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To whom it concerns,

I am writing on behalf of myself to report an instance of medical malpractice and abuse of authority that has significantly, and traumatically impacted my life since the summer of 2015. It constitutes what is in my view a clear and overreaching instance of abuse of power in instantiating Florida's Baker Act legislation under which non-criminal citizens within the state can be involuntarily committed to a temporary transitional treatment facility based on prior documentation of a mental health related disability.

It has taken me this long to finally process what happened to me at that time and cope with the extreme duress that resulted so that I can write out these details for review and reprimand of those individuals responsible for misdeeds that night. Moreover, as I will soon be receiving my doctoral degree in Mathematics from a university out of state, I have now reached a point of stability whereby I have been removed, I feel, from harm's way in the form of another Baker Act being filed at me in revenge of what I am about to say in this letter. As a woman who has survived being victimized by rape and physical assault, I am a witness to how empowering the wit of pen and brightness of mind can be to inspiring change to malformed barbarisms that be in the Sunshine State.

Note that medical records for my treatment at the Pensacola Baptist Hospital emergency room in July of 2015, and the subsequent records of my treatment by the licensed practitioners within the Baptist network of inpatient and Lakeview providers are available per investigation to immediate authorities to corroborate my account of how my rape was concealed, and how I was victimized further under the guise of state law. What follows are previously under documented clarifications, reflections, and testimony by myself that I intend to be reviewed by --TODO.

This misapplication and abusive intentional bastardization of the Baker Act intent here forms a furthermore accurate and account from a reputable survivor challenging how the barbaric law and treatment practices embodied through its application really just reflect an out dated harkening back to the days when humans with disability and mental illness were shackled, beaten down and deprived of their innate rights via societally sanctioned convention -- and also the malice and ill will of those that have enforced the antiquated policy at play. What is at stake is not only righting the wrong that has been done to me a few years ago, but also to set a precedent for compassionate and responsible care for those individuals with mental illness related disability that land themselves in short-term state care to help them recover and transition safely to outpatient treatment points. My long-term goal given that this happened to me, is to make sure that it is never allowed to happen to another soul by changing the limiting bounds of regressive attitudes towards the medical treatment of patients with mental illness in the state of Florida.

In the summer of 2014, I moved with my parents to their new retirement home in Pensacola from our former established residence of nearly 17 years Saint Louis, MO. At the conclusion of that summer, in August of 2014, I moved to Seattle, WA to begin my doctoral studies at the University of Washington (UW). My shock and reaction to having been sexually assaulted after the illicit absorption of a "date rape drug" administered without my consent led to me taking a medical leave of absence from UW after only my second quarter of excused study there in late April of 2015. At that point I returned to Florida to live with family for the next few years. In this process of this multi-state transition from 2014-2015, I left the medical care of my former psychiatrist of nearly eight years. At the onset of my second stay in Florida, I was tentatively left without regular visits nor access to care for my pre-existing diagnoses of Aspergers disorder, generalized anxiety and panic attack disorder, schizoaffective disorder, and adult ADD/ADHD.

Within the first few months of returning to my parent's residence in Pensacola, I was raped in my parents living room where I was sleeping overnight in the summer of 2015. The clear signs of discharge and a sexually transmitted microbial infection led me to seek emergency medical treatment, and to report and physically document, what had happened to me. Given that my student health insurance had expired post leaving UW, I was offered transport to the available Baptist Hospital emergency room by a car ride from my mother, Sarah. My documentation and the personal belongings I had with me when I entered the ER waiting area with her that evening included my Florida state drivers license and a locked cellular, or mobile, telephone. When I was eventually triaged and then admitted to treat and report the rape, I was led to a secluded, private curtained area on my own while my mother waited for me in the original lobby.

Per Florida state law, rape victims that report their assault to an attending physician responsible for their care must be tested for a number of bacterial and viral sexually transmitted venereal diseases. I consented to provide a sample of my urine for what I believed to be laboratory work to perform these routine screening requirements for infection. Though they did run the minimally required screenings, the lab tests ordered in the ER that day neglected to include cultures for many bacterial infections that are included in standard, and

even free clinic, screening panels for sexually transmitted diseases. In addition to the tests I was informed my urine sample would be used to process, the ER staff ordered laboratory work that I had not consented to, nor been informed would be tested for, in the form of an elaborate test run for my levels of Schedule II narcotics and of course my blood alcohol level. No toxicology work to detect the presence of so-called “date rape drugs” nor a test for pregnancy was administered that night, despite the observations of my clear shock and disorientation. No specific bacterial nor viral infections were positively detected by the tests they ran, though a clear, and painful presence of a generic, non-specified “vaginitis” was noticed and reported within their records at the ER. I also neglected to test positive for intoxicating levels of alcohol consumption, nor any illegal street drugs beyond the daily prescription amphetamine drug Vyvanse that I had been prescribed by a psychiatrist in Seattle to treat my longtime diagnosis with adult function ADD. In what followed (see below for details), the presiding ER physician that I had unwittingly allowed to take charge of my care and treatment had decided it was appropriate, and at everyone’s best interest, that I be placed under a Baker Act for a verdict of “amphetamine induced psychosis”, although no releases or indication from myself about any history of pre-existing mental illness had been communicated, I believe based on later fact checking with my mother, were disclosed to the staff at the ER that night.

A very brief qualitative gynecological exam using an elongated cotton swab and other, more extensive physical evidence (vaginal fluid and tissue samples) were gathered, but only at my insistence, via a “rape kit” procedure. I watched in horror and shock from the excruciatingly painful rape kit procedure that another African American city of Pensacola police officer had taken custody of the sample bag to document my rape. I recall the name of the specific name of the neighbor that I recall naming as a potential rapist, though I do not believe that any effort was made to document these suspicions nor preserve that within my records for what I assumed would be a pending police investigation. As it turns out, the rape kit was never properly examined after collection, nor was any police investigation launched to find who had raped me that night. This was, I allege, an intentionally constructed way to cover up my rape and deprive me of basic legal rights. It hence constitutes brutality allowed under state sponsorship under a malformed law governing how mental illness can be handled as legal pretense for imprisonment within Florida.

After that, I fell asleep for what I recall would have been a few hours and do not remember seeing any ER physicians nor medical personnel, nor having consented to any paperwork or further laboratory tests, until I was awoken at around 11PM – approximately five hours after my mother and I had entered the ER waiting room pending my treatment. Once this happened, I was very quickly, and deceptively eschewed away to another bed in a curtained-off room behind locked doors and immediate ER vicinity. This initiated my admission into involuntary psychiatric care based on my state of immediate disorientation and apparently the claims of the physical assault I had made several hours earlier. I became verbally hostile towards the staff and my mother when I realized that I had been handcuffed to a metal bed in the new room to restrain me. I also threw a loaded, non-empty plastic Sprite soda bottle at my mother (approximately 35-50 feet away) with my free right hand, an action which was loudly annunciated to me by an intake worker in the room as having constituted “assault” (on her, per

her discretion, and the fact that my mother was located behind her in proximity to the locked door). At no point that night was I Mirandized for the claimed assault charges (an offense my mother would have immediately dropped, at any rate), nor was I notified that I had been placed under the Florida state Baker Act, nor was I offered any consultation as to the legal rights I had moving forward after the inappropriate application of this statute.

More to the point, I was observed to have been visibly very angry and upset with the proceedings following the voluntary medical procedures I had actually come to this ER to have administered to me for the sake of my own benefit, physical and mental well-being to recover from this violent and traumatic attack of which I was the victim. A second (pale skinned, short haired) irritated and openly hateful female intake nurse, decided to change my clothes into a revealing gown with no pants by ripping and clawing the original garments I was wearing off me as though I was a caged animal impounded for the slaughter of fresh meat. I contend, and have distinct recollection to note, that this was an intentional bait-to-tackle tactic this woman used to justify that I was physically resistant to the staff that had commandeered my freedom. The in just, and just brutally inhumane way in which a traumatized rape victim would have been subjected to another reminiscent violation like this, it seems to me is not only disgusting, but also an indication of clinical sociopathy by the perpetrator as it happens in DSM-5. My mother left and I again do not remember what happened until I was awoken to a glass windowed room for a potent sedative injection shot intravenously around my thigh. Before I passed out, the nasty hateful woman that had chained me to the bed and violently forced off my clothes whispered to me while smiling something like “see, this is what happens when you fight [us] back”. They also administered another thigh injection of an antibiotic to treat the vaginitis I was seen to have while in the ER.

Upon reviewing expensive paid print copies my medical records following my release from the Baptist ASU, we learned that I had been mistakenly classified as a paranoid type schizophrenic head case due to the clearly delusionally psychotic insistence I had recollected upon my initial interview with the Baptist ASU chief psychiatrist, Dr. Tina Medrano, a woman, the first afternoon I was held inpatient for observation is insultingly ironic. The woman whom I later relayed to my mother is some dangerously “crazy mixture of Satan and stupid” had conclusively digested within in her new set of psychiatric records they started for me that day, that I could never have been a Ph.D. student that had taught calculus as a graduate TA from Seattle, WA the year they collected me in Pensacola, Florida.

The implication that I can draw for why my stay in Baker Act jail was extended from three days (up to, mandatory, allowable by Florida state law) to nine is that I required follow up treatment of my vaginitis symptoms by a course of orally administered antibiotics. What, in effect, I insinuate, that this extended hellish vacation would have allowed to be done is to wipe away any lingering trace evidence of the fact that I had been raped in my parents house. Basically, due to the prolonged abstinence I have practiced by choice since puberty, there would have otherwise been no way for me have cultured positive for a sexually transmitted only type bacterial infection.

In my clear view and implicit estimation ability, I had no abnormal psychotic symptoms to speak of over the course of my stay at the Pensacola ASU for that nine-day time period. I have confirmed, as is not uncommon in other civil states of the union, with my active practicing psychiatrist in Atlanta that in order for me to even be considered for an involuntary committal per Georgia state law would be for me to be demonstratable suicidal, or otherwise inclined at physical harm to others – even in the presence of psychotic type hallucinations or in the event of illicit (or other) substance abuse. *Why, god, why, was I allowed to be raped this way in the state of Florida over those years?* It must be, I hope, to persist and make sure this grave reality is never, ever allowed to happen to another woman like me there again. This resolution makes me stronger.

Sincerely,

Maxie Dion Schmidt

M.S. in Computer Science, University of Illinois at Urbana-Champaign (2014)

Ph.D. in Mathematics, Georgia Institute of Technology (2022)

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**Inspired by the language of:** “That crazy bitch is a venomous spider”

**Dedicated to the memory of:** RBG, in spirit, and sincerest memoriam; RIP