

# ECHOES OF THE GULAG

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## EDITORS NOTE

The financial burden to produce Echoes of The Gulag has become overwhelming. Without some financial support from either the community or our commitment itself, it is impossible for Echoes to continue. Please, if you would like to see this publication continue donate what you can to help offset the costs of postage, printing and copying to: John Olson, C/O Echoes of the Gulag, Po. Box 3293, Central Point, OR, 97502 NO DONATION IS TOO SMALL! Thank you, for your support.

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## EDITORIAL

By: Robert Lefort

### THE ENEMIES OF THE STATE

Are we living in America, or Amerika? Well, it sounds closer to Communist China to me. In China, women are forced to undergo an abortion to comply with the "one child policy" to prevent an expanding population growth.

Similar "processing" is being implemented here to keep the alleged "sexual deviant" out of society. "Resisters" are detained and forced into "study sessions" in which they have to admit their wrong thinking. (Teng Biao, China Univ. Political Science & Law in Beijing.) The officials deny that anything improper has happened, like the SVP Act, you are kept imprisoned for defying the commitment order, for treatment, by the same clinicians that are suppose to follow W & IC §6605 (a), and (f), if a committed person "is no longer [or never was] an SVP."

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## "A STATE OF AFFAIRS"

By A. J. Iannillo

"The State of California currently operates four State hospitals with a fifth to come shortly." (At this writing the fifth State hospital in Coalinga is now up and running and NOT included in this report.) "The Four currently in operation are Metropolitan State Hospital in Norwalk, Patton State Hospital in Highland, Atascadero State Hospital in San Luis Obispo and Napa State Hospital in Napa."

"The fiscal year budget for the operation of these FOUR institutions in the fiscal year 2002-03 was \$141,00,00 per patient. The total number of patients housed in these institutions currently is 4,712. This is a total cost of \$584,392,000.00 per year, extrapolating with no annual increase in 2003-04, 2004-05, 2005-06."

"The aforementioned monies from the State coffers do not include almost \$100,000,000 billed to the various counties of the State that have placed patients in these facilities as reported in 2001. That figure has currently risen over the past four years making our expenditures in the range of 3/4 of a billion dollars per year."

"Ostensibly, these facilities are operated to handle the 'insane' and 'criminally insane' under the auspices of the California Department of Mental Health. Referrals to these facilities come from the California Court system, whether civilly or criminally committed."

"These facilities do not handle anyone on a voluntary basis, and as a result of the commitment process, are

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## HOW DMH CHANGED THE LAW AGAINST THE LAW

By: William Kitchens

People, as they think back to when they fell under the law, begin to wonder where it all started. A majority of the Hospriisoners and the Public were unsure. Well it begins at the Initial Screening by the Dept. of Corrections in conjunction with the Board of Prison Terms.

The Initial Screening codified at Welf. and Inst. Code §6601 (b) involves a review of the inmates criminal record found in his Central file. The Screening Officer reviews the inmate's file and determines if there the requisite Sexually Violent Offense, as defined in W&IC Code §6600(a)(1). It is not necessary, under the plain language of the SVPA, to possess two offenses to qualify for commitment under the Act. All that is required is that the person being considered have "committed a Sexually Violent Offense against two or more victims."

The Screening Officer decides whether you do or do not have the required offense, qualifying you for a more in depth determination, whether or not the offense were predatory in nature. This indicated by statement: "the Dept. of Corrections and the Board of Prison Terms shall screen to see if the inmate has (Past tense) a Sexually Violent Predatory Offense."

The Predatory determination of the inmate's past crimes is only made at the initial screening stage of the SVPA commitment process. The Court is not required to make that determination at the Judicial stage. (See People v. Torres, 25 Cal 4th 680) Continued on Page 2

## STATE OF AFFAIRS

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essentially prison compounds, with sally ports for entering the facilities by vehicular traffic."

"In addition to the aforementioned costs, how many of the patients released by our State institutions are released back into society as productive, tax-paying citizens? How many are released into the Conditional Release Program (CONREP) which is continuing their drain on the tax dollars via the Department of Mental Health?"

"All patients in the forensic units, if they get released, are released into CONREP as their first taste of outside life. These patients are kept under close scrutiny by CONREP personnel in group homes scattered throughout the State, another cost. If they don't violate their conditional release over a period of much as several years, then they might get back into society's mainstream and possibly go to work and pay taxes." "Where is the positive return to taxpayers for their investment of billions of tax dollars, Federal State and local? There doesn't appear to be one and the conclusion can be drawn that our State Hospital system is a total failure and costing us way too much for nothing in return."

"If you look at the Department of Justice findings and recommendations you will find that these deficiencies subject patients to treatment that: (a) prolongs their psychiatric distress, (b) needlessly extends their institutionalization."

"It is costing the state \$386 a day per patient. This comes to a potential waste of \$1,814,200 each day when one considers that every patient has been detained longer than necessary."

In June, 2005 the department of Justice made public that it is also investigating Patton and Atascadero State Hospitals. It can be expected those findings will be similar, if not worse than those found at Napa and

Metropolitan Stat Hospital.

I urge everyone to write Ms. Peggy Collins, State Capitol, Room 5035, Sacramento, CA. 95814, for a complete copy of "Review of the Federal department of Justice investigation of California State Mental Hospitals," dated September 20, 2005. This "Review" contains hearing transcripts, department of Mental Health written testimony, organizational testimony, public testimony and Senate Office Research summary. Read and see what your tax dollars don't do!

Source: Review of the Federal Department of Justice investigation of California State Mental Hospitals. Written testimony of Citizens Commission Human Rights, Los Angeles Chapter.

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## DMH

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People v. Torres was and is a very important decision made by the State's highest Court wherein they determined that at no point in the judicial process of the SVPA was the court required to make a judicial determination as to the predatory nature of a person's prior sex acts. Further the court, and specifically Justice Kennard went on to restate the plain language of W&IC Code §6601(b), that's right you guessed it!, the initial screening process.

Simply stated, the initial screening process begins the administrative portion of this law and the judicial portion does not begin until the preliminary screening conducted by the Court prior to the filing of the petition. So, then the initial screening, the evaluations and the referral to the District Attorney, is all a part of the Administrative process.

Okay, now that we understand how this all got started, let's look at how the Department of Mental Cruelty "Changed the Law, Against the Law."

In May of 2001, when the Torres

decision was handed down, the Dept. of Mental Cruelty misinterpreted the Court's decision. When this happened, sometime prior to January 01, 2002, they informed the Dept. of Corrections and the Board of Prison Terms, that "based on the California Supreme Court decision on People v. Torres, supra, that the determination of predatory, at the initial screening, was discontinued. (See the Evaluator's Handbook and Standardized Assessment Protocol at p. 7, "Predatory")

Effectively, what DMH did was issue an Underground Regulation in violation of the Administrative Procedures ACT (APA), and contrary to the Governor's Executive Order S-2-03, issued November 17, 2003. By discontinuing the use of the definition of predatory in W&IC Code §6600(e), the Dept. of Mental Cruelty has deleted the predatory prong.

Finally, how many of you were out on Parole, in 2001 or before, violated in or just prior to 2002, previously found not to meet the criteria for evaluation and commitment, and with no new change in the law or your legal status, were found to meet the criteria after January 01, 2002 date?

All this information is in the library. Go check it out, and if you think this matches to what happened to you, call your Public Pretender and make him/her do their job for once.

I hope this was helpful and I plan, as my research continues into the aspects of the SVPA, to produce more Nuggets of knowledge to maybe assist, some, if not all of us, to return to our lives, wife's, and homes in the world. Until next time.

## A MESSAGE FROM JOHN O.

Please don't believe most of the article in the Sacramento Bee they lied there ass's off to me and Tony I. I'm doing well in my retirement & my new home. Prayers are with you. May God Bless all of you John O.

## EDITORS NOTE

Mr. Todd Meirik, Attorney at Law, now has openings for new clients.

If you are financially able, I urge you to contact Mr. Meirik @ 16255 Ventura Blvd., Encino, CA. 91436 or phone (818) 995-7777

Mr. Meirik has not lost a case in the last 7 years. He is extremely diligent and knowledgeable in defending Welfare & Institution Code 6600 cases.

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### Mr. Dean's Corner KNOWLEDGE OF THE INDIVIDUALS WORTH

Who do you need? Who do you really need? I used to be of the belief that I didn't need anyone here, man was I wrong.

Chances are you'd be wrong too. When I broke out with itching red bumps with no relief in sight, I asked for help from the nurse. The nurses on our wards are always there for us. Now I'm not saying that their always right, but at least going through them got me to see the doctor, and that is usually the plan anyway. When I wanted my card I had to ask at the window, and not some sterling individual gave me my card. Whenever I got called for the phone, it took some Joe Blow to call me for it, of which I'm thankful. Now sure you want to be as Rebel as possible and that's good, but again you needed somebody. Now whether or not you care to say it or not, **YOU NEEDED SOMEBODY. AND SOMEBODY WAS THERE FOR YOUR NEED, THIS IS ALL GOOD. WE NEED SOME OF THESE PEOPLE TO HELP US.** We don't need all of them, because all of them aren't willingly help us, but the ones we do need are known by us. Though we don't always show it by admitting to ourselves that we just can't do it alone; we can't. We need some of these peoples help and we should show them we really appreciate their kindness.

But let's not make the mistake of showing them how much we care by fronting them off in front of their coworkers. Because as has been seen by Ward 9 prisoners, not all ward staff can be trusted as Cindy found out from Kelly. Show them by telling them so. Us & Them, sure, but. Let them know how much you appreciate their work and their kindness.

It's a known fact that not all of them are ass-holes, and that includes the castrators & Even some of those people are kind hearted, mostly nurses. This is only My breath, you need not inhale.

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### MONSTER ON THE BLOCK

By: A. Prowell

On January 19, 2006, the TV program "Prime Time" featured a segment titled "Monster on the Block." It was about the release of Matthew Hedge, a "Sexually Violent Predator" (SVP) from Atascadero State Hospital (ASH).

Matthew had a total of four admitted victims, two boys and two girls. He had been molested as a young boy, and as a teenager engaged in sexual acts with other teenage boys. He spent six years in prison, followed by eight years in treatment at ASH. For over a year the judge in San Diego had been ordering the hospital and the community to come up with workable plans for Matthew's conditional release.

On the day of his release, he was picked up at ASH by someone from Liberty Healthcare, the contractor supervising his conditional release. A GPS ankle bracelet was placed on him. His car was followed by San Diego Police from the time he left ASH. He stopped at the San Diego Police Station to register as a sex offender, then was driven to his new home a small trailer on the grounds of Donavon State Prison. Once there, the Diego Police issued a news bulletin about him, and before long reporters arrived and news

helicopters circled overhead. Matthew was not allowed to live with his wife, but she could come to visit him. TV cameras recorded her arrival and their first embrace. Reporters speculated as the couple went into the tiny trailer together. Matthew was not allowed to have visitors after 9:00 PM, so she could not spend the night. Nearby, San Diego Police spent the night watching his trailer.

A few weeks later, San Diego Police came to Matthew's trailer, handcuffed him, and took him back into custody, returning him to ASH. According to "Prime Time," he said something in therapy that the police didn't like. The program never revealed what he said.

Is this what awaits me if I go through the SOCP Phases Program? The other three men released after completing the program received similar high profile coverage. Most men who are released by the courts without going through the Phases receive little or no press coverage.

I am committed to avoiding anything that causes harm to others. I cannot help but wonder how my wife, parents and other family members would feel if I went through a program that led to such a high profile release. I hurt them deeply by my past actions. I don't want to hurt them anymore.

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### OVER TREATMENT MAY BE HARMFUL

"Research has even suggested that offenders may actually be made worse by the imposition of higher levels of treatment and supervision than is warranted given their risk level." From Sex Offender Recidivism: A Simple Question, by Andrew J.R. Harris and R. Karl Hanson, available as Report 2004-03 on the Solicitor General Canada's Internet Site: [www.sgc.gc.ca](http://www.sgc.gc.ca)

It cost \$ 130.00 for each issue of Gutag Printing & mailing. We no longer get free printing.

## TREAT ME LIKE A FOOL

By: Lanea Purcell

I get a lot of stuff from the book Psychology, Public Policy and Law, Bruce Sales ed. It's an "official law review of the Univ. of Arizona and the Univ. of Miami School of Law", and it is published quarterly by none other than the American Psychological Association. The one I have is dated March / June of 1998, but it's still pretty relevant, having been published after Hendricks, a case it often cites.

In this review (a collection of articles on sex offender laws nationwide) is an article titled, Risk and Sexual Aggressors, by Grant T. Harris, Marnie E. Rice, and Vernon L. Quinsey. They're looking at the available literature on various subjects relative to sex offending, among them the question as to whether treatment lowers the risk of sex offenders.

This is an important question for anyone considering engaging in treatment, especially inpatient treatment in a forensic hospital setting, because the information obtained in the treatment groups often finds its way into the state evaluator's report to the district attorney, the court, and even, thereby, into the news media. This can have a profound anti therapeutic effect on the individual trying to integrate into society. Community notification does not necessarily require a full disclosure of all of the details of your offenses, but zealous prosecutors have been known to err on the side of caution in divulging salacious or shocking information to the public. By the way, there is no recourse for the "patient" when this happens: even if the information provided is false. Public officials are shielded from their own such acts, which makes sense, especially when the rules are made by public officials.

So in this modern environment it

has become impossible to blend into society for that reason, increasing the dynamic risks perceptibly. This might well result in a higher recidivism rate for those who have gone through treatment. Forensic inpatient treatment, then, can have the unintended consequence of raising recidivism among sex offenders. Now we shall move to another, related factor which may help the clinicians here understand formally why few elect to become involved in treatment.

In the article mentioned earlier, three main headings, or types, of treatment and their outcomes are investigated. They are Non behavioral Psychotherapy, Somatic Treatments, Behavioral and Cognitive - Behavioral Treatment. Briefly, I shall quote excerpts describing several studies regarding outcomes using the first category.

### NON BEHAVIORAL

"[There is] absolutely no evidence that this treatment has reduced the likelihood future sex offenders among child molesters or rapists. (Frisbie and Dondis, 1965)."

"The treated and untreated groups were neither matched nor randomly assigned; nevertheless, the recidivism rate was higher for the treated than for the untreated men."

In 1980 Sturgeon and Taylor followed a later cohort of 260 men treated in the same maximum Security Psychiatric Institution as the Frisbie and Dondis (1965) participants released in 1973. "...when rapists and child molesters were considered separately, there were no differences for either sexual or non sexual violent recidivism

The most rigorous outcome study for non behavioral treatments was done at the JJ Peters Institute by Romero & Williams in 1983. "The groups [randomly] assigned to group psychotherapy had higher rates of recidivism..." "In sum, a carefully

planned evaluation of what was thought to be an effective psychotherapy for sexual aggressors showed no effects in reducing sexual recidivism. The results of studies of humanistic and psychodynamics treatments are quite discouraging...it is clear that these treatments do not reduce the violent and sex re-offending by rapist and child molesters. Even more discouraging is the suggestion that they may even increase the likelihood of new sexual offenses (see also Harris, Rice, & Cormier, 1994; Rice, Harris, & Cormier, 1992)."

### SOMATIC TREATMENTS

There are two sorts of somatic (from the greek, soma: body) treatments; surgical and drug. Castration is discussed, however, since it is not offered here I will only relate what conclusions the authors themselves reach, "...it would be difficult to recommend the procedure based on these results."

Using drugs (medroxyprogesterone acetate, MPA) there was a "statistically significant effect inasmuch as only one who received MPA relapsed, where as nine who did not receive MPA relapsed." The authors, even given the positive numbers, caution against drawing conclusions because of design flaws in the study: e.g., the clinicians were aware of who was taking the drug. "Perhaps most seriously, however, was the fact that the men in the MPA plus psychotherapy condition were probably more highly motivated by virtue of their willingness to volunteer for and persist in drug treatment." There was also no "evidence that MPA changed sexual behavior." They conclude that "there is no convincing reason to believe that the drugs themselves have been responsible for reducing reoffending." They also point out that testosterone is available to counteract the effect of MPA and castration, a choice that has been

made by some individuals.

### Behavioral and Cognitive-Behavior

We have one last hope, gentlemen. Behavioral and Cognitive-Behavioral Treatment. This is what is offered here in the phase treatment program. The authors begin citing an uncontrolled series of studies which offer nothing conclusive, and which provided, for the purposes of this article, essentially meaningless results. Marshall & Barbaree in 1988 evaluated a community based program which thought it indicated a "positive effect of treatment (Marshall, Ward, Jones, Johnson & Barbaree, 1991) yielded no statistically significant effects."

But in a Canadian penitentiary (Davidson, 1979, 1984) treated participants had, "more arrests for sex offenses." Hanson, in 1993 conducted a retrospective evaluation of a program for child molesters. "Official recorded convictions for sexual offenses and assault indicated no effect of treatment."

There was some encouraging results from one study by Borduin, et al. (1990), but the group was small (16 offenders) and the average age was 14.

"Marques and her colleagues have published several reports on the effectiveness of a very ambitious, cognitive-behavioral program for incarcerated child molesters and rapists (Marques, Day, Nelson, & West, 1993, 1994)." The program combined relapse prevention, relaxation training, social skills training, stress and anger management, counseling for substance abuse, behavioral treatment for deviant preferences, and aftercare. Sound familiar? In 1994 Marques and Day published their report: "When participants assigned to treatment were compared to untreated volunteers, there were no significant positive effects of treatment."

Quinsey, Khanna, and Malcom (in

press at the time of this article) compared incarcerated sex offenders "who completed a cognitive behavioral sex offender treatment program with offenders who were assessed as not requiring it." The results were predictable, even though discouraging. "Treated offenders were the most frequently reassessed for sex offenses. Those judged unsuitable for treatment were rearrested least frequently, particularly for sex offenses... After statistically controlling for the static variables of that predicted reoffending, the treatment program was associated with a higher rate of sexual arrests but had no effect on the combination of violent and sexual recidivism."

In conclusion, the authors themselves believe that treatment regimes may yet yield positive results, but for the life of me, I cannot imagine the source of their faith.

Up to this point we have covered the results of studies, the latest of which was published in 1994 (Marques, Day, Nelson, & West). I lack any reports dated later than that, except for an extremely interesting one published in January of 2005, Sexual Abuse: A Journal of Research and Treatment, Vol. 17, No. 1. This publication is so interesting because of it's author, and the location and subjects investigated. I'll give you the full names. See if any of them ring a bell. Janica K. Marques, Mark Wiederanders, David M. Day, Craig Nelson, Alice van Ommeren. If you recognized the fourth name give yourself a gold star; he was employed at Atascadero State Hospital, and you probably remember him from there. As to the location and subjects, the study was of SOTEP (Sex Offender Treatment and Evaluation Project), and it's location was Atascadero State Hospital. I could simply claim that SOTEP was identical to SOCP (Sex

Offender Commitment Program) in its content, but I'll let the report speak for itself.

"The program embraced the basic theoretical concepts of RP (Relapse Prevention), emphasizing the long-term risk of re-offending, and explicitly targeted the problem of relapse. All of the program's component's, which included a variety of cognitive, behavioral and skill treatment procedures focussed on the individual's specific risk factors for re-offense, from broad lifestyle factors and cognitive distortions to deviant sexual arousal patterns and deficits in coping skills. Overall, the program's goals were to have participants show (a) an increased sense of personal responsibility and decreased use of justifications for sexual deviance; (b) a decrease in sexual deviance; (c) an understanding of, and ability to apply, the basic concepts and techniques of RP; (d) an improved ability to identify high risk situations, and (e) better skills in the area of avoiding and coping with high risk situations."

Space prohibits my quoting the entire SOTEP descriptive section, but you can look it up, it's on page 86 of the report. The rest of the description of SOTEP is exactly identical to SOCP. SOCP is another term for phase treatment. This is the program you are offered here at Coalinga; the same program which was offered at Atascadero, and the same program once called SOTEP. And what was result of this RP program? They say it all in the opening paragraph; the synopsis.

"The final results from a longitudinal investigation of the effectiveness of cognitive behavioral treatment with sexual offenders are presented. The study was a randomized clinical trial that compared the re-offense rates of

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## TREAT ME LIKE A FOOL

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offenders treated in an inpatient relapse prevention (RP) program with the rates of offenders in two (untreated) prison control groups. [drum roll, please] No significant differences were found among the three groups in their rates of sexual or violent re-offenders in over an 8 year follow up period. This null result was found for both rapists and child molesters, and was confirmed in analysis using time to re-offense as the outcome, and those controlling for static risk differences across the groups." At this point the authors seem to be acknowledging the failure of the RP approach, but they do note some success specific subgroups.

"Closer examination of the RP group's performance revealed that individuals who had met the program's treatment goals had lower re-offense rates than those who did not." At first blush it might appear that the completion of phase treatment gives us cause for hope, but not so fast. On page 82, under the heading "Treatment", the authors state that the group was limited in duration to two years. No one I know of has "met the program's treatment goals" in phase treatment in under two years. And this is where the only difference I can detect between the two groups, SOTEP and phase treatment, lies: in the duration of time. Phase treatment is notoriously ambiguous in the area of overall time estimates for the completion of the entire program, and for each individual level, or phase, with many individuals trapped at the lower levels, such as phase two, for periods of time much longer than the two years' limit for the entirety of the SOTEP program. I can only surmise that the treatment goals for SOTEP were less stringent than they are for phase treatment. If overall results for RP is a "null set" (ineffective), by what logic will longer duration of ineffective treatment produce a

statistically significant effect on recidivism? Nevertheless, they continue to assert essentially that when they state in the next sentence: "Although our results do not generally support the efficacy of the RP model, they do suggest a number of ways in which this treatment program can be improved."

### The Correctional Psychologist

Vol. 37, No. 1 Jan. 2005 (smithr@marshall.edu) devotes itself to this issue of treatment efficacy. They begin by citing a Hanson study published in 2004. "Results indicated no statistically significant differences in sexual recidivism between the treatment and comparison groups..." "Results of the Hanson et al. (2004) study are discouraging, but how relevant are these results to correctional psychologists? [Sexual offender therapist] are invested in maintaining their treatment programs (not to mention keeping their jobs!)" "As correctional psychologists, it is up to us to justify the treatment we are providing." Good luck.

### CONCLUSION

It is painfully obvious that the king is wearing no clothes at all. All of the well thought out programs and groups which produce nothing in the way of "statistically significant results", when combined with the negative effects of disclosure and public humiliation of the client by his intended neighbors, ought to inform as to why the men here are not beating down the door trying to get into phase treatment.

If you want to quit sexual offending, you will succeed with or without treatment. If you do not want to quit sexual offending, treatment will not do you any good. Treatment is reduced almost to irrelevance, and desire to stop sexual offending is elevated to prominence. Mere desire does not guarantee success, though. You must have a stronger desire to stop than you have to continue. What program here

addresses desire? only one I know of. Don't laugh; it's over on Angel Island.

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## THERE'S A FOX IN ASH'S CHICKEN HAWK COOP

By: Daniel Blackburn

You might want to just take my word on this: There has been a reported surge in libido levels lately around Atascadero State Hospital's Sexually Violent Predator (SVP) section.

That's perhaps not too surprising in an environment where several hundred of the state's more notorious sex criminals are housed and (in some cases) treated. But the situation that I'm talking about is odd and getting odder, if you don't mind a glorious understatement.

Melissa Roper is a mental health professional at ASH, whose patients have violent sexual histories warranting extra attention from the California Justice System and longer incarcerations. As Unit 32 Supervisor, Roper is a senior member of the ASH group that determines the regimen of treatment, therapy and psychological counseling offered to individual offenders. This is the Interdisciplinary Treatment Team (ITT), comprised of a psychiatrist, psychologist, social worker, unit supervisor and recreational therapist.

Roper's been in the job since 2003. During that same time period and in other, more esoteric, circles, Roper has been know as "Missy," a petite and scantily clad model on the Internet. Her pictures-- until just recently--graced a website called ModelMayhem.com. Those pictures disappeared from the site late last month.

But in recent days, color copies of the photographs have been widely circulated among staff and patients. This column obtained copies of the photos through surreptitious means, which I cannot reveal, even under threat of retaliation, prosecution and

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## CHICKEN HAWK IN COOP

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eventual incarceration.

One photo that I now hold in my trembling hand shows Roper wearing red panties and holding her top in one hand while her arm covers her bare breast. In another photo, Roper is sitting, skirt pulled up, on a bathroom commode and smiling radiantly at the camera. Titillating, perhaps, but not obscene.

Ah, but that would seem a moral judgment on my part, wouldn't it? So in order to neutralize my borderline libertine nature, and to mitigate any possible conflict of interest on my part in this matter, I turned to a higher authority for guidance. That's how I discovered that none of this seems to bother the high-ups at ASH, either.

Hospital spoke Hafler contends the web postings "Present no legal or personal violation." Says Hafler, there is nothing we can do. This is a personal issue as long as she conducts herself appropriately at work, which she does. Additionally, Hafler adds, "...a lot of these men have real issues with women."

A-hah! it's the messenger again, not the message.

I was going to debrief a bunch of experts on appropriate workplace and professional behavior, but all of a sudden it seemed like a huge waste of time, for me and for the people I would contact. This is a really easy call, even for a guy like me who generally has no principles.

However, this isn't about me. I'm thinking about the patients. This whole event has some sexually violent predators greatly agitated, and not the manner you might be mulling.

One of the patients caught up in the Roper fiasco is Jeff Gambord, you might remember Gambord for his efforts to have surgical castration in order to speed his eventual release from the Atascadero facility. Which

we reported on in New Times (April 25, 2002) in a piece cleverly titled, "Take Mine, Please!"

"If they catch us looking at a woman in a sexual way, they write us up," says Gambord of hospital officials. "So the employees are under orders to not do anything that will cause patients to think about them in a sexual way."

(Before you ask: We columnists have lots of sources others might consider unsavory. It's just part of the job, you understand, and it's a hard job.)

Gambord says he recently got a "green sheet" for "stalking" in the Roper case. That was courtesy of his social worker, who thought, according to Gambord, I looked at [Roper] wrong."

ASH police spent two hours going through Gambord's quarters looking for Roper's pix, incorrectly believing Gambord already had acquired the pictures to facilitate his solitary musings. Gambord thought the premise for the search was odd, because patients in ASH are allowed to possess X-rated pornography, as long as it doesn't involve children and other extreme sexual themes such as bondage, S & M, and bestiality.

"We can have it, by law. But they, [hospital staff] take note of who has it, and that goes into the record," says Gambord.

Now, Gambord says Roper's ex-boyfriend, a guard at the hospital, has been assigned to watch him in his room: "So I get 'the stare' from him, hour after hour."

Fair's fair, Jeff. You've made a few people nervous in your day, I expect.

Anyway, long story short: Gambord, I can state unequivocally, was not my source for the pictures. He did get copies, but those eventually got pinched by ASH cops before he could mass mail them to the universe. And Unit Supervisor Roper? She won't comment on her pictures. And, I really really want to hear those comments.

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Daniel Blackburn can be reached at: [djblackburn@chkrtr.net](mailto:djblackburn@chkrtr.net)

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## PROBLEMS WITH FULL DISCLOSURE

"Research has also suggested that full disclosure of negative personal characteristics is associated with negative social outcomes, including poor progress in psychotherapy." From Predictors of Sexual Recidivism: An Updated Meta-Analysis, by R. Karl Hanson and Kelly Morton-Bourgon, available as Report 2004-02 on the Solicitor General Canada's internet site: [www.sgc.gc.ca](http://www.sgc.gc.ca).

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## WHERE IS THE JUSTICE?

By: Lorenzo T.

I note with some concern that every type of criminal is usually placed back into community living after serving his/her sentence. That is; all except the sex offender. Even murders, in many cases, are returned to society without electronic monitors or web site exposure. Drug dealers, thieves, robbers and heaven forbid, white collar criminals are allowed to run free in the community without rehabilitative therapy.

No amount of therapy will help the victim of a man who has committed murder. Yet, many many murders are enjoying the freedom of society with no strings (Electronic or web site exposure) attached. Is it fair and just that sex offenders should be painted with a darker brush than the rest of us? We think not! Then where is the fairness? Where is the equality? Where is the justice?

Thieves, robbers, burglars and numerous other criminals are not required to do "X" number of years in therapy before being released back to society; yet, we are convinced that in our own way, they cause just as much psychological damage sex offender. Consider this; Theft identification results in grandma and grandpa losing their life savings and they are

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The belief is that "the court has sent you here for treatment, we have to offer you treatment." As if that is the extent of their requirement (s) under the SVPA.

All the while, they tell us they are doing this for our own good. If they evidence that meets the beyond a reasonable doubt standard, that I am in need of treatment?

It is not a sufficient answer to say that a sexually dangerous commitment is always for the inmates own good. In this Nation we do not believe that Big Brother always knows best. An inmate facing loss of liberty may question the benevolence of his prosecutors. (Sarzo v. Gaughan, 489 F. 2d at 1094 fn. 12.)

Remember, you do not have to succumb to the court's order. Their law does not require mandatory treatment. You may push your clinicians to review your records if you feel they are in error, and demand a "current Examination" and a "confidential case discussion" as mandated by the posted Non-LPS Rights, under §880, et. al.

All the while, they tell us they are doing this for our own good. If they really had our best interests in mind, they would follow the words of their "Hippocratic oath: I will prescribe regiment for the good of my patients... And never do harm to anyone."

During the trial that brought me here, the State hired evaluator stated: Even if he does not need the treatment, it won't hurt to take the treatment. Now, does that sound like they really had our best interests in mind, they would follow the words of their "Hippocratic oath: I will prescribe regiment for the good of my patients... And never do harm to anyone."

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## JUSTICE

Continued from page 7

summarily cast out in the streets to live homeless. Are they given

therapy to cope with their losses? And when the culprit is arrested, tried and jailed, does his/she get therapy to help change his/her life style? We think not! This example could be interpreted to fit nearly all other criminal activities.

To carry this a bit further; When a sex offender has attained an age where his sexual activity is curtailed by nature, he is wheelchair bound and wearing a catheter, is he likely to reoffend? We think not! Yet, such people are incarcerated in our mental institutions. If there is no justice for those people, is there any compassion in the hearts of our lawmakers? We think not!

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## DON'T LET CRITICISM CONTROL YOU

By: Gary Young, Essential News

"Often in life, we stop ourselves from reaching our goals and dreams because we listen to criticism. When we do this, we let doubt creep into our minds eventually we are beaten. What we have to remember is that each of us chooses the path we will personally take in life, and we can't let others remove us from that road. Don't take 'no' for an answer. Don't let fear overtake you to the point that you stop working toward what you perceive as the top of the mountain. Press forward and achieve what you know is right...make a commitment today to be strong in your confidence and conviction, and stand firm against opposition and hardships. Don't be swayed to believe that you can't do what you've set out to do."

## CONGRATULATION TO

Our editorial Board member Lawrence Halbert won his freedom with a 12 - 0 in June of 06.

Also to Gilbert Moreno who also got a 12 - 0 last February of 06. Gil is doing well he will get his Class A truck driving license in July. Way to go.

## Absent Comrades In Memoriam

ECHOES ask everyone, everywhere to pause for a brief moment each day and remember, with kindness, each of these, our 28 Absent Comrades.

Robert Cleveland	1998
Jim Davis	1/21/1999
Colman	2003
Fredy Cooper	2000
David Stansbury	5/10/2000
Donald Lockett	1/23/2001
Edward Lamont	5/10/2001
Charles Ridge	5/29/2000
Larry Goddard	6/02/2001
Dean Danforth	7/27/2001
Lloyd Johnson	2002
Wayne Graybeal	7/04/2002
Greg Howard "Stuggs"	3/15/2003
Patrick Beecher	3/15/2003
Robert Alperin	3/15/2003
Tim McClanahan	8/18/2003
Wayne Parker	12/11/2003
Cash O'Donnell	4/07/2004
Elmer Beck	8/23/2004
Dave Gustik	12/04/2004
Joe Valentin	12/13/2004
Orwin Wiley	1/30/2005
Ross Washington	2/07/2005
Richard Bishop	8/19/2005
Alton Robinson	8/29/2005
Robert Cornfield	9/24/2005
Geraldo Sanchez	11/26/2005
Robert Brooks	

Released from this oppressive prison by the Compassionate Hand of God.

## ECHOES OF THE GULAG

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Lawrence Halbert  
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Design and Typography  
John Olson

EDITORS EMERITUS  
Don Plyler -- Tim McClanahan

Echoes E-mail address  
www.gulagnews@yahoo.com