

Hello, I am Brian Lord, this is a testimony that I will not be able to give as I am working during the time of the proceedings, this is also the testimony that I wrote, though earlier today a friend of mine emailed a different version she edited/rewrote that is not coherent to the analysis that I have written for my testimony. So now that my yahoo mail actually is working again, as earlier it wasn't, this is the version that I am submitting.

Task force on Gun Violence Prevention and Children's Safety
Mental Health Services Working Group

Brian Lord

Greetings Bipartisan Task Force on Gun Violence Prevention and Children's Safety, I hope you can acknowledge that your proposed legislation does not have a monopoly on how to prevent gun violence and ensure children's safety as it has been brought forth in lieu of the tragic shooting that occurred last month. This particular proposed legislation has the directive to remove the current liberal rights of the patients with mental illness.

If we examine the form of logic that is used as an driving force to this legislation, it is solely based by the technique used almost exclusively in sociology called macro-correlation; that simply means using a broad range statute to evaluate all vaguely resembling events and information while ignoring all uniqueness of their causation. This form of logic has no historical claim to distinguishing causation, as Clayton Roberts a scholar of historical logic has made clear very clear. As Roberts also reports that close to no historian who has used macro-correlation in the last century has survived academic evaluations and achieved an approval by their academic peers. Macro-correlation has no truths that can be revealed by techniques from cultural anthropology, as it does not use any of the techniques found in ethnography, as ethnography focuses on uniqueness over similarities to explain how a culture is; cultural materialism uses a logical process known as micro-correlation to discern uniqueness beyond similarities and is in direct opposition to macro-correlation. It certainly does not have any psychiatric standing as care is developed to the individual patient, in relation to the individual's unique situation. Psychology studies on Outpatient Commitment are very few and offer no conclusive insight into its ability to do what it proposes, as in most areas of psychological research that offer little insight they are rarely revisited unless conclusive evidence within the field says it should be. This means that the psychological studies on Outpatient Commitment cannot be used to as a driving force towards its legislated. All political scientists responses I've come across in the media have focused on gun control issues, and I assume the political scientists have left the issue of mental health to the experts in the field, as sociologists are not experts in the field of mental health, psychiatrists are. If one ascribes to this legislation on sociological grounds while ignoring that broad range statutes ignore critical evidence for uniqueness of event's causation is not a technique of analysis used by historians whom may relate this tragedy, by cultural anthropologists, political scientists so far have remained silent on the issue, by psychologists offer no morally pragmatic grounds for it, and most importantly by psychiatrists, whom specialize in the care that this legislation would reorganize their patients current legal liberties to participate in their own treatment plan: if one ascribes to the sociological form of analysis then they simply do not have rational argument that can account for the need for this legislation. The response of this Task Force is an emotively charged one directly caused by the tragic event of last in month, as this Task Force was put together afterwards by Governor Malloy.

This legislation may be offered in the guise of *parens patriae*, which merely means an authority protecting those whom can't protect themselves and ensuring the safety of others from them. This legislation is presented in this disguise and should not be confused with patient's liberal rights to be active participants in their treatment plan and liberal rights to confidentiality in their treatment. This proposed legislation can be seen as this task force having difficulties identifying how to *empathetically respond* to the members of the community whom suffer from mental illnesses in relation to the tragic event of last month. Thank you for your time.