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**ocean newsletter**  
Overcoming Corruption Encouraging All Nations

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*In this 3rd issue of the ocean newsletter we will expose how gulag staff have ignored allegations of multiple sex crimes at the gulag facilities over the years. Then we will hear from another man at the facility who explains that the hopelessness of the gulag has created zombies out of human beings. We will then take another look at the PPG and finally show how the Freudian Medical Model has failed us.*

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If you have questions or comments, write to the ocean founders:

Daniel A. Wilson [daw] & Russell J. Hatton [rjh] *judicium dei* at:

ocean  
PO Box 582  
Pelican Rapids, MN 56572.

You can also leave a voice message at:

(218) 351-1900  
Ext. 106021 for daw  
Ext. 70887 for rjh.

## Is the MN AG and the MSOP Covering up Sex Crimes?

The Minnesota Sex Offender Program (msop) administration and the Minnesota Attorney General (AG) may be covering up for multiple msop staff members that should be charged with Criminal Sexual Conduct. ocean is currently awaiting a response from the AG to the following letter:

Dear Mr. Ellison,

According to msop clinician Paul Mayfield, there have been “hundreds” of inappropriate relations between clients and staff throughout the 19 years that he has worked at msop. How many of those “inappropriate relationships” are actually sexual is unknown. When this happens, the staff member is simply “walked out” of the facility with little consequences to the staff member, and no explanation for the clients. It is illegal, according to Minnesota statute, for msop staff to have sexual relations with msop clients. The statute explicitly states that msop staff who have sexual relations with clients are guilty of criminal sexual conduct because: “...the actor knows or has reason to know that the complainant is mentally impaired, mentally incapacitated, or physically helpless... the actor is an employee... or volunteer of a state... secure treatment facility, or treatment facility providing services to clients civilly committed as mentally ill and dangerous, sexually dangerous persons, or sexual psychopathic personalities... and the complainant is a resident of a facility or under supervision of the correctional system. Consent by the complainant is not a defense...”<sup>1</sup>

WHERE IS THE AG IN THIS ISSUE? What is the Attorney General’s role in this issue. Is it the AG’s job to investigate and prosecute these sexual assaults at msop? I have only been here under 3 years and have known of at least 4 or 5 women being walked off of the property for messing around with clients. These men are locked up with an extremely small chance of getting released and if a woman staff says she can pull some strings for him, he will feel compelled to comply with her sexual advancements. Even worse, if he does not comply, she can make up anything she wants, put it on record, and who’s to say it never happened? The sex offender? How is it that msop staff has repeatedly been sexual with clients and we have rarely heard of prosecution? Is the AG covering up for msop because we are sex offenders? Please respond to this issue as soon as possible.

We want you to know that this letter, along with your response (or lack thereof) will be placed into our ocean Newsletter, and distributed to the public. Thank you...

This letter was sent on August 8, 2019 and we have still heard nothing.

### Footnotes

1. Minn. Stat. § 609.344 and Minn. Stat. § 609.345 (this was written to protect me and my peers) (continues on page 2)
2. Minn. Stat. § 609.344 (Criminal Sexual Conduct in the Third Degree); Minn. Stat. § 609.345 (Criminal Sexual Conduct in the Fourth Degree)

## Client Interview

If the public and the state authorities are going to keep us locked up forever, they are at least going to know how we're getting along.

The following is a personal testimony from a political prisoner at the Minnesota Sex Offender Program (msop) in Moose Lake Minnesota:

Q: *"How do you cope with the surroundings in which you live to maintain a level of sanity?"*

I am and will always be a student of life. So for decades I've learned that fear is an early warning sign to be careful, or to watch out. But my fear is an ongoing state of mind. msop destroys a humans mind, body, heart and Soul after just a few short years.

Human beings have replaced virtue with candy, play toys [Xbox] and succumbed to the evil. The oppressed become their own oppressors—self-stigmatizing, and stigmatizing an already stigmatized sub-population. The reason this even has a chance of occurring is that people allow it because they profit from stealing another human beings life. "To Love Your Neighbor" is not just a bumper sticker or a stone we remove from courthouse lawns, it's what God intended. Woe to thee who dares defy His will. Not even I can save you. One day the dogs won't even lick your wounds of leprosy. It's probably too late for you anyway but if it's not, repent and give yourself to God. Give yourself to serving His children by being His instrument. Give away all your lustful pleasures and love something besides yourself.

Freedom...

## Divided Rulings on the use of Plethysmograph Testing as a Condition of Supervised Release

Judge Berzon's excellent opinion is deserving of support. I would, however, go beyond it to hold the Orwellian procedure at issue to be always a violation of the personal dignity of which prisoners are not deprived. The procedure violates a prisoner's bodily integrity by affecting his genitals. The procedure violates a prisoner's mental integrity by intruding images into {451 F.3d 571} his brain. The procedure violates a prisoner's moral integrity by requiring him to masturbate.

By committing a crime and being convicted of it, a person does not cease to be a person. A prisoner is not a mere tool of the state to be manipulated by it to achieve the purposes the law has determined appropriate in punishment. The prisoner retains his humanity and therefore has purposes transcending those {2006 U.S. App. LEXIS 52} of the state. A prisoner, for example, cannot be forced into prostitution to aid the state in securing evidence. A prisoner, for example, cannot be made to perjure himself in order to assist a prosecution. Similarly, a prisoner should not be compelled to stimulate himself sexually in order for the government to get a sense of his current proclivities. There is a line at which the government must stop. Penile plethysmography testing crosses it.<sup>1,2</sup> Courts have uniformly declared that the results of such tests are "inadmissible as evidence because there are no accepted standards for this test in the scientific community."<sup>3</sup> (plethysmography's "scientific status remains that of an experimental technique").<sup>4</sup>

In spite of the above-noted reservations, there is evidence that a variety of behavioral therapy methods can be employed to de-condition various forms of "deviant arousal" in a laboratory setting. For instance, by employing a device known as the penile plethysmograph (which can document the degree to which a man has achieved an erection), it has been possible to show that certain individuals, who prior to treatment had obtained full erections when exposed to either audio or visual stimuli depicting children, would subsequently no longer do so following certain forms of "de-conditioning" treatments in a laboratory setting.

However, unfortunately there is a lack of good evidence documenting that such relatively short-term changes, as have been demonstrated in the clinical laboratory, are necessarily predictive of long-term behavioral change in the community.

To put it somewhat crudely, what matters in treatment is not how a man's penis behaves in the laboratory, but how he is going to behave over time in society.

Historically, at a time when consenting adult homosexual activities had been prosecuted criminally, similar behavior therapy methods had been utilized to try to de-condition homosexual attractions, replacing them instead with heterosexual feelings.

After reviewing that treatment literature, the American Psychiatric Association has taken the stance that attempts to recondition sexual orientation have been both ineffective, as well as ethically questionable.

Although that policy statement was developed in the context of attempts to recondition homosexuality, precisely the same principles and procedures are involved when attempting to de-condition pedophilic, and other forms of "deviant arousal."

Many persons can experience arousal with respect to an unacceptable partner. Furthermore, one does not necessarily have to use a device such as the penile plethysmograph (or another technique called the Abel Screen) to know that that is so. The important issue in treatment is not whether a person is still experiencing such attractions, but that he has reached the point where he will no longer act on them. To the extent that the program may make it difficult for a man to progress through treatment if he still shows evidence of "deviant arousal," as measured by the penile plethysmograph in the clinical laboratory, in my professional opinion, that would represent a substantial departure from accepted practice, judgment, and/or standards in the field of inpatient mental health care.

Fred S. Berlin, M.D., Ph.D. Associate Professor, the Johns Hopkins University School of Medicine Founder, the Johns Hopkins Sexual Disorders Clinic Director, National Institute for the Study, Prevention and Treatment of Sexual Trauma; October 16, 2003 copy: file of Hargett, et al. versus Baker, et al #02c 1456D. Standards of

Review for Mandated PPG Testing “In a concurring opinion, Judge John Noonan expressed his view that the court should have taken the opportunity to eliminate the use of PPG testing altogether. He explained that he would hold the ‘Orwellian procedure ... to be always a violation of the personal dignity of which prisoners<sup>282</sup> are not deprived’<sup>283</sup> Judge Noonan did not directly cite to any precedent regarding which liberty interest PPG testing infringes. However, he was unequivocal in his view that PPG testing infringes on a fundamental right.<sup>284</sup> He wrote: ‘The procedure violates a prisoner’s bodily integrity by affecting his genitals. The procedure violates a prisoner’s mental integrity by intruding images into his brain. The procedure violates a prisoner’s moral integrity by requiring him to masturbate.’<sup>285</sup>

Further, Judge Noonan emphasized that convicts do not lose their humanity. He explained that the government would certainly not be allowed to force a convict into prostitution to help secure evidence of a crime or to force a criminal to perjure himself to secure a conviction of another.<sup>286</sup> Judge Noonan found these situations analogous to mandated PPG testing, adding that ‘a prisoner should not be compelled to stimulate himself sexually in order for the government to get a sense of his current proclivities.’<sup>287</sup> He concluded by writing, ‘[T]here is a line at which the government must stop. Penile plethysmography testing crosses it.’<sup>288</sup>” p. 292: “The Second Circuit went further, explaining that even if PPG testing was indisputably reliable,<sup>300</sup> it would not be appropriate because ‘supervised release is properly directed at conduct, not at daydreaming.’<sup>301</sup>” p. 293: “The Second Circuit also held that PPG testing could not be construed as a means to protect the public. Even if there was a strong correlation between sexual thoughts and rates of recidivism, ‘unacted-upon prurient sexual thoughts, just like “a defendant’s abstract beliefs, however obnoxious to most people, may not be taken into consideration by a sentencing judge.”’<sup>306</sup> Even convicted sex offenders are entitled to freedom of thought, and the court found ‘no reasonable connection between fluctuating penis size and public protection.’<sup>307</sup> “...If anything, the court posited, the PPG testing would reinforce sexually deviant thoughts by regularly presenting sexually deviant imagery to the offender.<sup>310</sup>”

However, as so often seems true, something always comes to light afterward that requires addition. This is one of those cases. Many who have taken the PPG exam here in MSOP have complained that false reports have resulted, claiming that erections occurred when none did, or that some penile movement toward an erect state was detected when none was experienced by the test subject.

Accusations of fraud have been leveled against examiners. This is not to disagree with such accusations. I have addressed the issue of the lack of standardization and of divergent practices as potentially offering a chance for fraudulently falsified outcomes in that earlier article.

TLP, Vol. 1, No. 10, pp. 6-8).

*Look for upcoming research concerning the P.P.G.*

“Making Monsters” Let’s start by returning to Andrew S. Balmer & Ralph Sandland, “Making Monsters: The Polygraph, the Plethysmograph, and Other Practices for the Performance of Abnormal Sexuality,” 39 *Jour. Of Law and Society* 593-615 (No. 4, December 2012), ISSN: 0263-323X, 593-615; and

Judicial Awareness of PPG Inaccuracy By way of example, *United States v Guy Randy White Horse*, No. 2001DSD38, 177 F. Supp. 2d 973, 976 (D. S.D. 2001).

“Whoever approved of the use of pictures of underage children, including baby’s in diapers, to be used in the penile-plethysmograph (PPG) should be arrested and charged for the production and distribution of child pornography – including the parents of the children involved.” -OCEAN

### Footnotes

1. Concur by: John T. Noonan; NOONAN, Circuit Judge, concurring.
2. *United States v. Weber*, 186 Fed. Appx. 751, 2006 U.S. App. LEXIS 15820 (9th Cir. Cal., June 20, 2006)
3. *Glanzer*, 232 F.3d at 1266; see also *United States v. Powers*, 59 F.3d 1460, 1470-71 (4th Cir. 1995).
4. *Berthiaume*, 142 F.3d at 17; see also *Simon & Schouten*, supra, at 511

## The Freudian Medical Model was a Medical Disaster.

Since 1952, there has been a 234% increase in the number of mental disorders. This is dramatically expanding the realm of psychiatry and narrowing the gap of normality – converting millions of people from being without mental disorders to being psychiatrically “sick.” Their criteria are based on psychiatric opinion only. The claim is that the issue is one of ‘chemical imbalance.’ However, there is no way to prove this. There are no blood tests, X-rays, brain scans or any other medical test to confirm any of these mental disorders.

In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) there has been an explosion of children’s mental disorders that require drugs. This category has rocketed from three such “disorders” in 1952 to 55 in the latest edition, which translates to a 1,300% profit increase for the psychiatric-pharmaceutical industry. The number of children under 2 years old prescribed psychotropic drugs in 2013 alone could fill 3.5 football stadiums. From birth to grave, there is a “disorder” that can be billed to treat.

Dr. Thomas Szasz, while (continues on page 4) still Professor of Psychiatry at the State University of New York, Upstate Medical Center and author of the book, *The Ethics of Psychoanalysis*, when referring to the pseudo-science of Psychiatry said, “Psychiatry is probably the single most destructive force that has affected society within the last 60 years.<sup>1</sup> ...the adherents of this exaggerated faith... use it as a shield of illusion concealing some ugly realities...”<sup>2</sup>

Lawrence LeShan, when he was president-elect of the Association of Humanistic Psychology, said: “Psychotherapy may be known in the future as the greatest hoax of the twentieth century.”<sup>3</sup> Dr. Martin & Deidre Bobgan and T.A. McMahon include others that challenge psychology:

According to sound research, not only is psychotherapy less effective than it is purported to be, but in many cases it’s even harmful. After examining numerous efficacy (effectiveness) studies on psychotherapy, university professor and widely recognized researcher Dr. Robyn Dawes says, “There is no positive evidence supporting the efficacy of professional psychology.” Dawes further says, “Evaluating the efficacy of psychotherapy has led us to conclude that professional psychologists are not better psychotherapists than anyone else with minimal training—sometimes those without any training at all, the professionals are merely more expensive.”<sup>4</sup>

In 1955 the American Psychiatric Association made a statement that remains true today: “Psychotherapy is today in a state of disarray almost exactly as it was 200 years ago.” In an address to the APA the next year, Percival Bailey Said, “The great revolution in psychiatry has solved few problems... One wonders how long the hoary errors of Freud will continue to plague psychiatry.” I wonder how these men would feel to know the state of the situation here at msop over 60 years later. H. J. Eysenck, Director of the University of London’s Department of Psychology, wrote, “The success of the Freudian revolution seemed complete. Only one thing went wrong. The patients did not get better. Berelson and Steiner, in their book *Human Behavior: An Inventory of Scientific Findings*, a survey of the progress of the behavioral sciences of the time said, “Psychotherapy has not yet been proved more effective than general medical counseling in treating neurosis or psychosis. In general, therapy works best with people who are young, well-born, well-educated and not seriously sick.” In an article in *This Week Magazine* for September 18, 1966 entitled “Farwell to Freud,” Leslie Lieber concludes:

Once bright with promise, psychoanalysis today seems hardly worth the millions we are lavishing on it each year... The truth is that not only the dramatic breakthrough and cure almost non-existent, but thousands upon thousands who have spent millions upon millions aren’t at all certain whether they are one whit less ‘neurotic’ than before they began... Many doctors are now sharply challenging the need for long-drawn-out excavations of the subconscious.

Jay Adams goes on to explain the sad stats of psychotherapy during his time:

Surveys show that of patients who spend upwards of 350 hours on the psychoanalyst's couch to get better- two out of three show some improvement over a period of years... however, the same percentage get better without analysis... As a matter of fact, that same ratio – two out of three people – got better in mental hospitals a hundred years ago ... Patients get better regardless of what is done to them.<sup>5</sup>

In other words, the Medical Model does not work.

The Medical Model was used to corral criminals into the Mental Health system... for life.

To understand msop, we must understand psychology. To understand psychology, we have to go back to the beginning – to the Father of Psychology: Sigmund Freud.

Freud, taking his direction from Charcot, under whom he studied in France, adopted and popularized views of human difficulty under what we call a “Medical Model.”<sup>6</sup> Before this time the “mentally ill” were viewed as malingerers rather than patients. This propaganda has influenced the general public, along with “professionals,” to believe that the destructive choices people make are a result of a disposition, beyond the person's control. The Medical Model has been spread so effectively that most people believe that the root causes of peoples problems are “diseases” and “sicknesses” not recognizing that being sympathetic simply gives a person allowances to do what he wants. Sympathy is crucial for a free willed man to justify his choices, and delay due consequences.

Effectively, the mentality that the Medical Model spread – viewing criminal sex offenders as “diseased” – was one of the first elements that corralled so many into msop.

Eric Janus, former President and Dean Professor of Law Director at the Sex Offender Litigation and Policy Resource Center of Mitchell Hamline School of Law, plainly warned the legislatures involved in creating the current sex offender civil commitment laws, because he understood that criminals “don't belong in the mental health system” because criminals make conscious choices, whereas the “mentally ill” do not:

...[L]et me put the matter somewhat bluntly: Using the civil commitment system, in my judgment, to commit people, to confine people like Mr. Linehan,<sup>7</sup> who are not mentally ill, are not incompetent... is unconstitutional preventive detention. A law authorizing such detention would, in essence, in my judgment, establish a dangerousness court, authorized to lock people up indefinitely based on the predictions of some mental health experts about what they think these people might in the future do. Applied to people like Linehan,<sup>8</sup> who have served their criminal sentences, this is pure and simple double jeopardy. Preventive detention, dangerousness courts, double jeopardy – These are each and every one of them, anathema our democratic way of life.”<sup>9</sup> ...Civil commitment was never designed to deal with criminal behavior. And all this morning, we've heard people talking about, “How are we going to confine these sexual criminals?” These people are criminals; they don't belong in the mental health system.

Every 40 seconds someone is involuntarily committed to a psychiatric institution, based on the idea that a person may be a danger to himself or others. Yet, psychiatrists admit they cannot predict “dangerousness.” MSOP, however, is a system designed for just that purpose – to punish people for what George Orwell called *crimethink* or a “thought crime” – having thoughts that were at odds with the government expectation. *Crimethink* requires the ability to read the thoughts of the ‘perpetrator.’ Dr. Steven Rose, Professor of Biology at the Open University says:

In the current legislative climate, where there have been attempts to introduce preemptive detention for ‘psychopaths’ who have not yet been convicted of any crime, but such claims need to be addressed critically. They are and will be resisted by the judiciary, but recent developments suggest that this may be a frail defense against an increasingly authoritarian state<sup>10</sup>

Well, doc, that authoritarian state is here and her name is msop.

### Footnotes

1. Szasz, Thomas. "Psychiatric Abuse Facts." Citizens Commission on Human Rights, [contact@cchr.org](mailto:contact@cchr.org) 1 (800) 869-2247, 1(323) 467-4242
2. Adams, Jay E. *Competent to Counsel: Introduction to Nouthetic Counseling*. Presbyterian and Reformed Pub. Co., ©1970, pp.3, 4
3. Dr. Martin & Deidre Bobgan and T.A. McMahon. "Psychology and Psychotherapy (Part I)" *The Berean Call*, January 2018, p. 4
4. Ibid.
5. Adams, Jay E. *Competent to Counsel: Introduction to Nouthetic Counseling*. Presbyterian and Reformed Pub. Co., ©1970, p.1-3
6. Adams, Jay E. *Competent to Counsel: Introduction to Nouthetic Counseling*. Presbyterian and Reformed Pub. Co., ©1970, p.4
7. Mr. Dennis Linehan's case was the model used to create the Minnesota Sex Offender Commitment Act.
8. The Third Segment of the First Installment of Transcribed Excerpts from the 1994 Legislative Hearings on the Minnesota Sex Offender Commitment Bill, Disk 2 at 31:37
9. Ibid. Disk 2 at 39:52
10. Icke, David. *The David Icke Guide to the Global Conspiracy (and how to end it)*, David Icke Books Ltd. ©2007 p.503