Testimony before the Public Health Committee
March 21, 2012
In support of SB 452

Greetings to the Public Health Committee.

Please forgive the fact that my testimony is to be given without a name or face attached. I have decided to remain anonymous because what I am sharing is something extremely personal that only my family, close friends, and my doctors know; as my diagnosis is schizoaffective. Due to the social stigmas that cause dehumanization, I reserve my right to keep my identity veiled; but I hope that the decision does not take away from the testimony itself.

My story begins seven years ago at a small private art college, actually one of the top ten schools in the nation. Although, the college was quite responsive to the needs of young talent, I found myself struggling. Simply put, although I was an accomplished student and highly regarded by my professors, I was not able to graduate due to the onset of my illness. I became symptomatic during the end of my junior year and I was forced to drop out. I was overwhelmed by various symptoms that plagued every moment of my thought process. After being outpatient twice and hospitalized once I finally found a combinations of treatments and supports that worked for me. Thankfully with the support of my family and friends, coupled with medications, I was able to regain stability, and entered into recovery.

For the most part Medication has been key to my recovery, as I have only had success while on medication. Coincidentally this is also what a substantial amount of empirically-based studies also have shown. Herein is the problem, medication to treat a psychiatric illness is quite expensive. On average 71% of my monthly income goes to pay for my COBRA insurance. That equates to $850 a month. This monthly cost is why I haven't been able to return to college and finish my higher education. I am working to stay well.

Considering COBRA is only a few dollars more than the medications themselves, I pay the extra to have health insurance. We all know insurance is important, as this is why everyone is gathered here today. An interesting question to ask anyone opposing the healthcare act, that would enable me, an individual with a preexisting condition who is NOT disabled, based on my ability to work, is, "what humanitarian end would come out of denying those with mental illness the care needed to remain productive members of society?"

If anyone has ever attempted to get the state offered health insurance, you would know that for an individual to become eligible, they need to be so poor that besides food, and other basic necessities, we have nothing to even begin to live a truly meaningful life. Let me say, however, that, "other basic necessities," did not include a place to live, because in my case, like many others, I work fulltime and still can not afford housing after healthcare. Are you going to continue to make me chose?

Although I am not directly testifying in support of affordable housing, the only reason I have a place to live currently, is because I reside with my mother. I owe a lot to her, as she is quite aware and empathetic of the catch 22 of the American health care system, and the bleakest aura , state

insurance. Individuals in recovery can become better functioning and contributing members of society if the current system becomes responsive to the needs of its recipients. As if anyone needs a reminder: the threshold of state health care is reached when the restrictive apparatuses of contextual orientations are wagered on the humiliation of those whom the state system professes to be able to assist.