

Favorable: SB 453

Lindsay Moran

Director of Communications, Treatment Advocacy Center

Resident of Annapolis, Maryland

In 1999, my cousin Andrew Goldstein – a man living with schizophrenia in the throes of a psychotic break - pushed Kendra Webdale, a promising and beautiful young woman, in front of a subway train and to her death in New York City. I did not know Andrew well growing up – having seen him only at a couple of weddings and Bar Mitzvahs over the years – but all that I did know of him was that he was a bright seemingly normal kid. Andrew and I are the same age. As a kid, I recall family members talking about his genius capacity for mathematics.

It was after Kendra's murder that I learned that Andrew had showed signs of severe mental illness in his late teenage years; had been diagnosed with schizophrenia; showed improvement with hospitalization and medication; but that he had been discharged from a medical facility and was living on the streets in the days before he killed Kendra.

What was more horrifying to discover was that Andrew – semi-cognizant that he was a danger to himself and others – had actually been banging on the doors of hospitals in the city, begging to be taken in. For whatever reason, he was not admitted.

My cousin was the quintessential case of someone who fell through the cracks of the mental health system. The results were incomprehensibly tragic. An innocent life was taken; and Andrew – even though doctors agreed that he was mentally ill and even though he had been diagnosed with schizophrenia some 10 years prior – pled guilty *without* an insanity defense on the advice of his lawyer. Andrew spent most of his adult life incarcerated, where his illness continued to go untreated and where he suffered the expected trauma and abuse of someone with severe mental illness (SMI) in prison.

One good thing did come out of this tragedy. Due in part to the extraordinary efforts of the Webdale family, **Kendra's Law** became effective in November of the same year of her murder. This New York State Law grants judges the authority to issue orders requiring people who meet certain criteria, including recent acts of harm to self or others – such as my cousin surely did - to regularly undergo psychiatric treatment via AOT.

Now, most states have AOT. When I recently joined the Treatment Advocacy Center as Director of Communications, I was stunned to realize my home state of Maryland does not. AOT could have saved the life of Kendra Webdale. It could have helped keep my cousin Andrew off the streets and prevented him from committing a senseless act of murder.

AOT does save countless lives where it is an option. Here in Maryland, our neighbors experiencing homelessness due to untreated SMI, families of those living with SMI, and everyone who cycles through the revolving door of homelessness, jail, and hospitalization deserve to have this humane preventative option. Let us please not wait until another shocking and horrific tragedy happens before we adopt AOT.

Thank you,

Lindsay Moran

Director of Communications, Treatment Advocacy Center

Resident of Annapolis, Maryland

Favorable: SB 453