Public Health Committee Informational Forum on Whiting Forensic Division
November 13, 2017

Good Afternoon Respective Members of the Public Health Committee,

My name is Michaela I. Fissel, and I am a registered voter in Windsor, Connecticut. I am also the Director of emerging adult programming at Advocacy Unlimited, Inc. Through my role, I work with individuals who have faced long term institutionalization throughout their childhood, adolescence, and early young adult years. While, I myself am a person in recovery from what was labeled a "serious mental illness" at the age of 21.

Upon learning about the alleged abuse at the Whiting Forensic Division of Connecticut Valley Hospital I was compelled to explore the conditions of institutional care. For a person, like myself, who was told that they'd never get better and to accept that they have a permanent deficiency in their brain, the reported incidences of abuse videotaped at Whiting hits hard (http://conta.cc/2ggVgV7). The sheer magnitude of violence and aggression towards another human being is horrifying to imagine.

I remember four point restraints, seclusion, forced medication induced comas, psychiatric wards, isolation, and abuse. The literal feeling of being at the mercy of another person is devastating and creates conditions contraindicative of restorative practices. The use of force, torture, restraint, and seclusion are human rights violations and points to a systemic breakdown in the ability of individuals to maintain their sense of humanity when working within an institutional setting.

Core values found within the mission of the DMHAS include, "foster[ing] dignity, respect, and self-sufficiency in those we serve."(http://www.ct.gov/dmhas/cwp/view.asp?a=2899&q=334082). A large number of staff within Whiting clearly deviated from this mission by using abusive practices as a mechanism for control over another human being. The egregious behavior, coupled with the number of individuals involved, is arguably only the tip of the iceberg.

With 247 beds within the division, people find themselves trapped and at the mercy of a system that deemed them incompetent and gravely disabled (https://www.cga.ct.gov/2015/pub/chap_319i.htm). Set into motion through the federal policies of deinstitutionalization through the 1963 Community Mental Health Act, Whiting Forensic Institute was renamed a division of Connecticut Valley Hospital in 1995 after the closing of three State Operated Psychiatric Institutions (https://www.cga.ct.gov/ps95/sum/sum0257.htm).

The fundamental framework of the design and delivery of services remained the same as programs were consolidated and a much smaller number of people were institutionalized for extended periods of time. Although framed as an overarching federal policy that closed institutions, the fundamental design of services remained an institutional care model that was shifted to community based care. Therefore, as it was found in the 50s and 60s, the framework of Whiting, and the fundamental design of all DMHAS operated services, are inherently flawed.

The conditions of an institution, are defined in the psychological and sociological literature as a "deliberate process whereby a person entering the institution is reprogrammed to accept and conform to strict controls that enables the institution to manage a large number of people with a minimum of necessary staff" (http://changingminds.org/disciplines/sociology/articles/institutionalization.htm#nav).
The design of DMHAS' service delivery system is heavily centered on acceptance of strict control and conformity. Employees are empowered through their role to maintain order over groups of people deemed mentally deficient. Non-conformity is viewed as disrupt and threatens the order needed to operate services. As a result, those receiving services must let go of personal agency and obey the policies and practices of the institution. Complete submission is required, even if those in control lose sight of the humanity within those served.

What comes to mind is a lack of awareness regarding our personal tendency to act from a place of fear, bias, and discrimination. We all have measurable cognitive biases that shape our worldview, including one which drives us, as people, to place greater value and significance on the lives of those we consider to be within our group at the expense of

those perceived to be outsiders. This deeply engrained tendency has been documented to elicit, at times, fear and disdain for those deemed to be different.

The documented abuse at Whiting strongly suggests that giving individuals authority over another human being deemed mentally incompetent, for many, triggers a psychological effect that gives permission to use brutal force as a mechanism for control. This innate tendency was demonstrated through the Stanford Prison Experiments conducted in 1971 by Psychologist Philip Zimbardo http://www.prisonexp.org/).

As a result of reported psychological torment and physical assault the experiment was shut down early. Sixty five percent of college students assigned to carry out the role of prison guard were noted to have used aggressive behavior that deviated from their reported norm. With participants assigned to either carry out the role of guard or prisoner, Zimbardo reported, *"In only a few days, our guards became sadistic and our prisoners became depressed and showed signs of extreme stress."*

Zimbardo's work demonstrates there is a greater probability that harm will occur as a result of directing an individual to have the authority to control a group of human beings based on defining their status as deviant. If simply stating during a voluntary research study that a person has control leads to the expression of abusive and sadistic behavior, it begs the question of the compounding effect of incentive through earned income.

With further consideration, there is also the finding that when individuals are given a direct command by someone in a perceived role of authority there is an innate drive to obey that order. This tendency is shown through Milgram's electric-shock studies. During the study it was found that more than half of participants complied with the instruction to give potentially lethal electric shocks to another participant, even while the participant cried out in distress, pled for mercy, and suddenly became silent (http://www.mdpi.com/2076-0760/3/2/194/htm). When asked why they continued, they stated that they didn't have responsibility for the outcome because they were only following an order.

The work of Zimbardo and Milgram points to a systemic breakdown in personal and institutional accountability that gives explanation for the inexcusable actions that occurred within Whiting. Placing the responsibility of providing rehabilitative services to people who believe that the individuals they serve lack the mental capacity to function in society without medical intervention is exactly why they felt compelled to torture another human being. As we have seen time and again through various studies of control and conditioning, it is far too easy for abuse to occur when a person is given authority over another person who has been deemed by an ineffective institution as mentally defective.

I am grateful that your committee is taking the time to explore the conditions of institutional care, and I applaud your efforts to re-envision a service delivery model that promotes the dignity and respect necessary to operate a system of care that is responsive to the complex and highly individualized struggles of those served. It is time that we come together, including people, like myself, who have insight into the conditions cultivated within an institutional setting.

I would be happy to provide additional information, and be of service as you continue to explore the mental health service delivery system of Connecticut.

Respectfully,

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