

"Veritatem cognoscere ruat caelum et pereat mundus."
 ("To know the truth, even if the heavens fall and the world perishes.") – Latin slogan of DDoSecrets)

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- ✓
- ☞ And you though we were running out of content!

(Exactly & Only as Below):

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MSOP-ML Internal Protests — Episode 2: Officials Try Disciplinary Tickets & Ad Seg to Coerce an End, But Protesters Still Meet; Outsiders Mull Support Moves; Karsjens Attorney Calls for Calm.

By Cyrus Gladden

For those who missed the last two months' TLP editions, protests against MSOP were not limited to outside supporters in the entity known as EndMSOP Coalition. In addition, insiders within MSOP-Moose Lake, under leadership by the two coordinators of the organization known as "OCEAN," were conducting tandem protests of their own on a daily basis (see TLP 5:9, pp. 2-3, "Six Days at MSOP ML: Confinees Protest Their Confinement").



"A protest as peaceful as this."

Acquiescence to these protests was sought from and granted by MSOP-ML head administrators. The specific arrangement that was approved permitted, for each protest, a gathering outside in the main yard or adjacent areas that would not block or impede those walking between the two buildings of the facility or those walking on the walking track within the main yard.

An initial speech and an ending speech could be delivered at this location, including orderly responses and organized protest chants by attendees. After the initial speech(es), a silent procession could be conducted through the main hallway of each of the two buildings, creating an awareness by those present (both staff and confinees) of the passing, silent protestors. Once returning to the main yard area, choral chants led by event organizers could be resumed while outside.

A schedule of exactly when and for how long these protests could be conducted was worked out with MSOP-ML administrators. This allowed up to three times per day for such protests. These protest gatherings and processions were conducted at each of those exact times and under attempts by leaders at tight control by the coordinators.

Attendance at these protest sessions varied. Attendance at these protest sessions varied events remarked that everyone conducted themselves within the rules and with polite-

ness to all nearby staff and non-participating confinees.

When any persons in either of such categories wished to cross through the procession's single-file line, a short pause occurred at that point in the procession to accommodate that wish.

On Wednesday, August 18, of the second full week of these inside protests, the afternoon protest reached the main yard within sight of an escorted tour by new MSOP employees for security squad. On arrival in the yard, they informed protestors that the protest was terminated effective immediately, and protestors were instructed to disband and to go their separate ways in peace and quiet. The explanation offered was that the tour leader complained that someone in the protest procession outside had just shouted out a collective accusation against the new employees.

Only a few in the protest heard any shout at that point, and all were certain that if such a shout happened, it did not come from any participant in that procession. The few who heard some shout at that time reported that it came from a direction away from the procession.

Only one of these few, Terry Branson, states that he clearly saw the individual doing that shouting, hearing exactly the accusation he shouted. Branson emphasized that the shouter was *not* a participant in that protest procession and that he was located far from it.

Regardless, this incident resulted in each person participating at that time in that protest being given a disciplinary citation (known here as a "behavioral expectation report" or "B.E.R.") on a basis that can be described as 'collective liability' for participating in an unauthorized protest (disregarding that the protest was authorized until the moment of that shout, if one was convinced that the shout came from a protestor).

According to Branson, the BERs of some in the protest were dismissed after disciplinary personnel reviewed camera footage, apparently able to observe that these protestors had their mouths closed at the exact moment of the shout.

According to Eliseo Padron, effectively violation citations for displaying and wearing protest signs, distributing papers, brochures, etc. that advocating such an end or that even

merely challenged the MSOP narrative of some claimed necessity for its existence and long-term/permanent preventive detention, and expressing their views that MSOP should be brought to an end.

Most recently, Padron added that he had learned from a number of confinees that their "tier status" is in jeopardy due to standing up in opposition to MSOP. The "tier system" is an MSOP invention that rewards compliant behavior with privileges and wishes behavior include such basics as being able to possess a TV.

Padron stated that he was recently confronted by staff in a private, compulsory meeting for being "counter-therapeutic" simply for helping people advocate for themselves against such MSOP oppression. When asked by his wife (with his permission) through emails about the basis for this assertion, a unit treatment supervisor declined to respond in substance, stating that it was something that had to be handled only in a "treatment meeting" (i.e., with no paper trail apart from whatever that supervisor might choose to place in Padron's treatment file).

The gravid question is why, being able to ascertain this with the state-of-the-art security cameras dotted throughout the yard, those same officials could not determine that, among the other protestors, no one's lips were moving. Branson adds that he later checked with the shouter (again, a non-protestor), who admitted he was that person, but that he never received a BER for it.



Signs are the stuff of protest, not a threat to security.

The disciplinary penalty assessed on the BERs levied on protest participants consisted of immediate movement restrictions, confining meetings and work shifts. However, disciplinary officials warned participants that
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Tier 1?

any attempts at further protests would be deemed unauthorized, with severe penalties simply for gathering for such protests. Branson opined that he believes the BERs were aimed at silencing those peaceful protestors.

Several days later, one of the protest leaders, Dan Wilson, was accosted by security personnel and immediately placed in Omega on administrative segregation ("Ad Seg") status, with no further disciplinary violation alleged. Staff claimed that certain of his phone calls sounded cryptic, using this excuse to contend that he was a danger to facility security, but without any evidence that dialog which they simply failed to understand involved any plans for insurrection or unrest.

The Omega Unit in MSOP-ML is supposed to be reserved for those confinees who are out of behavioral control and a danger to themselves and others. However, it far more typically is used as punishment of those who have violated mundane rules of the facility repeatedly or who have violated a disciplinary rule regarded by MSOP officials as more serious, even if not dangerous in an immediate or physical sense.

Of significant note in this circumstance, a number of MSOP-ML confinees have been continuously detained in Omega for years, even though the disciplinary penalty for their rule violation ended not long after their placement in Omega. One confinee who said something personal and disrespectful to a female staff member, and who also happened to be an outspoken critic of MSOP was kept in Omega for 3 1/2 years.

As a general matter, this abusive misuse of a unit like Omega to punish those who simply anger MSOP officials is extremely reprehensible and is also fit subject for a lawsuit challenging such official misconduct in its own right. However, that general issue is far beyond the scope of this article.

Nonetheless the prospect that Dan Wilson could be held in Omega for such an extreme period for nothing more than his activism in peaceful protest, with no out-date, held simply upon the pleasure of the very officials who placed him there, with no meaningful hearing or due process — a misfortunate very much like a modern-day Papillon — is not just relevant, but is a grave concern of official abuse and of the human harms it inflicts

merely for using one's right to freedom of expression and right to petition for redress of grievances.

It is clear that the decision to place Wilson in that extremely restricted unit had been reached by MSOP administrators solely on displeasure at those OCEAN-organized protests. Hence, this issue is a crucial one for immediate litigation, in the eyes of this writer.

To seemingly legitimate this infliction of Omega placement without limit upon Wilson, they referred to Wilson as a security threat to the facility. Anyone familiar with Dan Wilson could tell you that he is polite and totally self-controlled. All who witnessed the protests he led would add that he took extraordinary care to repeatedly demand that each participant conduct himself within the rules laid down in the permission by administrators and, beyond that, to proceed with deference and politeness at all times so as not to disturb or offend staff or anyone else.

In a conversation with this reporter a few days before his unexpected detention, Wilson stated his concern at openly hostile statements he had heard or heard about of hoped-for violent confrontation by confinees against MSOP staff. He said that these statements were made by non-OCEAN members who had not participated in the internal protests reprinted above. He expressed to me his opposition to any such confrontations and said he was working to discourage people with such sentiments from acting toward such wishes.

What apparently really bothered administrators about Wilson was his personal flair for leadership and organizing such protests.

In short, the protests were not feared as incendiary (because they were, if anything, the exact opposite). Instead, they were feared because they were effective, both at raising solidarity within the facility and as an inspiration to those confined in the sister-MSOP facility at St. Peter, MN (MSOP-SP).

Further, the fact that confinees were willing to speak up openly and adamantly for ending MSOP and for their legal liberation also served as confirmation to outsiders such as those in the EndMSOP movement that this cause was viewed by confinees as just and as urgent.

MSOP personnel glean ample MSOP paychecks from which they pay their mortgages and establish their own 'permanent employment plan,' complete with generous pensions. Whether knowingly or not, they do all this on the backs of those whose liberty had been confiscated — not by reason of criminal sentences, but rather only on fears and loathing of these confinees.

Thus, worse from the perspective of MSOP staff is that, if the current protests are not nipped in the bud, but eventually grow into a large political movement, it is possible that MSOP could be permanent-

ly closed down by legislative action, taking with it their jobs. (Recall TLP articles in previous editions this year recounting such efforts in some of the other SOCC states.)

And worst of all, all of these protests, both within MSOP and by outsiders, have attracted media attention by major daily newspapers, TV stations, and indie news websites with large regional followings (such as MinnPost). Even some nationwide news outlets had briefly mentioned these protest events.

It was becoming altogether embarrassing for MSOP officials and even an existential threat to MSOP as a long-term/permanent preventive detention program under rubric of treatment, but lacking any significant number of releases (total claimed: 45) over the 27 years of its operation, compared to 88 confined deaths and continued confinement numbers (approx. 750 now). (Witness the legislative "informational meeting" held in the wake of the inception of these protests; see TLP #5:9).

Dan's involuntary departure to the 10th Circle in this Hell saddens us, but there is no 'leadership vacuum' at the head of OCEAN's inside contingent. Coordinator Russell Hatton remains at its helm in here. It probably would have appeared too obvious that MSOP sought to cripple OCEAN as an internal entity and to intimidate all of its members into hiding if they had chosen to seize Hatton as well.

Already, Dan Wilson is gaining new respectability among all here (not just in OCEAN itself) as a martyr to the cause or, at the least, a heroic casualty of the undeclared asymmetric 'war' between MSOP and those here who seek its administrative demise and long-overdue liberation of all of its confinees.

However, Hatton is housed in Complex Living Unit 1-E. No sooner was Hatton able to reorient himself to having to direct OCEAN singlehandedly for the time being than Unit 1-E was placed on quarantine on September 1st on a claimed suspicion of Covid-19 infections.

However, a closer consideration reveals that only two residents of Unit 1-E had symptoms that were at least somewhat consistent with Covid. Moreover, their symptoms were also equally consistent with (in one case) annual flu strain infection, and, in the other case, with a common cold, albeit a particularly aggressive one. (It should not be ignored that such a late-summer cold has been infecting a significant number of confinees here since about August 20th.)

Nonetheless, MSOP persisted relentlessly with carrying out that two-week quarantine. On September 10th, during a weekly Unit Therapeutic Meeting in Unit 1-A, Treatment Co-supervisor Skye Brister-Korby, when directly asked whether any Covid infections had been confirmed

in Unit 1-E through testing, stated flatly that none were ever confirmed.

The current state of the art in such testing for Covid infection does not miss any such infections. In other words, despite MSOP's claimed fears of Covid infections as a justification for the Unit 1-E lockdown, no one there had been infected with Covid during this current second Covid infection round.

Perhaps such fears were real nonetheless in advance of that testing. However, signs that this unit lockdown may not really have been about such pandemic fears include these:

- (1): No one other than the two individuals claimed to be possible Covid sufferers were tested (as opposed to the original Covid infection round in 2020, in which at least Unit 1-A's confinees were all tested).
- (2) Both of the suspected Covid sufferers were escorted to Health Services for their advanced-tech tests. Security staff persons performing this escort were clad head-to-toe in Tyvek anti-infection garb fit for use in a bio-weapons lab, yet none of the staff persons they encountered along the way or in Health Services had similar precautions (suggesting that these suits may have been just a show for 1-E confinees who might happen to see the escorted exit).

Unit 1-E was released from quarantine on September 15th, immediately rejoining confinees from other units in open movement and congregate dining (not segregated by unit, unlike during the 2020 Covid outbreak here). By far, most of its residents expressed frustration and anger over that lockdown. Many stated that they would file suit against MSOP over it.

Now, protest gatherings are resuming, although the contours of these gatherings remain yet to be established.

It should not escape note that, at roughly the same time MSOP officials placed Dan Wilson into Ad Seg for his activism, they did the same thing for the same reason to Jeremiah Johnson. Johnson's offense was making End MSOP protest signs. According to Johnson, MSOP is trying to intimidate both of them and Hatton too into silence and petrified inaction.



The Quarantine Next Time? Use Precautions!

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As described in last month's TLP (page 2), other MSOP confinees also had been saying "End MSOP!" among other confinees, and making protest signs, necklaces, bracelets, and posters (in one case, decorating a T-shirt), all with similar sayings. No one in MSOP-ML that this writer talked to after that heavy-handed move by MSOP thought that it was either necessary or legitimate in the slightest. Everyone I spoke to said that that move spoke volumes about MSOP (or words to the same effect).

Meanwhile, news of the events discussed in this article have reached the outsiders in the EndMSOP Coalition. These activists are currently in intense ongoing conversations as to what actions to take in response to firmly demonstrate unwavering support for the internal protesters and especially for the unfairly Seg detained Dan Wilson.

EndMSOP Coalition sent a letter to its members confined in MSOP-ML urging them not to give up. The letter added that the pressure applied to MSOP by reason of both internal and outside protests together had made MSOP officials desperate, causing their actions as to the internal protests. That letter cited MSOP's "utter failure" as a \$100 million per year agency that "does nothing to improve public safety."

Urging continued efforts, the letter closes by looking toward victory over MSOP in the future, saying, "when the chaos settles, the smoke clears, and the light shines, ...that is when you know we won. Your families won. You won."

Some confinees here have been exploring options for securing counsel for an effort to seek an injunction freeing Wilson from Ad Seg status.

Finally, attorney David Goodwin of Gustafson Gluek (the law firm representing all MSOP confinees in the Karsjens case) recently spoke with Guy Greene, a confinee at MSOP-ML. According to Greene, attorney Goodwin urged all MSOP confinees to remain calm and to urge others to do so (including forgoing any actions, such as contentious demonstrations, that could impact on the judge's current deliberations in that case). Greene said that a decision by federal District Judge Donovan Frank is expected possibly by the end of October.

For those who wish to tell the appropriate leaders of MSOP and its administrative overlord (MN's Dept. of Human Services) or the Governor, here are the phone numbers you need. Make note of them, and use them as often as circumstances indicate.

Gov. Tim Walz: 651.201.0043
DHS Commissioner Jodi Harpstead: 651.431.2907
MSOP-ML Facility Director Terry Kneisel: 218.565.6090
MSOP Executive Director Nancy A. Johnston: 651.431.4390

Last in: This writer has received from the source a copy of a letter dated Sept. 13, 2021, from CURE President Charlie Sullivan to Gov. Tim Walz. The sole subject of this letter is summed up in the following concluding excerpt:

"...WE ARE SHOCKED AND DISAPPOINTED IN MINNESOTA'S SEX OFFENDER PROGRAM IN MOOSE LAKE.

Governor, we realize that only the legislature can repeal [the SOCC and MSOP program]. But it seems that you can ensure constitutional due process that is needed as we write.

Presently, there are more than a dozen 'clients' in the disciplinary unit at Moose Lake. From what we have found out, they have been placed in this unit without any hearing and appeals. One of these 'without any official paperwork' is Daniel Wilson, who is the co-founder of OCEAN...

It seems that he is in the disciplinary unit because he has been speaking out against the [Minnesota] Sex Offender Program. Also, he has encouraged families and friends to be more vocal in opposition to the program.

Please release Daniel and the others from this disciplinary unit. [underlining and brackets added]

This writer observes that this open letter will likely produce considerable embarrassment to Minnesota's Governor and to the reputation of governance in this state. It is fervently hoped that Gov. Walz will do the right things as to MSOP, including the immediate release called for by the leadership of CURE-National. Such heavy-handedness reminiscent of totalitarian regimes in earlier times and in current ruthless foreign dictatorships is unbecoming both in this state and everywhere else in the U.S. it may be ongoing.

The Cremains on the Credenza. Plus: The Ascension of Bill Meech, Mortal Coil & All: Of The Appalling & the Ethereal Ecstasy.

Ruby Brewer, email to Janet M., July 20, 2021

Text Excerpt:

"...I would also like to add talking about 3 of the guys that have died [in MSOP] that are not being provided proper burial services. Two of the guys that have died were cremated and their ashes are currently sitting in MSOP Health Services. One of which, Dave Jannetta, was a veteran and before he died, he completed a will in which he named another

[MSOP] client as the executor of his estate (he has no next of kin).

MSOP will NOT release his ashes to Fort Snelling [for veteran burial] and stated that another client is 'not allowed' to be the executor of the estate. Fort Snelling has already agreed to take his ashes and bury them there; HOWEVER, MSOP will not return any of their calls or emails because they state it is against their policy and they would be violating HIPAA. As of right now, his ashes are sitting on Nikki Boder's (Health Services Supervisor's) desk in Health Services.



An early funerary urn — not rocket science

Bill Meech died and no one [on staff at MSOP] called and told the family. From my understanding and the information I have, the family found out 3 months after his death because his wife's benefits changed and she called to ask why. They were the ones [NOT MSOP] that told her he died. What a horrible way to be told your husband has died!



Ya, Bill, did you, like, you know, ascend?

In addition to this, when his wife called the facility to inquire about his death and to make arrangements to pick up his body for burial, she was told they don't have it — and somehow, they don't know where it is. I have calls out to all the

contacts that I could get yesterday to talk more with those involved in these cases to gather more information. I think we definitely need to do something to help them."

Return of Son of Virginia Report (Segment 6)

by Cyrus Gladden

(2) The Junk Science Concepts that Pedophilia Is a Disorder at All, and That It Inherently Serves as a Recidivism Predictor.

(a) Lacking Any Clear Definition and Any Supporting Science, Pedophilia Is Simply Not a Mental Illness, Disorder of Any Kind, or Partial Disorder ("Dysfunction"); It Therefore Cannot Support Civil Commitment of Any Individual.

"...Pedophilia, especially the exclusive type, may be best thought of as its own category of sexual orientation,..." Ryan C.W. Hall & Richard C.W. Hall, "A Profile of Pedophilia: Definition, Characteristics of Offenders, Recidivism, Treatment Outcomes, and Forensic Issues," *Mayo Clin. Proc.* 2007; 82(4): 457-471, at 462 (2007) [emphasis supplied]. At pp. 466-67, they add:

"...A controversial approach is the use of aversion conditioning and masturbatory reconditioning to change the individual's sexual orientation away from children. Similar techniques were used with homosexual adults in the middle to late 20th century. Although some clinicians claimed to be able to reorient homosexual people to heterosexuality and to decrease the pleasure reward cycle of pedophiles with these techniques, such methods are no longer used at reputable treatment centers." [citing: Cohen, L.J., Galyner, II., "Clinical Features of Pedophilia and Implications for Treatment," *J. Psychiatr. Pract.* 2002; 8:276-289; Fagan, P.J., Wise, TN, Schmidt, CW Jr., Berlin FS, "Pedophilia," *JAMA* 2002;228: 2458-2465]

Charles Moser, "Paraphilia: A Critique of a Confused Concept," Chapter 5 in: *New Directions in Sex Therapy: Innovations and Alternatives* 91-108 (Peggy J. Kleinplatz, ed. 2001); separately available at: <http://tempik.webzdarma.cz/literatura/parmoser>, at 105, declares:

"Removal of pedophilia from the DSM would imply that those who violate the law should be punished in the criminal justice system. If someone sexually abuses a child, that person belongs in the criminal justice system, whether or not strong preferential sexual interest in

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children exists. We do not care about sexual interest; we care about acts.

"Conversely, "just" being a pedophile – meaning that one has a sexual interest in prepubescent children but does not ever act on it – is not necessarily a problem. Acting on it is a problem. When individuals who are neither dysfunctional nor distressed by their behavior engage in sexual activity with minors, their behavior should not be construed as evidence of mental illness. Such individuals are criminals. They have engaged in a crime....

"Although society has a responsibility and a duty to protect individuals from all types of attack, we do not include bank robbers, bigamists, and those who commit libel in the list of psychiatric diagnoses. Criminals are dealt with by the justice system; those who suffer from a mental illness should be dealt with by the mental health system."

"...[P]sychiatry does not have a precise definition of pedophilia for its own purposes, nor has it provided the law with any sort of adequate substitution for its current practices." Jennifer Jason, "Beyond No-Man's Land: Psychiatry's Imprecision Revealed by Its Critique of SVP Statutes as Applied to Pedophilia," 83 So. Cal. L. Rev. 1319, 1331 (2010).

In this regard, Allen Frances, *The Essentials of Psychiatric Diagnosis*, in the section discussing "Paraphilic Disorders" (pp. 169-74), explains:

"There has been considerable debate within the fields of psychiatry and clinical psychology about the conceptual validity of the diagnosis of pedophilia. ...[T]he fact that behavior is legitimately deemed a crime does not, by itself, justify its being labeled a mental disorder. If it did, the DSM would incorporate the criminal codes of every state....

"In questioning the conceptual validity of the diagnosis of pedophilia, Green (2002) cited numerous anthropological studies that have documented the acceptance of adult-child sexual activity in other cultures (C.S. Ford & F.A. Beach, *Patterns of Sexual Behavior* (New York: Harper & Row, 1951); M. Diamond, "Selected Cross-Generational Sexual Behavior in Traditional Hawaii: A Sexological Ethnography," in J. Feierman (ed.), *Pedophilia: Biosocial Dimensions* (New York: Springer, 1990), pp. 422-414; R. Bauserman, "Man-Boy Sexual Relationships in a Cross-Cultural Perspective," in J. Geraci (ed.), *Dares to Speak: Historical and Contemporary Perspectives on Boy-Love* (Norfolk, England: Gay Men's Press, 1997), pp. 120-137; Bullough, 1990)....

In the wake of volumes of evidence from history and from anthropological research that sexual activity between adults and prepubescent children has been accepted in many cultures – in-

cluding subcultures in the U.S. – the rhetorical questions posed by Green (2004, p. 468) are, '[A]re we to conclude that all the adults engaged in these practices were mentally ill? If arguably they were not pedophiles, but following cultural or religious tradition, why is frequent sex with a child not a mental illness under those circumstances'.

"Green (2002) cited further evidence to question the conceptual validity of the diagnosis of pedophilia. First, several studies have found that a significant percentage of members of the general public report sexual attraction to prepubescent children. J. Briere & M. Runtz, "University Males' Sexual Interest in Children: Predicting Potential Indices of 'Pedophilia' in a Non-Forensic Sample," 13(1) *Child Abuse and Neglect* 65-75 (1989) surveyed 200 university males and found that 21% reported some sexual attraction to small children, 9% experienced sexual fantasies involving children, 5% had masturbated to fantasies of children, and 7% said they might have sex with a child if not caught. In another sample with 100 male and 180 female undergraduate students, 22% of males and 3% of females reported feelings of sexual attraction to a child (K. Smiljanich & J. Briere, "Self-Reported Sexual Interest in Children: Sex Differences and Psychosocial Correlates in a University Sample," 11 *Violence and Victims* 39-50 (1996)).

"Second, Green pointed to five studies that measured penile arousal in men who were recruited from community samples. These studies found that 17-58% of the men had measured arousal when shown images of prepubescent girls. For example, G.C.N. Hall, R. Hirschman, & L.L. Oliver, "Sexual Arousal and Arousability to Pedophilic Stimuli in a Community Sample of Normal Men," 26 *Behavior Therapy* 681-694 (1995) found that, in a community sample of 80 men with no history of pedophilic behavior, 26.25% showed penile arousal when shown slides of prepubescent girls. These researchers reported that their findings replicated the findings of four other studies reported within the previous 6 years." (Thomas K. Zander, "Civil Commitment without Psychosis: The Law's Reliance on the Weakest Links in Psychodiagnosis," 1 *Jour. Of Sexual Offender Civil Commitment: Science and the Law* 17,

If someone sexually abuses a child, that person belongs in the criminal justice system, whether or not strong preferential sexual interest in children exists. We do not care about sexual interest; we care about acts.

at 37-38 (2005)).

Generally on this point, see also these: John Briere & Marsha Runtz, "University Males' Sexual Interest in Children: Predicting Potential Indices of 'Pedophilia' in a Nonforensic Sample," 13 *Child Abuse & Neglect* 65 (1989) (surveying 193 male university students, finding nine percent reported fantasizing about sex with a young child, five percent masturbating to fantasies of sex with children, and seven percent likely to have sex with a child if assured they would not be caught or punished); Claude Crepault & Marcel Couture, "Men's Erotic Fantasies," 9 *Archives of Sexual Behavior* 565 (1980) (sampling ninety-four men, finding sixty-two percent reported fantasizing about sexually initiating with a young girl and three percent with a young boy); and Terrell L. Templeman & Ray D. Stinnett, "Patterns of Sexual Arousal and History in a 'Normal' Sample of Young Men," 20 *Archives of Sexual Behavior* 137 (1991) (surveying sixty college men where five percent expressed an interest in sex with a girl under twelve).

Wesley Stephenson, "How Many Men Are Paedophiles?," 57 *BBC News* July 30, 2014 (www.bbc.com/new/magazine-28526106), describes the 2008 research by Dr. Michael Seto, a clinical/forensic psychologist at Royal Ottawa Healthcare Group, who wrote a book in which he put the prevalence of pedophilia in the general population at 5%. Stephenson states: "The figure was based on surveys conducted in Germany, Norway, and Finland in which men were asked whether they had ever had sexual thoughts or fantasies about children or engaged in sexual activity with children.

Most recently, Beate Dombert, Alexander F. Schmidt et al., "How Common Is Males' Self-Reported Sexual Interest in Prepubescent Children?," *Jour. Of Sex Research* (Feb.2016), doi: 10.1080/00224499.2015.1020108, examined the prevalence of pedosexual interest/attraction, both by meta-analysis of contemporary findings in numerous studies by others and through a direct survey in Europe. At Proof, p. 4, they report finding that:

"...9% of males from the general population reported some likelihood of having sex with children or viewing child pornography if they would not be caught or punished (Wurtele, Simons, & Moreno, 2014) ...Moreover, in a large dataset of sexual behavior on the internet (Ogas & Gaddam, 2012) 'preteen' was the third most frequent search term in males' age-related online sex searches (N>3,000,000 individual searches; (Ogas & Gaddam, 2013) and 20.5% of age-specific sex searches aimed at prepubescent children ≤ 12 years of age (O. Ogas, personal communication, December 5, 2014). This finding dovetails with the roughly 20% of community males who indicated child pornography use in a

study on problematic pornography use on the Internet (Ray, Kimonis & Seto, 2014). In sum, these findings suggest that a considerable amount of sexual interest in children is common in non-forensic male populations."

Slip p. 5: "Child pornography use has recently gained increasing interest as a valid indicator of pedophilic interest (e.g., Schmidt, Gykiere, Vanhoeck, Mann, & Banse, 2014; Seto, 2010). Seto and colleagues (2006) compared child pornography offenders with contact sexual offenders victimizing children utilizing penile plethysmographic assessments and found that child pornography offenders were about three times more likely to show pedophilic sexual arousal than contact sexual offenders."

Slip p. 8: "...[T]he effective sample consisted of N = 8,718 male participants aged 18 to 89 years (M = 43.5, SD = 13.7). This represents a response rate of 48.7% of the originally invited sample and 82.7% of the persons who began to fill in the survey."

Slip p. 10: "...[A]ll participants were asked to estimate their likelihood to ever sexually act out on a child, as well as about their criminal history...."

Slip p. 12: Results
Prevalence of Sexual Interest in Prepubescent Children

"Of all participants, 5.5% (n = 482) reported any indication of pedophilic sexual interest (i.e., any report of fantasy, behavior, child pornography consumption, having paid a child for sexual services, or travelling into another country with the intent to have sexual contact with a child). Specifically, 4.1% (n = 358) reported sexual fantasies involving prepubescent children."

Slip pp. 17-18: "...Overall, 5.5% of all participating men indicated any form of pedophilic interest with 3.2% of all participants reporting sexual behavior involving prepubescent children. Specifically, 1.7% of all men had used child pornography but did not indicate sexual contact with children, 0.8% had exclusively committed sexual contact offenses against prepubescent children, and 0.7% committed both contact and child pornography offenses. Hence, child pornography use was the most frequently reported sexual offense against prepubescent children. The most informative study so far (Seto et al., 2015) reported 4.2% of child pornography use referring to a representative sample of Swedish men aging 18 to 20 years. Compared with our German sample (aged from 18 to 89 years), the much younger Swedish sample was supposedly more sexually active, had easier internet access, and thus, was more experienced with this media. These factors might explain

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11 men with no history of pedophilic behavior, 26.25% showed penile arousal when shown slides of prepubescent girls.

the lower frequencies reported in this study."

Margo Kaplan, "Taking Pedophilia Seriously: Is It a Disorder?" *Journal of Law, Medicine & Ethics* 34 (2006): 40-45. pedophilia cannot be deemed a disorder.

p. 83: "Interestingly, some attraction to prepubescents seems even more common. Studies of sexual arousal indicate that a surprising proportion of the population, particularly among men, has fantasized about prepubescent children during intercourse or masturbation or may become aroused upon viewing images of prepubescents." [citing: *Lea H. Studer & A. Scott Aylwin*, "Pedophilia: The Problem with Diagnosis and Limitation of CBT in Treatment," 67 *Med. Hypotheses* 774, at 775 (2006) (examining the prevalence of pedophilia in men); *Michael C. Seto*, *Pedophilia and Sexual Offending Against Children* (2008), at 7 (citing several studies). At Note 46, adding: "One study found 62% of men had fantasized about young girls and 3% about young boys, while another found that 9% had fantasized about sex with young children, with 7% indicating some likelihood that they would have sex with a child if they were guaranteed that they would not be identified or punished. *Seto*, *supra*, at 7."

p. 92: "Treatment cannot convert sexual interests; therapy to redirect sexual attraction away from children toward adults has fared no better with pedophilia than it has with same-sex attraction." [citing *M. Seto*, *Pedophilia and Sexual Offending Against Children* (2008), at 175-76 (discussing the efficacy of therapy aimed at changing a pedophile's interest in children and noting that it is unclear whether the therapy results in actual changes in interest or greater control over pedophilic sexual arousal); *Alice Dreger*, "What Can Be Done About Pedophilia?" <http://www.theatlantic.com/health/archive/2013/08/what-can-be-done-about-pedophilia/279024/> ("We have not yet found a way to convert pedophiles into non-pedophiles that is any more effective than the many failed attempts to convert gay men and lesbians into heterosexuals.")

p. 104: "Changing social mores, including prejudices, often inform judgments of what desires are pathological [stating, at note 122: "For example, same-sex attraction was once considered pathological. *Andreas De Block &*

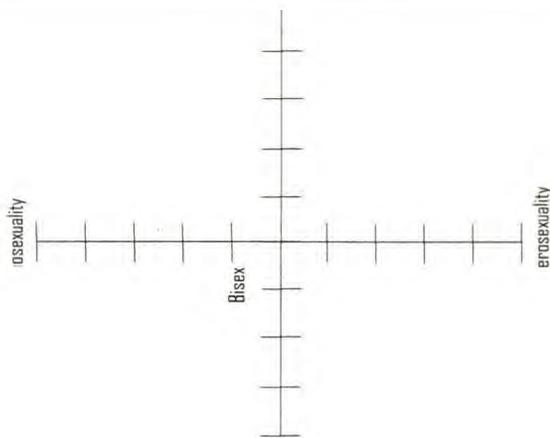
Pieter R. Adriaens, "Pathological Sex: Paraphilia: A Critique of a Confused Concept," in *New Directions in Sex Therapy: Innovations and Alternatives* 91 (Peggy J. Kleinplatz, ed. 2001), at 96. Psychiatrists also diagnosed slaves that attempted to escape with a psychological disorder called drapetomania. *Patrick Singy*, Letter to the Editor, "What's Wrong with Sex?," 39 *Archives of Sexual Behavior* 127-128 (2010), stating "any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners." [citing: *DSM-V* at 685]

p. 105: "Distress and interpersonal difficulty are also questionable criteria because they may be caused by the individual's shame and fear of societal response rather than the sexual desire itself. [citing: *Agustin Malón*, "Pedophilia: A Diagnosis in Search of a Disorder," 41 *Arch. Sexual Behav.* 1083 (2012) at 1084 (discussing the criteria of distress in a pedophilic disorder diagnosis); *Alan W. Shindel & Charles A. Moser*, "Why Are the Paraphilias Mental Disorders?," 8 *J. Sexual Med.* 927, 928 (2010) (explaining that an individual with a paraphilia may experience distress because of societal discrimination). The DSM attempts to avoid this problem by requiring that the distress and impairment be caused by the paraphilia as opposed to societal response. But it is impossible to tease out causation in this way. All distress likely has some internal and external cause. An individual may be repulsed by his sexual interest for children in part because he finds it morally repugnant and in part because he knows society condemns it as morally repugnant." ...As one critic notes, "[i]t does not seem possible for a person sexually interested in children not to be socially impaired in some way because societal norms dictate that it is abnormal for a person to be sexually interested in children." [citing: *Wm. T. O'Donohue et al.*, "Problems with the DSM IV Diagnosis of Pedophilia as a Sexual Orientation

Pedophilia as a Sexual Orientation "The fifth edition of the DSM, as originally published in October 2013, referred to pedophilia as a sexual orientation. [*DSM-V*, at 698] It specifically stated that an intense and persistent sexual interest in prepubescent children that is not acted on or accompanied by distress or impairment is better characterized as a sexual orientation than a mental disorder." [*ibid.*, stating that if individuals "have never acted on their impulses, then these individuals have a

pedophilic sexual orientation but not a sexual disorder.]"

pp. 108-09: "While sexual orientation is commonly used to describe the gender to which one is attracted, several scholars and advocates argue for a more expansive definition. [citing: *Elizabeth M. Glazer*, "Sexual Reorientation," 100 *Geo. L.J.* 997, 1057-58 (2012) (arguing for a broader definition of sexual orientation); *Ann E. Tweedy*, "Polyamory as a Sexual Orientation," 79 *U. Cin. L. Rev.* 1461, at 1479-1509 (2011) (discussing expanding sexual orientation to include the preference of polyamorous relationships); *Michael D. Storms*, "Theories of Sexual Orientation," 38 *J. Personality & Soc. Psychology* 783, 783-91 (1980) (discussing the limits of common theories regarding the nature of sexual orientation); see also: *Elizabeth F. Emens*, "Compulsory Sexuality," 66 *Stan. L. Rev.* 303, 338-344 (2014) (proposing additional axes by which to measure asexuality).] Some have proposed, for example, that sexual orientation should include an axis of sexuality versus asexuality – the extent to which one experiences sexual urges or interest at all. [citing: *Emens*, *supra*, at 338-340 (discussing asexuality using existing models of sexual orientation); *Storms*, *supra*, at 783-91 (positing asexuality as a distinct sexual orientation interest on others as opposed to autoeroticism. [See *Emens*, *supra*, at 341-42 (discussing asexuality along an autoerotic axis); *Glazer*, *supra*, at 1054-55 (arguing for separation of sexual orientation into general orientation and specific orientation).] Other scholars have proposed expanding it to include the extent to which individuals are polyamorous as opposed to monogamous. [See *Tweedy*, *supra*, at 1482-1509 (discussing polyamory as a sexual orientation.) More controversial definitions of the term might also include whether one



is attracted to humans, non-human animals, or inanimate objects. [See *Jesse Bering*, *Per: The Sexual Deviant in All of Us* (2013) at 117-18 (discussing sexual attraction to non-human animals and inanimate objects).]

"Those who argue that pedophilia is a type of sexual orientation distinguish between different types of sexual orientations; sexual gender orientation, the focus of most research on sexual orientation, is but one. [See *M. Seto*, at 231 (defining sexual gender orientation).] This view places pedophilia on a larger spectrum of erotic age orientation, which describes how individuals experience sexual attraction to age groups ranging from infants to the elderly. [See *Seto*, at 3-4 & n. 1, 231 (explaining age orientation); *Bering*, *supra*, at 169 (discussing erotic age orientation); *Hall & Hall*, *supra*, at 458 (same).] Erotic age orientation contains at least five categories of sexual interest: (1) pedophilia (attraction to prepubescents); (2) hebephilia (attraction to minors in early puberty); (3) ephephophilia (attraction to older adolescents); (4) teliphilia (attraction to sexually mature persons); and gerontophilia (attraction to the elderly). [*Bering*, *supra*, at 169 (noting the different categories of sexual interest); *Seto*, *supra* at 3-4 & n. 1 (defining sexual interest within erotic age orientation).]....

pp. 109-10: "One difficulty in determining whether pedophilia should be considered a type of sexual orientation is that, despite over a century of social science research and legal analysis, there is no one accepted definition of sexual orientation. [See *Emens*, *supra*, at 339-44 (discussing various models of sexual orientation); *Jessica A. Clarke*, "Inferring Desire," 63 *Duke L.J.* 525, 541 (2013) (noting that "there is no unitary

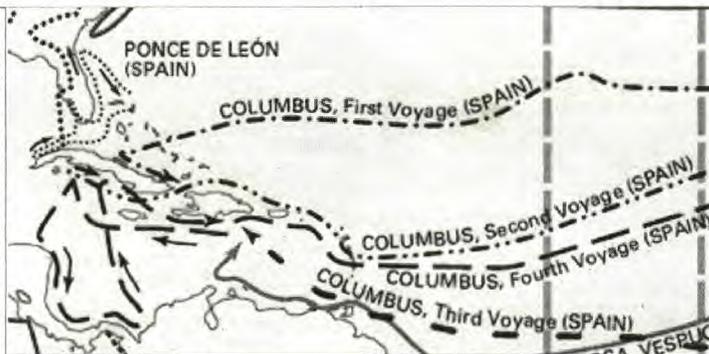
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definition"); Randall L. Sell, "Defining and Measuring Sexual Orientation: A Review," 26 *Archives Sexual Behav.* 643, 644-49 (1997) (describing confusion surrounding the conceptual definition of sexual orientation).] Several means of organizing individuals into categories of sexual orientation based on sexual interests or behaviors have been proposed, accepted, and subsequently rejected and replaced throughout history. [See Clarke, *supra*, at 541-42 (noting that the understanding of sexual orientation has fluctuated over time.) The concept of homosexuality has transformed over the past century from a tendency to engage in same-sex sexual behavior, to a type of gender deviance, to an abnormal personality and mental disorder, and finally to an affirmative social identity. Still, terms such as 'homosexual' and 'bisexual' do not have universally accepted characteristics. Nor are these terms even widely accepted by the very communities they identify; those who prefer to identify as gay, lesbian, or queer, for example, reject the word 'homosexual.'

pp. 110-11: "Modern conceptions of sexual orientation generally share certain characteristics. Perhaps most prominently, sexual orientation generally involves a type of sexual interest. [Some researchers also distinguish different types of psychological components, such as sexual interest versus affection and love. See Sell, *supra*, at 648-49 (discussing various psychological components).] It also requires sexual interests have a certain breadth and depth. [Tweedy, *supra*, at 1466-68 (discussing the concept of sexual orientation as an identity), and at 1482-83 (discussing importance of "embeddedness").] It implies something stronger than, say, an individual's interest for individuals with green eyes or dimples. Comparing a sexual orientation to this type of preference trivializes sexual orientation's depth and its role in the individual's psyche. Erotic age orientation is similarly defined by sexual interest. Such sexual interests must be intense and persistent in order to fall into a category; a fleeting attraction to a child is insufficient to qualify as pedophilia."

"Sexual orientation is also widely Between 11 (1988) (stating sexual orientation is not a choice or preference). Sexual gender orientation is something that one discovers rather than acquires and which cannot be reoriented.... [See Seto, at 231 noting that "reorientation therapies have not worked for homosexual men"). Indeed, reorientation therapy has been so discredited and its attendant risks so high



Columbus discovers that his orientation is not the East Indies (and that it cannot be moved to them).

that some states have banned such therapy for minors.]

p. 112: "There is also evidence that erotic age orientation is ...immutable.... [Studer & Aylwin, *supra*, at 776 (describing arguments that "pedophilia," like heterosexuality or homosexuality, represents sexual arousal to a particular identifiable group, and is not voluntarily decided); Dreger, *ibid.*]"

Finally among 'major-league studies,' Michael C. Seto, "Is Pedophilia a Sexual Orientation?," 41 *Archives of Sexual Behavior*, 231-236 (2012), makes these observations:

Text Excerpts:

p. 233: "By ...most common definitions of sexual orientation -- pedophilia can be viewed as a sexual age orientation based on the more limited evidence available regarding its age of onset, associations with sexual and romantic behavior, and stability over time. There are some clear[] differences in some respects, there are also striking similarities in the research literature on pedophilia."

Age of Onset

...[S]ome studies of identified offenders find that a substantial minority admitted an onset of sexual interest in children before adulthood (Abel et al., 1987; Freund & Kuban, 1993; Marshall, Barbaree & Eccles, 1991).... Memoirs and case reports also indicate an early age of onset (Li, 1991)....

Sexual and Romantic Behavior

...Some studies have found that some pedophilic sexual offenders (in particular, those who select unrelated boys) score higher on measures of emotional congruence with children than other sexual offenders (Underhill, Wakeling, congruence with children as the extent to which sex with a child fulfilled emotional needs. Emotional congruence can also include the degree to which someone prefers the company of children, enjoys child-oriented activities, and feels his emotional and intimacy needs can be met by children. (Wilson, 1999). Some pedophiles not only seek sexual contacts with children, but seek romantic relationships with them. For

example, Li (1991) interviewed 27 pedophiles and found that many characterized their contacts with children as part of loving relationships. Wilson and Cox (1983) interviewed 77 members of the Paedophile Information Exchange in the United Kingdom, and found that more respondents characterized their relationships with children as affectionate, loving, intimate, and 'close' (n=25) than as genitally-oriented (n=18). Some respondents claimed their relationships with children were platonic, suggesting that sexual attraction was not the primary motivation. Other individuals might not have sexual contacts with children, but will view nude or sexually explicit depictions of children (Neutze, Seto, Schaefer, Mundt & Beier, 2011; Riegel, 2004; Seto et al. 2006). There is little other research exploring the emotional aspects of adult-child contacts, from the adult's perspective.

Stability over Time

Pedophilia is viewed by many researchers and clinicians as having a lifelong course. For some individuals, at least, it is discovered in early adolescence and sexual interest in children can be detected in adolescence (Seto, Lalumiere & Blanchard, 2000; Seto, Murphy, Page & Ennis, 2003)....

pp. 233-34: "...Viewing pedophilia as a sexual orientation would suggest that treatment is more likely to be effective if it focuses on self-regulation skills (in order to effectively manage pedophilic urges, thoughts, etc.) than on trying to change sexual preferences (Beckstead, submitted; Drescher & Zucker, 2006).

Sexual orientation is not a choice or preference). Sexual that one discovers rather than acquires and which cannot be reoriented

Modular Preferences: Gender and Age Orientations

The strongest test of sexual orientation is whom a person would choose in a hypothetical situation where they could freely have sex, without negative conse-

quences, when presented with the alternate choices: man or woman, adult or child. Teleiophilic individuals (to use the term coined by Blanchard) would choose physically mature persons and pedophilic individuals would choose prepubescent children. Androphilic (homosexual teleiophilic) men would choose other men and gynophilic (heterosexual teleiophilic) men would choose women. [Footnote 2: The order of these adjectives describing sexual preferences could easily be reversed; for example, a man attracted to prepubescent girls could be correctly described as either a 'gynephilic pedophile' or a 'pedophilic gynephile'... An important empirical question is whether sexual gender preferences or sexual age preferences have primacy.]

...Whether someone is sexually attracted to children or to adults is partially independent of whether he is sexually attracted to males or females. These dimensions are not completely orthogonal because pedophilic individuals distinguish less between boys and girls than teleiophiles distinguish between men and women...."

"FINAL COMMENT

...Given the anxiety and fear elicited by pedophiles in contemporary societies, it is highly unlikely that citizens would support the expansion of legal and civil rights to other sexual orientations. Nonetheless, this challenging and complex discussion needs to take place. Accepting that pedophilia is a sexual orientation akin to heterosexuality or homosexuality, rather than a preference that is chosen or somehow learned, may influence the direction of this discussion. Pedophilia is unlikely to ever be accepted, given its behavioral manifestations involve the sexual exploitation of children, but can it be tolerated when it is not accompanied by criminal actions? This may seem far-fetched given the current prevailing views of pedophilia and sexual offending against children (see Jenkins, 1998), but there are examples of Dutch and other European pedophile groups that were at least tolerated in the 1970s and 1980s (e.g., Des Sables, 1976; O'Carroll, 1980; Pieterse, 1982; Rouweler-Wuts, 1976; see also online forums such as Girlchat and Boychat).

Our efforts to respond to pedophilia pornography, sex tourism, juvenile prostitution, and child sexual abuse -- require a more compassionate and less discriminatory treatment of pedophiles (see Seto, 2008).... Pedophiles will remain hidden if they continue to be hated and feared, which would impede efforts to better understand this sexual orientation and thereby prevent child sexual exploitation."

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References:

Abel, G.G. et al. (1987). Self-reported sex crimes of nonincarcerated paraphiliacs. *Jour. of Interpersonal Violence*, 2, 2-25.

Beckstead, A.L. submitted. Can we change sexual orientation? What we know, what we need to know, and why these questions are important. *Arch. Of Sexual Behav.*

Des Sables, L. (1976). Resultats d'une enquete aupres d'un groupe de pederastes. *Arcadie*, 276, 650-657.

stüdy and its relation to sciencē, rēligion, politics and culture. Binghamton, N.Y.: Haworth.

Finkelhor, D. (1984). *Child sexual abuse: New theory and research.* New York: Free Press.

Freund, K. & Kuban, M. (1993). Toward a testable developmental model of pedophilia: The development of erotic age preference. *Child Abuse and Neglect*, 17, 315-324.

Jenkins, P. (1998). *Moral Panic: Changing concepts of the child molester in modern America.* New Haven, CT: Yale Univ. Press.

Li, C.K. (1991). "The main thing is being wanted": Some case studies on adult sexual experiences with children. *Jour. of Homosexuality*, 20, 129-143.

Marshall, W.L., Barbaree, H.E. & Eccles, A. (1991). Early onset and deviant sexuality in child molesters. *Jour. of Interpersonal Violence*, 6, 323-336.

Neutze, J., Seto, M.C., Schaefer, G.A., Mundi, I.A. & Beier, K.M. (2011). *Predictors of child pornography offenses and child sexual abuse in a community sample of pedophiles and hebephiles.*

O'Carroll, T. (1980). *Paedophilia: The radical case.* London: Peter Owen.

Pieterse, M. (1982). *Pedofieien over pedofilie* [Pedophiles concerning pedophilia] Zeist: Nisso.

Riegel, D.L. (2004). Effects on boy-attracted pedosexual males of viewing boy erotica [Letter to the editor]. *Arch. Of Sexual Behav.* 33- 321-323.

Rouweler-Wuts, L. (1976). *[Pedophiles in contact or conflict with society]*. Deventer: Van Loghum Slaterus.

Seto, M.C. et al. (2006). Child Pornography offenses are a valid diagnostic indicator of pedophilia. *Jour. of Abnormal Psychology*, 115, 610-615.

Seto, M.C., Lalumiere, M.L. & Blanchard, R. (2000). The discriminative validity of a phallometric test pedophilic interest among adolescent sex offenders against children. *Psychological Assessment*, 12, 319-327.

Seto, M.C., Murphy, W.D., Page, J. & Ennis, L. (2003). Detecting anomalous

sexual interests among juvenile sex offenders. In R.A. Prentky, E.S. Janus, M.C. Seto (Eds.), *Annals of the New York Academy of Sciences, vol. 989: Understanding and managing sexually coercive behavior* (pp. 118-130). New York: New York Academy of Sciences.

Underhill, J., Wakeling, H.C., Mann, R.E. & Webster, S.D. (2008). Male sexual offenders' emotional openness with men and women. *Criminal Justice and Behavior*, 35, 1156-1173.

Wilson, R.J. (1999). Emotional congruence in sexual offenders against "Wilson, G.D. & Cox, D.N. (1983). *The child lovers: A study of paedophiles in society.* London: Peter Owen."

Pedophiles will remain hidden if they continue to be hated and feared, which would impede efforts to better understand this sexual orientation and thereby prevent child sexual exploitation.

"R. Spitzer & J.C. Wakefield, "Why Pedophilia Is a Disorder of Sexual Attraction - at Least Sometimes," 31(6) *Archives of Sexual Behavior* 499-500 (2002), have ...defended the conceptual validity of the diagnosis of pedophilia. They argued that pedophilia ...is a 'harmful dysfunction'....

"Unquestionably, adult-child sexual behavior can cause serious psychological harm to the child. However, contrary to the assertions of Spitzer and Wakefield, adult-child sexual behavior does not always result in harm to the child (J. N. Briere & D.M. Elliott, "Immediate and Long-Term Impacts of Child Sexual Abuse, 4 *The Future of Children* 54-69 (1994); K.A. Kendall-Tackett, L.M. Williams, & D. Finkelhor, "Impact of Sexual Abuse on Children: A Review and Synthesis of Recent Empirical Studies," 13 *Psychological Bulletin* 164-180 (1993). In a comprehensive meta-analysis, B. Rind, P. Tromovitch, & R. Bauserman, "A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples," 124 *Psychological Bulletin* 22-53 (1998) documented that many children who had child-adult sexual experiences did not suffer adverse psychological consequences. Berlin (2002, p. 480) cited this study to observe that, while adult-child sexual behavior may be considered morally and/or legally wrong, it is not necessarily psychologically harmful....

"In the Rind, Tromovitch and Bauserman (1998) study referred to by Berlin, the researchers statistically examined the correlations between child-adult sexual experience, family environment,



If you look in the box, will you see Schrodinger or his cat? Was the cat harmed, and if so, by what? Do we accept science or the cat viewer's preconceptions?

and psychological adjustment in a large group of studies based on college associated with adjustment problems for the child, this effect was heavily confounded with poor family environment. In fact, the factor of family environment predicted adjustment variance better than child-adult sexual experience by a factor of 10. When they examined studies that controlled for family environment, statistically significant correlations between child-adult sexual experience and childhood adjustment problems usually disappeared. These results call into question the common assumption that child-adult sexual experience inevitably causes psychological problems for the child.

"T.P. Sbraga & W. O'Donohue, "Post Hoc Reasoning in Possible Cases of Child Sexual Abuse: Symptoms of Inconclusive Origins," 10 *Clinical Psychology: Science and Practice* 320-334 (2003) presented a strong argument to question the expertise of many expert witnesses in child sexual abuse court testimony. They argued that by employing post hoc (backward) reasoning from current symptomatology to past child sexual experience with adults, expert opinion is scientifically invalid and should not be offered or allowed. Observing that these experts usually base their post hoc reasoning on one of several models of assumed consequences of child sexual experiences with adults, these researchers demonstrated the lack of scientific validity of these models. B. Rind, "An Elaboration on Causation and Positive Cases in Child Sexual Abuse," 10(3) *Clinical Psychology: Science & Practice* 352-357 (2003) elaborated on the reasoning of Sbraga and O'Donohue, offering case studies in which adults, who had child sexual experiences with adults, reported them as positive contributions to their psychosexual development. Rind (2003) concluded his treatise by cautioning:

"This is not to argue that CSA [child sexual abuse] does not cause psychological harm in particular cases. Rather the point is that the assertion that CSA invariably or even typically causes psychological harm is highly suspect on empirical, statistical, and methodologi-

cal grounds. Thus, it is inadvisable for researchers and clinicians automatically to assume that CSA explains current psychological problems, especially when there is evidence for confounding factors.... Societal ignorance or forgetfulness of the logical fallacy post hoc ergo propter hoc (after this therefore because of this) is pervasive on this issue, perhaps in part because people do not want to appear to be unsympathetic to victims. But the role of scientific psychology should be to get beyond such motivations and examine nature as "In summary, the debate about the conceptual validity of the diagnosis of pedophilia centers around how adult-child sexual activity can be deemed pathological when it is, and has been, so prevalent cross-culturally and historically, and when the core feature of it - arousal to images of naked children - is so commonly found in the general public. Again, while there is unanimity of opinion in the serious clinical world about the legitimacy of laws prohibiting adult-child sexual behavior, the diagnostic codification of such behavior as a mental disorder remains the focal point of considerable debate within the mental health professions. In contrast, as explained previously, there is virtually no serious debate within psychiatry and clinical psychology that psychotic disorders - the traditional basis for civil commitment - are appropriately conceptualized as mental disorder." (Allen Frances, supra, pp. 39-40)

Even as to others who have been found to meet the criteria for a DSM diagnosis of pedophilia, Melissa Hamilton, "Adjudicating Sex Crimes as Mental Disease," 33 *Pace L. Rev.* 536 (Spring, 2013), at 579, states: "While child molestation is an immoral act, there is no medical evidence of it deriving from a mental deficiency; rather, it is a social construction that pedophilia is linked to a sick mind." See also: Stephen T. and Ronald M. Holmes, *Sex Crimes: Patterns and Behaviors* (3d ed. 2009), at 110, offering a variety of postulated: social learning, psychological, and sociobiological explanations for pedophilia; Fred S. Berlin, "Commentary of Pedophilia Diagnostic Criteria in DSM-5," 39 *J. Am. Acad. Psychiatry & Law* 242, 243 (2011), conceding that it is disingenuous to suggest that the pedophilia diagnosis in the DSM is not based in part on value judgment.) The fact is that "...psychiatry does not have a precise definition of pedophilia..." Jennifer Jason, "Beyond No Man's Land: Psychiatry's Imprecision Revealed by Its Critique of SVP Statutes as Applied to Pedophilia," 83 *S. Cal. L. Rev.* 1319, 1331 (2010).

More troubling than this apocryphal nature of pedophilia itself as a "disorder"

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is the fact that in the DSM-IV-TR, a diagnosis of pedophilia could be reached on nothing more than the subject's behavior, i.e., past sex offenses involving children. Jennifer Jason, *id.*, at 1337. At 1338, Jason explains:

"...Under the DSM-IV-TR, a diagnosis of pedophilia necessitates that an individual ...meet two requirements. The first criterion is 'recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child....' ...The second criterion requires that 'the person has acted on these sexual urges' and is markedly distressed by them. Pedophilia includes any combination of the two.... When the 'or behaviors' component of the first criterion is combined with the 'acted' component of the second criterion, an individual can be diagnosed with pedophilia based simply on a sexual act with a child, absent a particular mental state."

See also: *M. Hamilton, supra*, at 565. *Hamilton* concludes: "This makes the pedophilic disorder intrinsically indistinguishable from the crime." (*id.*, 578).

Because of this, such circular reliance solely on past alleged sex crimes of Respondents involving children in effect means that the 'disorder element' disappears, merging as one with the 'criminal record element.' As commented *supra*, this reduces commitment to simply such a citation of past criminal record and a prediction of likely future re-offense – a classic example of pure preventive detention, in violation of substantive due process.

While child molestation is an immoral act, there is no medical evidence of it deriving from a mental deficiency; rather, it is a social construction that pedophilia is linked to a sick mind.

However, Jason hastens to note that the DSM editors were then (2010) planning to require a pattern of fantasies for a diagnosis of pedophilia:

"...Thus, the next edition [DSM-V] will remove the phrase 'or behaviors' to clarify that a pedophilia diagnosis used as the basis for a civil commitment cannot rely solely on a history of repeated sexual acts with children. ...According to psychiatry, present, 'recurrent, intense, sexually arousing fantasies (i.e., mental imagery [involving children] that the individual considers to be erotic) and urges (i.e., to act on the fantasies) are the *sine qua non* in [pedophilic] diagnosis.' ...[A]n individual who has a mental disorder (pedophilia) will not necessarily ever engage in a sexual act with a child." *J. Jason*, at 1338-39, quoting *Michael B. First & Robert L. Halon*, "Use of DSM Paraphil-

ia Diagnoses in Sexually Violent Predator Commitment Cases," 36 *J. Am. Acad. Psychiatry & Law* 443-454, 445 (2008).

Anthony D. Perillo, Ashley H. Spada, Cynthia Calkins & Elizabeth L. Jeglic, "Examining the Scope of Questionable Diagnostic Reliability in Sexually Violent Predator (SVP) Evaluations," 37 *International Journal of Law and Psychiatry* 190-197 (No. 2, March 2014) DOI: <http://dx.doi.org/10.1016/j.ijlp.2013.11.005>, astutely observes,

(p. 192): "The subjectivity required for a clinician to evaluate whether the deviant fantasies and behaviors are 'recurrent' and 'intense,' as well as whether the disorder results in 'distress' or 'impairment' for the offender, presents yet another challenge that can impact the reliability of the paraphilia diagnoses (*First & Halon*, 2008); *Levenson*, 2004a). The ambiguity of the descriptors 'recurrent' and 'intense' requires clinicians to make subjective inferences about deviant sexual fantasies and behaviors that may not be on record and that may not be disclosed by the sex offender being evaluated (*Levenson*, 2004a). Further, in addition to this overall subjectivity, 'distress' and 'impairment' due to arrest and criminal justice involvement must be differentiated from that of the paraphilia itself, as only distress and impairment that stem directly from the disorder qualify as meeting the diagnostic criteria for a paraphilia (*Levenson*, 2004a)."

In this light, the following observation by *Perillo et al.* (p. 191) assumes crucial importance:

"...[H]igh levels of variance have been observed among clinician scores on sex offender risk instruments (*Murrie et al*, 2009), bringing into question the inter-rater reliability on more standardized practices of sex offender risk assessment."

At 1339-40, *Jason* adds:

"...[P]sychiatry has not provided an empirically validated way to measure 'fantasies' besides inferring them on the basis of a pattern of sexual behavior with children.

"The vagueness in the proposed psychiatric definition of pedophilia ...has been exposed by the law's use of these definitions for substantiation of civil commitment. ...[T]he relevant consideration is the vagueness of the 'intense' and 'recurrent' fantasies criteria. In terms of the 'intense' aspect, what does it mean to have an intense fantasy – 'is it more vivid, more arousing, or more real?' Where do persistent but moderate- or low-intensity fantasies fit into this definition? In terms of the 'recurrent' aspect, how many fantasies must occur in order to qualify as 'recurrent'? Recurrent clearly implies more than one fantasy, but how many

fantasies are necessary within the six-month timeframe? Two fantasies over the course of a lifetime? Twice a week? Twice a day? Twice an hour? Also, the six-month period appears arbitrary. A rationale is needed to conclude that individuals experiencing six months of fantasies are pedophiles while those who experience only five months' worth are not. In terms of longevity, the DSM does not specify whether an individual who has qualified for pedophilia under its definition at a given point in time necessarily still has the disorder years or even decades later." (*id.*, 1340, citing *Allen Frances & Shoba Sreenivasan*, Commentary, "Sexually Violent Predator Statutes: The Clinical/Legal Interface," 25 *Psychiatric Times* 49, 49 (2008).

"This lack of specificity is relevant because the SVP evaluations are conducted after years in prison. ...[I]t should be noted that far more specific qualifications and guidelines are given for other DSM disorders." (*Jason*, p. 1341)

In sum from these observations by *Jason*, sex crimes involving children, of themselves, can no longer now be used to make a diagnosis of pedophilia. The DSM-V requires that there be present, "recurrent, intense, sexually arousing fantasies involving children" and present "urges to act on the fantasies" on the part of the patient. Without these, no current diagnosis of pedophilia can be made at all as to any Respondent herein.



How is a "dysfunction" diagnosis as useless as a bridge with a section missing?

Yet, to dodge this requirement of the DSM-V, hired "examiners" in SOCC cases regularly assert either: (1) that it is nonetheless their "impression" that the person under SOCC consideration is a pedophile; or (2) alternatively that, even though lacking the DSM-V required element of such current strong urges to act on fantasies of sex with children or of lack of any significant control over one's actions in response to such urges, the specific SOCC defendant (who therefore does not have the "disorder" of pedophilia) nonetheless has a pedophilic "dysfunction." This last dodge ignores that the DSM-V clarifies that "dysfunction" is not truly a diagnosis, since it really is just an admission that the acts at hand do

not fulfill the diagnostic elements required for a given "disorder." Finally, when examiners can't find sufficient evidence to support even such a "dysfunction," they often resort to assertions such as "deviant sexual interest in children," as a way of implying pedophilia without having to prove it.

SAPROF, MSOP's Go-To Dynamic Risk Tool, Turns Out to Be Inaccurate. Well, Golly! Surprise! Surprise! Surprise!

Dahlym Yoon et al., "Factors Predicting Desistance from Reoffending: A Validation Study of the SAPROF in Sexual Offenders," 62 *Int'l Jour. of Offender Therapy & Comparative Criminology* 697-716 (Issue 3, Feb. 2018)

Abstract excerpt:

"...[P]redictive validity [of the SAPROF] for various types of recidivism was rather small to moderate. There was a clear negative relationship between the SAPROF and the SVR-20 risk factors. Whereas the SAPROF revealed itself as a significant predictor for various recidivism categories, it did not add any predictive value beyond the SVR-20. Although the SAPROF itself can predict desistance from recidivism, it seems to contribute to the risk assessment in convicted sexual offenders only to a limited extent, once customary risk assessment tools have been applied."

SOCC Testimony of Clinical Judgment as to Diagnosis Does Not Meet Reliability Standard for Admissibility.

Anthony D. Perillo et al., "Examining the Scope of Questionable Diagnostic Reliability in Sexually Violent Predator (SVP) Evaluations," 37 *Int'l Jour. Of Law & Psychiatry* 190-197 (2014)

Text excerpt:

p. 196: "Given the wide scope of inconsistencies across clinicians' diagnostic conclusions, it may be necessary to reexamine the process involved in SVP decision making, including the role of clinicians and the criteria on which they base their recommendations to the

courts. As it currently stands the degree of inconsistency in diagnosing mental abnormality suggests that clinical judgment in SVP evaluations is not meeting proper reliability standards as required by the *Daubert* standard of expert testimony admissibility (Jackson, Rogers, & Shuman, 2004), although these error rates pose less significance of a threat to the admissibility of testimony for states following the *Frye* standard (such as New Jersey).

Reference: Jackson, R.L., Rogers, R., & Shuman, D.W. (2004). The adequacy and accuracy of sexually violent predator evaluations: Contextualized risk assessment in clinical practice. *Int'l. Jour of Forensic Mental Health*, 3, 115-129.

How to Deal with the Ipsedixitistic Wizards of Dark Pseudoscience (Psychology/ Psychiatry)

[Source: Dispatches newsletter]

In 1995, the New Mexico Legislature pondered and passed a bill that set limits on the testimony of psychologists. It included the following language, quoted in the newsletter Dispatches:

"When a psychologist or psychiatrist testifies during a defendant's competency hearing, the psychologist or psychiatrist shall wear a cone-shaped hat that is not less than two feet tall. The surface of the hat shall be imprinted with stars and lightning bolts.

"Additionally, [the testifying] psychologist or psychiatrist shall be required to don a white beard ...and shall punctuate crucial elements of his testimony by stabbing the air with a wand."



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Before the expert's testimony about competency, the bill specified, "the bailiff shall contemporaneously dim the courtroom lights and administer two strikes to a Chinese gong."

The Senate passed the bill by a voice vote, and the House voted 46 to 14 to

make it official. But Gov. Gary Johnson vetoed it."

Charles R. Stone, Victim of MN DHS in Life and Death.

by Cyrus Gladden & Brandon Keating [from Cyrus:]

I first met Charles R. Stone ("Charlie") in 1988 during a short evaluation stay at the ITPSA program in The St. Peter Regional Treatment Center. Charlie was a patient in that program for those who had committed sex offenses; I was the temporary evaluator. At that time, Charlie was a man in his mid-20s; I had about 12 more years of age on him. Charlie had already been there some years, having been convicted of sexual abuse of a couple of minor girls not long after he himself became an adult.

I did not see Charlie again for many years — not until my immediate incarceration for those crimes, my subsequent parole, my ultimate attainment of a good job that I enjoyed, a false accusation of another sex crime that engendered my second (and much longer incarceration, and, most recently, my commitment to MSOP-Moose Lake. The first week that I inhabited this facility, I encountered Charlie and, to his surprise, immediately recognized him. This was in 2014, some 26 years post-ITPSA.

From Charlie, I learned of MSOP's excessive censorship of any videos or pictures that either included any human nudity or clothed poses that struck officials as being likely to evoke a lustful response from the viewer. Charlie explained that he already had a suit underway challenging that absolute censorship, but that it has been placed on hold pending conclusion of the *Karsjens* case that challenged numerous conditions of our confinement.

Nonetheless, Charlie and I became regular conversants, most often about legal topics or about the "RAFC," a statutorily mandated entity to advocate for rights of the confined in mental health facilities — including MSOP in the eyes of the MN Legislature.

Charlie was president of the MSOP's RAFC then. In that capacity, he was very active and an adamant advocate for our benefit. As an elected representative to RAFC, I assisted in every way I could, working closely with Charlie.

Regardless, political trickery reared its ugly head in that organization, and a connived takeover bid succeeded in ousting Charlie from the organization despite his hard work and lack of any wrongdoing. I resigned in disgust.



We tried our utmost to shift the focus of Charlie's media lawsuit from mere videos to the real First Amendment access to the internet that we really need.

Those who deposed Charlie claimed they would do a better job than he had. However, in fact, almost immediately, RAFC became nothing more than a discussion group about things that needed improvement and suggested ways to request that MSOP officials do so.

In other words, Charlie's departure left only a shell of an entity charged with a duty of advocacy, but with no real fulfillment of that role — helmed and populated by those who simply wanted their involvement with RAFC for something of a resume credit. To the best of my knowledge, no significant achievements can be credited to action by RAFC since Charlie's departure.

Meanwhile, the stay on Charlie's media case was dissolved, and Charlie moved forward. In speaking with him in 2016 about this, I suggested that I and a number of others be allowed to request to intervene in the case, filing a proposed amended complaint on a class action basis, vastly widening the complaints of First Amendment rights denials by MSOP. Charlie agreed, and we moved to that effect as quickly as circumstances allowed. However, the federal judge presiding over that case (District Judge W. Wright) declined to allow this intervention to proceed, citing the long time the case had been pending and that the summary judgment stage was fast approaching. At least we gave it the maximum effort we could.

In due course later, that judge gave summary judgment to MSOP defendants, ending that suit by Charlie. Many still wonder whether an ulterior purpose in denying our intervention effort in that case was to clear the decks for just such dismissal of the case.

After that, however, Charlie's health began to wane, gradually at first, then more rapidly. His complaints most often involved pains for which he had no explanation, erupting at unpredictable differing points anywhere on his body, but often including his legs. These bouts also sometimes caused him headaches that were so painful that they clouded his ability to think clearly. He complained to health services frequently from then on about these symptoms. However, the interviewing nurses did not take this

seriously at all. Typically telling him to take some Tylenol. His condition worsened, and he experienced some collapses to the floor and even seizures.

Sometime around the end of May 2021, while returning to my living unit from the dining hall, I witnessed Charlie stumble out of the door to the medication room in the Complex Building, stagger to the wall on the opposite side of the hall, and collapse to the floor.

I immediately went to him. He was conscious, but in bad pain, which he stated was widespread, but so bad in his legs that he could not walk. He said he was certain he could not even just stand at that point. He was so overwhelmed that even his speech was not clear.

I alerted nearby security staff to his problem, and they radioed health services. As soon as could be done, the emergency response team wheeled him there on a gurney. I later learned that he had been taken to a hospital.

Contrary to my expectation, Charlie was not brought back that day. As days went by without his return, grave concern began to grow among those who knew him here. Eventually, we were told that he had died in the hospital.

Only later did it become known through a leak that he died of advanced bone cancer. Among other horrors of that disease, we learned that he had suffered multiple fractures as his bones literally rotted away from the ignored cancer, by then metastasized to almost every bone in his body.

Despite his countless complaints over the preceding years of bone and joint pain and a portable x-ray device brought to our facility every Friday, no one in Health Services thought to have any portion of his anatomy checked by x-ray — a simple, quick procedure which would have instantly revealed his condition. Had that been done early enough, it is a reasonable guess that he could still be alive today.

After Charlie's death, knowing that his roommate for years had been Brandon Keating, I wrote to him (now at MSOP-St. Peter). I told him:

"...The theme that is emerging is that Charlie was grossly abused by the

(Continued on page 10)

(Continued from page 9)

State of Minnesota from when he was a teenager – effectively just used as fodder for its machinery of pseudo-incarceration and control. The very worst one could say of Charlie is that, following some youthful indiscretions, he was seized up and forced into lockup under rubric of sex offender treatment and forced to remain that way for decades until his death. It shouldn't take a degree in rocket science to see how wrong this is, and that Charlie's unfortunate experience is a perfect example of what is being done to all of us, to some degree or another.

"...Some here suggest that you know more than most about Charlie. But whatever you know, I would like to receive as a write up. ...Charlie wasn't always a saint, but he sure didn't have coming what the State did to him."



Who declined to order an x-ray — and why?

Brandon wrote back to me. His short account speaks volumes between its lines and is well worth its space here:

[from Brandon] Letter excerpt:

"So you want to know what I know about Charlie. Well I do know that he did not deserve to die in that place and he should not have been there in the first place.

...What Charlie said was that he was committed in 1983 as a PP to a Program in St. Peter Regional Treatment Center known as ITPSA [Intensive Treatment Program for Sexual Aggressives]. This program was deemed unconstitutional and everyone in that program was supposed to be discharged in 1996. However, he told me that in the end there were still nine people left in that program and that they were simply transferred to MSOP [without formal commitment proceedings then].

Charlie was accused of many things he did not do. Today he still gets blamed for the personal computers being taken. Somehow, according to Debra Kanesca, he was alleged to have accessed the internet through an educational platform known as Osmosis. That allegation ended up with Charlie being placed on a phone and mail restriction program and being placed in Omega for 8½ years. Even up until his death the staff still tried to tell him he was still on that restrictive program even though he has a letter from the [DHS] Commis-

sioner stating that staff were ordered to take him off of it. Nonetheless, they still messed with him.

As to the crime he was convicted of, that file was sealed because one of the girls he molested was the daughter of someone that was either in the Legislature or was a mayor -- someone who had to do with the political system anyway. Charlie told me that MSOP was pissed because they could not get access to his file.

Charlie also went to the SRB on several occasions. The girls he molested were at every single one of them. When they were asked if they had anything to comment on, they both asked the court why Charlie was still in this program, inasmuch as they had forgiven him long ago. They demanded that he be released because he had already been punished for the crimes he committed and should no longer be here.

As you know, Charlie and I were roommates for 6½ years. When Charlie was assaulted, the last time, he found 688 emails from [therapist] Sarah Herrick and several other staff stating that he merely had bruises and that he had no broken bones. However, in reality, he had a plate that doctors had to fit into his face to hold his eye socket together. But that plate was not put in correctly. He had to place his fingers into his mouth to reposition the plate when it slipped out of place periodically. Staff also stated in the emails that they wanted to play a game with him to see how far they could push him before he snapped. Charlie sent all of these documents to his attorney, but apparently nothing came of it.

After his father got an attorney trying to get him out, that new attorney found much stuff wrong about the program. He also discovered that Charlie was supposed to have been released all those years ago."

[from Cyrus]:

Charlie was my friend. More importantly, he was a pragmatic proponent for closure or at least major reform of MSOP and a team player always trying to find ways to advance our cause as confinees here. He is missed by many.

He did not deserve his long pseudo-incarceration by Minnesota in its infinitely vengeful ways, and he certainly did not deserve to die by reason of medical abandonment, deaf to his pleas for help that could have saved his life. He was, in sum, a true victim of Minnesota's Department of so-called Human Services.

On the day I wrote this last, Nancy Johnston, Executive Director of MSOP, visited this facility and walked in its halls, occasionally stopping to chat with a few confinees. I passed by one of these momentary gatherings. I shook my head. I wondered if she knew, or even cared, that the entity over which she presided

was in effect a death machine for those in disregarded medical peril — a place with no physician in regular attendance where nursing staff act from incompetence and indifference. Charlie knew.

EndMSOP Member's Open Letter to KARE 11 TV Seeking Exposé Coverage of Lack of Real Medical Care in MSOP

Open letter from Janet M. to Brandon Stahl, KARE 11 TV, July 15, 2021:

"You ended your 12/20/20 piece: KARE 11 Investigates, Unethical record of MN's Largest jail Health Care Provider. As Del Shea Perry said, 'When is enough, enough?' How many more people have to die?' The family and friends of men detained at MSOP are also asking, 'When is enough, enough?' Mr. Stahl, we also ask that KARE 11 investigate the 88 deaths in custody at MSOP.

Aren't 88 deaths and rising enough? The 88 persons who died at MSOP are documented by: county-sent-from, year-of-death and cause-when-known on the enclosed spreadsheet by Mr. Cyrus Gladden. Also enclosed please find Mr. Gladden's letter re conditions at MSOP and specifics of the unethical medical care at the 'medical/treatment facility' located on the grounds of Moose Lake Prison.

Mr. Gladden also describes the unethical care of specific persons he personally witnessed. Please see the bottom of page 2, page 3, and 4 where Mr. Gladden focuses on these issues and tells the stories of persons who died from lack of ethical health care. (For more personal stories and information contact David Boehnke dboehnke@gmail.com).

The MN Dept. of Human Services "COST OF CARE" brochure enclosed (downloaded from MSOP regulations) describes how State Operated Services unethically bills the 'mental health patients' detained at MSOP for their 'medical treatment' through Medicare/Medicaid/Social Security for the 'aging/disabled' and bill the VA. As the brochure notes if the detainees/patient wants to appeal/review the decision (the enormous bill) they must appeal in writing within 15 days. It is clear from conditions at MSOP that MN recognizes no Duty of Care for people in MSOP even though they bill and receive substantial monies. (Cost of care at MH

'treatment' facility MSOP is projected to be over \$100 million this year.)

Currently, MSOP receives a yearly "inspection" by the director of the Sand Ridge WI involuntary treatment facility who rubberstamps MSOP. Although MSOP and the State of MN are adamant that MSOP is a medical/treatment facility and not a prison, MSOP is not accredited as a health care facility nor has MSOP pursued accreditation as a health care facility through the Joint Commission which provides accreditation to health care facilities across the U.S., according to Kathleen Wood, kwood@jointcommissiun.org (#630-792-5800). One Renaissance Blvd. Oakbrook Terrace, IL 60181 or National-ly The Joint Commission Office of Federal Relations 7-01 Penn Ave NW Suite 700 Washington DC 20004 (#202-783-6655).

Mr. Gladden ends his letter describing 'horrific' lack of care/medical conditions at MSOP saying, 'Because the medical understaffing (especially such lack of doctors) and lack of access to real medical services offsite are all deliberate design, one can view SOCC as simply the frank imposition of death as a supplemental sentence, carried out by medical neglect of an outrageously reckless, if not deliberate level.' He goes on to say, 'However, the Karsjens case here in MN has turned a corner that may well make medical neglect its chief focus. Assuming that unfolds, ...many such nightmare tales will surface and be documented.' Please investigate MSOP unethical lack of medical care and the 88 deaths in custody at MSOP before even more men die."

Important: Be sure to view the photos of the End MSOP protest actions on the weekend of July 17 and 18, 2021 (as previously reported in TLP #5:8, pp. 1 et seq.), attached following this page.

Key: (Numbered by row, left to right)

Page 1:

- 1 At Gay Pride Fest, 7/17/21:
- 1 EndMSOP info table
- 2 Dialoging with attendees
- 3 A great day!
- 4 David & other EndMSOP reps
- At State Capitol 7/18/21:
- 5 Attorney Michelle MacDonald speaks
- 6 WAR President Vicky Henry speaks
- 7 Monster Display

Page 2:

- 8 Hunger Strikers listed
- 9 Balloons memorialize the dead
- At Governors Mansion 7/18/21:
- 10 The proceedings begin
- 11 Souvenir of a very good day
- 12 Discussing the commitment victims
- 13 Presenting the petition

