

From: Evelyn Burton burtonev@comcast.net
Subject: 3 written Testimonies
Date: February 18, 2020 at 8:18 AM
To: Patricia Ranney pranney3@comcast.net

Hi Pat,

Attached are the three written testimonies to submit.

The email addresses are as follows:

SARDAAs burtonev@comcast.net

TAC: muhammads@treatmentadvocacycenter.org

Joanne Connors: jconnors78@gmail.com

Don't forget to sign me up for oral testimony for SARDAAs

Thanks so much!!

Evelyn

Testimony for SB541

Date: Feb. 18, 2020

From: Joanne Connors, Silver Spring, Montgomery County

Position: **SUPPORT WITH AMENDMENTS**

I am a person who lives with schizophrenia, however when I am on medicine you would never know it. I work full time as a business analyst, exercise, go to book clubs, fix-up my house just like you. However, when I am off medicine or on an inadequate dose, I become quite ill and lose insight that I have a serious illness. Then I refuse treatment and hospitalization. When involuntarily hospitalized and taking medication, within 24 hours, I realize I need the medication. I tell this story because I am a firm believer that being involuntarily hospitalized is the compassionate thing to do for someone with schizophrenia, not releasing them to remain psychotic because of some arbitrary 24 hour requirement for evaluation by a psychiatrist instead of a psychiatric nurse practitioner, when both can treat and prescribe life-saving medication.

A couple years after first falling ill, I stopped my medicine. It took three involuntary hospitalizations over a two-year period for me to be committed and given medication involuntarily, that brought me back to reality. I almost committed suicide numerous times. Two years of my life were wasted. I lost my son, my job, my savings, and my dignity during those two years.

I COULDN'T CARE LESS ABOUT MY CIVIL RIGHTS. The last thing I and my family need when I am ill, is some lawyer coming in to get me released over some legal technicality, when what I need is to stay in the hospital and get treatment. And believe me, when I am ill I would ask the lawyer to do it. But if I were healthy, I would not. I want my medical treatment as soon as possible and letting me out without providing it is doing a disservice to me and the community.

And I don't take the disservice to the community lightly. The second time I became psychotic, because of a medication change, it took me breaking the law to get involuntary hospitalization. Once again, 24 hours after taking medication, I agreed I needed it. Again, I lost my son, my job, my savings, and my dignity during those two years. **Waiting over 24 hours for an initial hospital evaluation and concern over evaluation by a psychiatrist or psychiatric nurse practitioner, is meaningless and arbitrary in the fight to get someone with schizophrenia treatment. I should never be let out of the hospital without receiving the treatment I need.**

In hindsight, it scares me what I might have done during these illnesses. The illness only gets worse as time goes by, if left untreated. With time, I get angrier and angrier because the world is telling me I am wrong when my brain insists imagined beliefs are right. Then I start to fight the world. I trespassed at my son's school and wrote a letter to the principal threatening the school if they didn't give me my son back. I believe there is

always a possibility I could have become violent if left untreated longer. **Denying someone hospital treatment because a psychiatrist is not available, when a psychiatric nurse practitioner can competently evaluate, treat and testify at a commitment hearing is not compassionate or medically prudent. It puts the safety of the person and the community at risk since the illness is progressing.**

I believe I have to take ownership of my illness and do what is right to keep me healthy. However, in a crisis treat me like it is the life-threatening illness schizophrenia is and realize that when I am psychotic, I am not of sound mind to make decisions for myself. **Please pass SB541 to increase access to involuntary inpatient treatment by expanding the role of psychiatric nurse practitioners, with an amendment prohibiting patient release by an ALJ because the technical requirements for an initial evaluation were not met.**



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