

TESTIMONY
October 2, 2007

Ladies and Gentlemen, my name is Robert Gerard. My wife and I live in Carlisle, Pennsylvania.

I am here to support SB 226.

The CIA, the FBI, the Russians, people from another planet, certain church members, a local judge, a local detective, a veterinarian, a neighbor, some family members, acquaintances from early childhood and later years. This is a short list of the organizations and people who run my daughter's life every single day.

My wife and I have raised eight beautiful children. However, one of my daughters is mentally ill and has suffered this illness for almost 25 years. Presently, she lives on her own in an apartment in Carlisle. Words cannot describe the suffering and pain our family has been through during these many years. My daughter was about 23 years old when her illness emerged. She is now 47. Here was a young lady who was a fine athlete, at the top of her class in college, commissioned in the Army and achieved the grade of 1st Lieutenant. She was discharged medically and later diagnosed as being bipolar and schizo-affective.

When evaluated by a prominent psychiatrist at Johns Hopkins over twenty years ago, my wife and I were told that unless she agreed to take medicine and receive therapy on a regular basis, her psychotic thinking and behavior would become permanent. Over the years, her reluctance to take medication and be seen on a regular basis resulted in six hospitalizations. Five were involuntary. One was coerced. In each involuntary hospitalization, my wife and I were the petitioners, which was a heartbreaking, but necessary, procedure to get her some professional help.

The central point as it relates to SB226 is this: Typically, our daughter's behavior falls short of the current criteria for involuntary hospitalization. In blunt terms, the interpretation of imminent danger to self or others is so narrowly construed that, in my opinion, unless a person is in the process of preparing to cut her wrists or put a noose around her neck, the person will not be hospitalized. Should someone wish to dispute my strong statement, let me give you a few examples from over the years of what did not exclusively qualify for involuntary hospitalization:

My daughter became a self-appointed vigilante to reduce drug use in our town. She followed users, interrupted one drug sale, and reported drug use along with sketches of the suspects to the Carlisle Police Department.

In mid-winter, she was sleeping overnight in her car, parked at the K-Mart, in freezing temperatures.

She shoveled snow for several hours in freezing temperatures with only a light shirt on, no gloves, and only a light pair of sneakers on her feet.

She habitually rode her bike around town regularly at night, dressed only in black, with no lights on the bike.

Dressed only in black, she used to lie down on the ground in a supermarket parking lot at an intersection where cars would typically cut across the lot during the evening hours. There was little in the way of lighting.

In one rented apartment, she nailed all the windows shut and triple bolted the door because she feared being attacked at night. In the event of a fire in this cheap hotel, she could have been trapped in her room.

She hears voices. "The CIA told me to kill myself, but what I do is tell them that I will do it later tonight. Then, they leave me alone." During this period, she gave me her knives and extension cords because she didn't want them around.

Sometimes, when she's feeling depressed, she will say, "I'll be glad when it's all over." Occasionally, she will tell me that she wishes she were dead. When I react in an alarmed way, she will always say she was just kidding.

Currently, she rides her bike from Carlisle to Mechanicsburg three or four times a week over a heavily traveled road that has no defined shoulders. Because she has almost been hit by trucks several times, she has made additional trips on her bike, carrying a shovel, to clear off those areas where dirt and gravel have made the road space narrower.

Each day, without exception, she will tell me that someone (names change from day-to-day) is bothering her and plotting against her. Sometimes it's several different people as the day goes on. Of course, it is all in her mind. She believes that by telling me about it, it will help get the person out of her mind. If the thoughts don't go away, she becomes furious and wants me to take some action against the imagined offender. We worry that at some point she might take action on her own against one of these innocent people.

In sum, my daughter is severely psychotic, and desperately needs focused care, but under Pennsylvania law, she operates just under the radar screen, so to speak. While she can be very engaging and charming, she has no real insight into her illness. The broadening of the criteria for mandatory treatment of the mentally ill proposed by SB226 is a great step forward. While it might be too late to help my daughter, I know it will help others who are mentally ill to receive the managed care they so badly need to recover.

