

Wilda L. White
147 College Street North, Apt. 1
Poultney, Vermont. 05764-1084
(802) 770-4050
wildalwhite@gmail.com

March 18, 2019

Chair Alice M. Emmons
Vice Chair Charles “Butch” Shaw
House Committee on Corrections and Institutions
115 State Street, Room 33
Montpelier, VT 05641

Re: *H.182 – An act relating to the creation of the Corrections and Mental Health Study Committee*

Dear House Committee on Corrections and Institutions:

I write to express my strong opposition to H.182, relating to the creation of the Corrections and Mental Health Study Committee.

I write this letter in my individual capacity. However, for purposes of identification, I am the former Executive Director of Vermont Psychiatric Survivors and the current Chair of the Vermont Mental Health Crisis Response Commission. Before returning to Vermont in 2015, I was the Executive Director of a racial justice research center at the University of California Berkeley School of Law.

As I understand H.182, its proponents wish to transition Vermont’s corrections system to a mental health rehabilitation system by reframing crime as a public health issue.

I take issue with the conflation of crime and mental illness. While there may be people in prison who have been labeled with a mental illness, there is no mental illness whose symptomatology includes criminal behavior. Furthermore, the diagnosis of mental illness is completely subjective. That is, there is no objective test of mental illness. Research has shown that implicit racial biases on the part of health care practitioners greatly influences mental health diagnoses.¹

¹ Snowden, Lonnie R. “Bias in mental health assessment and intervention: theory and evidence” *American journal of public health* vol. 93,2 (2003): 239-43; Pavkov, Thomas & Lewis, Dan & Lyons, John. (1989). Psychiatric Diagnoses and Racial Bias: An Empirical Investigation. *Professional Psychology: Research and Practice*. 20. 364-368. 10.1037/0735-7028.20.6.364.

Vermont has the third highest rate of disproportionate incarceration of black/African American males and females.² It has the highest rate of disproportionate incarceration of black/African American males. Oppressive systems such as Jim Crow and mass incarceration are preserved through transformation. This bill would usher in the transformation of mass incarceration into mass medicalization, thus hardening the State's disproportionate grip on black and brown people through forced mental health treatment and relegating them doubly to lifelong marginalization and disenfranchisement.

Labeling a person with a mental illness is more disenfranchising than a felony conviction. People labeled with mental illnesses have the highest rates of unemployment because of discrimination. Surveys of U.S. employers reveal that 50 percent of them are reluctant to hire someone with past psychiatric history; approximately 70 percent are reluctant to hire someone currently taking antipsychotic medication; 25 percent would dismiss someone who had not disclosed a mental illness.³ Sixty-eight percent of Americans do not want someone with a mental illness marrying into their family and 58 percent do not want people with mental illness in their workplaces.⁴

Mass medicalization is more insidious than mass incarceration. There is no due process when a prison system, through mandatory initial evaluations, labels a person with a mental illness. There is no right to a jury of one's peers. The burden of proof is not beyond a reasonable doubt. Once labeled with a mental illness, you will always have a mental illness, whether you recover or not. There are no opportunities for pardons from the label of mental illness. The label can also result in the permanent deprivation of life and liberty from the harm of psychiatric drugs, drugs that will likely be delivered through force, particularly if you enter the system through the criminal justice system.

Furthermore, this bill's conflation of mental illness and criminality perpetuates the stigma of mental illness, and the resulting societal oppression and discrimination against people who have been diagnosed with mental illnesses.

While this bill purports to focus on the social construction of crime, what is missing from this bill is an understanding of the social construction of mental illness.

²Nellis, Ashley, PhD. "The Color of Justice: Racial and Ethnic Disparity in State Prisons." (June 14, 2016: The Sentencing Project) <http://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>. Accessed June 14, 2016.

³ Stuart, Heather. "Mental illness and employment discrimination. *Current Opinion in Psychiatry*: [September 2006 - Volume 19 - Issue 5 - p 522–526](#). doi: 10.1097/01.yco.0000238482.27270.5d

⁴ Martin, Jack K., Bernice A. Pescosolido, and Steven A. Tuch. "Of Fear and Loathing: The Role of 'Disturbing Behavior,' Labels, and Causal Attributions in Shaping Public Attitudes toward People with Mental Illness." *Journal of Health and Social Behavior* 41, no. 2 (2000): 208-23. <http://www.jstor.org/stable/2676306>.

Mass incarceration is a social justice issue; not a public health issue. Any efforts to reform our correctional system must address the discrimination and oppression that results in the unequal distribution of opportunity based on race, class and ability, and the disproportionate incarceration of racial minorities and poor people. By and large, there is nothing wrong with people who are caught up in our prisons; the wrong is what has been done to them that ultimately lands them in prison.

Finally, the membership of the committee proposed by the bill is also problematic. While the bill proposes a committee made up of 12 designees, most of the designated members espouse the same viewpoints. More than half of the designees work for the State. There is just one slot allotted for consumers or survivors of the mental health system. This guarantees that the voice of consumers and psychiatric survivors will be silenced by the sheer will of the majority.

Absent are the voices of, among others, the National Association for the Advancement of Colored People (NAACP), Black Lives Matter, and the American Civil Liberties Union (ACLU).

While the proponents of this bill may have the best intentions, this is a very dangerous bill that will simply move oppressed people from the “New Jim Crow”⁵ to a newer Jim Crow and, in the process, further entrench negative stereotypes about people with mental health diagnoses.

Thank you for your consideration.

Very truly yours,



Wilda L. White

cc: Rep. Brian Cina (BCina@leg.state.vt.us)
Rep. Selene Colburn (SColburn@leg.state.vt.us)
Rep. Lori Houghton (LHoughton@leg.state.vt.us)
Rep. Woodman Page (WPage@leg.state.vt.us)

⁵ See Alexander, Michelle. *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. (2012: The New Press).