

To: Members, Senate Health & Welfare
From: Laura Ziegler
Re: S.287

I transcribed Beth Keller's testimony and sent it to someone who spent six months involuntarily on the Level One unit at the Brattleboro Retreat last year. She wrote:

"The issue that stuck out for me was the assumption that mentally ill people are 'tortured' and that forced meds will stop the torture. First in my experience when manic I was happy not tortured. I was injured through the restraint process on multiple occasions. Secondly, I was at times ordered to have forced medication as an intervention when I wasn't doing anything that would indicate I was a danger to myself or others. For example one time I asked for my boots because they provided pressure that helped my injured feet feel more comfortable. I was told that I couldn't have them because they had laces in them. Even though the laces were securely attached and couldn't be easily removed I was not allowed to have them. I put a boot on to show it was not dangerous and the nurse ordered involuntary medication and I was grabbed by 5 people and thrown down on the floor, hitting my head. Another incident that was traumatic for me was when the nurse called for an involuntary medication procedure before I went into the shower. I was dragged out of the shower by several people. They made no effort to cover me to protect my sense of dignity.

There were several nursing staff who misused power by responding in a retaliatory fashion, ordering a code when there was no grounded foundation for doing so.

The forced interventions allowed those in power to misuse this power. It also broke down trust and didn't provide a basis to have a genuine two way discussion about the pro's and cons of medications.

While in the Brattleboro Retreat hospital I did not receive any psychotherapy or physical therapy. The main focus was on meds. I believe a more wholistic approach would ultimately be more helpful."

The writer's history includes approximately 20 years as a practicing clinical psychologist. She was the subject of both commitment and involuntary medication proceedings while at the Retreat. At the time of the involuntary medication proceeding she was taking antipsychotic medication voluntarily but not the specific drug or dosage that her assigned Retreat psychiatrist recommended. She took the drug inconsistently in order to attenuate the dosage.

While confined she was kept for months in the ALSA unit. She had no yard access until the court issued an involuntary medication order.

She commented on the Retreat staff having a very narrow view that drugs change everything and were a panacea. I asked her what she had seen in the way of violence toward staff and she replied that what she observed was staff escalating situations and

coding people, who would physically resist the emergency involuntary interventions. She characterized Ms. Kendall's description of patients as "overplaying the role of people being dangerous" to promote the bill. Based on her observations during her stay she felt it presented a distorted picture.

Testifying before the Mental Health Oversight Committee last August Peter Albert, Vice President for Government Relations for Brattleboro Retreat, made an obvious -- and equally distorted -- reference to this individual. In his words:

"These requests don't come lightly, nor should they, and there needs to be significant protections that are built in. But there does come a time when you've tried everything else -- and there are a very small number of people that this involves -- where people remain actively ill for one month, two months, three months. Suffering from a significant mental illness, where there's not treatment going on -- where Medicare would say, where's the active treatment and we would have to say, we're keeping them safe. Slipping over to the CMS issue for a moment, for people who've not read the report, it's a forty page document. And twenty of those pages are attributed to one individual that we had who was not having medication as part of treatment and suffered on a daily basis. And it was only after ninety days were we able to get a court hearing and the court agreed. During the ninety days, imagine yourself suffering, day and day, night -- doing harm to yourself, doing harm to other people -- and the only response is to physically grab somebody and give them medicine that they don't want. It's, it's not the way that treatment should be, it's something that's not acceptable, and our medical staff is beside themselves with the issue of, why does it take 90 days? On a good note for this person she is now on medicine, and, um, doing better. Moved out of the intensive care area and is off the unit, doing walks. The question is why does it take so long."