

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

"I noted with horror the daily progression of my degradation. I lost interest in politics, then in scientific problems, finally in my wife and children. My speech became blurred; my memory worsened. In the beginning, I reacted strongly to the sufferings of other patients. Eventually I became indifferent."

-- Mathematician Leonid Plyushch describing the effects of his forced psychiatric drugging and detention in the Dnipropetrovsk special hospital

"It blurred my vision so I could barely see. It slurred my speech. It was hard to talk and form words. It made me docile and zombie-like. It affected my mobility -- my body was heavy, my limbs were rigid and it was hard for me to walk or move around. Doing anything was a struggle."

-- Anonymous, describing the effects of non emergency forced drugging at VSH

"[An] overwhelming presumption in state psychiatry that all harms are caused by the absence of drugs in the bloodstream mistakenly attributes relapses and the distress that results from drug withdrawal to a lack of drugging, just as drug-induced harms are generally attributed to naturally-occurring disease. Thus, it is not surprising that drug-caused harms, after being well-established in the literature, are quickly forgotten in clinical practice... [Its] disregard of apparent facts and its simple-minded view of drug response are hard to reconcile with any bona fide scientific or professional view. The apparent motivation is to maximize drugging because of the drug's custody-enhancing effects -- a political rather than a scientific objective."

-- Sheldon Gelman, J.D. Mental Hospital Drugging, Professionalism and the Constitution

It is crucial to appreciate that the terrible social sequelae of schizophrenia such as homelessness, poverty, unemployment, hospitalization, and imprisonment are not the inevitable outcomes of a progressive brain disease but highlight the challenges we face in providing the needed services and supports, and in engaging ill people in models of care which they are likely to accept and appreciate.

-- Robert Zipursky, Thomas Reilly, Robin Murray, *The Myth of Schizophrenia as a Progressive Brain Disease*. Schizophrenia Bulletin, November 20, 2012

"If a person cannot, will not, or should not become a patient, alternatives to treatment and their consequences have to be promulgated. Otherwise, the right to treatment introduces the danger of an inevitable duty to be treated akin to thought reform or indefinite detention perniciously cloaked by therapeutic 'kindness.'"

-- Jay Katz, M.D. The Right to Treatment: An Enchanting Legal Fiction