

# ECHOES OF THE GULAG

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## Editorial

By Tony Iannalfo

### STATE AUDIT FINDS MAJOR DEFECTS IN SEX-OFFENDER PAROLE SYSTEM

By, Jim Sanders, Sacramento Bee, Dec. 11, 04

SACRAMENTO -- Major flaws in California's program for placing thousands of sex offenders back into neighborhoods have put citizens and parolees at risk, according to a state audit.

Serious problems were found in locating proper housing for offenders, supervising - them, ensuring they receive proper care, auditing such programs and controlling costs. Among the concerns:

\* Some developmentally disabled sex offenders have been illegally placed in community care facilities within a mile of elementary schools.

\* Failure to conduct required background checks could result in offenders being lodged in homes employing people with criminal records.

\* Millions are spent on supervising and treating the most serious sex offenders, called violent predators, but the success of such programs is difficult to gauge because the offenders aren't tracked after they leave state supervision.

One-state-agency, - the Department of Developmental Services, doesn't know how many sex offenders it serves because law does not allow the Attorney General's Office to provide criminal histories of many clients, the audit said.

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## ARCHEOLOGICAL DIAGNOSTICS

By Lance Purcell

Diagnoses at ASH have the appearance of following the descriptive approach. These include *signs*, *symptoms* and *natural history* and would be entirely in keeping with DSM-III (1980) and on, but unfortunately ASH only uses the last of the three, *natural history*. ASP (Atascadero Skills Profile "assessments" are the closest thing to attempting to describe symptoms however not one of the "symptoms" contained therein offer the slightest in predictive value with respect to sexual offending and *signs* may be entirely lacking where it would be expected they be found--in the IDN'S (Inter-Disciplinary Notes).

There appears to be a confusion between *natural history* and *signs*. Simply put, how far back can an assessor reach when calling an element of the patient's natural history a sign? One clue might be found in the description of Axis I Mental Disorders. They tend to be more acute, florid and responsive to treatment than personality disorders (Axis II), which are more chronic, consistent developmental and resistant to treatment. This means that when the diagnostician is faced with a person having a mental disorder the evidence of that disorder is clear and unmistakable in its signs and symptoms and the clinician has a good hope that the person will respond rapidly to treatment. The mental disorder is more agile.

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## ENOUGH OF THIS... (INJUSTICE)

By Rasul & Felix

Is there any doubt in your minds, that in free society, we will never forgive sex offenders.

Let's look at the present facts. A person convicted of practically any other crime can, at least, hope to find some forgiveness, after serving his or her prison time, even murderers. Once the justice for most criminal behavior has been administered and the sentence has been duly completed, all criminals except sex offenders, can expect someday to be allowed back into the grace of society and given an opportunity to prove that they have reformed in a positive way from their past criminal behavior.

However, this is not so for the rapist or child molester in society. They are looked upon as unredeemable. No individual-nor-any-group of individuals calling themselves crusaders for justice, would ever come to the aid of or speak out against any injustice brought upon any past sex offenders. This is the exact mind set the Legislators and the Mental Health Administration hoped for when they invented an unjust law in 1996. This law re-imprisons sex offenders after they have completed their prison sentences, whether they have changed or not.

Many respectable and law abiding citizens will quickly become criminals, and or supporters of criminal actions, when it relates to or regards giving any sort of justice to sex offenders. Believe this or not.

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## ARCHEOLOGICAL

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the personality disorder static or chronic. The requirement that persons committed under this law are to be evaluated once a year and new commitment proceedings begun every two years, indicates the expected transience of typical mental disorders. And if natural history can replace current signs, there is a built in insolubility and the clinician ought to be ashamed for accepting moines based upon the (false) idea of treatment, since natural history is utterly unresponsive to treatment (outside of H.G. Wells' novels, that is). "Distinguishing between these axis may clarify what therapy can reasonably accomplish, *since treatment is more likely to alleviate Axis I than Axis II disorders.* Therapists (and clients) who fail to separate mental disorders from personality disorders are frequently disappointed, however unjustifiably, when the former *remits with brief treatment.*

"But we just treat risk," it might be answered. "The disorder is persistent." Read your own literature (cited above and below). Mental disorders are characterized by their acute and florid signs and symptoms and are responsive to treatment.

On a personal level, it is difficult for me to understand why I must agree with a diagnosis of current mental disorder (as opposed to one being in remission or by prior history) when the putative mental disorder cannot be described in present terms by citing signs and symptoms. (Besides which, it sounds more descriptive of a personality disorder than mental disorder.)—"Psychopathology manifests itself an *symptoms and signs!* Symptoms are experienced subjectively, cannot be observed and must be reported by the patient; signs can be observed and-documented-objectively. Symptoms include pain, hallucination,

appetite loss, paranoid thinking and anxiety, whereas signs include phobic behavior, restlessness, weight loss and paranoid speech. Depressed mood is a symptom, crying a sign; chest pain is a symptom, heart failure a sign. People may have a symptom (e.g., anxiety, insomnia) without having a mental disorder. By itself, a symptom rarely constitutes a mental disorder. A symptom only reflects a mental disorder when it is a specific symptom constellation."

The struggle for the legitimacy of psychology as a science pivots on its use as a descriptive tool, thus the emergence of DSM-III as a new, descriptive approach. The old psychological approach (pre 1980) was not falsifiable: etiology of anything could be almost anything. Likewise pathogenesis. Yet if the new-and-improved descriptive model is radically changed by ignoring the absence of evidence (signs and symptoms) to support the currency of genuine disorder, does its descriptive power remain? When descriptions of maladaptive behaviors years or decades old are used as the sole means of an individual's diagnosis those who practice this method of assessment have discarded the model designed to prevent or correct the illegitimacy in the first place and errors are then inevitable. It is absurd to think about its as a predictor of behavior at this point.

When evaluating the reliability of the data (the third item on the diagnostic tree) there are two items of utmost importance. One "presents information is more reliable than past information," and two, "signs are more reliable than symptoms because signs can be observed." Under the constant scrutiny of the forensic setting the evidentiary weight of the absence of signs and symptoms does not decrease in value. What should have been afforded primary significance now looms to elephant-in-the-living-room size.

Ignoring it will not make it go away and ignoring the stark lack of signs and symptoms will only at best betray stupidity, stupidity being the better choice between it and fraudulent malpractice.

If, for some unorthodox reason, the evaluator feels the compulsion to give the diagnosis anyway, why then insist that it is current? At the very least the course specifiers, "prior history" or "in remission" ought to be added in order to indicate the absence of any current symptomology or signs. (FN 5) Why, when we bring this and other anomalies to their attention do they refuse to address each issue on its merits, instead, playing their authoritarian trump card; hiding in the office, or promising to look into it, intending to do nothing?

The clinician should check the diagnostic criteria (item six on the diagnostic tree). The clinician should confirm the diagnosis by verifying if the patient's characteristics meet the DSM-IV criteria for the disorder. Does he present signs or symptoms of a current mental disorder? There are those do, most do not.

The statistical risk for an individual's past behavior to be repeated is static. It might be that the criminal behavior springs from a mental disorder. Or it might be that the causes are associated with a personality disorder. It could be because the sky is blue, not, pink however history alone will provide little in the way of that type of information.-History tells the "where, who, when, what and how," but fails on the critical question of the "why." Yet both diagnoses and risk assessments have come to inordinately rely on an individual's history to the exclusion of relevant

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## ARCHEOLOGICAL

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evidence to the contrary, that is, in the absence of signs and symptoms which are required for a finding of a current mental disorder. At Atascadero distant history provides the nail upon which are hung our liberty and only hope of justice.

It is true that we, as a group, fall into a category of persons more likely to commit the type of crimes we have committed than those who never committed a crime of a sexual nature. It is another question entirely as to whether any individual in that group will ever do so. That determination has an intimate connection to the reasons for the behavior (the why) and is not related much to history alone, which cannot provide that information. Risk assessment is the sort of information an insurance adjuster would find useful in attempting to determine how much money he should allocate for any possible upcoming emergency. It doesn't prove helpful in the prediction of any particular disaster. No treatment ever devised has access to chaining the past and so risk assessment and diagnoses based on the past are irrelevant.

Many individuals here have, in the past, acted out sexually. This indicates a past tendency. This tendency has been called a mental disorder, but where is evidence of its currency?

Foot Note (5)

\* Dear editors of the DSM, is there some other kind?

**Severity and Course Specifiers, DSM-IV P. 2**  
"A DSM-IV diagnosis is usually applied to the individual's *current presentation* and is not typically used to denote previous diagnoses from which the individual has recovered." **"In Full Remission.** There are no longer any symptoms or signs of the disorder... After a period of time in full remission, the clinician may judge the individual to be recovered and, therefore, *no longer code for the disorder as a current diagnosis.*"

(Emphasis added) **Definition of Mental Disorder, p. xxxi.** "each of the mental disorders

is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual *and that is associated with a present distress.*" There is a great deal of descriptive language about signs and symptom in DSM-IV in the articles on Paraphilia, but they are couched in the present tense (c fp. 566ff, 571f). Finally, under Course (p. 568), although "the disorders tend to be chronic and lifelong, both the fantasies and the behaviors often diminish with advancing age in adults," diagnoses cannot be made in individuals without signs or symptoms in the individual: the tendencies of any group cannot be sufficient bases for the assignment of diagnoses to any individual.

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## (INJUSTICE)

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There are many sex - offenders who have lived as "model prisoners" inside of prison and "model free citizens" out in society for 10 years and more, but none of this information is regarded or even matters when state "experts" evaluate these sex offenders, for the purpose of re-imprisonment. And in fact, many of these state "experts" that are being used as evaluators, themselves have criminal backgrounds, in many cases fraud. In one specific case, an evaluator has been convicted of sexual offenses against three of his underage female patients.

These doctors are paid extremely large sums of taxpayer dollars, some in excess of \$200,000.00 yearly. And any doctor who makes too many favorable evaluations on behalf of ex-offenders, will find themselves "disqualified". Thus there is a huge economic incentive to find the sex offender having a "current" severe mental disorder (true or false), making it possible once again to imprison that person without any new crime, sexual or otherwise. But, no one questions or cares whether it is right or wrong, because it is only being done to sex offenders.

Understand this, that injustice of any kind must always answer to a higher court of justice. This reality

is seen in Divine Justice. A society which allows the injustice anyone will receive its own due justice. Justice on a higher level will be served, there is no escape from this reality. Taxpayers, we become partners in crime, if we allow our tax dollars to foster injustice. The higher law in the reality of justice must fall back upon ourselves and/or on our tax dollars. The signs or manifestations of this can be seen in our failing economy. The moines that are being wasted on so-called "treatment" for sex offender programs carries such a huge price tag consisting of tens of millions of tax dollars with little or no return on the investment. This term "treatment" is a legislative sham, invented for the purpose of a civil scheme created to test an experimental program taking place at Atascadero State Hospital. When the good people of society hear the word "treatment, they assume the to mean (to give aid to) however, the term in this experimental civil scheme can be equated-to-three-"T"-words: Terrorism, Torment and Torture. As if to say, this is the "treatment" you deserve for your past criminal sexual misbehavior and our goal is to see how badly we can "treat" you or dehumanize you until you finally break. Yes, legislators, politicians, judges, district attorneys and doctors are telling us that "The health and safety of society is now more secure", in order to justify spending of well over 500 million dollars to date for a failing program. What they don't tell us, is out of 99,000 sex offenders living in California, there civil scheme chooses to take 500+ prisoners over the age of 50 (very few are younger), who are scheduled to be released from prison after completing sentences of 20 years or more, for placement in this costly so-called "treatment".

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## Notice!!

A big thanks to Charles Christman for pursuing his complaint and getting results. As of November 17, 2004, the "ECHOES of the GULAG" can be photocopied at Graphic Arts.

In a statement to Patients Rights the Director, Mel Hunter stated, "Atascadero State Hospital has not labeled the publication contraband and therefore has not banned the Gulag from the facility." The statement further states, "After reconsideration of the policy, Atascadero State Hospital will begin to allow the patients to photocopy the Gulag in the Graphic Arts Department. . ." Persistence finally paid off !! Thank You, Charles.

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## THE NUREMBERG LESSON

BY Robert D. Lefort

"This so called ill treatment and torture in detention centers, stories of which were spread everywhere among the people and later by the prisoners who were freed... were not, as some assume, inflicted methodically, but were excesses committed by individual prison guards, their deputies and men laid violent hands on the detainees."

This quote comes from one of history's greatest mass murders, Rudolf Hess, the SS commandant at Auschwitz. Such a confusion demonstrates the depth of the moral dilemma in the violations of Constitutional rights. Federal Protective Statutes and the treatment of "Civil Detainees" here at ASH, under the "color of authority" and the California Sexually Violent Predator Act.

The recent trial of Cpl. Charles Graner and the Court Martial, concerning the ill-treatment and torture of Abu Ghraib prisoners, exposed a few "rotten apples". Stated by Don Rumsfeld, it was not

the cause of "policy" or those who created it, that were to blame. Graner himself entered a "Nuremberg Defense" ---arguing that he was acting on orders of his superiors. This defense was rejected as it was in Nremberg 60 years ago, when the nazi war criminals were found guilty of crimes against humanity.

"A misled American public can choose to see in the Graner verdict the proof of the rotten apples" theory and the notion that the others acted their own initiative. But what [we] should see is a larger Nuremberg lesson: Those who craft immoral [and illegal] policy deserve the harshest punishment." Scott Horton"

"At Nuremberg, U.S. prosecutors held German officials accountable for the consequences of their policy decisions without offering proof that these decisions were implemented with the knowledge of the policy makers. The existence of the policies and evidence that the conduct contemplated in them occurred was taken as proof enough." Scott Horton"

Where is justice when individual, illegal actions, are supported by the individual's "Licensing Boards", the State Personnel Board and the Office of Patients' Rights here at Atascadero State Hospital, when the egregious behavior, or acts, are exposed. Not only do these individuals escape punishment, but in some cases they are promoted. The depravities at ASH are not the work of a few "rotten apples", but the responsibility of those in the administration, as well as our nation, in general.

"Such a courageous assumption of responsibility should provide a model for the United States [and California Government], which can still act to salvage its tradition and its honor." ("quotes taken from Scott Horton, New York Attorney, Lecturer in International

Humanitarian Law at Columbia University.) See, Los Angeles Times, Commentary, January 20, 2005.

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## FINAL WORD

This is "an experience that has no precedent in the world."

**Chilean President Ricardo Lagos** on a commission finding that illegal imprisonment and torture was state policy under the 1973-90 dictatorship of Gen. Augusto Pinochet. Mr. Lagos announced he'll seek compensation for thousands of victims including \$190. per month pensions and special education, housing, and health benefits.

Copy of this Article is found in the Christian Science Monitor, Tuesday, November 30, 2004

George Vasquez, unit 30

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## DEATH BY WILLFUL

### NEGLECT

By William King

Since arriving at ASH, I have been compelled to consider the manner in which staff relate to us prisoners (Face it, we are criminal prisoners in a [prison] hospital for the criminally insane and not mentally ill). And, at first, it struck me that psych tech. regard all 6600 commitments with the utmost contempt and loathing. They have made a character judgment against us that exceeds the bounds of common sense: After all, this place has always had a large portion of its population charged with [current] sex offenses, for which those [patients] were and are serving [current] prison sentences. They are only here because they are too mint ally ill to function sociologically in a prison setting. Yet, psych techs. and other staff do not regard these currently dangerous and currently convicted sex offenders with the same revulsion that they love to heap upon 6600 commitments

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It must be the politics the news media and prosecutors love to stir up.

One of the ways psych techs. [and] medical staff love to attack 6600 commitments is to, systematically, deny them life-saving medical care. For instance: Do you remember Greg "Sluggo" Bosens? He died of cancer on a ward about a year or so back. It is rumored that medical staff and psych techs. claimed not to know he had cancer until he died of it. But, it appears incredulous that physicians, who are trained to detect illness in a person, could not see that Sluggo was deathly ill. And, surely, someone dying of such a grossly debilitating disease as cancer would feel excruciating pain on a minute - by minute basis. And, just as surely, it is unreasonable to believe that Sluggo did not complain of such pain to medical staff and psych techs. for the purpose of obtaining relief from such pain in the form of pain medication. Some patients claim that Sluggo was intensely disliked by the psych techs. of his unit. They say the psych techs. harassed him daily, because they considered him to be repulsively uncouth and ill-mannered. And, even though he may have been all the repulsive things they thought him to be, it was not justification, under the law or morally, for denying him medical care for a fatal disease. And, of course, if all this more than mere rumor, it, in a word is murder by willfully and maliciously denying medical care that the physicians [knew] was necessary to save the patient's life. The news media routinely report stories where nurses and doctors are charged with murder for denying life-saving care when they [know] it is necessary. So, why not apply the same "equal protection of the law" to the prisoners of ASH as it is applied to every other citizen of this country? And, it is my sad duty to report that I am the latest victim of

this kind of vendetta against a 6600 commitment. I have two potentially fatal diseases for which I am being denied adequate medical care: (1) Hepatitis C and (2) bone marrow dysfunction that has resulted in me having, virtually, no white blood cells with which to fight infection. I am being denied a liver biopsy to determine if I have the liver cancer that is a common consequence of Hepatitis C and I am being denied the prompt and continued care of the hematologist/oncologist with whom I have been allowed to consult only once. And, since I am a 58 year old black man with a family history of cancer deaths, I have asked for a colonoscopy to check for colon cancer and prostate cancer screening. I have been categorically denied both. And, of course, if either my Hepatitis C or bone marrow disease takes a turn for the worse, I am doomed to die a very painful and otherwise horrible death in Unit one, otherwise know as "Death Row". So, pray for me and question the propriety of a system that allows such criminal behavior in the guise of medicine.

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### **LIBERTY HEALTHCARE SPEAKS TO 30 PHASERS AT ASH**

By: Chuck Christman

Mr. Carabello, Director of Liberty Healthcare spoke to 30 phasers about the structured out-patient program for 6600's on unit 3 in January of this year. Mr. Carabello described the purpose of Liberty Healthcare as being a "way out" for those committed under The California's SVP Act.

The position of Liberty Healthcare is ALL phases must be completed before acceptance in the program. Once completed Liberty Healthcare will develop a conditional release plan and the Patient must agree to sign the conditions of release. Some

conditions are static (will not change) and some are individually based. The terms and conditions are worked out through Liberty Healthcare, DMH and the courts.

Replying to a question Mr. Carabello stated that it was his preference that all phases be completed. That this is new territory and he didn't know what the courts may recommend. "We work things out on an individual basis and that's all I can say at this time in our development."

The most difficult thing facing Liberty Healthcare is housing, because we are now required to place clients in the county of domicile. Mr. Carabello explained that the county of commitment and domicile may be different. He mentioned it has been difficult to get landlords to comply with the strict requirement's Liberty Healthcare imposes on its clients for public safety and the social climate is not favorable with all the publicity, etc.

When asked if Cery Verse had been placed in his county of domicile, Contra Costa County, Mr. Carabello said "no". We did not want to place our clients into high risk situations or exposure to victim type neighborhoods."

Mr. Carabello was asked if Liberty Healthcare-has-considered purchasing housing in an appropriate area, he threw up his hands and said, "I have looked everywhere. We have considered boats, RV's and even tents. Our difficulty is that "communities" have the power to close down any residence due to zoning laws, etc.

In regard to length of time a client will be on conditional release, Mr. Carabello does NOT see conditional release as a one year program. However, we have a yearly meeting to evaluate progress. (By the way, the "client" is Not invited to give -

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## LIBERTY SPEAKS

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his input at this meetings.)

Mr. Carabello stated that "getting off conditional release" involves a "stepping down process" and we have three levels and guidelines. They are: (1) Intensive (Which is the first year); (2) Supportive; (3) Transitional. Once a client has been released from Liberty it is possible to leave the state. Liberty has separate programs in other states, but at this time there are no inter-state transfers similar to paroles in CDC.

Mr. Carabello explained that Liberty did not want to rush into allowing patients to start working right away. (Beware: Any assistance by the state, concerning living expenses is repayable to the state)

Lastly, Liberty doesn't encourage talking to the media, but you do have that right if you wish to use it. Mr. Watson, a social worker at ASH commented to this writer that DMH and ASH do not provide aftercare resources for patients who do NOT complete the hospital treatment program.

(Editors Note: Get all the facts and be careful what you wish for.)

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## RECIDIVISM

By: A long serving Prisoner [Source: Internet]

Theoretical reasoning on the part of so-called "experts and organizations that stand to make a profit from the subject, have persuaded the general public (and extension the politicians) that those classified as sex offenders have a much higher recidivism rate than any other offender. They have accomplished this by playing on parents' emotions and media inflated fears that their children or loved ones will be attacked! What kind of attack is always in the shadows, but everyone "knows" that it will be sexual in nature. The mythology of

high recidivism rates have been promulgated using deductive reasoning RATHER than empirical evidence. In fact, statistics show the exact opposite - this is, if people had not been blind to what is actually happening.

A federal study entitled "Recidivism of Sex Offenders Released from Prison in 1994" [national Criminal Justice # 1982181] comes to exactly the opposite conclusion - that sex offenders have a recidivism rate far BELOW any other type offender.

An article appeared in the New York Post, Sunday, February 15, 2004 - geared to incite and format docs exactly the opposite to a discerning reader when he/she reads: "There are now 17,890 people in the new York States' Sex Offender registry, of which 4,882 are considered HIGH RISK level "3" offenders. Between 1999 and 2002 [a total of] 46 sex offenders released from prison ended up going back to prison, (only 13 for other sex crimes, according to the New York State Department of Correctional Services." An intelligent person would have some questions about this. There are only 13 recidivists of 17,890 on the registry! This is suppose to be a HIGH recidivism rate? I think not!

What is said here stands out like a sore thumb. How much did it cost the taxpayers for each one of these repeat offenders? How much did the entire program cost the taxpayers during the same period? Furthermore, there is not one word that ANY crimes have been prevented by having a NAME registry! I do not know of any cases where this has occurred, yet, this registry is supposed to do just that.

I have read of attacks on people solely because their name is on the registry. In fact, there was a report in the January 28, 2004 Press & Sun Bulletin, a Binghamton, New York

newspaper of a man whose name had been placed in the registry, who was shot and killed on a Yonkers street! "An act of vigilantism" was mentioned by police...

At the present time there are approximately 600 "sex offenders" being kept in prison beyond their release dates, because they have no place to live that would be approved by the New York City Division of Parole mainly because they are in the registry. At \$30,000.00 per year cost to keep each man in prison, that figure is much higher in many states and it adds up to big chunk of TAX-MONEY! See that article that appears in the New York Daily News, January 20, 2004 for documentation of one of these men.

A major goal of a politician is to remain in office. To do this they have to convince the citizenry that they (are government) are providing what the citizenry wants. In this case, a "WANT" was manufactured by the politicians and the media - sex offenders are then used to pass stringent [and in many cases] unconstitutional laws against what has been degraded into "the lowest of the low" - the sex offender - making the populace happy that their loved ones are "SAFE"!

This mis and dis-information started at the end of the 1970's when, at their national convention, the district attorney discussed the fact that the crime rate in the United States was dropping and they wondered what they could use to justify their nebulous-existence... -After discussion, they decided that a "safe" subject to manipulate would be sex crimes. Think of some of the results: The nationally publicized case in Minnesota with 29, arrested their children taken from them and then they were not prosecuted for any crime! Or, the much touted McMartin School case in California... The most expensive - Continued on page (7)

## RECIDIVISM

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prosecution in California's history, if not in the entire country's history, - herein the children were made to tell stories of being taken into underground rooms [that never existed] under the school - having sex with mythical goats and other animals and watching babies being cut up! Shades of Salem witch trials!

People doted on stories - after all what can you expect of people who prey on children? However, when it came to trial, it was brought out what should have been evident - none of these things occurred!

One of the latest [and biggest] money making farces to emerge from this assault on human intelligence is the misuse of funds under the so-called "MEGAN'S LAW" that mandate that those classified as "SEX OFFENDERS" must register. The original theory was that parents would know when a sex offender lived near them and that would protect their children! Think about this premise, especially in the light of the fact that the parents of Megan, the girl that was murdered by a "sex offender" knew that this "sex offender" and several others, lived where they did before the girls murder! In fact, the girls mother became so disgusted with what was being done in their daughters name that she withdrew her support of the 5.0 registration mess years ago!

Yet, the money keeps getting appropriated and spent; the politicians keep getting re-elected; and more "pork barrels" are being filled. In fact, more than half of a multi million dollar budget of "the Homeland Security Act" [passed supposedly to fight terrorism] is being used for things like paying agents to entrap citizens into obtaining "pornography" on the internet. There are thousands of government agents involved in this

boondoggle, sucking taxpayers dry! While terrorists have run of the country!

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## (INJUSTICE)

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A game is being played in order to abate the fears of California citizens by doing what politicians do best. Make it appear that they have fixed a problem and are now deserving of our votes come election time. However, in actuality they have perpetrated an even greater crime on the people by creating this elaborate scheme consisting of high priced lawyers, doctors, judges and expert witnesses who draw from the cup of tax dollars at such an enormous rate, it can be described as nothing less than criminal.

(any questions about this article contact: Rasul or Felix at Voice mail (415) 974-4361 or (805) 468-2803)

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## AS FISHY AS THIS SOUNDS, IT IS THE TRUTH

Mr. Dean Corner

Don't let your head run away with itself, I choose to let the lady remain nameless for her privacy.

While back when I was still on Ward 1 an incident took place that would show everyone there just what kind of person Dr. P. really is.

Now for the longest time those of us that had dealings with her knew just what kind of person she was capable of being. But that's only a small group of men. One morning, a couple of months ago, a P.T. came to visit me on Unit 1. In fact she came all the way to my cell at 6:35 in the morning to see if she could do something for a patient on the ward.

Now that wouldn't of been so bad if she stopped off at the office before she came to see me. At the time I didn't see anything wrong with what she was doing. The nurses on the ward would have liked to had a cow

and they called everyone with a cape and then some. First the shift lead came telling me that my cell was going to be searched, all this in one breath, long before I even had breakfast. After all the searching was over the intelligent conversation started. Dr. P. and one of her staff on the ward told me that they weren't after me, but they needed to get it straight from my mouth what really happened. I told them everything I'm telling you.

This kind of talk went on for several days, and the searching did too, 5 times and then more talking, with all the assurances that I wasn't the target of the investigation. As the days ran into weeks everything started to settle down or so I thought. The next conversation I had with Dr. P. and her chosen staff, I had become the target.

Dr. P said that she didn't believe anything I had said and that she was convinced that I was hiding something. For a couple of days the evil stares came shooting my way in the halls but not all the staff played into their game.

The last conversation we had, before she decided to involve "The Team", started out with threats and warnings about what was surely to come my way if I didn't start telling everything I knew. What came next really suprised the hell out of me. Dr. P. said the only thing she wanted to come out of my mouth was that so and so delivered a package of drugs to me and that I delivered them to people on other wards. She made it more than clear that she would save me but wanted so and so. Her evil intent was clear she wanted me to lie and help her set the staff member up and she wanted that more than anything else. Can you believe it, the good doctor wanted me to help her do in -

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