To Whom It May Concern:

Enclosed in this letter are grievances from patients at Connecticut Valley Hospital who are not guilty by reason of insanity and are acquitted of a crime. As of recently, there have been shocking events in the last year at CVH. One of them is a patient on 2 to 1 constant observation, Andrew Vermiglio, who choked and died, which was not an accident. We have also submitted articles of the incident involving a patient, William Shehadi, which of this time the number of staff on administrative leave is 32. The third even was a female patient at Dutcher, a lower security building which also houses forensic patient. She had a dirty urine for heroin which they found out was given to her, in exchange for sex, by a male staff member who worked 3rd shift. She was moved to another building and the staff member was fired but the hospital kept it in the hospital. Another shocking incident was a staff member left her bag in the staff bathroom which was full of dime bags of cocaine. Another female patient was impregnated by a male staff, and when the scandal was found out he was given an early retirement and this was also brushed under the rug.

These events have all happened in the last year but we have been complaining for decade of the abuse, unjust, and cruel treatment of the PSRB patients of CVH. Since the patient advocates are useless, and the staff and administration act like they don't know what is going on, we would like to seek a class action lawsuit against the CVH administration and the PSRB. We would like to hold CVH administration accountable and the PSRB as unlawful to the extent of cruel and unusual punishment, discrimination, illegal confinement, abuse of power. We would like to question if the board is really keeping the public safe and is everybody here really so dangerous. We would seek compensation for abuse, neglect, and illegal confinement. We would like to see if the board could be over with because many states have done away with or don't have a board. The state of Hawaii had a PSRB like Connecticut, but they had a financial crisis. They argued if the PSRB is really keeping the public safe; they could not prove this so they got rid of it. Wrote general examples that apply to all of us for a class action lawsuit but I think it would be best if you would hear each and every one of our stories and I be you would be shocked to find out what is really going on here! I'm not a legal expert but I know there is a case here that would shake DMHAS, PSRB, and the judicial system to its core. Especially if we went about this in the right way and went public about it, like the national news and other national agencies so this could get exposure for the tyranny that this is in the 21st century psychiatry/legal system.

<u>Against the PSRB</u>

Examples:

1. Board hearing used to be in a small conference room in the front lobby of the Whiting building. Now they are in Page Hall in a huge room that looks and feels like a parole hearing/kangaroo court. We are escorted in a cop car and shackled like we are in corrections. Don't forget the metal detectors. They have CPTV camera crews which they would show patients' faces until recently (now a black dot covers your face.) They talk about personal treatment and medical information, which I thought that we had rights under HIPAA law. Why not just put all our info on the internet. We are supposedly acquitted of a crime but the trauma of going to court over

and over again with 40 people in the room talking about you like you don't exist is highly stressful and nerve wracking. Especially every 2 years you have a mandatory review, even if you are not being recommended for transfer. It's like being sentenced over and over.

2. The treatment team (psychiatrist, psychologist, social worker, unit director) and hospital administration have recommended patients for transfer to lower security settings or the community, but the PSRB has denied patients for reasons that don't make clinical sense. The treatment providers work with the patients for a time of usually years, giving them insight into what's best from a professional prospective. The PSRB, who reads about you in reports from the hospital and hears an hour of testimony and arguments, decides your fate without even knowing of working with the patient, which doesn't make clinical sense. Before the heinous crime where a patient stabbed to death a little girl multiple times, the treatment team could move you without the permission of the PSRB. The state only has one legal representative for most of the PSRB clients unless you have a private attorney. How can one person handle properly all these caseloads, which is negligence on the responsibility of our rights for proper representation.
    a. Examples of Whiting Forensic and Dutcher have recommended people for transfer which the PSRB and CVH administration have made these recommendations against the treatment team's professional opinion
        i. Come back in 3 or 6 months
        ii. Change the patient's medication to see if it works better even though they have been stable on another medication
        iii. Put the patient on any medication even though they haven't had a relapse in a year or more. Some patients don't have an axis I diagnosis used by the DSM (example: bipolar, major depression, schizophrenia, etc.)
        iv. Make the patient go to groups at Dutcher and come back. Some of them have been going for years without being transferred from maximum security.
3. By law, each patient is given a treatment plan that specifically states the treatment goals for the patient that are required for the patient to get recommended to move on. We want to argue that people for years have done what the treatment plans have said but there is no movement. The treatment plan is a legal document that seems to us meaningless pieces of paper that the hospital does not abide by.
4. Patients at Dutcher (a community prep building across the street from Whiting) are doing a lot more time than they need to be, some 10 – 15+ years. Patients have maintained years of no relapse, working a job on campus, and having level 4 privileges (which is the highest privilege that grants the patient permission to walk on campus in designated area without staff supervision). Patients used to go outside the hospital on community trips with staff supervision, which would happen 3 times a month. In the last year, it has been once every 3 months because of the deficit and because of outside agencies who fund this hospital have come in here and said we are a hospital and that trips, which are part of transitioning back to the community, are leisure activities. First off, this is not a short term hospital, it's long, long term and people have been here 10 – 35 years already. This is a hospital, not a prison.

C, AIDS, and other seriously contagious medical diseases. We have raised concerns but they always seem to fall on deaf ears! During flu season, staff come in to work while sick, infecting whole units of staff and patients. Every flu season at least half of the unit, including staff, gets the flue, which leads to a quarantine of everybody on that unit. This isn't fair. How and why does the hospital and union allow sick workers to come in to work? The bottom line is that the hospital needs to provide better methods to limit infection risks! We also feel when the hospital knows there are inspections they run and try to cover up dirty stuff. Repainting units, fixing broken furniture, etc., when these problems have been around long before without any attention paid to them. Patient and staff alike both notice maintenance workers covering paint over mold and putting veneers up to make the hospital presentable for company! The hospital should have random inspections and then the truth shall be discovered. Patients are here for recovery and this can only be attained with an honest and healthy environment. This matter is currently going on within Whiting unit 4. A patient defecates, urinates, and touches everything with his soiled hands.

7. Unsafe conditions. The hospital administration and union has hired quite a few staff members who are unprofessional and should have no business working here and taking care of peoples' lives. We have witnessed cruel, antisocial, racial, mob-mentality. Many state workers here at CVH are unprofessional and through their eyes, they have power over patients and can do or say anything they want, without consequence. In light of the Whiting abuse investigation of one patient, 32 staff or more were implicated but this isn't isolated solely to that one incident. This has been done at CVH for decades. The staff mentality or physical and mental abuse is passed from veteran staff down to the rookie staff. Patients have witnessed the physical and mental abuse throughout the hospital, far too much to name unless there would be an investigation individually to hear our stories. More recently, in December of 2016, a civil patient died while be monitored by 2 staff on constant observation and some of the staff weren't held responsible! This happened on unit 4 in Whiting! Patients who witnessed or heard information were told not to mention anything. Out of fear of retribution, patients were scared to speak up. This matter was swept under the rug by administrators. Patients did, however, voice their concern regarding the return of the two staff members who were watching the patient that died. He was only 24 years old! See attachment for more information on the grievance filed.

Thank you for hearing our concern. Hopefully this will provide change!