable sedation or enormous weight gain and diabetes to the agonizing restlessness known as akathisia, the potential development of a disfiguring movement disorder like tardive dyskinesia, or just seemingly minor problems such as increased dental caries resulting from a chronically dry mouth. Not to mention a score of other severe side effects I haven't even mentioned. It may be that in the short run, the patient will break down in the face of such measures and begin to accept treatment "voluntarily" – or seem to. Perhaps she may even seem to "get better." But I am here to tell you that despite appearances of success, involuntary treatment is the worst possible thing you can do to a person with a chronic

psychiatric condition. Symptom improvement is usually temporary. For any number of reasons, as soon as you cease forcing a person to take pills, she is more than likely to stop taking them, especially if side effects are objectionable or coercion a major factor in her decision to take them in the first place. If she has been treated against her will, either as an in-patient or in an outpatient setting, the effects of the trauma involved may be permanent. I know, because I have been there.

Although I am in outpatient therapy, I have not always been and am not now always compliant with medications, especially those that make me feel deadened or bad, even when they seem to alleviate the worst of my symptoms. If a medication makes me feel horrible or worse, makes me feel nothing inside, I usually refuse to take it. I tend to agree with those who say that sometimes the treatment can be worse than the disease. Still, while in-patient, I have often been subjected to "forced medication hearings," which I lost, the deck being inevitably stacked against me. IN 2004, at the Hospital of St Raphael's in New Haven, I was not only forced to take Zyprexa, a drug that induces severe obesity, high cholesterol and diabetes, but in addition, the probate judge, on the instigation of the in-patient psychiatrist, ordered that I undergo involuntary ECT, otherwise known as electro-shock treatments. All of this was in the name of "helping me." No matter that I did not want it, nor that my neurologist was completely against it, fearing brain damage. Nothing mattered but the wishes of that one psychiatrist. That single psychiatrist, whose word and opinions counted far more than anyone's though she had known me all of 3 weeks.

One of my most recent experiences with involuntary treatment was at Manchester Hospital. This was so horrendous that in combination with an even more brutal experience, 6 months later, at Middlesex Hospital in Middletown, I developed PTSD, posttraumatic stress disorder. Because Middlesex Hospital has already been investigated and cited by the Office of Protection and Advocacy and the Department of Public Health for improper use of restraints and seclusion

because of what they did to me, I would like to tell you about the Manchester Hospital experience, as I believe it will give you a better "taste" of where Involuntary Outpatient Commitment, when taken to its logical conclusion, can and must lead.

I was hospitalized against my will at Manchester Hospital in 2009 on a 15-day physicians emergency certificate (PEC). In the first few days there, I was summarily taken off the two-antipsychotic drug combination, plus the anti-seizure meds and an anti-depressant I came in on. This "cocktail" had worked for me since 2007 without side effects so it was one that I was willing to take. I also felt it helped me function better than I had in years. The psychiatrist at this hospital decided, however, that "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 antipsychotic drug on the market, old and new, and none worked as well and with as few side effects as the two I had been taking? No, he was the doctor and he knew better than I what was what. Moreover, whatever he said became law.

So the "offending meds" were removed and I was again told I had to take Zyprexa, a drug that I hated because of the severe side effects. Over the next few days, I continued to refuse it, and naturally, I decompensated further, especially since by then I was taking no antipsychotics at all. A hearing with the judge was scheduled and the psychiatrist decided at the very last minute that they would force me to take one of the oldest neuroleptics in the PDR, Trilafon, a medication he had no reason to believe worked for me. Had he asked I would have readily explained to him it made me exquisitely miserable, even at the lowest dose. Instead, he said only that if I refused it, I would be given an IM injection of Haldol in the buttocks –as punishment. Or so I felt.

It may seem that I am making unfounded statements about this psychiatrist's intentions, but think about it: when one is told that the "consequences" of refusing to take a pill will be an injection of another awful

drug, how else is one to "read" it but as a threat of punishment? How would YOU read it?

Well, I was not going to take Trilafon, not when I knew how horrible the side effects were that I would suffer as a result. So I refused the pills. I also refused to take down my pants for a needle full of Haldol, so I fought them when they approached. After a few such encounters they started calling a code -- "Dr Strong" -- to bring in the security team of men and women who invariably assaulted, subdued, then stripped my clothing off, restrained and injected me, despite my terrified screaming and fighting. These confrontations along with liberal use of 4-point restraints to shackle me to the bed, or solitary confinement in a locked and freezing seclusion room without so much as a mat on the floor, happened so often that I literally lost track of time. As a result of these traumas I now suffer from PTSD

Why do I tell you this? Because this is where forced medication and involuntary treatment lead much more often than you want to believe. If sb 452 passes and Involuntary Outpatient Commitment is instituted, how do you propose to treat someone who does not want outpatient treatment? You cannot assault an outpatient and forcibly medicate them using 4-point restraints and IM injections. All you can do is bully and threaten. Involuntary Outpatient Commitment will only re-traumatize those with psychiatric disorders. In my opinion it is just coercion and brutality masquerading as treatment. But it won't help anyone. It will only drive the would-be consumer as far away from so-called "treatment" as they can get. This is not how Connecticut should be delivering its mental health care.

Thank you for your time and attention to this matter.