

Good afternoon members of the house committee on health care. My name is Phoebe Wagner and I would like to speak to the issue of restraints and seclusion, which should never be allowed at Middlesex. It has been claimed that seclusion and restraints are measures only used as a last resort. I would like you to consider the truth of the matter, that restraints and seclusion are both used as punishment or as retribution and most certainly they are experienced that way.

I have been subjected innumerable times to 4 and 5 point bed restraints, often for many hours and even for days at a time, and once I was strapped into a restraint chair. Never were these measures necessary, never were restraints used as a last resort. I believe they were used almost always to “teach me a lesson” about who was in charge and who was in control.

In one incident, I was calmly talking with one nurse about what had occurred when suddenly another nurse burst into the room pushing a prison-issue restraint chair and shouted, “Now, you will sit in this!” She proceeded to grab me, assisted by several others, and they forcibly strapped down my shoulders and waist then proceeded to further restrain my wrists and ankles and even my feet. 9 points! Of course I resisted! I had already written an advance directive that stated clearly how traumatizing the use of restraints is and I was terrified! However the nurse was angry, and when I said, “But this is punishment!” She answered, “Well, what did you expect?” which confirmed that she had not done this as a last resort at all, but in anger and as retribution. Now of course none of this goes into the chart. The nurses writing up an incident know exactly how to write what happened to justify the use of restraints. **Their** behavior is never mentioned, as if it is irrelevant. But my fighting when they were forcing me into a 9-point restraint chair could be and was used as justification for it.

In another incident, I was restrained on a bed in 5 points and because I had been mute for days the nurse had the doctor write an order that I could not be released from restraints until I spoke aloud. As I was unable to speak, they kept me in restraints for many hours despite triggering a review every fifteen minutes because I lay there still and silent. I was only released when the next shift came on and they were horrified to find me having been restrained for hours just because I could not speak. That incident speaks volumes about the perverse ways restraints are actually employed.

I want to be very clear about two points, the trauma involved in the use of restraints and their punitive nature. First as to the traumatizing nature of restraints: my brother is a psychiatrist, and he has several times asked nurses to put him in restraints so he could experience what his patients had. The nurses’ response was always the same, “No, no, it’s too traumatizing, we can’t subject you to that! You don’t deserve it!” Yet they subject already traumatized persons, persons psychiatrically diagnosed, to this horror? They claim the use is justified as a last resort when really it is just punishment meted out to patients regarded as “difficult” or simply retribution for unwanted behaviors or noncompliance. In other words, the psychiatrically diagnosed person **does** deserve it. But make no mistake about it, restraints are experienced as punishment and frequently as torture.

Little else is usually tried beforehand. You say that nurses always attempt Deescalation? Rarely do people back away and give the person space. In my experience de-escalation most often takes the form of “a show of force”. This means a group of strong people at the ready and clearly prepared to physically subdue the person who resists. Crowding

the person and verbal threats are invariably used to force the person to comply out of fear. But you know, to threaten with physical violence until a person in terror does what you want, that is the legal definition of assault. Punishment and terror and yes, assault, have no place in the Middlesex residential treatment community or i would suggest in psychiatric treatment anywhere at all.

Thank you,

Respectfully,

Phoebe Wagner

"There is no negative space, only the shapely void. Hold your hands out, cup the air. To see the emptiness you hold is to know that space loves the world." P. Wagner

<https://phoebesparrowwagner.com>

<https://www.artfolie365.com>