The Legal Pad
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"Our lives are determined less by our childhoods than by the traumatic way we have learned to remember our childhoods." – Psychologist James Hillman, co-author of *We've Had a Hundred Years of Psychotherapy – and the World's Getting Worse*, © 1992

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Coming Soon:

- ✓ The Rind Report
- ✓ Pedophilia or Pedosexuality: Disorder or Orientation?
- ✓ The Psychopathy Revolutionary and his PCL-R: How to Lock People Up or Send Them to Their Deaths Just Because He Can
- ✓ MnSOST-3.1 and 3.12: Junk Science & Guessing
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Credit Where Credit Is Due

The gentleman in the old tintype to the right is Charles Dickens. As an author, Dickens was more effective at pricking the numbed consciences of his day than any other writer. It is fair to say that he singlehandedly inspired countless writers who followed him to depict various social, economic, and political iniquities and inequities of their times in ways that would move the hearts and minds of all — no easy feat. The reason his picture appears here is twofold. First, it serves to remind all that we need another Charles Dickens these days. Dickens would have a field day with MSOP. Second, as humble and comparatively weak as our offerings might be here, and as propaganda-hardened as the heart of some of our readers may be, we hope this little reminder of the social obligation we all owe each other in our society will help them see the gross unfairness and barbarity of our endless incarceration here — and to help us bring it to an end.

What in the World Has Been Going on in *Karsjens*?

For those who may not have been keeping up with developments in the *Karsjens* case, here is the latest update.

First, back in May, our attorneys filed the "Petition for a Writ of Certiorari" needed to ask the Supreme Court of the U.S. ("SCOTUS") to take up the *Karsjens* appeal and, having done so, to overturn the 8th Circuit Court of Appeals ruling against us. In SCOTUS, this is always a two-step process. First, one must get that court to grant "certiorari" ("cert," for short) – which only refers to the fact that such grant of review is immediately followed by a SCOTUS order to the clerk of the appellate court below to certify the file as correct and to send it to SCOTUS)). Second, assuming SCOTUS takes the case, it sets a briefing schedule and, following that round of briefs, it sets an oral argument date.

With that background in mind, we are still in the pre-cert stage. All of the parties' briefs and the authorized amicus curiae briefs are now on file (and posted on our computer network in the *Karsjens* file folder, which can be found by clicking the Windows logo button at lower-left on your screen.)

Since I get asked a lot what I think of the various briefs, allow me to summarize thus:

The Petition itself by Gustafson Gluek ("GG") is quite good, but not very dramatic. The opposing brief by the A.G.'s office for the Defendants is poor, not refuting or even directly addressing the grounds for SCOTUS accepting the case. Instead, that brief makes a rank emotional appeal, grounded on baseless assertions that sex crimes are extremely underreported. That is untrue, but, even were it otherwise, it is irrelevant to the problems of MSOP (and even to the grounds for commitment). Therefore, that brief is an ineffective attempt to refute Plaintiffs' argument for acceptance of the case.

It is significant that all of the amicus curiae briefs are in favor of acceptance of the case. Effectively then, the Defendants are alone in opposition to it. The amicus briefs take the larger view, unlike the somewhat 'mechanical' approach taken by the GG firm. These briefs oppose sex offender commitment as it is practiced in Minnesota on grounds that attack the very concept, and that warn sternly of the future, wider ramifications if this preventive detention merely by another name is effectively approved by SCOTUS refusal to hear the *Karsjens* case or by accepting that appeal, but then affirming the boundless 8th Circuit ruling. Without exaggeration, those amicus briefs address those realistic and frightening possibilities, carefully explaining why they could spell the end to individual rights under our federal Constitution.

Finally, GG has recently filed a reply brief forcefully refuting each relevant point advanced by Defendants adverse brief. It is fair to say that the defense arguments are thoroughly demolished by that Reply Brief, and moreover, that this brief by GG is far more dynamic and impactful than the Petition was.

Altogether then, the state of the briefing now strongly favors SCOTUS acceptance of the case. A standard caution against getting too optimistic remains in effect: Not counting habeas appeals, SCOTUS only takes about one out of every 120 cases. So the odds can never be said to be in one's favor. However, it is undeniable that, whichever way this case is handled by SCOTUS, its impact will be widespread and will pervade and govern future constitutional case law. This makes the *Karsjens* case a paradigmatic candidate for decision by SCOTUS. For this reason, I would assess our chances of acceptance at about 50-50. That high a chance is a rarity. And that is very good news.

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The 50% Case: Where Do Things Stand Now, and What Are the Chances of Getting Some Cash?

It is a little premature to give a full account of where the 50% Wage Confiscation Case stands right now, for reasons that will become clear momentarily. However, since many have asked about it, this will explain the current state of things as best as they can be summed up right now, albeit subject to change by the next issue of this newsletter.

As I previously reported, the Defendants moved for dismissal of the entire case, or alternatively, at least dismissal of any among the six counts (claims) raised by the case that might not impress the judge. We responded with a brief defending five of those claims and a separate brief supporting the addition by Amended Complaint of Count VI. By topic, the six counts are:

Count I: Federal FLSA minimum wage violation;

Count II: Denial of Equal Protection, compared to CPS and other mental patient-workers;

Count III: Denial of Procedural Due Process by effectively garnishing our wages without a court judgment and garnishment order;

Count IV: 13th & 14th Amendment violations by demanding hours of unpaid labor as a hiring condition;

Count V: 13th & 14th Amendment violations by demanding signing of a "W-9" IRS form declaring ourselves (falsely) to be "independent contractors" (not employees); and

Count VI: Federal Rehabilitation Act violation by discriminating against us as to minimum wage rate by perception that we have personality disorders.

In Section 1983 cases, like ours, the presiding magistrate judge examines the arguments on such claims and makes a "Report and Recommendation" ("R&R") to the District Judge in charge of the case. This has recently happened. The R&R recommended dismissal of four of the six claims – all but Counts I and III.

We submitted an Objection to the R&R defending the other four claims. Conversely, the Defendants submitted their own Objection repeating their request that all claims be dismissed. We were allowed to submit a reply brief supporting ours, and a brief opposing total dismissal, both of which I wrote. We expect a reply brief from the Defendants soon. At that point, the case will go to the District Judge for decision about dismissal.

In general, I remain confident about this case. In particular, I am happy that the Magistrate Judge ruled in our favor about Federal minimum wage coverage. This ruling rejected the reasoning of the *Martin v. Benson* case in 2012, which went against us on the same point. You may recall that I said we would need to convince the Court not to simply follow that logic if we are to prevail. Because the R&R rejected that reasoning, it effectively added momentum to that claim. We are not in the winner's circle on it yet, but our chances improved dramatically with the R&R's concession that the *Martin* approach was faulty.

That FLSA claim is probably the most important of all of the claims, since it comes with its own requirement for payment of the portion of wages that were not paid, plus an extra sum in the same amount, as "liquidated damages." Effectively, this means that both parts of this money-damages claim are immune from 'jury nullification'/minimization. A calculation this clear and spelled out by statute cannot be minimized by a paltry jury award..

Next, I expect that the Defendants will try for a summary judgment against us. Another matter that will delay trial is the discovery process. An appeal remains possible too. So don't start spending money based on this case yet. And remember that there are no guarantees in litigation. But smiling your way to sleep is permitted [grin].

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High Tech in Stir! Prisons Allow Tablets & Internet Use, but Only Smoke Signals Rise from The Black Hole of MSOP

In a recent edition of *The Legal Pad*, I laid out a reasoned argument that we should have at least filtered access to the Internet, noting that even other countries (without a First Amendment) are now starting to allow Internet access by their prison inmates to some degree. I quoted a good law review article about the First Amendment rights of committed sex offenders in the U.S., and cited reports of committed sex offenders in some other states being allowed such access.

Recently, I learned that the MN DOC now allows prison inmates to buy a 7" tablet computer, and that Internet-based Skype video visits from home are now being allowed those inmates. Within the admittedly limited realm of Jpay, a recent article in a newsletter for incarcerated/committed pedophilic sex offenders written by its ex-con editor shows how extensive even that realm of Internet usage has already become, even for those in prisons. I was granted permission to reprint the full text of that article, which follows here:

Technology in Prison

What technology is permitted in our nation's prisons varies from state to state and sometimes even within a state between state-operated prisons and private prisons. Long ago, prisons showed real film movies – something that has been replaced by closed-circuit television and VHS and then DVDs. Going back into the 1990s many systems permit you to purchase your own television. Others require you to watch communal TVs leading to the situation where the alpha dogs in your dayroom get to decide what you watch.

When I was at Club Fed in the early 2000s, we could purchase a radio, and some states allowed inmates to purchase portable CD players and CDs. Now the trend is toward MP3 players, into which you can download music available from a kiosk terminal. Many, if not most of you now have access to some kind of private email, often tied to the same kiosk computer used for downloading music, handling your finances, etc.

How email works, who pays for it, and how much also varies from one place to another, even within the two largest systems: Jpay and Corrlinks. I can send a CorrLinks message to a correspondent in a Federal BOP facility for free, but the inmate pays 5 cents/minute to use the computer to reply. In other CorrLinks prisons, I must pay a per-page charge to send a message. I can send a Jpay message to a TDCJ inmate in Texas, but he must reply by snail mail. I also have Jpay correspondents in Georgia, Idaho, Indiana, and Ohio.

Jpay uses "stamps" (credits) for each message, but each state has its own rules for what those stamps cost and what they buy. In most states, you can send one page of text for each stamp. Many also offer e-cards and let you send a photo, also for one stamp. In Texas, each stamp costs me 47 cents (same as first-class postage). In Indiana, they are 40 cents. In Idaho, it is more complicated. I can buy 5 stamps for $2.21, but 20 is just $7.74 and 50 for $18.00. In Georgia, I pay 31 ½ cents per stamp for each page, but my correspondent pays 35 cents for a stamp that permits him to send as much as he can write. The best deal for me is Ohio, where I can get fifteen stamps for $4.65 (about what I pay for GA), but thirty for $6.75 and sixty for just $10.80! You can guess where I sign in when I want to buy more stamps.

Technology in prison is slowly catching up to what is available to those of us on the outside. The newest innovation is individual tablet computers dubbed MP4 (or MP5) players, which can play video as well as music. (Jpay calls theirs a JP5.)

Jim in Georgia wrote me a little about the JP5 tablets which were issued to every Georgia inmate. In this regard, Georgia seems to be way ahead of the pack in preparing inmates for re-entry to the world which awaits them in the 21st century. He wisely observes that having been in prison for more than 25 years, he is out-of-touch with digital technology even though he took a computer course in the 1990s. He wrote,

'There is a lot you can do with these tablets, despite having a lock which prevents internet access. The tablet is yours to keep and has wi-fi. When you go home, the lock will be taken off and you can immediately use it for internet access.

Before the tablets were issued, each dorm had two Jpay kiosks, where inmates could write and receive email, have video visits, etc. Now all of that is done on the tablet. In addition, (for a price) inmates can download music, e-books, and games from the kiosk onto their tablet.

Each tablet comes pre-loaded with a variety of apps: a calculator, FM radio, stopwatch, alarm clock, galleries for storing photos sent to you by loved ones, videograms, and a media store where you can purchase and download games and music directly to your tablet from the kiosk. It also includes the complete State DOC handbooks, including Re-entry Skills, Anger Management, Motivation for Change, Problem Solving, and others.

There are two major educational resources available free of charge. The first, KLite, has thousands of educational videos, ranging from about two minutes to about fifteen. The tablet can hold a maximum of fifty of these videos, but can be taken off and replaced with other videos at any time. Subjects include math, science, history, art, economics, finance, computer skills, and college preparation, to name a few.

The second educational resource is Jpay Lantern, which allows a student to actually interact with a teacher or professor via email. Courses available include GED Information, Computer Basics, Math Basics, Interviewing Skills, Job Success, Mastering Your Worries, Dealing with Procrastination, and others.'

Jim writes, 'I am still learning new things about these tablets that I hadn't already known or been informed about. From what I understand, eventually all institutional paperwork will be done on the tablets. Inmates will do their store lists on the tablet, instead of writing it out; send sick-call requests or requests to see the counselor, chaplain, or warden. Clothing requests will be done on the tablet. The list is potentially endless.'

Ohio has a similar set-up, so I asked Lucas and Duane at Chillicothe to review Jim's description and let me know how the JP5 tablets have worked for them. Duane observes that 'I have been in prison for the past 24 years and I find being out of touch with technology tough to deal with.' The 7" tablets costs each Ohio inmate about $130.00 plus tax. It has 29136 MBs; as of December 30th they did not have wi-fi, but hope to get it sometime this year. The tablets must be synced monthly or they will lock up, requiring the user to send a trouble ticket to get it unlocked. They employ the same apps as Georgia, except of course for things that are done in the institution, like commissary, medical, and re-entry. Duane reported last winter that their kiosk does crash a lot, but hopefully this has, or will, improve over time.

Lucas says the tablets are a great way to introduce computer functions to people who have never had any exposure to them, but since ODRC does not allow internet access, there is really no way to explain web-surfing to someone who has never done this before. Other than that, the tablets have been very helpful in demonstrating how to write and send emails, as well as introducing and instructing on how to use apps.

The tablets are capable of internet access, but only after you get out. Mail the tablet to J-Pay and they will remove their security system for a $40 fee. Duane has two tablets – one 7" personal tablet and the 10" tablet for college courses (not sure why these couldn't be combined).

KLite videos are very good quality sound and pictures, but there is a limit on how many can be loaded to the tablet. The video apps as well as those for games have made for an exciting addition to services available to provide recreation to inmates. The more 'distractions' that ODRC can make available to occupy inmates' time, the less time those inmates will have to create less-pleasant distractions. We can only hope that as time passes, Ohio will make more progress to providing all of its inmate population with the training and experience of computing along with the confidence it instills.

The down-side to the way that Ohio has introduced tablets to its inmates is that the very clear message, 'If you don't have $130.00 (plus tax!!), you can't get a tablet!' To make matters worse, in Ohio, if you have court costs, fines, or child support, you only get to keep $25.00 a month. Any amount over that which you earn, or your family may send to you, is withheld from the inmate and sent to whichever agency is responsible for collecting its individual amounts. This makes it difficult to save enough to buy a tablet.

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Even worse, if you get absolutely no financial help from anyone and only work a state job which pays $18 a month, after buying your personal hygiene, etc., you just don't have much left to put aside to buy yourself a tablet.

Nevertheless, it is encouraging that after so many years of being in the dark ages, Ohio, Georgia and other states are attempting to drag themselves into the twenty-first century. So while some of the limitations and restrictions are confining, as well as disappointing, the fact that the states and J-Pay are collaborating to help bring the prison system into the computer age is encouraging.

Adding a little further information on this same topic, another source reports this:

Rapid City, South Dakota, on the addition of tablets for prisoners: the 400 tablets didn't cost the taxpayers a cent. They were donated by phone service provider called Global Tel Link. ...Melody Tromburg who works at the Rapid City Community Works Center says, "They have books that they can order, they have games they can order, and they have the law library access too." Not only can the inmates do research, play music and coursework, they are also able to make phone calls and send messages to connect with family members...

Pennsylvania's Department of Corrections plans to make customized computer tablets available for inmates at two prisons in Schuylkill County by late spring giving them access to email, music, their commissary account and potentially other services.

The Alabama Department of Corrections is considering a plan to add tablet computers to existing corrections education programs offered to inmates at the state male correctional facilities to help prepare inmates for reentry back into society and to reduce the state's inmate recidivism rate.

Now here's the good news: In the last issue of this newsletter, I reported on the *Packingham v. North Carolina* decision by the U.S. Supreme Court. North Carolina had passed a statute making it a crime for anyone who had ever been convicted of a sex crime to have a presence on, or even merely to visit a social media website (such as Facebook). Unaware of that law, Mr. Packingham, an ex-con with a sex crime, maintained a Facebook page. A local policeman, apparently at the request of his chief, was checking all past sex offenders living in North Carolina against Facebook when he found Mr. Packingham's page. Mr. Packingham was arrested and ultimately convicted of this communicative act. He appealed that conviction, and ultimately wound up in SCOTUS. SCOTUS decided unanimously that the NC law is unconstitutional as a deprivation of Packingham's right to communicate and to receive communication and information.

Your next tablet?

The majority opinion in that case pointedly observed:

> Cyberspace ...in general and social media in particular are the most important places [in a spatial sense] for the exchange of views — something the First Amendment has always held most dear...
>
> Even convicted criminals — and in some instances *especially convicted criminals* — might receive legitimate benefits from these means for access to the world of ideas, in particular if they seek to reform and to pursue lawful and rewarding lives.

As I observed in that article:

> The High Court's focus on the convicted suggests that at some future point it may closely examine restrictions on Internet access for parolees and perhaps even for those still in prison. Across-the-board Internet bans, such as that in place as to sex offenders on parole, are almost certain to fall under the *Packingham* doctrine.

Those in MSOP were not committed as punishment for crime. This is of crucial importance because, except for DOC restrictions for those still under the parole term of their criminal sentence, MSOP "clients" are just like any other citizens. This means that those rights cannot be denied to them on the fear that they might misuse them.

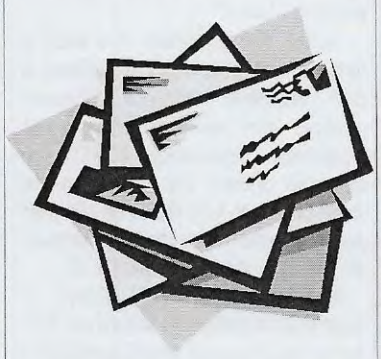
Of course, it bears emphasis that any such misuse will now almost certainly net one a double-digit sentence (serve 85%) in a federal pen. 'Nuff said.

The only claim that MSOP officials can use to justify Internet use regulation concerns the age-old goal of institution security. Of course, this is a concern that impacts telephone use as well, but no one would contend that a ban on telephone use could be justified. Hence, similarly, Internet access cannot be banned here under *Packingham*.

Just as with phones, non-interruptive staff monitoring of one's Internet activities will likely be permitted by courts. Blocking sites purveying outright pornography will also be permissible in concept, but the contention will probably center on what constitutes pornography.

In sum, the question is no longer whether Internet access will become available to us, but simply when and on what terms. The time for litigation on this matter appears to be at hand.

With this in mind, it now appears that the



Jpay and CorrLinks systems are being used by prisons and here in MSOP too as 'rear-guard' actions to serve as excuses to offer in court if MSOP or corrections administrators are challenged over their refusal to provide any Internet access at all.

However, neither of those systems offer actual Internet access, other than closed-system provision of phone calls and video visits. Nonetheless, to nip the argument in the bud to the effect that provision of those limited services somehow approximates use of the actual Internet, none of us should accept such feeble services that are nothing more than a disguised refusal to provide the Internet access that SCOTUS now implies that we have a right to.

We are not prisoners, and we are not here for any form of punishment. Hence, since SCOTUS stated that even convicts have at least some rights to Internet access, we have a total and unfettered right to it, just as does Mr. Packingham.

Filtered and monitored Internet access can fully protect institutional security. While vague claims of "public safety" are not valid reasons not to allow any access to a communicative forum such as the Internet, public safety can be assured in any event by the same methods.

Therefore, we can get Internet access by going to court to claim that categorically barring it to us deprives us of our First Amendment right to communicate with the world and to find and retrieve information. Whether by MSOP voluntary provision or by imposition of court order, it is clear that we have the right to Internet access, and that it is coming.

* * * * * * * *

The Censorship Contest, of Course!

Another Contest Heard from

CENSORED!

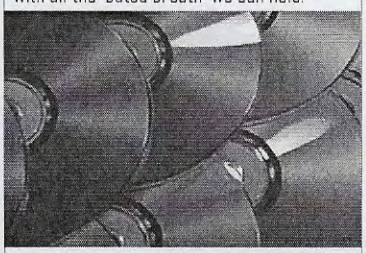
Tell Us Your Tale of Woe
Inflicted by MSOP's Media Suppressors

We all know about the 'censorship jungle' here in MSOP. Arcane and unnecessary rules and screwy procedures, plus the inconsistent actions by staff (depending on whether or not they like you and their mood of the day, among other unknowable factors) all conspire to prevent you from receiving the books, magazines, and videos of your choice. This must cease, and you can help.

Simply drop a green mail to Cyrus Gladden, 1A, Rm. 1188, describing your own frustrating experience with MSOP censorship, whether at the Property Dept., the Media Review Committee ("MRC"), on appeal from it, or by Clinical override (the separate and completely unaccountable 'second censorship system'). All submissions will be treated as contest entries and will be eligible for printing in *The Legal Pad*.

The number of contest winners will be determined by the compelling nature of the facts described and by feasibility. Winners will be invited to join as named plaintiffs in a new class action in federal court attacking the MSOP censorship program (the underlying policy and actions claimed to be taken pursuant to it).

So don't be shy. We need numerous tales of ridiculous/preposterous decisions denying you access to media on nothing more than the flimsiest of excuses. Bonus points will be awarded to descriptions that can document lies by staff participants in this process and actions by staff with regard to that clearly violated MSOP's own policies with regard to processing of incoming items. We await your submission with all the 'bated breath' we can hold.



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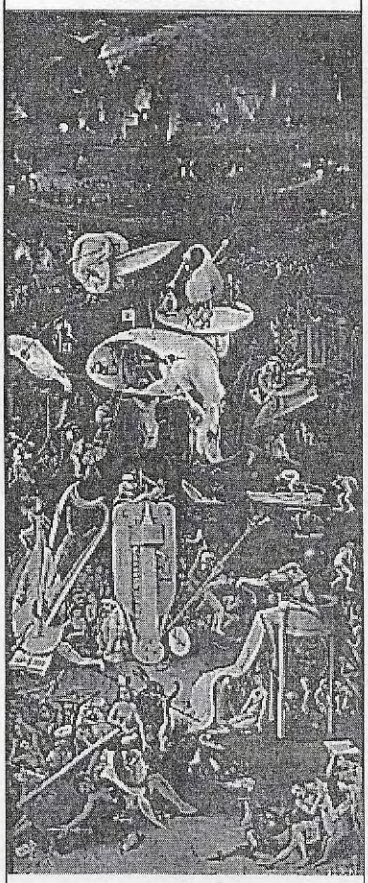
Pathologizing Deviance: Modern-Day Witch Hunting by Sheer Fiat



Hieronymus Bosch: "Hell"

"Evil is in the eye of the beholder.
We see what we want to see."
(Anonymous contributor)

"...It has become common practice to modify risk assessments based on the Static-99/99R because of the presence of psychopathy and indicators of deviant sexual interests, although to date there has been no research validating this procedure. The current research was conducted to full this gap in the literature. Using a sample of 272 sexual offenders, the extent to which psychopathy, sexual deviance, and their interaction added to the predictive validity of the Static-99R was examined. Analyses were conducted using the whole sample as well as subgroups of rapists and child molesters. It was found that although the Static-99R predicted sexual recidivism, adding psychopathy and sexual deviance in a Cox regression analysis did not improve the prediction. This held true for child molesters when examined on their own...."

(*J. Looman, N.A.C. Morphett & J. Abracen*, "Does Consideration of Psychopathy and Sexual Deviance Add to the Predictive Validity of the Static-99R?," 57 *Int'l. Jour. of Offender Therapy & Comparative Criminology* 939-965 [Issue 8, Aug. 2013])

The foregoing quote establishes two things: First, there is an overwhelming, bias-based tendency on the part of forensic examiners to increase their estimates of future recidivism when they view the sexual orientations/attractions of the examined person as "deviant."

Second, that 'adjustment' of a score in terms of such percentages of likelihood of such sex-crime recidivism otherwise produced from any given actuarial risk assessment instrument ("ARAI") is completely without any support in the statistics of such later recidivism. In other words, deviance simply does not increase one's tendency toward recidivism at all.

In light of this, that practice of 'adjustment' is contrary to science and must not be made, because it grossly overstates a recidivistic probability.

Just what is "deviance" anyway, and how did it come to be applied in pejorative and destructive ways to those with minority sexual orientations or desires? The following excerpt should straighten this out.

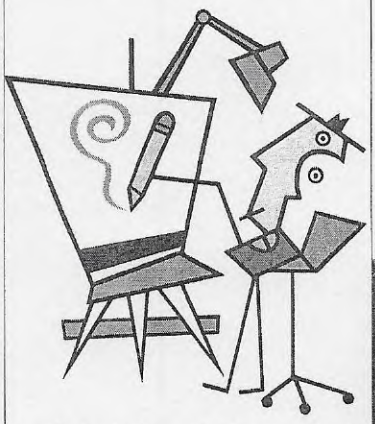
Andreas De Block & Pieter R. Adriaens, "Pathologizing Sexual Deviance: A History," 50 *Jour. of Sex Research* 276-298 (2013, No. 3-4)

(p. 277): [Referring to views of Havelock Ellis & Magnus Hirschfeld] "In their view the sexual instincts did not change much over time, but what did change were the social reactions to the expression of these instincts."

"...[W]hat is accepted as normal and healthy sexuality is not determined by nature but changes with the values and norms of a particular society at a particular place and time (Crawford, 2006)."

"...[C]ontemporary historians often fault Foucault for being obsessed with social control (e.g., Foucault, 1975), as if disorder categories were unilaterally imposed by psychiatrists or bourgeois society (Halperin, 2002, Sedgwick, 1990)."

"...In the first section [of this article], we discuss how paraphilias were conceived and explained in the early decades of modern psychiatry up until the publication of the first edition of the DSM in 1952. The second section deals with the general changes in the nosology of sexual deviance in the second half of the twentieth century, from DSM to DSM-5. Both sections reveal that the history of psychiatry's dealings with sexual deviance is a constant wavering between two opposing viewpoints: the view that sexual abnormality constitutes a disease (the pathological approach; Gijs, 2008) and the view that the so-called perversions or paraphilias are biologically normal variants of sexual variation (the normality theory approach; Gijs, 2008).



"Early Modern Psychiatry and the Perversions

"...Until 1850, the definition of sexual deviance was based primarily on moral, legal, and theological considerations. From then onward, the increasing popularity and authority of psychiatry resulted in a new conceptualization of certain forms of sexual deviance as medical or psychological problems. Given that the birth of modern psychiatry is usually dated around the beginning of the 19th century (Shorter, 1997), it took psychiatry only a couple of decades to throw its light on the study of deviant sexuality.

(p. 278): "...Replacing the clergy as authorities in the sexual domain, 19th- and early 20th-century French psychiatrists were even paid by the government to take care of the supposedly declining mental hygiene of the French population. (Oosterhuis, 2000). Such public esteem obviously granted psychiatrists the license to study and treat all sorts of problems, including sexual deviance."

"...As Peakman (2009) noted: "One example is Ambroise Tardieu's *Crimes Against Morals from the Viewpoint of Forensic Medicine* (1857) listing the inward and outward signs of pederasty in order to both help the law, and to ensure the state's better control over private morality – the 'feminized' appearance of these men was criticized' (p. 42). Throughout the 19th century, physicians were often called upon by police forces for guidance on how to deal with sex offenders (Hill, 2005)... With regard to the theological influence on psychiatry, it is noteworthy that many medical authorities in the field of sexual pathology continued to use the term and the notion of perversion. During the Middle Ages and the Renaissance, this term was used to denote an aberration or a deviation from a divine norm: any act that violated the laws of God was considered a perversion."

"...[T]here is a consensus among historians that the second half of the 19th century, and especially the publication of Richard von Krafft-Ebing's *Psychopathia Sexualis* in 1886, marked a real turning point in the understanding and medicalization of sexual deviance."

(p. 281): "With the opportunity for the natural satisfaction of the sexual instinct, every expression of it that does not correspond with the purpose of nature – i.e., propagation – must be regarded as perverse." (Krafft-Ebing, 1886, pp. 52-53).

Peter Lorre, in Fritz Lang's movie, "M" (1931), fueled early myths about sex offenders by his riveting portrayal of a child-killing sexual psychopath, here pictured envisioning a flaming M on his back, symbolizing his concern that his crime spree was becoming obvious, yet something he could not stop.

(p. 287): "Homosexuality: A Crucial Controversy

(p. 288): "...In the midst of this dispute between activists and psychoanalysts, psychiatrist Robert Spitzer stepped up as a go-between. As a technical consultant to the DSM-II Committee on Nomenclature and Statistics, he had already been praised for his contribution to 'the articulation of Committee consensus as it proceeded from one draft formulation to the next' (APA, 1968, p. x). Spitzer was originally convinced that homosexuality did belong in the DSM. Various events, however, including his attending an informal meeting of the 'Gay-PA' – a secret group of homosexual APA members later known as the Association of Gay and Lesbian Psychiatrists – made him realize that many homosexuals were actually healthy and high-functioning individuals who were often satisfied with their sexuality (Bayer, 1987; see also Bayer, 1981, p. 126). Soon afterward Spitzer drafted a first compromise: Homosexuality as such was to be removed from the DSM and to be

(Continued from page 4)

replaced by sexual orientation disturbance, which included those individuals troubled by their own sexual orientation."

"According to some commentators, the referendum was a public relations disaster for the APA. Devising a psychiatric nomenclature turned out to be a matter of politics rather than science. As Shorter put it:

'Once it became known how easily the APA's Nomenclature Committee had given way on homosexuality, it was clear that the psychiatrists could be rolled.... [Sexual orientation, stress, or women's menses] could all apparently be pathologized and de-pathologized at the will of the majority, or following campaigns of insistent pressure groups. The underlying failure to let science point the way emphasized the extent to which DSM-III and its successors, designed to lead psychiatry from the swamp of psychoanalysis, was in fact guiding it into the wilderness.' (pp. 304-05)"

(p. 289): "In an interview from early 2007, [Spitzer] conceded that the DSM-III task force did not always rely on research evidence. When asked about how new disease categories were included in the nomenclature, the following conversation ensued:

Spitzer: You have to have a lobby, that's how. You have to have troops.

Fink [one of the interviewers]: So it's not a matter of....

Spitzer: Having the data? No.

Fink: It's nothing to do with science then, and nothing to do with evidence?

Spitzer: [nodded]."

pp. 289-90): "It is possible that these reservations led [Spitzer] to conclude the DSM-III's definition of mental disorder with the following caveat: 'When the disturbance is limited to a conflict between an individual and society, this may represent *social* deviance, which may or may not be commendable, but it is not by itself a mental disorder.' (APA, 1980, p. 6; the same statement was repeated nearly verbatim in all subsequent editions of the DSM). In short, deviant sexual behavior is not always a (symptom of a) mental disorder."

(p. 290): "Given that 'individuals with these [paraphilia] disorders tend not to regard themselves as ill'; that 'frequently, these individuals assert that the behavior causes them no distress' (APA, 1980, p. 267), and that at least some of them appeared to function well, both socially and professionally, it seemed that some paraphilias did not fulfill the criteria set out in the introduction to the manual. Perhaps they could be considered as instances of social deviance, but deviance, as Spitzer stressed, 'is not by itself a mental disorder.' (APA, 1980, p. 6)."

(pp. 290-91): "Pedophiles, sadists, and voyeurs were considered mentally ill because they were unable to form a mutual, loving relationship with another human being."

(p. 291): "Failing distress or impairment, unusual sexual fantasies, urges, or behaviors were considered nonpathological. Either they were normal – 'a stimulus for sexual excitement in individuals without a paraphilia' (APA, 1994, p. 525) – or they should be understood as ordinary criminality."

(pp. 291-92): "DSM-IV indeed stipulated that the child offenders should not be considered mentally ill unless their offenses caused them distress or impairment in functioning. Yet First and Frances explicitly spoke of a 'misinterpretation' of DSM-IV (Spitzer, 2005, p. 115, even called it a 'public relations disaster'), which led them to revert, in DSM-IV-TR, to the DSM-III-R's diagnostic criteria for paraphilia. For those paraphilias that may involve nonconsenting victims – pedophilia, voyeurism, exhibitionism, frotteurism, and sexual sadism – the authors simply reintroduced DSM-III-R's Criterion B, which required either acting on unusual sexual urges or fantasies, or experiencing distress about these urges or fantasies (APA, 2000, p. 566)...."

(p. 292): "In their editorial, First and Frances also emphasized, however, that sexual offenders should not be considered mentally ill simply because they have committed sexual offenses (see also Moser & Kleinplatz, 2005; Moser, 2009).... Still, according to First and Frances, some forensic psychiatrists deliberately misinterpreted this criterion 'to justify making a paraphilia diagnosis based solely on a history of repeated acts of sexual violence' (First & Frances, 2008, p. 1240). The problem with this interpretation, they concluded, is that 'defining paraphilia based on acts alone blurs the distinction between mental disorder and ordinary criminality' (see also Gert & Culver, 2009)."

"Wakefield (1992, p. 384) then defined dysfunction as 'the inability of some internal mechanism to perform its naturally selected function.' Spitzer attempted to apply this concept of dysfunction to the paraphilias in a book devoted to a critique of the sexual and gender diagnoses of the DSM (Karasic & Drescher, 2005). There he argued that sexual arousal has a specific evolutionary function, which consisted of 'facilitating pair bonding which is facilitated by reciprocal affectionate relationships.' (Spitzer, 2005, p. 114).

(p. 293): "A paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others in the past' is a paraphilic disorder. Hence, in some cases of pedophilia, sadism, voyeurism, exhibitionism, and frotteurism, the only difference between a non-disordered individual with a paraphilia and an individual with a paraphilic disorder is that the latter has had victims. The work group fails to explain, however, why and how harming others would amount to more than merely immoral or criminal behavior."

(Note 8 on p. 293): "It is interesting to note that the DSM-5 work group on 'sexual and gender identity disorders' contains more non-psychiatrists than any of the other work groups."

(p. 294): "Still, even in the non-theoretical psychiatric approaches to sexual abnormality, a theory is needed to distinguish normal from abnormal varieties. Why is a stable and exclusive sexual desire for blond women not considered to be pathological, while a similarly stable and exclusive sexual desire for prepubescent children tends to be seen as a disease? This question is not easy to answer, and the present review shows how different canonical authors, associations, and publications have tried to solve the issue. Some of them, most notably Kinsey, straightforwardly argued that sexual perversions were not diseases, a position that is now held by such scholars as Charles Moser. By contrast, Krafft-Ebing and Kraepelin argued that paraphilias are biologically abnormal and hence diseases. Today, Blanchard and many other sexologists defend an updated version of this biomedical view, by arguing that genetic or brain defects cause paraphilias (Gijs, 2008)."

Thus, it should now be clear to you that "deviance" is simply a made-up term not derived from any science, but instead from sheer politics and the (often peculiar) inclinations of those with emotional abreactions against their beholding of what they see as 'deviance.' But since, as noted at the outset of this article, research now shows that the presence of "deviance" as to a given sex offender has no impact whatsoever on probability of sexual re-offense, the question then becomes, of what relevance is the assertion of such deviance? In sum, it appears that "deviance" is just another incendiary term thrown around at various individuals in an attempt to cause courts to treat them more harshly than judges otherwise would. This ius not science at all, and it is a deliberate play to the ignorance-based bias of such judges. Doing so is unethical and it is a deliberate misrepresentation of a fact, namely, such supposedly elevated likelihood of future sex-crime recidivism. Hence, any psychologist testifying to that effect or preparing reports to courts making that false assertion should have his/her psychological practice license revoked and be prosecuted for perjury. Feel free to use this article in any effort you may make to bring about these results.

* * * * * * *

Edvard Munch: "The Scream"

SPP & SDP Criteria Are Not Based on Science, Only on the Politics of Permanent Preventive Detention.

[Editor's Note: The following is another in a series of excerpts from the proposed *Third Amended Complaint* in Gladden *et al. v. Swanson et al.*. This particular excerpt serves as an introduction to the complete lack of any scientific basis for the SPP and SDP commitment formulations. This is a critical point because due process requires that commitments be based on accepted psychological science, not merely the personal preferences and lockup-excuses

(Continued on page 6)

DON'T
HIT KIDS.
No. Seriously.
They have
***GUNS* now.**

(Continued from page 5)

legislators dream up. These latter motivations, not science, caused the *MCCTA of 1994* to be enacted, with all of our respective commitments ensuing upon that law. Without more, the excerpt:

The *MCCTA of 1994*, Including Its Formulations of the Alternative Commitment Criteria, "Sexually Psychopathic Personality" and "Sexually Dangerous Person," Is Not Based on Psychological Science, but Instead Is Aimed at Ensuring Public Safety through Indefinite and Most Probably Lifetime Preventive Detention, a Quintessentially Punitive Aim and Effect.

As a lesson from history, *Mary Prescott*, "Invasion of the Body Snatchers: Civil Commitment after Adam Walsh," 71 *U. Pitt L. Rev.* 839, 843 (Summer 2010), recounts: "...[M]any states chose to abolish sexual psychopath laws in the wake of criticism from the Group for the Advancement of Psychiatry (GAP) and the American Bar Association's Criminal Justice Mental Health Standards. These groups claimed that labeling offenders as 'sexual psychopaths' lacked scientific support, that treatment was essentially ineffective, and that predicting recidivism was unworthy of credence," further explaining at pp. 849-50, "...[P]sychiatrists maintain that no treatment exists because there is no 'disease' to treat. If there is no disease to treat, and no meaningful or properly evaluated treatment technique available, how can we hope to satisfy the treatment requirement?"

Minnesota's *MCCTA of 1994* is not based on psychological science, but instead merely on legislative concerns of public safety by preventive detention. In the Eighth Circuit Court of Appeals appeal in the *Karsjens et al. v. Johnson Piper et al.* case (Appeal No. 15-3485), the Brief of Amicus Curiae Minnesota House of Representatives in Support of Appellants and Requesting Reversal confirms that this is the legislative intent by declaring that its "...authority includes the power to civilly commit individuals who pose a risk to the public...", and that the State's "police power ...empowers the State to protect the public from dangerous individuals." (pp. 4-5)" This claim of legislative power to confine for dangerousness alone is itself dangerous in its amorphous boundlessness.

Consider that, "...[t]o date, there are no rigorous scientifically established means of detecting high risk of sexual reoffending, or whether an individual is a 'sexually violent offender.'" (*James L. Knoll IV*, "The Political Diagnosis," *Psychiatric Times*, Feb. 16, 2010.) "Legislatures typically revised their own concepts, and then required clinicians to make assessments of those concepts." *Dennis M. Doren, Evaluating Sex Offenders: A Manual for Civil Commitments and Beyond* (Sage Publ'ns. 2002), p. 13. For this reason, the Court, in its Findings of Fact, Conclusions of Law, and Order dated June 15, 2105 (*Karsjens* Document 966, pp. 3, 4), declares flatly:

"It is fundamental to our notions of a free society that we do not imprison citizens because we fear that they might commit a crime in the future...

"...The Court concludes that Minnesota's civil commitment statutes and sex offender program do not pass constitutional scrutiny. The overwhelming evidence at trial established that Minnesota's civil commitment scheme is a punitive system that segregates and indefinitely detains a class of potentially dangerous individuals without the safeguards of the criminal justice system." (emphases supplied).

Eric Janus, writing in *Failure to Protect: America's Sexual Predator Laws and the Rise of the Preventive State* (Cornell University Press, Ithaca, N.Y., 2006), at p. 8:, quotes "one of the most thoughtful (and potentially liberal) members of the [Minnesota] state senate" as asking "How could any politician vote against this [SPP/SDP] law? If we defeat this law what could I say to the family of the next victim, killed or raped by a person who could have been committed under this law?'" (thus implying a chief concern for preventive detention).

At p. 27, speaking of attempts to limit who can be committed under sex-offender commitment laws, *Janus* continues: "The limitations of inability to control, of mental disorder, and of dangerousness have proved so permeable that they are no boundary at all."

At pp. 33-4, he concludes: "[Sexually dangerous] predator cases incarcerate people for the status of being a dangerous mentally disordered person, so the relevant 'facts' are psychological constructs, whose only reality is in the expert judgment of mental health professionals."

At pp. 40, *Janus* adds this troubling consideration: "The legal standards set by the courts for risk, mental disorder, and volitional impairment are exceedingly vague, offering little guidance to courts or experts in selecting people for the extraordinary deprivation of liberty."

The competence of psychologists is in the science of psychology, not in politically correct, junk-science hate-and-fear-propeganda legislative concepts. When psychologists purport to testify as to whether a given sex offender meets such unscientific statutory criteria, they are not testifying as experts, but are merely offering lay opinions as to the law. Such lay opinion testimony as to the law and its application in a given case are strictly forbidden in all courts, and no judge can rest a decision in any given case on such lay opinions.

Eric Janus, "Examining Our Approaches to Sex Offenders & the Law: Minnesota's Sex Offender Commitment Program: Would an Empirically-Based Prevention Policy Be More Effective," 29 *William Mitchell Law Review* 1083, 1084 (2003)), flatly states,

"...[T]he 1996 *Interim Report of an American Psychiatric Association Task Force* concluded that Sexual Violent Predator ('SVP') laws 'misallocate psychiatric facilities and resources, and constitute an abuse of psychiatry,' [citing: *Am. Psychiatric Ass'n*, Task Force Report on Sexually Dangerous Offenders (1996), quoted in *W. Lawrence Fitch*, "Sex Offender Commitment in the United States: Legislative and Policy Concerns," in *Sexual Coercion: Understanding and Management*, R. Prentky, E. Janus & M. Seto eds., 2003]."

In fact, *Howard Zonana, et al., Dangerous Sex Offenders: A Task Force Report of the American Psychiatric Association* (1999), "Legal Control of Dangerous Sex Offenders: The Propriety of Civil Commitment," bluntly observes:

"...[U]nlike many of the earlier laws – laws that provided for commitment as an alternative to prison – these new laws typically provide for commitment only after an offender has completed his or her criminal sentence. Thus, their primary purpose would appear to be incapacitative rather than therapeutic." (p. 12)

"Sexual predator commitment statutes are not fundamentally paternalistic. These statutes reflect a backlash against determinate sentencing reform and are devised to extend the punishment of sex offenders and to protect society. To evade constitutional protections against *ex post facto* laws, to impose indeterminate confinement, and to take advantage of relaxed procedural safeguards, drafters of sexual predator commitment statutes have attempted to cloak their quasi-punitive intent in the language of medical commitment...

"In the opinion of the Task Force, sexual predator commitment laws represent a serious assault on the integrity of psychiatry, particularly with regard to

Inspiration for the myth that MSOP treatment can 'remake' you in someone else's concept of a "good lives" man.

(Continued from page 6)

defining mental illness and the clinical conditions for compulsory treatment. Moreover, by bending civil commitment to serve essentially nonmedical purposes, sexual predator commitment statutes threaten to undermine the legitimacy of the medical model of commitment. In the opinion of the Task Force, psychiatry must vigorously oppose these statutes in order to preserve the moral authority of the profession and to ensure continuing societal confidence in the medical model of civil commitment.

"The Misuse of Diagnostic Terminology and Methods

"...[I]n some countries, corrupt governments have wielded the machinery of civil commitment to punish dissidents. In the United States, civil commitments have sometimes been misused to confine social deviants.

"In contrast to the true medical model of commitment, the sexual predator commitment laws do not base the criteria for the 'diagnosis' of sexual predator on psychiatric research or therapeutic findings. Typically, sexual predator status is based on a vague and circular determination that an offender has a 'mental abnormality' that has led him to engage in repeated criminal behavior. Because the element of mental abnormality is so vague, it does little or nothing to qualify the requirement for criminal acts. Thus, these statutes have the effect of defining 'mental illness' in terms of criminal behavior...

"In the opinion of the Task Force, the sexual predator commitment laws establish a nonmedical definition of what purports to be a clinical condition without regard to scientific and clinical knowledge. In doing so, legislators have used psychiatric commitment to effect nonmedical societal ends that cannot be openly avowed. In the opinion of the Task Force, this represents an unacceptable misuse of psychiatry.

"Treatment of 'Sexual Predators'

"Under the medical model, civil commitment is justified when effective treatment is provided...

"Although a body of research indicates that some types of paraphilias may be treatable, this research for the most part concerns patients who are treated voluntarily. ...[T]he task force recognizes that many sex offenders ...refuse available treatment. Thus, there is no evidence regarding the efficacy of available treatments for the group of patients who have little or no motivation for treatment. Moreover, no evidence supports the notion that persons with paraphilias can be treated successfully without their cooperation. Indeed, ...to date there is no clear basis for making the claim that treatment of any class of patients with paraphilias will result in lower rates of recidivism.

"...[T]here is ample anecdotal evidence that those committed as sexual predators cannot benefit from treatment. In many cases, the lack of treatment prospects appears to flow from the lack of a legitimate psychiatric diagnosis. In other instances, it appears that offenders who suffer from paraphilias cannot be treated because they are uncooperative. Regardless of the reason, it is the opinion of the Task Force that confinement without a reasonable prospect of beneficial treatment of the underlying disorder is nothing more than preventive detention and violates the norms of the medical model."

Large-scale academic statistical studies, both in Minnesota in 1997 and in California in 2005, have found no significant differences in rates of sexual re-offense between those receiving sex offender treatment and those not. [See, e.g., *J.K. Marques, M. Wiederanders, D.M. Day, C. Nelson & A. van Ommeren*, "Effects of Relapse Prevention Program on Sexual Recidivism: Final Results from California's Sex Offender Treatment and Evaluation Project (SOTEP)," 17 *Sexual Abuse: A Jour. Of Research and Treatment* 79-107 (2005)] There is no definitive research demonstrating the effectiveness of sex offender treatment in reducing recidivism.

"In July, 2008, a report by the *United States Congressional Research Service* concludes that 'research indicates that there is not enough evidence to definitely prove that treatment for sex offenders works."

Certainly, treatment effective at eradicating the "mental disorders" or "abnormalities" relied upon to commit individuals under the SPP/SDP law does not exist.

MSOP has never fully discharged anyone committed to its detention facilities in Moose Lake and St. Peter since its inception in 1994. The number of committed individuals detained at these two facilities currently numbers approximately 735 (excluding the approximately 60 who have died while detained therein). MSOP itself projects that this number will grow to 1,215 committed individuals by 2022. Even though it is undisputed that there are committed individuals who meet the criteria for reduction in custody or who no longer meet the criteria for commitment who continue to be confined at the MSOP, no one has any realistic hope of ever getting out of this 'civil' detention.

Karsjens Findings 24 and 25 (Id.) state:

"Following the enactment of the MCCTA in 1994, several civilly committed individuals under the newly-enacted legislation challenged the statute's constitutionality. For example, Dennis Darol Linehan, who was subject to commitment under the new law, appealed the state court's commitment order on constitutional grounds. At the time of these challenges, the state represented to the courts that the MSOP was an approximately thirty-two-month program for 'model patients.'

"However, the MSOP has developed into indefinite and lifetime detention. Since the program's inception in 1994, no committed individual has ever been fully discharged from the MSOP, and only three committed individuals have ever been provisionally discharged from the MSOP..." (emphasis supplied)

Thus, at best, we have all been sent here to MSOP because someone thought that sex offenders are probable recidivists, or simply because someone found us repulsive, and therefore a suitable target for exclusion from society through permanent lock-up.

The myth of high recidivism by sex offenders has long been debunked now, and indeed, was never really true in the first place. In short, now the "fear" of the famous line, "fear and loathing" has faded.

Therefore, all that remains is some fanatics who personally hate sex offenders and want to keep us locked up simply to preserve their vicious claim that sex offenders are loathsome, as if that status alone would justify our lifetime lockup. Armed with the facts that we now know, we should fight this status with every tool of legal process and of persuasion of the public at our disposal, in order to bring this monstrosity that holds us to an end.

* * * * * * *

For Ron (#61), & For Us All

I attended a so-called "celebration of life" yesterday for Ron Harrison, who had been living in Beta until recently. He was placed in the Infirmary with pulmonary edema, a condition usually capable of being resolved by installing a shunt to drain the fluid from around the lungs – a common procedure most hospitals are well-equipped to handle.

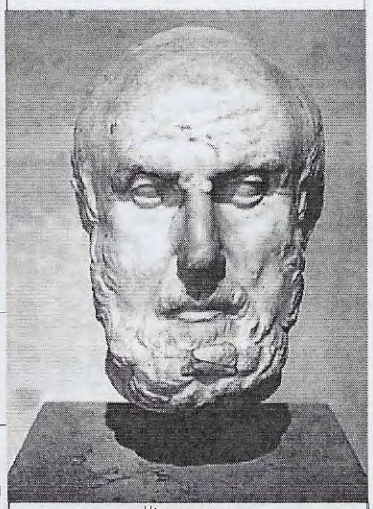
However, Ron was left in the Infirmary here in MSOP for a while. When he was finally taken to the hospital, his situation was grave, and he ultimately could not breathe effectively anymore. As a result, he became brain-dead. After life-sustaining equipment failed to revive him, he was 'officially' declared dead.

I knew Ron for 20 years, from back when we were both in MCF-Stillwater. He was a plain-spoken, common-sensical man. He had grown up in the countryside. From things he said, I could picture him as a carefree boy, kind, sincere, and easygoing. As he grew, Ron found that his orientation was to children. Only by reason of this "simple twist of fate" did Ron wind up in prison, and ultimately here.

Prison had less adverse impact on Ron because of his easy persona than upon others. However, like most, constant encounters with predators made him understandably wary and capable of becoming sharp-tongued when he perceived someone was gaming him.

Like others here who grow into senior years, Ron had long-since 'retired' from criminality (officially known as "aging out"). His crimes, about which there remains unresolved dispute, occurred in the 1970s and '80s—perhaps as recently as 1992. However, even when I met him in 1997, it was clear that he would not ever again attempt to be sexual with a child. In years of imprisonment after that before his commitment in 2007, he had long become that character speaking in e.e. cummings' poem, "The Hollow Men," asking that people

"Remember us – if at all – not as lost
Violent souls, but only
As the hollow men."



Hippocrates

Ron was committed ten years ago, when he was already in excess of 60 years of age – a husk of his formerly young self. And indeed, as I beheld Ron in recent years in his wheelchair, with health problems almost too many to count, I often recalled that poem.

And, as a man only five years Ron's junior, I thought also of all of us who have long passed the milestone of six decades of life on Earth, and who now remain here in this

(Continued from page 7)

supplemental incarceration so transparently called "sex offender commitment," pointlessly and helplessly.

And too, I think of the lack of a doctor here, of the malignant medical neglect by nursing staff here — some by incompetence, others by numb disinterest, and still others under marching orders to save institutional costs at every turn, even when to do so deprives old guys of further life.

And in turn this brings back the sardonic comment that one who has died here has "graduated" from MSOP in the only way possible. Ron finally "graduated."

This is the bleak and evil assessment of MSOP then: a place to which to relegate the reviled and baselessly feared, those whom prosecutors and judges up for re-election use as fodder for their political ambitions and their addiction to their paychecks, afraid to admit — even once — that all of this staged posturing about supposedly crazed "psychopaths" is without foundation in true, relevant, recent facts, but is at most merely rehashing details and fictionalized accounts of crimes and accusations of crimes multiple decades before — in this case, Ron, a man forgotten even by his victims.

And then today, I learned of the current state of another old codger, who, because he currently remains alive, will go nameless. Formerly residing in Unit 1A, he too apparently suffers from that same lung condition, a condition which I am finding out has been shared by many here over the years, with fatal results in a high percentage of its older victims here in MSOP.

Like Ron, he was moved, not to a hospital when it mattered, but to that same Infirmary unit, which typically is occupied only by a single MSOP patient at a time. His former roommate states that he and another concerned person have tried to get an inter-unit visit to this fellow approved, so that they can go see how he is doing and to hear what he has to say about the so-called medical care he has been receiving.

Claiming that the fellow is in a fragile state, nursing staff here say that they have not yet decided (many days later) whether to allow this visit. They characterize this fellow's status as being in an "end-of life" state.

Yet again, it appears that, if true hospitalization had been timely arranged, this fellow's condition (as Ron's) could well have been relieved, allowing him to live on indefinitely. Those among us here who care about this fellow suspect that nursing staff here (again recall, no doctor here) have decided that medical care needed to save the life of aged MSOP patients is not necessary, given their age and general *condition, on the rationale that something* else will likely take them from life relatively soon in any event, so why bother.

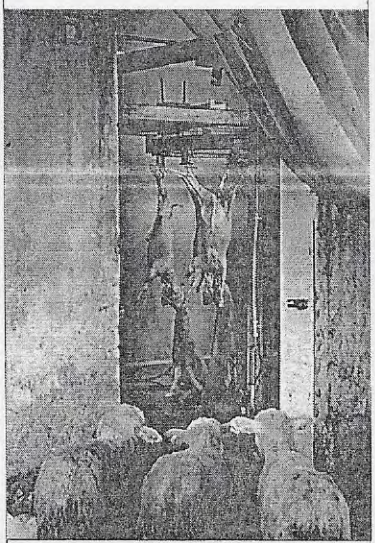
These concerned guys say that this determination of being in "end-of-life status" is just code-speak for this determination by nursing. There is another word for this: euthanasia.

There is yet another word more harsh, but plausibly more exact, namely, homicide, for refusing emergently necessary medical care to save someone's life when that life can still be saved.

This seems to fit even more precisely when nurses instead delay taking such a person to a hospital until too late, while holding the person *incommunicado* in an "Infirmary" unit with no telephone or other means of contact with the outside world (including no legal calls).

It is difficult to understand why that unit would be bereft of a telephone, and why such inter-unit visits would be denied (when the condition is not catching). Between such outside contact and such inter-unit visits, such elderly patients could at least complain (rightly or wrongly) to such outsiders and concerned co-patients here in MSOP about such malignant medical neglect applied on a 'death-watch' basis.

I submit that the medical records of all who have died here in MSOP over the years of its operation should be reviewed by a panel of independent specialist physicians to determine whether or not the care given by MSOP to each of these individuals conformed to applicable medical standards of care.



"Hidden Death"

Given the lack of any physician here (itself a crass cost-cutting move) I submit there is a strong presumption that care to the standard incumbent upon physicians everywhere was not possible here, and has not been happening here.

Given the ubiquity of complaints by countless patients here that they have been told to 'wait and see,' while their medical complaints have been largely ignored or given only superficial 'symptom treatment,' and have not been diagnosed, either at all or only inadequately, or have been misdiagnosed, the mass review I advocate cannot happen soon enough. The malignant medical neglect here must end now.

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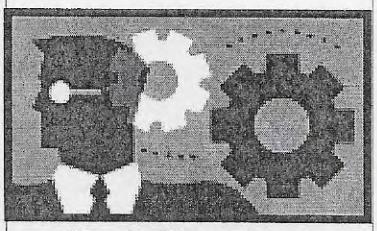


Have You Been Hypnotized in MSOP?

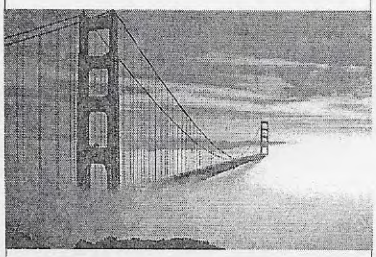
In November, 2014, I filed a Declaration in the Gladden case in federal District Court. One of the chief subjects of that Declaration was a startling discovery that I had then just made regarding surreptitious use of hypnosis by MSOP treatment staff upon MSOP-ML detainees participating in treatment. It's probably best to simply quote that excerpt here. I will have some important closing comments afterward, below.

To understand my ability to make the realization I did, I must first explain that, in connection to my own current criminal case (which was comprised of a false accusation planted into the head of the little-boy accuser), I belatedly discovered that the boy had been taken to a child hypnotist before the accusation was announced. In summary, that child hypnotist planted that false accusation against me into that boy's head. In an unsuccessful attempt to gain a new trial through a post-conviction proceeding, I had to perform quite a bit of research into hypnosis, especially the kind used to plant such false accusations (using the hypnosis technique known as "guided imagery"). In the course of that research, I obtained and studied hypnosis scripts aimed at inducing a hypnotic trance ("hypnotic trance induction scripts").

In addition to my ongoing MSOP treatment "core group that meets twice per week, since Monday, October 27, 2014, every Monday I have attended a "psycho-educational module" called "Readiness" as part of the treatment regimen here. Both on November 3 and also on November 10, 2014, the last 12 minutes or so of this "module" were taken up by the playing of a so-called "progressive relaxation" CD.

Actually, two different recordings were played, one on November 3rd, and a different one on November 10th. However, the audible portion of each of these two recordings consisted of soft background music and a female narrator, very soothingly exhorting and instructing one to relax. The narration on November 3rd was more general, but did carry some similarities to the trance-inducing scripts I read several years ago. While that thought briefly crossed my mind, I then deemed it simply coincidental and I didn't think any more about it until November 10th.

On November 10, 2014, however, all doubt was removed. The "relaxation" narration on that day was a verbatim, or near-verbatim copy of one of the hypnosis-induction scripts I read back then. The most common avenue of such induction in so-called hypnotherapy is by way of creating a deeply relaxed state through progressively stronger suggestions of deeper and deeper states of relaxation, typically augmented by descriptions of tranquil idyllic fantasy locations unconnected to any attribute of daily living.



These suggested fantasies are in the category of "guided imagery," a well-known hypnotic suggestion technique, used both in trance induction and also in specific post-trance-induction suggestions to the subject. In trance induction, the first purpose of these suggested fantasies is to separate the subject's mind from any conscious imagery or thoughts that could interfere with induction of hypnotic trance and thereby to facilitate and hasten the induction of such trance.

The second purpose in the trance induction phase is to accustom the subject to accepting the suggestions made by the hypnotist (in this case the recorded female narrator) as uncontroversial and as thoughts gradually no longer perceived as communicated by the narrator, but instead gradually misperceived, ever more strongly, as generated internally in the mind of the subject. At the very least, hypnotic trance deprives the subject of the ability to tell the difference between such sources of suggested thought. In the mind of the subject during such trance induction,

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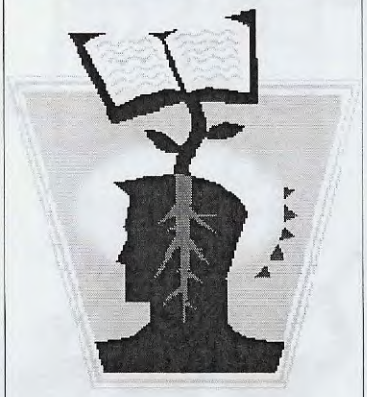
the awareness of the presence of a narrator gradually, but progressively begins to diminish, and ultimately disappears altogether from the subjects mind. In the absence of anything troubling to the subject about the content of the suggestions in this trance induction phase, eventually, the subject begins to assume that such guided imagery is instead spontaneously occurring in his own mind.



As that hypnosis session continues, and especially over the course of a series of hypnotic sessions with the same subject, this assumption becomes an affirmative belief and ultimately a firm conviction. This is the process by which post-hypnotic suggestions delivered by a hypnotist are accepted as unquestionable truth by the subject, since, like actual stored memories, for instance, they are perceived by the subject as sourced from the subject's own mind.

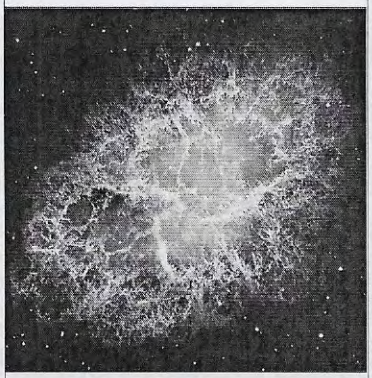
In the case of the so-called "progressive relaxation" recording played on November 10th in that "Readiness Module," the final portion of this script asserts the suggestion that one has arrived at a state of utterly irresistible, extremely deep relaxation, and suggesting that the subject has no motive/will to resist or emerge from such relaxation.

On November 10th, I became suspicious when the Readiness Module instructor announced that we must again listen to such a recording and this time stressed the crucial importance that we pay close attention to learn the technique of "progressive relaxation," facilitated by "guided imagery," terms that I recognized from that previous study of such hypnosis induction scripts. Therefore, I consciously resisted that set of suggestions to engage in progressive relaxation.

Conscious resistance to hypnosis usually works, and it did in this case, primarily because I almost immediately began to recognize such hypnosis-induction script attributes as: the soothing voice; the unceasing repetition; the rhythmic pattern of the narration; the direction to the subject to focus first on one point in the body to relax completely, then another, etc.; the progression from suggestions of light relaxation to sequentially deeper and deeper levels of relaxation; and intermittent suggestions that the subject finds the process of relaxation pleasant, wants it to continue and to deepen, and ultimately, does not wish to end it and lacks the power to end it.

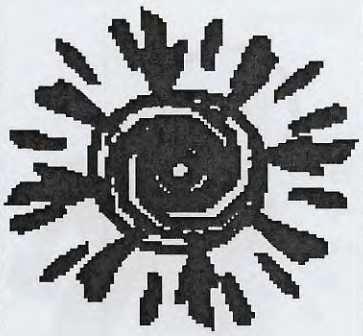
While one might tend to dismiss this account as harmless and legally insignificant, this ignores that audio-recording CDs of this nature that are commercially available do include subliminal (consciously imperceptible) ulterior suggestions made via oral sound-shaping into the soft background musical/natural-sounds track. Short of equipment typically used only by forensic audio experts, there is no way to detect the presence of such sound-shaping subliminal messaging, much less to detect its specific content.

Such subliminal messaging can include absolutely any suggestion to the subject. Subliminal suggestion is completely inaudible to the conscious mind. However, it has been conclusively scientifically established that subliminal messaging conveyed as sound shaping communicates the equivalent of post-hypnotic suggestion to the subconscious mind very effectively. This makes the subject experience thoughts or emotions that seem to spontaneously 'pop into his head,' as if from the subject's own low-level thought generation process. Even without overt hypnosis as is present in this CD, subliminal suggestion is devastatingly effective – so much so that Congress has banned it in all forms of broadcast media.



On November 10th, during that Readiness Module session, the therapist presiding over the module I attended stated an intent to proceed from this kind of recording to later ones involving "guided imagery." That statement was especially startling and troubling. "Guided imagery" was the main hypnotic technique used by the now-discredited "recovered memory" movement to implant "false memories" through surreptitious hypnotic suggestion.

After inducing hypnosis, this technique involves making a series of suggestions of physical sensations and other perceptions asserted by the hypnotist to be recollections on the part of the hypnotic subject. The sensations and perceptions suggested are those of a sexual assault or of sexual abuse asserted by the hypnotist to have been perpetrated upon the subject as victim.



Unfortunately, it is now known that the human mind, when under hypnosis, cannot discern the difference between an actual memory (if one exists at all) and a falsified, implanted 'memory' created whole-cloth by the totality of such suggestions – right down to the identity of a falsified 'perpetrator.' I am hardly alone; the number of falsely accused and wrongly convicted individuals with such accusations based entirely on such hypnotically planted fictions is legion and is our modern national travesty.

However, this is not the only harm. Those who have fallen into the Svengali-clutches of this "recovered memory" movement have had their lives absolutely devastated by the implantation of such noxious memories. The implantation of such false memories, particularly those of a sexual traumatization nature, inherently is a psychically toxic event that often has devastating, life-altering consequences, including destroying the ability of the unwitting subject to cope with everyday life. In myriad instances, those subjected to this false suggestion have wound up in mental care institutions for protracted periods due to this implantation via hypnotic suggestion. To learn more about such devastation and about this vicious malpractice of hypnosis, I suggest (non-hypnotically, that is) that the Court consult the False Memory Syndrome Foundation website.

In that module session, I asked to inspect the CD case for that so-called progressive relaxation audio recording and was granted such permission. Upon inspecting it, I wrote down the following information pre-printed on its cardstock paper insert:

'A Time for Relaxation:

Guided Relaxation Techniques for Wellness, Vol. I

Contents:

1. Breathing
2. Awareness of Body Relaxation
3. Guided Imagery
4. Loving Kindness Meditation

Beth Freschi, M.A., Life Coach

Nathan M. Schilz, Composer

NMS Productions

1412 Hampshire Ave. S.

St. Louis Park, MN 55426

www.nmscomposer.com

Scripts for "Awareness of Body Relaxation" and "Rainbow"

guided imagery written by Terence Watts of Hypnosense.

www.hypnosense.com

"Lovingkindness Meditation" includes excerpts from

book: "A Path with Heart" by Jack Kornfeld

www.spiritrock.org'

(emphases supplied)

I believe that the emphasized portions of this supplied information connote that this CD was scripted for use in hypnosis, and that at least its consciously audible portion is divided into different segments, designed for play at different times to the same subject or group of subjects. I believe that the two playings which I was present for were two of those segments. I believe that MSOP treatment staff conducting my Readiness module plan to play at least one more portion of that CD at a later date, potentially next Monday after the date of execution hereof.

I further believe that MSOP officials/staff who acquired this CD were well aware of its use in hypnosis, and that they are in

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fact using that CD in a deliberate attempt to impose surreptitious hypnosis upon MSOP-ML detainees who are treatment participants.

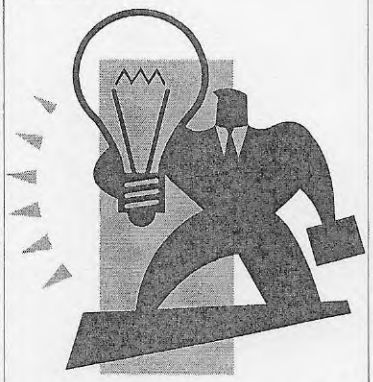
Since November 10, 2014, I have inquired of numerous MSOP detainees who are not enrolled in my Readiness module as to whether such so-called "progressive relaxation" and/or "guided imagery" CDs have been played in other "psycho-educational modules." Almost all detainees I inquired of answered that they too had been present when such CDs were played. Several told me that such relaxation CDs were currently being played in other modules as well as the Readiness module. This would seem to imply an intent by MSOP treatment officials to eventually subject all participants in all modules to these recordings.

I have investigated sex offender therapy programs extensively. From the knowledge I have gained from this course of investigation, I know of no sex offender therapy protocol that involves the surreptitious use of hypnosis. It is my understanding that, in all forms of psychological/psychiatric therapy, the surreptitious use of hypnosis is a profound violation of professional ethics and an apt subject for professional licensing board discipline.

Imposition of nonconsensual, surreptitious hypnosis, especially where the exact nature of suggestions is never divulged to the subject(s), is fraught with known psychic dangers of varying and unpredictable, but severe extent, including the possibility of irreparable psychic harm. Such nonconsensual, surreptitious hypnosis at best can only be described as undivulged, nonconsensual human experimentation, not treatment.

Therefore, MSOP detainees participating in so-called 'treatment' are unwitting experimental subjects in this surreptitious hypnosis. We have been, and are now being subjected to a type of hypnosis-and-subliminal-suggestion, with no accounting for whatever has been, is now, or may in the future be surreptitiously suggested to us.

I am aware that a surprisingly large percentage of MSOP detainees who have participated or now participate in treatment state that, after being involved in MSOP treatment for some time, they "discovered" that they themselves had been sexually abused in varying ways when they were small children, something previously unknown by them. This is a classic indicator of hypnotically implanted false memory.



In point of psychological fact, in most cases of actual sexual traumatization, whether by sexual abuse when a child or by rape when an adult, create memories of such horrific impact that decades later are recalled, sometimes involuntarily, with stunning detail and clarity. Even in cases of sexual abuse of a less traumatic nature, the memory of the event may be deliberately 'put out of' one's mind as a means of distancing oneself psychically from that experience. However, what this actually means is that recall of that experience is deliberately squelched when it occurs, with the result that it is not recalled as often later. Yet this does not equate to actually forgetting the event. Thus, upon being asked direct questions on that topic, that memory is almost always easily recalled, even if not as clear as the 'high-trauma' experiences above. In sum, actual sexual victimization is almost never actually the subject of episodic amnesia. Hence, claims that suppressed memories of such victimization exist, and should/must be recovered through hypnotic trance is junk science at its worst.

For the foregoing reasons, I do not believe that any of the MSOP detainees claiming such recovered memories of having been sexually victimized actually had such experiences that were forgotten or amnesically suppressed. I believe that each of them has been the unwitting victim of such hypnotically suggested implantation of false memories of sexual abuse. In a startlingly high percentage of these cases, the general mental health state of these individuals has declined markedly after being led to 'recall' such supposed episodes of sexual victimization – in exactly the same way and to the same extent that non-sex offenders sometimes fall into the clutches of some self-proclaimed therapist who inflicts such noxious false memories upon them.

It is difficult to gauge what kinds of, much less how much harm has been inflicted upon MSOP treatment participants in this way in the aggregate over time. But it reasonably appears that, going forward, it will ultimately rank as the single most psychologically harmful thing ever done by MSOP to any of its detainees.

Not too long after I submitted this Declaration, MSOP ceased using those CDs. If there were no truth to my conclusions, above, I see no reason why that withdrawal of them would have been apt.

That withdrawal lasted for a couple of years. However, in the last couple of treatment quarters, I have learned that these CDs are once again being used in certain modules.

Other than the words that are audible on the consciously perceptible level of these CDs, do you have any idea what they have been communicating to you on the subliminal level? Almost certainly not.

However, ask yourself: Have any memories, realizations, epiphanies, or just plain ideas occurred to you after listening to any of these so-called 'relaxation CDs'? If so, it is quite possible they were planted there by those subliminal messages.

If so, your ability to think for yourself and to draw your own conclusions, and even your ability to do your own recollection – accurately – may well have been hijacked from you toward the ends of MSOP 'treatment.'

Now tell me again: What are the goals of such tactics? How would you ever know for sure?

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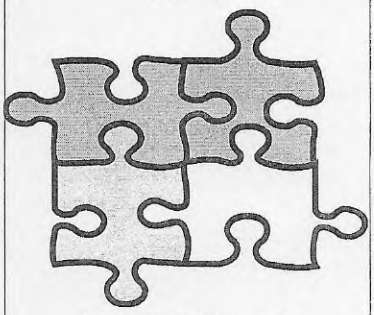

Are you putting it together yet?

Lost and Found Dept.

Lost (for quite some time): 1 large manila envelope, hand-titled on exterior front: "Our Tenets." Contains 150+ sheets of paper of handwritten book manuscript (incomplete) and notes, plus some typed pages. $20 Reward for return, no questions asked. Contact Cyrus Gladden in person or by green mail: 1A, #118B.

Humor Corner

What those words on yearly performance ☺ reviews REALLY mean ☺

1. **OUTGOING PERSONALITY** - Always going out of the office
2. **GREAT PRESENTATION SKILLS** - Able to bullshit
3. **GOOD COMMUNICATION SKILLS** - Spends lots of time on phone
4. **WORK IS FIRST PRIORITY** - Too ugly to get a date
5. **ACTIVE SOCIALLY** - Drinks a lot
6. **INDEPENDENT WORKER** - Nobody knows what he/she does
7. **QUICK THINKING** - Offers plausible excuses
8. **CAREFUL THINKER** - Won't make a decision
9. **USES LOGIC ON DIFFICULT JOBS** - Gets someone else to do it
10. **EXPRESSES THEMSELVES WELL** - Speaks English
11. **METICULOUS ATTENTION TO DETAIL** - A nit picker
12. **HAS LEADERSHIP QUALITIES** - Is tall or has a louder voice
13. **EXCEPTIONALLY GOOD JUDGEMENT** - Lucky
14. **KEEN SENSE OF HUMOUR** - Knows a lot of dirty jokes
15. **CAREER MINDED** - Back Stabber
16. **LOYAL** - Can't get a job anywhere else
17. **PLANS FOR PROMOTION/ADVANCEMENT** - Buys drinks for all the boys
18. **OF GREAT VALUE TO THE ORGANISATION** - Gets to work on time
19. **RELAXED ATTITUDE** - Sleeps at desk