

SB 707 & HB 1014
Position: Support
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Dear Madam Chair and Members of the Committee,

Disability justice for the severely mentally ill will only come when we start addressing chronic brain diseases as the biological disability they are, and when we recognize that denying access to timely medical intervention is not only discrimination, but systemic oppression. I am deaf-blind. I cannot read a sheet of paper to save my life. I can't; my eyes are broken. My son has a psychotic brain disease. He cannot see that he has a severe mental illness to save his life. He can't; his brain is broken. Without my hearing aids, I cannot understand the voices around me. Without medication, my son cannot understand that the voices in his head are a symptom of his disease, and the longer he stays in psychosis without treatment, the more damage occurs to his brain and the less likely he is to recover.

For the past four years, I have tried to get medical intervention for my son, only to watch him get caught up in the criminal justice system and slip away to his disease. When he fell into crisis, instead of help, a SWAT team busted down his door, pepper bombed his condo and dragged him to the hospital. Instead of keeping him, the hospital released him after the mandatory hold despite telling us that they had plenty of evidence to admit him. Because my son was still in psychosis, the Sheriff's office took him to jail where he sat for the next 470 days to await his trial, even though he had no prior criminal record. He sat there without treatment, with his brain still on fire. As a result, he refused the state's offer of Not Criminally Responsible, believing it to be a trap set by the conspiracy, accrued additional charges, spent a month in solitary confinement, and came out of jail still very sick and blaming me for putting him there. The judge's solution was to order him to have no contact with me or my husband, the two people in the world who are supposed to be there for him the most. He can't even contact his younger sisters, who are growing up without him. Now, we are stuck waiting for the next crisis to unfold with our hands tied. And all the while, my son has never received the treatment he so desperately needs.

As a broken-hearted mother, as a disabled person, I ask that we address severe mental illness as the biological disability it is and fix the system where we can. Every disability deserves accommodations and timely medical intervention. SB 707 and HB 1014 make needed clarifications to Maryland's standard for emergency evaluation and involuntary psychiatric hospitalization—clarifications that will allow individuals with severe mental illness to receive treatment before they reach a point of crisis or tragedy.

Right now, the requirement that a person be "a danger to the life or safety of the individual or others" is often interpreted so narrowly that families and clinicians cannot act until harm is imminent. For people who lack awareness of their illness, this delay

can lead to homelessness, victimization, incarceration, or irreversible deterioration.

These bills clarify that:

- Danger does not need to be imminent.
- Personal and medical history should be considered.
- “Danger to self” includes inability to meet basic needs or substantial deterioration in judgment when the person cannot make an informed decision about treatment.

These changes do not expand who can be hospitalized—they simply ensure that the existing standard is applied consistently and humanely. They allow intervention at the point when treatment can still prevent suffering, protect safety, and preserve lives.

Thank you,

Rania Dima