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Testimony in strong opposition to HB 5531, An Act Concerning the Care and Treatment of Persons with a Mental Illness or Substance Use Disorder

Senator Coleman, Rep. Tong, and members of the Judiciary Committee:

I am an autistic adult and a psychiatric survivor. We in the psychiatric survivors' movement, joined by others in the disability community, have long strenuously opposed a practice that has been euphemistically called "outpatient commitment" but which is correctly called forced drugging. Make no mistake, HB 5531 is a forced drugging bill. Just because a discriminatory and offensive practice is put under a medical umbrella does not mean that we should tolerate euphemisms to mask what is really going on. Just as suicide is still suicide even when some try to redefine it as "aid in dying" when a doctor assists with the act, forced drugging is still forced drugging no matter what term proponents use to conceal its inherent violence.

Allow me first to tell my own story. In the late 1970's, I went from being an honor student in eighth grade to failing in tenth grade. I came to the attention of school psychologists as being socially isolated and bullied in school. When seeing a social worker did not work, I was sent off to the Institute of Living, where I was given labels from "borderline personality disorder" to "neurotic depression" to "paranoid schizophrenia." I was also put on dangerous neuroleptic drugs—Mellaril, Stelazine, and Navane—which caused severe dystonia and akathisia. This was sheer torture. When I expressed to my psychiatrist at the Institute of Living that I felt dying would be preferable to the torture of these drugs, this was used as a reason for increasing the dosage. My parents, thankfully, saw that these treatments were making things worse and withdrew their consent. In spite of psychiatric predictions that I would decompensate into psychosis, I got my first job in 1984, and have been for the most part gainfully employed and living independently ever since. I have been free of psychiatric drugs for over 36 years.

Unfortunately, that ugly label of "paranoid schizophrenia" followed me all the way to 2003, when I sought assistance from BRS in getting a new job. When I was evaluated by a neuropsychologist, she simply recycled my old psychiatric records, diagnosed me as DSM 295.30 schizophrenia, paranoid type, and recommended I be drugged. It was not until late 2004 that a close friend handed me a webpage titled "Adults with Aspergers" and asked me if anything here looked familiar. It did. About six years ago, I got a formal diagnosis from a psychologist who specializes in autism.

My experience is hardly unique. I have met many other psychiatric survivors who have had far worse experiences with the mental health system than I had, including forced electroshock and insulin coma. It is clear that force and coercion in the name of "mental health" is a serious moral issue. This coercion unquestionably deters many from seeking help who very much want help. The threat of being involuntarily subject to a conservator under HB 5531 and deprived of the basic right to make decisions about what drugs go into your body would further deter people from seeking that help.

We learned in the debate over assisted suicide that doctors often make mistakes. In that case, a medical mistake can be deadly. Here, with forced drugging, a "mistake" can deprive one of freedom and subject one to torture, and occasionally even cost one's life if the drugs prove fatal. And with mental health we are dealing with observable behavior rather than hard science, where psychiatric labels can easily be used as semantic blackjacks to stigmatize and degrade the Other.

Regarding the long term outcomes of forced drugging, an op-ed in the *Hartford Courant* by Deron Drum and Greg Benson of Advocacy Unlimited noted that our current emphasis on psychiatric drug regimens, electroshock, and forced treatment have resulted in a 25-year reduction in the life spans of people in the public mental health system. According to the National Association for Rights Protection and Advocacy, it has also increased the suicide rate, the incarceration rate, the rate of homelessness, and the number of people on SSDI, while depriving those trapped in the system's clutches of hope. "Mental Health Treatment Should Focus on Recovery," *Hartford Courant*, January 25, 2013 <http://www.courant.com/news/opinion/hc-op-drumm-focus-mental-health-treatment-on-recov-20130125,0,7417839.story>

The motto of the disability rights movement is "Nothing About Us Without Us." It applies not only to systems used by people with physical and intellectual disabilities, but to the mental health system as well. We psychiatric survivors want and need to be treated as free and responsible adults, with the same rights and responsibilities as all other citizens. Those who break the law, regardless of disability or psychiatric label, should be held fully accountable and punished.

It is easy to scapegoat "the mentally ill" for murder and mayhem and deny basic civil liberties. Those who cite the Second Amendment while protesting against gun control ought to be especially wary of finding ways to deprive others of basic rights under the Constitution. This scapegoating happens because most people think that "We are sane; it is only 'those people' who are 'mentally ill' and need to be compelled to submit to psychiatric drugging." But if I could be labeled as one of "those people," so can any of you.

I ask the members of this committee to put themselves in the shoes of someone being subjected to forced drugging. How would YOU feel if you were stripped naked against your will and forcibly injected in your buttocks with long-acting Haldol, Risperdal, or Zyprexa? How would you adjust to the neuromuscular side effects, tardive dyskinesia, neuroleptic malignant syndrome, massive weight gain, or diabetes? Would it bring you healing or feelings of victimization and anger? Why is forced drugging considered torture when done to Soviet dissidents or to people deported by Immigration and Customs Enforcement, yet perfectly acceptable for "those people"? ("Some Detainees Are Drugged for Deportation," *Washington Post*, May 14, 2008 http://www.washingtonpost.com/wp-srv/nation/specials/immigration/cwc_d4p2.html)

Let us remember the golden rule here. As taught by Hillel, what is hateful to you, do not do unto any person—"any person" meaning well or sick, friend or foe. If you would deeply resent being forcibly drugged like this, then defend our right to resist the indignity of forced drugging, which HB 5531 expands into the outpatient setting. The liberty you protect just might be your own.