

FAV – FAVORABLE – SUPPORT

Written Testimony of Lauren J. Tenney, PhD, MPhil, MPA, BPS, Psychiatric Survivor
Maryland House Bill 497 (2025)
Residential Child Care Programs – Transportation Companies – Regulation
Preventing Abduction in Youth Transport Act of 2025
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SENATE FINANCE COMMITTEE

Maryland House Bill 497 (2025)

**Residential Child Care Programs – Transportation Companies – Regulation
Preventing Abduction in Youth Transport Act of 2025**

February 13, 2025

POSITION: FAV SUPPORT FAVORABLE

I urge you to **support HB497 with a favorable report**. The fact that we are even debating legislation with the phrase “**Preventing Abduction in Youth Transport Act of 2025**” is horrific. I submit this testimony in support of HB497 because it offers both a potential starting point toward solutions and because it acknowledges the existence of a deeply troubling problem.

My name is Lauren Tenney, and I am a psychiatric survivor. I was first institutionalized in a psychiatric facility at the age of fifteen in New York State. Now, at fifty-three years old, I have been a resident of Maryland resident since the end of 2023. My professional experience spans three decades of working as a human rights advocate, particularly in support of people with psychiatric histories, with the overarching goal of eliminating forced, court-ordered, compelled, and coerced psychiatric involvement. I am a research psychologist, with specialized training in environmental psychology, focusing on how our environments shape our experiences.

Additionally, I am a trained public administrator. My work details the history of state-sponsored violence, dating back to the seventeenth century in the United States, Maryland included.

HB497 acknowledges that Maryland allows for-profit transport companies to move minors—children who have already been forcibly removed from their families or have lost their families for a variety of reasons, including the death of a parent or guardian—between institutional settings. It confirms the existence of an industry built on involuntary transport of minors, where egregious practices like hooding and shackling have become so normalized that they require legislation.

The need for such a bill highlights historical patterns: forced removal, indefinite confinement, and the outsourcing of state violence to corporate actors. In the nineteenth century, psychiatric

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institutions justified confinement under the language of “care.” Today, the same rhetoric shields the continued use of force against children under the guise of treatment and safety.

The existence of a transport industry specifically for children across various state-sponsored or corporate secure facilities and institutions—including, notably, state-licensed foster family homes in communities—raises critical questions. One such question is: If the state must legislate against hooding and shackling children—young people who are undeniably experiencing trauma—what does this reveal about the system as a whole?

Investigations into these existing corporate entities—or worse, state-operated or nonprofit entities—must be conducted, regardless of the outcome of this legislation. If HB497 does not pass with unanimous support, it marks a crisis of conscience in this State. Some of the protections that the bill seeks to ensure, such as the prohibition of restraints being used as a punishment, convenience, or substitute for staff supervision, are already part of federal CMS (Center for Medicaid and Medicare Services) rules regarding restraints.

HB497 represents an attempt to regulate a fundamentally violent practice. But regulation does not equal justice. The bill does not address the underlying system that allows children to be forcibly removed, transported, and institutionalized—even in community settings such as state licensed foster homes. It does not challenge the underlying structures that permit such a market to exist. This bill may stop the use of hoods and shackles during transport, which of course is movement in the right direction—but it does not stop the use of force, nor does it prevent the trauma that will follow haunt these children for the rest of their lives—trauma that the State of Maryland can prevent.

As someone who has spent decades researching and exposing the history of psychiatric confinement, I urge this committee to pass HB497. I also urge this committee to take the bill as evidence that Maryland’s system of psychiatric control over children requires far greater scrutiny. We must not simply reform a system that legitimizes force against minors; we must abolish it.

As has long been said from Emerson to Szasz, abolitionists exist because slavery exists—and slavery cannot be reformed—it can only be abolished.

HB497 offers important solutions to a system that fails to provide safeguards against state-sponsored torture under the guise of help. Forced treatment is a clear failure of the system, if shackles and hoods are required to take a child from one part of the system to another part of the system, it would likely indicate the child was not in a voluntary situation.

If Maryland had an Olmstead Plan—one that should already be in place—the program detailed in HB497 would fit with the spirit and law of the Olmstead integration mandate. Individuals with

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disabilities, including mental health disabilities, must have the opportunity to live in the least restrictive, most integrated setting possible.

A hooded and shackled van ride, from which someone else profits, hardly seems to meet the Olmstead mandate. Prioritizing bodily autonomy—literally, freedom of bodily movement—HB497 would be an action toward fulfilling the Olmstead integration mandate’s goal of promoting full integration and participation in the community for individuals with disabilities.

Human Rights and dignity are fundamental to every person, particularly those working toward healing trauma—which again—children, in this situation, who would be supported in doing so.

How is Maryland paying for this now—and if not prohibited, in the future? Where is the fiscal responsibility? I hope this bill passes without real debate, affirming Maryland’s commitment to promoting non-coercive care models that align with principles of personal freedom and medical autonomy.

We know that race, ethnicity, class, sex, gender, sexual orientation, religious/spiritual experiences, and other forms of disability impact court ordered psychiatric involvement. Minors do not have the right to consent to psychiatric treatment. Whether minors assent or refuse treatment is not even within their legal right. Marginalized communities—particularly those who are Black, Indigenous, People of Color, LGBTQI2SA+ individuals, young people, senior citizens, and those experiencing poverty—are disproportionately subjected to psychiatric treatment. This systemic violence and inequality is often compounded by racial bias, classism, and lack of access to voluntary care options, particularly for young people, who have no choice.

While I will always approach psychiatry with a critical lens, HB497 offers a real opportunity to immediately abolish these horrific practices it is designed to outlaw.

Supporting HB497 is not just about reforming Maryland’s mental health system—it is an opportunity to ensure that no one is tortured in the name of help—restraint, of course, being one of the things that nearly two decades ago the United Nations Special Rapporteur on the Convention Against Torture has specified may constitute torture or ill treatment.

In a world where the voices of those most impacted are too often silenced, HB497 offers Maryland a chance to make a powerful statement: the right to self-determination is not a privilege, but a fundamental human right

Thank you for the opportunity to respond to House Bill 497. I urge you to vote with a favorable report on House Bill 497. I am available to discuss any questions or concerns you may have.

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One last thing, if HB497 does not pass with your favorable support, how ought we explain to children that practices like hooding, restraint, and other violations were just affirmed by the Maryland Legislature?

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