

TEXAS TEA NEWSLETTER



ISSUE NO 2 | JANUARY - 2022 | VOLUME 1



OUR GOAL

With each issue of the Texas Tea Newsletter, we are determined to provide news articles and information for those currently held in Civil Commitment in Texas and other states across the country. We hope to bring awareness to the differences between

what lawmakers portray Civil Commitment to be and the harsh reality that is kept from the public. Through the efforts of the released, loved ones, and those still kept behind razor wire fences, we will shed light upon the unjust situations within these "treatment facilities".

EDITOR'S CORNER

Hear what the editor has to say about this month's issue, encouraging words, and updates on future releases.

WHAT IS BREWING THIS MONTH?

Check out an array of articles, cartoons, and what is new in the latest edition of Texas Tea Newsletter.

INSIDER NEWS

Read first-hand accounts of the atrocities within the Texas Civil Commitment Center in Littlefield, Texas.

EDITOR'S NOTE

Hello and welcome to another issue of the Texas Tea Newsletter. I would like to thank everyone for the support, and most of all, the letters of encouragement. I also appreciate the stories and information provided. I am doing my best to get the word out to anyone and everyone I can think of. If you have suggestions as to who I can add to the mailing list, it is greatly appreciated.

Deciding what to write in this Editor's Note has been a frustrating back and forth time for me. Part of me wants to defend and protect, another part wants to put people on blast, and another part wants to stay focused. It is a difficult position to be an advocate. I must tell myself that I have to work for everyone. I have received criticism from a few men for details or stories. I have been talked about by others for various reasons. But I remain strong in my efforts to continue.

There have been many questions as to who I am, and I do not feel comfortable disclosing my identity at the moment. I feel that some sort of secrecy is necessary to keep putting the newsletter out, both to the public and into the facility. My main goal was and is to get news in for the men of Littlefield. And frankly, my identity isn't important; the information about what goes on in civil commitment is. Please continue to help me get the word out there.

I am proud to announce with each issue published, the crowd of supports grows and grows, and I am hoping it continues to do so. Next month we will have an email set up for digital correspondence, as well as a new mailing address, so stay posted. This is a small, very small operation, so please be patient and understanding. Now let's get back to sipping the tea!



APA DECRIES CIVIL COMMITMENT LAWS

BY CURE-SORT NEWS TEAM

American Psychiatric Association's Board of Trustees approved a task force report on sexually dangerous offenders at its meeting last fall in San Diego recommending that psychiatrists vigorously oppose sexual predator laws.

Opposing such laws is necessary "to preserve the moral authority of the profession and ensure continuing societal confidence in the medical model of civil commitment," states the report. The report was written by the Task Force on Sexually Dangerous Offenders, a component of APA's Council on Psychiatry and Law, which endorsed the report before it went to the Board for action.

Paul Appelbaum, M.D., was chair of the council when the five-member task force was formed five years ago. Its creation, he noted, was in response to several states' adopting sexual predator laws allowing sex offenders post-incarceration to be civilly committed to psychiatric facilities. "We were concerned that psychiatry was being used to preventively detain a class of people for whom confinement rather than treatment was the real goal. This struck many people as a misuse of psychiatry."

The task force agreed, stating in its report that the diagnosis of sexual predator is based on "a vague and circular determination that an offender has a 'mental abnormality' that has led to repeat criminal behavior. Thus, these statutes have the effect of defining mental illness in terms of criminal behavior. This is a misuse of psychiatry, because legislators have used psychiatric commitment to effect nonmedical societal ends."

The task force recommends that societal concerns about protection from dangerous sex offenders be met instead through customary sentencing alternatives within the criminal justice system.

Appelbaum observed that since the U.S. Supreme Court decision in the case *Kansas v. Hendricks* upholding the constitutionality of the Kansas sexual predator law, several states have introduced or passed similar laws.

The purpose of the task force was to assemble information necessary to inform decision making by psychiatrists, legislators, and judges regarding the clinical and ethical implications of sexual predator statutes.

The report synthesizes available literature on the

diagnoses, treatment, and recidivism of sex offenders, and sexual predator commitment laws including relevant court cases. There is also a section on juvenile sex offenders, frequently asked questions, and a summary of conclusions and policy recommendations.

Appelbaum commented, "The task force report serves as a resource for psychiatrists who want to learn more about sexual disorders and developing treatments and underscores the need for training in psychiatric research programs."

The report notes that except for a few dedicated researchers and clinicians, most psychiatrists are unfamiliar with the assessment and treatment of sex offenders.

SUPREME COURT CASE PLACES SIXTH AMENDMENT IN PERIL

BY MARC HYDEN
DEC. 4TH, 2021

With many Americans focused on headline-grabbing U.S. Supreme Court cases, it would be easy to miss a critically important case that has flown under the radar: *Shinn v. Jones and Ramirez*. Despite the consolidated case's low-profile, it has the potential to fundamentally reshape the criminal justice system in a manner that should offend conservatives' core sensibilities — that of protecting life, liberty, and unalienable rights.

The case revolves around something quintessentially American — the right to an attorney and a fair trial. According to decades-old case law, the Sixth Amendment provides Americans the right to "effective assistance of counsel," but not all lawyers are created equal. There are plenty of reports of defense attorneys showing up to court drunk, sleeping during the trial or simply ignoring exculpatory evidence.

Thanks to the Sixth Amendment, if an attorney's assistance was so inadequate that it influenced the case's outcome, then the courts can order a retrial.

To obtain such relief, appellants must traverse the arcane appeals process, but if state appellate courts rebuff them, they can apply for relief in federal court via a writ of habeas corpus. This process is incredibly time-consuming. In fact, the time between

sentencing and execution in capital cases can easily exceed 20 years.

During the interim, new evidence of ineffective counsel can arise, which brings us to the crux of *Shinn v. Jones and Ramirez*, and the stakes are high — very high. Both Barry Jones and David Ramirez face death sentences for separate cases in Arizona, but appeals attorneys presented evidence in federal court, questioning their verdict and sentence, respectively.

In 1995, despite steadfastly maintaining his innocence, Mr. Jones was convicted of an unconscionably heinous crime — child abuse resulting in death — although there is evidence that suggests he may not be guilty. Medical evidence available at the time would have poked holes in the prosecutors' case against Mr. Jones, according to court documents, but his counsel failed to introduce it. While I can't say for certain whether Mr. Jones is innocent, it seems that the jurors passed their verdict based on incomplete evidence.

Meanwhile, Mr. Ramirez's guilt isn't in question. A jury convicted him in 1990 of a gruesome double murder. Still, there's reason to believe that Mr. Ramirez suffers from an intellectual disability, has brain damage, and endured serious childhood trauma. However, his lawyers originally failed to provide any evidence of this. Why is this important? Because mitigating evidence such as this would have virtually ensured that he received a sentence other than death.

Mr. Jones' and Mr. Ramirez's new attorneys have since brought the aforementioned evidence to light in federal court. They claimed that more effective counsel could have easily raised all of this evidence during the original trials, and as a result, their clients deserve retrials. It's not unheard of for appeals attorneys to make such 11th-hour assertions in desperate bids to save their clients, but they made a good case. How good? Federal courts overturned Mr. Jones' conviction and ordered a new hearing for Mr. Ramirez.

Normally, this would ultimately trigger a retrial for Mr. Jones and a new sentencing hearing for Mr. Ramirez, but instead, the State of Arizona appealed the decision. Citing a provision in the Antiterrorism and Effective Death Penalty Act of 1996 (AEDPA), Arizona asserts that new evidence demonstrating the ineffectiveness of counsel cannot be considered in habeas petitions if the defendant's lawyers neglected to develop the evidence in state court proceedings.

The State of Arizona's interpretation of the AEDPA is unique, to say the least. To date, no appellate court has adopted such a reading, and the United States District Court in Arizona found the State of Arizona's argument laughable, calling it "simply illogical." After all, it makes no sense for the law to allow federal courts to entertain evidentiary hearings on claims of ineffective counsel but then to forbid the consideration of the same evidence simply because post-conviction relief counsel failed to raise it in state court.

If the U.S. Supreme Court sides with Arizona, the state will subsequently execute Mr. Jones and Mr. Ramirez despite the evidence. This will also set a dangerous precedent that new evidence of ineffective counsel — in all criminal cases, not just capital cases — can never be considered in federal court even though such claims almost always rely on new evidence.

This will lead to insidious effects that will reverberate throughout the criminal justice system—ensuring that an untold number of Americans, including the wrongly convicted, will never get a fair trial. This should concern all Americans—especially the U.S. Supreme Court's conservative wing.

Conservatives believe in law and order, but you can have neither as long as Americans are wrongly denied their constitutional rights and stripped of their lives and liberties. Yet, that could become a regular occurrence if the U.S. Supreme Court rules in favor of Arizona.



THE POPULATION PREVALENCE OF SOLITARY CONFINEMENT

BY HANNAH PULLEN-BLASNIK,
JESSICA T. SIMES, AND
BRUCE WESTERN
NOV. 26TH, 2021

Black men in the United States are imprisoned at disproportionately high rates. As the U.S. incarceration rate grew to historically high levels in the early 2000s, this disparity has resulted in population level effects. Data from the 1970s to 2000s indicate that 20 to 30% of black men have been to prison by their mid-30s. Although period prevalence estimates describe the broad extent of incarceration, they convey little about prison conditions or racial disparities in the severity of incarceration.

Solitary confinement involves intense isolation that differs substantially from the experience of incarceration in the general prison population. Individuals are typically locked in their cells for 22 or 23 hours each day. Meals and toilet use take place inside the cell with only an hour outside for, say, recreation or showers. Access to rehabilitation programs, recreation activities, medical appointments, commissary supplies, phone calls, and visitation is severely restricted. Although conditions of solitary confinement vary across prisons and jurisdictions, three characteristics have come to define its practice in the United States: 22- or 23-hour confinement in a cell each day, severe restrictions on prison activities such as visits or programming, and widespread use of long-term isolation. There are few detailed analyses of the prevalence of solitary confinement, but national surveys providing point-in-time estimates indicate that about 4% of the state prison population is held in solitary confinement on an average day. Researchers also report racial disparities reflecting high rates of solitary confinement among incarcerated black and Latino people.

The official purposes of solitary confinement are typically divided into punishment and prison management. As punishment, sometimes called disciplinary custody, prison authorities use solitary confinement as a response to misconduct charges such as fighting or drug use. For prison management, often called administrative custody, authorities may use solitary confinement to

separate those deemed to pose a threat to staff or other incarcerated people or as protective custody for those who feel or are determined to be unsafe in the general prison population. Although the purposes of solitary confinement vary, prison conditions and restrictions are often similar whether incarcerated in disciplinary or administrative custody.

Solitary confinement has been found to have a variety of negative effects. Much of the research has focused on mental health and the harm experienced by incarcerated people with preexisting mental illness. Evidence for negative mental health effects is consistent with high rates of suicidality among those with histories of solitary confinement. After prison, people who have been incarcerated in solitary confinement also experience higher risks of new criminal convictions, unemployment, and mortality.

The most harmful effects of solitary confinement have been reported for long periods of extreme isolation. Extended solitary confinement has been found to be especially harmful to mental health, associated with anxiety, depression, impulse control disorder, social withdrawal, lethargy, apathy, self-harming, and suicidal behavior. Infamous cases of injustice have also involved lengthy incarcerations in solitary confinement.

Acknowledging harms and threats to human rights accompanying sustained solitary confinement, the United Nations Standard Minimum Rules for the Treatment of Prisoners prohibited "prolonged solitary confinement" in excess of 15 consecutive days. Similar standards have recently been adopted in Colorado and New York. U.S. health organizations have opposed prolonged solitary confinement, focusing on the harms for those with serious mental illness. Federal courts also recognized the harms, finding certain forms of solitary confinement unconstitutional, notably for incarcerated people with mental illnesses.

Given evidence of harmful effects and racial disparity, what is the prevalence of solitary confinement in the general population for men and women in different racial and ethnic groups? This paper uses administrative data from the Pennsylvania Department of Corrections to estimate the population prevalence of imprisonment to age 30 and of solitary confinement to age 32 for men and women in four racial/ethnic groups: non-Latino white, non-Latino black, Latino, and any other race or ethnicity.

Pennsylvania has the sixth largest prison population among all 50 states, and its incarceration rate and racial disparity in incarceration are approximately equal to the national average. Pennsylvania state prisons thus include a relatively large share of the U.S. prison population, and patterns of racial disparity resemble the U.S. pattern more broadly. We estimate the likelihood of having ever been imprisoned or held in solitary confinement from age 18 to 32 for a birth cohort born 1986 to 1989. To study prolonged isolation, we also estimate the likelihood by age 32 of being held in solitary confinement for up to a year or longer. These estimates of cumulative risk describe the prevalence of imprisonment and solitary confinement among Pennsylvania residents by their early 30s. We find evidence of large racial disparities, with black men far more likely to experience imprisonment, solitary confinement, and long periods of solitary confinement compared to other demographic groups. We decompose the disparity into components related to the disparity in imprisonment and the disparity in solitary confinement conditional on imprisonment. Estimates of the prevalence of solitary confinement for different racial and ethnic groups show how the pains of imprisonment are unequally distributed in the population and how imprisonment is disproportionately damaging for black and Latino communities.

Estimates of the prevalence of imprisonment in Pennsylvania are similar to findings from national studies. Nearly one in five (19.1%) black men in Pennsylvania, born 1986 to 1989, has been imprisoned by age 30 compared to 6.6% of Latino men and fewer than 3% of white men. The relative risk of imprisonment for black men is nearly seven times the risk for white men. Latino men experience about twice the cumulative risk of imprisonment as that estimated for white men.

We also find high rates and larger racial disparities for solitary confinement.

Among black men in Pennsylvania born in the late 1980s, one in nine (11.1%) had been held in solitary confinement for at least 1 day by age 32. Nearly 60% of incarcerated black men in the birth cohort also spent time in solitary confinement. In comparison, 3.4% of Latino men and 1.4% of white men in the study birth cohort had been incarcerated in solitary confinement by their early 30s. The risk of solitary confinement by age 32 for black men is more than 8 times the risk for white men, and Latinos are 2.5 times as likely as white men to have been held in solitary confinement.

Cumulative risks of imprisonment and solitary confinement among women are significantly lower than among men. Men are about 10 times more likely to go to prison than women. Among all women in Pennsylvania, born 1986 to 1989, we estimate that one-half of 1% had been sent to prison by age 30. Among black women in the study birth cohort, 0.8% have been imprisoned by age 30, about twice the prevalence of imprisonment as for white and Latina women. Solitary confinement is also used less often among incarcerated women than incarcerated men. Nearly 0.2% of Pennsylvania women, born 1986 to 1989, have been in solitary confinement by age 32. The highest cumulative risk of solitary confinement is estimated for black women, whose rate of 0.4% is nearly three times the cumulative risk for white and Latina women.

Given the racial disparity in imprisonment and solitary confinement, how much of the disparity in solitary confinement results from high risks of imprisonment among black and Latino men and women versus high risks of solitary confinement once imprisoned? We decompose the racial and ethnic disparity in the cumulative risks of solitary confinement into components for the disparity in incarceration in the general population and disparity in solitary confinement, conditional on imprisonment. For this decomposition, the total disparity between, say, black and white men is defined as the log cumulative risk for black men minus the log cumulative risk for white men. The total disparity in solitary confinement can be written as a function of the black-white disparity in the cumulative risk of incarceration in the population and the black-white disparity in solitary confinement among those who are in prison.

Decomposing the disparity in solitary confinement shows that 90% of the relatively high rate of solitary confinement among black and Latino men is related to the disparity in incarceration in the population.

The remaining 10% is related to the relatively high risk of solitary confinement among black and Latino men in prison. With less data for women, the results are more varied. However, a notable fraction of the risk of solitary confinement is related to the relatively high risk of solitary confinement in prison among incarcerated women of color.

Examining racial and ethnic disparity across durations of solitary confinement, we find that black men are about 8.2 times more likely to spend at least a day in solitary confinement compared to white men by age 32.

That disparity increases to 10.6 times for periods of solitary confinement of at least a year. The Latino-white ratios remain relatively stable across all durations of solitary confinement. The black-Latino disparity grows with duration, indicating that black men are disproportionately likely to experience long periods of solitary confinement. The relative risks of solitary confinement given incarceration follow a similar pattern to the overall solitary confinement disparity, increasing over longer durations for black men compared to white and Latino men. At all durations, the relative risk of solitary confinement in the population is much higher than the relative risk of solitary confinement given incarceration. Thus, most of the disparity in prolonged solitary confinement in the population results from the racial/ethnic disparity in incarceration rather than the disparity in treatment within the prison.

The pattern of increasing disparity is more varied for women because prolonged periods of solitary confinement are less common among all women. The black-white disparity remains relatively high across all durations of solitary confinement for women, peaking at 220 days, where the black-white ratio is 6.3. The Latina-white disparity remains relatively low across durations and decreases for longer durations. Similar to the pattern observed for men, most of the disparity in prolonged solitary confinement results from the disparity in incarceration rather than the disparity in solitary given incarceration. However, disparity in treatment in prison, indicated by the relative risk of solitary confinement given incarceration, is larger for men than women.

Among black men in Pennsylvania, born 1986 to 1989, one in nine has been locked in solitary confinement in state prison by age 32. The cumulative risk of solitary confinement for black men is three times higher than for Latino men and more than eight times higher than for white men. Although we find a similarly large racial disparity for women, the overall prevalence of solitary confinement is more than 90% lower than the prevalence for men.

Unusual by international standards, long periods of solitary greater than 15 days are also relatively common in Pennsylvania. Estimates indicate that 9% of all black men born 1986 to 1989 in Pennsylvania have spent at least 15 consecutive days, and almost 1 in every 100 has spent at least 1 year, in solitary confinement by age 32.

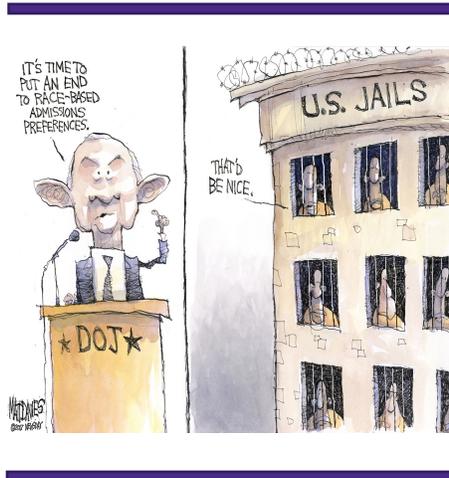
Racial disparity in the population prevalence of the duration of solitary confinement persists through at least 1 year of solitary confinement, with black men more likely to be held for long stays than any other racial/ethnic group.

A decomposition shows that the overrepresentation of black men in solitary confinement in the Pennsylvania population is primarily the result of the overall racial disparity in incarceration. Roughly 10% of the black-white cumulative risk of solitary confinement is related to the racial disparity in solitary confinement inside prisons. The decomposition results suggest that there may be greater potential to reduce the relatively high exposure of black men to solitary confinement by lowering the prevalence of, and disparity in, incarceration in the population. The racial disparity that black men and women experience increases for longer durations of solitary confinement, and this, too, mostly results from the racial disparity in imprisonment.

The current analysis is subject to several limitations. First, the findings apply only to Pennsylvania, and it is unclear whether similar rates and disparities would be found in other states. Because solitary confinement is used in a similar way to other jurisdictions and rates of solitary confinement in the state mirror national levels, we believe that similar patterns would likely be found elsewhere. Still, racial disparities in imprisonment vary across states. States with relatively high disparities in imprisonment would likely have higher disparities in the risk of solitary confinement than those reported here. Second, the data only allow us to explore prevalence from ages 18 to 32 and only within state prisons. Without data on solitary confinement in other types of incarceration such as jails, and more data across the life course, the results underestimate the population prevalence of solitary confinement. Third, stratifying the analysis by additional demographic measures such as education would likely yield even greater disparity in the risk of solitary confinement because of the high rate of imprisonment among people with little schooling. In particular, pervasive imprisonment among black men with very little schooling may be matched by pervasive solitary confinement in this same segment of the population.

The evidence indicates that a high and disparate rate of imprisonment is closely associated with high rates of population-level exposure to solitary confinement among black men.

Because solitary confinement has harmful effects on health and well-being, and federal courts have scrutinized conditions of extreme isolation, the pattern of imprisonment itself may have a social impact, threatening public health and collective security against cruel and unusual punishment guaranteed by the Constitution. Although efforts to improve prison conditions may reduce the harms of incarceration, our evidence indicates that large reductions in black men's absolute and relative exposure to solitary confinement will depend on reducing the general level and racial disparity of imprisonment.



INSIDER NEWS

Mother of a Civilly Committed Man

My name is Jennifer Williams. My son Justin Sanchez was sent to the Civil Commitment Center November 2018. Although I had heard that this place was a nightmare it's my nature to stay positive. Three years later as hard as it is to stay positive, I'm still continuing to do that to keep my son encouraged. I could go on and on about the facts and statistics of this failing program, but you can easily go on TACC website and get that information. I want to talk about the fact that my son who has served his sentence in full, day for day, is still being punished. TCCO and MTC would like to make you think that they are responsible for keeping the community safe. They are only throwing away taxpayers' money. They are warehousing these men for profit. Please if you are reading this. Do your research. We need help! These men are locked away rotting and becoming more and more depressed and hopeless. There are so many that do not have family. I can't imagine the loneliness and angst that they must be feeling. If you are a shadow prison inmate reading this, please know that I am fighting for you. Does not matter your reason for being there. You are loved, you are important, you are thought about. Please do your part and work the program and let us to our part to make things right. If you are a person in the position to give us advice or to help us, please contact us as soon as possible. We will never give up!

Jennifer Williams
Mother, advocate, human being!

Sincerely,
Jennifer Williams
jlouwilliams2010@yahoo.com

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WEIRDOS

By A TCCC Resident

Ever wonder what kind of person has the job of euthanizing dogs and cats at an animal shelter? They're not your typical dog or cat person, veterinary, or wildlife biologist. Most of these people keep their work private. They aren't immoral, unethical or criminal, they're just weird. It takes a different kind of person to do what they do. Few people would be able to sleep good at night with this kind of work on their mind.

There's a comparison of character for civil commitment sex offender treatment providers.

The psychiatrists and counselors that actually help and heal people, even those that treat sex offenders and other criminals, don't take advantage of corrupt injustice to increase their income or secure their career. In fact, civil commitment sex offender treatment providers are the weirdest and worst by character in their field. What they do is immoral, unethical and criminal and they aren't so private about it. They justify, minimize and excuse what they do by the criminal record of their captive audience.

At least people benefit from animal control without which animal populations would overrun society. No one questions their morals, ethics or constitutional integrity. In contrast, the only people benefiting from sex offender civil commitment are profiteers. They ruin futures, families and communities, and they sleep without a conscience of it. I esteem the animal control employ far above the civil commitment sex offender treatment provider.

I've Said What I Have To Say!

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JUSTICE IS COMING

By A TCCC Resident

The typical sex offender civil commitment story goes something like this;

I committed my crime prior to 1999, when the legislation created sex offender civil commitment. I was not informed that my criminal plea bargain would be used against me or qualify me for the indefinite confinement and supervision scheme. So I was shocked when the state re-tried me for the very crimes I plead to and completed at the end of my sentence.

I'd heard about the civil commitment, but I thought it was for the most dangerous and most violent sex offenders seen on the five o'clock news. I'm not minimizing my offense, but I didn't fit that profile. I was just a stupid immature man acting on selfish sexual gratification that resulted in criminal behavior. I haven't met or seen the character this program was meant to deal with here. They were everywhere in prison. But, prison releases about 2000 sex offenders a year into communities. All of these, including the worst of the worst assimilate back into families, neighborhoods, and jobs without fanfare.

I think the selection process has more to do with the timing of bed space in the program than legitimate public safety.

This is very much like history now reports lobotomies between 1920-1950. At its peak, they were "treating" 200 patients a day on an out patient basis. 200 lobotomies a day in barber chairs with ice picks and most of them on children at the word of stepmothers. Most of the Doctors never even interviewed the patient but moments or at most an hour prior to the procedure. All of these were court ordered at the behest of a fad cure for aggression.

Who and where are these great supporters of this atrocity? They're the same people now peddling SOCC. And these hypocrites will one day be under the same rocks those lobotomists are. It's so shameful, that not even the families of those doctors, legislators, lawyers and judges will claim their legacy. Not one name is remembered and rightfully so. These are the scum of humanity. It'll take 20 or 30 years for the stain of sex offender civil commitment to fade after it is abolished and Senator John Whitmire, Marsha McLane, and all of those like Dr. Ed Dr. Woodrick and Dr. Arambula will be nothing more than an embarrassment.

Justice is coming. The U.S. Constitution has been tested many times through our history of villainous leaders. We no longer have lobotomies, prohibition, Tuskagee experiments and many other fad cures of the times.

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By A TCCC Resident

What would make a person kill themselves?

Recently at the Texas Civil Commitment Center a Resident, Mr. England, killed himself, but what would drive him to do so? Hopelessness.

This Resident was one of them that was on the outpatient program until 2015 when the program was changed to inpatient. He was living in the community and was one of the over 200 men that was rounded up from halfway houses and sent to a "treatment" center, the Bill Clayton Detention Center, now the Texas Civil Commitment Center, 35 miles North west of Lubbock.

INSIDER NEWS CONT.

He had been at the Center for over five (5) years, but before that he was in the program for 11 years, for a total of 16 years with no hope of getting out. Unlike prison where a person has an out date (parole or discharge), the men who are civilly committed have no expected out date. This leads the men there to become hopeless and seeing that the only way out is to kill themselves.

What a shame when you think that the only way out is to kill yourself.

What is the price of medicine?

There was a Resident, Mr. Martinez, at the Texas Civil Commitment Center who was denied his cancer medication, because it cost too much. Several, times Mr. Martinez tried to get the medication that was needed to fight his cancer but was denied. This ultimately lead to the life of Mr. Martinez to be cut short.

An unnecessary death.

So I would say that the price of medicine would be the cost of a man's life.

The Death of Mr. Hoyt

A few weeks ago Resident Darrel Hoyt died on the sidewalk on the way to medical due to a massive heart attack. Mr. Hoyt had been complaining to medical for several days about not feeling good. Each time he was sent back to his dorm with medical not doing anything. This last time he did not make it to medical to be denied. When the staff was loading Mr. Hoyt's body onto the gurney, many of the staff were laughing. Mr. Hoyt, was a tiny man, no more than 5'6" and maybe 125 lbs, wet. They laughed at how they man handled Mr. Hoyt's body.

This story goes along with the above info. I would say that the price of medicine is the cost of a man's life. Before the men were sent to the Texas Civil Commitment Center, they were living in half-way houses and were able to see "Free World" doctors. They were able to go to the VA and other medical appointments NOT connected to the half-way houses or the Texas Civil Commitment Office. The Texas Civil Commitment Center, which in now ran by Manage and Training Corp. (MTC), which runs many private prisons

many in Texas, are concerned about the dollar. Medical now is by MTC. So they are looking at cost of medicine and medical.

Which is funny. Not ha-ha funny but ironic funny. MTC's motto is BIONIC- Believe It Or Not I Can- which in not often seen in their actions.

They (MTC) are able it host parties for the staff but are worried about the cost of medical. Often they will have BBQs for the staff, or some type of meal, give away sodas and popcorn, while Residents died due to medical cost. Coming up June 16t MTC is having a fish fry with mini-golf for the staff, while budget reduces the Resident's food and medical. If only Marsha McLane, the director will take a budget cut, she is asking for a pay raise. That money could be put back into medical.

Governor Abbott passed an order (mandate) that sated that Texans are not required to wear a mask but in only three places: assistant living facilities, prison or jail, however the men at the Commitment Center still has to wear a mask, even after they have received their 2nd shot. So what is the Civil Commitment Center? It must fall under one of the three if they still have to wear a mask and it is not an assistant living facility.

The guards "staff" walk around with pepper spray and handcuffs. What "Treatment Facility" do you know of where the staff carry pepper spray or handcuffs? And they insist that the men are not in "prison" but in a "treatment" facility.

The whole program is a sham. It is proven that outpatient civil commitment programs are cheaper to run and show better results. The bottom line is that the program needs to be scrapped. There are many states that do not have civil commitment and they are doing fine. If not scrapping the program at least have people run it that really care or at least do not care about the bottom dollar. Remember MTC runs other prisons and is a for profit company that care about their shareholders.

Thank you for your time. God Bless.



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Unethical Professional Conduct

Dear Texas Tea Newsletter, here's a list of Psychologist and Psychiatrist who are willing to violate their professional code of conduct to help the state carry out its scheme to Banish a Sub and Suspect class of it's citizens by finding them to have a so-called diagnoses that doesn't exist in the field of psychology and I'm giving this list of names as a way to assist you in your research in your goal of closing down civil commitment in the state of Texas and elsewhere. These are the people who go into the courtroom as a so-called expert.

1. Nicholas Edd Psy. D. LSOTP in Houston, TX
PH: 281-558-6231 Fax: 281-558-63-79

2. Charles P. Woodrick Ph. D Psychologist
Licensed #22075 Richmond, TX 77407-0825

3. Parnell E. Ryan Ph. D. Psychologist
Licensed #32424 Weatherford, TX 76086-4509 Ph: 682-551-4729

4. Paul M. Hamilton Ph. D Psychologist
Licensed #26879 Rockport, TX 78382 Ph: 361-727-0143

5. Note: Dr. John Tennison is the only one that I know that testified in open court that the Behavior Abnormality diagnose doesn't exist in his profession.

6. Jason D. Dunham, Psychologist West Texas

7. Antoinette McGarraham, Psychologist

8. Sheri Gaines, Psychiatrist

INSIDER NEWS CONT.

9. Michael Arambula, Psychiatrist
10. J. Randall Price, Psychologist
11. Sharon Rogers, Psychologist
12. Rahn Bailey, Psychiatrist
13. Michael Gilhousen, Psychologist
14. Douglas Bentling, Psychologist
15. Jack Price, Psychologist
16. Marcus Boccaccina, Psychologist
17. Roger Saunders, Psychologist
18. Marisa Maura, Psychologist

And there are many more who are willing to go into a courtroom and violate their professional code of conduct and professional code of ethics. The other thing that I might mention is that you can find out information on these individuals on the Texas government website for Psychologist and Psychiatrist at (license and records) Ph: 512-305-7700. I'd also like to thank you for standing up for what's right. Think about this. I only had a 10 year sentence which had expired in June 12, 2011 and I have now been locked up for over 20 years! How is this American or democratic? I consider it a form of Nazism and Oppression.

Note: As you can see from the exhibits that I have presented these people use our polygraphs and plethysmographs against us from moving forward. As of March 14, 2022 of the new year, I will have been in tier two for five years. I've completed the tier two work over a year and a half ago. The whole program is a shame and a waste of taxpayer's money.



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