

To: Vermont House and Senate Committees on Appropriations
From: Calvin Moen
Date: February 7, 2021
Re: Proposed 2022 budget, Middlesex replacement facility

Dear members of the committee,

I am writing as a nine-year resident of Windham County and as a psychiatric survivor, user of mental health services, and advocate with experience doing direct support of individuals interacting with all levels of Vermont's mental health system.

I am opposed to the proposed replacement of the seven-bed Middlesex Therapeutic Community Residence with a new locked 16-bed psychiatric facility.

There is no disagreement that the current Middlesex TCR can no longer be used. However, in replacing it at more than double its capacity with a facility that practices restraint, seclusion, and forced drugging, Vermont would be taking a huge and unprecedented step toward expanding coercive "care," despite its commitment to moving toward an all-voluntary system.

The proposed facility is no different from a state hospital in any meaningful way. It operates the same, is staffed the same, and costs the same. Even the Department of Mental Health has not been able to articulate any functional difference. Vermont doesn't need a second state hospital, and calling it a "residence" is disingenuous.

In fact, the similarities to a prison are numerous enough to call it "incarceration." And like a prison, Vermont's current state-run psychiatric hospital incarcerates a disproportionate number of Black and Indigenous People of Color. There is no indication that the new Middlesex replacement would be any different.

What Vermont needs more of is actual residences, as in housing, peer-run respites, and other voluntary community supports. Ever since the de-institutionalization era, we as a nation have been chronically underserved and under-resourced in terms of community-based alternatives to institutions. Vermont faces a desperate housing crisis and cannot spare the funding required by a superfluous state institution.

I realize this plan has been in the works for a long time. All along, psychiatric survivors and advocates have been left out of the process, beyond a few superficial "stakeholder" meetings where our input was not heard or recorded.

However, it's not too late to hear us now and direct funds toward supports that actually address the life challenges that institutionalization fails to address (and in fact worsens): poverty, homelessness, trauma, and emotional and mental distress.

Instead of replacing seven residential beds with 16 hospital beds, the state needs to look to the proposal put forth by the survivor community nearly three years ago. In it, we called for a statewide network of peer-run community centers and two-bed peer respites, at a fraction of the cost proposed by the Middlesex replacement.

Vermont has the opportunity to be a leader in moving away from carceral, punishment-based responses to social problems and moving toward healing, restoration, and community. I ask you to invest in solutions that honor our humanity, not increased force and violence against us.