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Gulag News

Volume IX - No1 Published Bimonthly at Coalinga, CA Nov. Dec. 2007
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EDITORIAL

By:
Lester Welch, Ph.D.

One problem in the rational discussion of any issue is that of "semantics." Do all involved in the discussion have the same understanding of the meaning of the key words being used? Words have a meaning that one can look up in the dictionary, but that definition hardly confined the understanding that the public envisions when a word is used. The media often utilizes and distorts words for their own purpose to increase sales (forgivable because we do live in a capitalistic society). High on my favorite list is "convicted felon." How does one become a felon without being convicted, I ask? Other minefield words are, "predator," "rape," "violence" and a word I wish to explore"cure."

Suppose a person, "A," has a limp and he undergoes a process and no longer limps. Is he cured? Suppose the process

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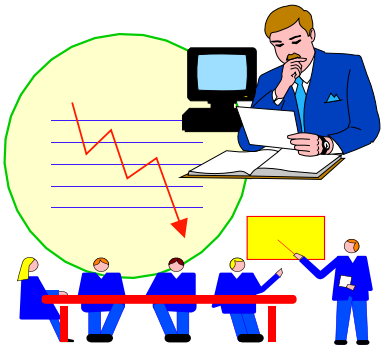

Hanson Study Shows "Treatment" Has Little Effect !

A study by a group of researchers headed by Canada's Karl Hanson has found that **treatment programs for sex offenders have little effect on rates of recidivism.** Hanson is one of the foremost researchers on sex offense recidivism and is the author of "Static-99," an actuarial system of predicting re-offense risks that are heavily relied upon by California's S.V.P. commitment law.

The Hanson Groups study was a meta-analysis of 43 earlier studies. The research did show that the treatment groups averaged a slightly lower recidivism rate than untreated comparison groups. (12.9% vs. 16.8%).

However, this difference is a much smaller advantage than either researchers or clinicians would like and

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CURRENT APPELLANT CASES IN CALIFORNIA

BY: TODD MELNIK

Every county in California is handling the proposition 83 and indeterminate commitments differently it seems. Los Angeles County has a several year moratorium for those that already have pending cases prior to the enactment date of Proposition 83.

I suspect they are doing this in part because if the indeterminate scheme is ruled unconstitutional by the California Supreme Court years from now, there will be problems down the road getting these cases back on track. Santa Clara County has decided that if you have been committed already, then your term automatically is converted to an

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HANSON STUDY

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may be statistically insignificant in any event. **"It is devilishly hard to identify treatment related changes in a person's risk for committing sexual offenses,"** Hanson has stated of his research. Moreover, some researchers including Grant Harris of Canada's Mental Health Center believe that even a minor difference of 4.5% in Hanson's research overstates the treatment effect.

Indeed, the Hanson groups **research paper itself conceded its study may overestimate treatment results.** According to the researchers, the most reliable figures come from studies of groups who are randomly selected for participation or non-participation in treatment. Groups in which the participants volunteered or were selected on a basis of various criteria tend to produce results which may be bias in favor of a treatment effect. Only one of the 43 studies analyzed by the Hanson group was of such a random group.

It found identical sexual recidivism rates for treated and untreated offenders. This study incidentally, was of California's S.O.T.E.P. program. (Marques, J.K. & Day, D.M. May 1998, "Sex Offender Treatment Evaluation Project: progress Report" California Department of Mental Health). Thus, the most unbiased study analyzed by the Hanson group and the one with the most relevance to **sex offenders in California, showed that treatment had no affect whatsoever on sexual re-offending.**

With specific reference to SVP type treatment schemes, the Hanson group found studies that compared sex offenders who needed treatment to less needy offenders, consistently found worse outcomes for the treated group.

The study also reported the **surprising finding that offenders who refuse treatment were at no higher risk** for sexual re-offending than offenders who started treatment.

The Hanson group concluded that "some offenders may realistically conclude that they do not require treatment," and "the current results…are a challenge to evaluators who routinely use 'treatment refusal' as a poor prognostic indicator."

Despite that conclusion, D.M.H. evaluators routinely do continue to use treatment refusal as an indicator of re-offense risk. They do this despite the fact that Hanson presented this information to a conference of D.M.H. evaluators in San Diego in 2001 and despite the publication of the Hanson's group research paper in the house organ of their own little lobby group, A.T.S.A. (Association for the Treatment of Sexual Abusers).

Moreover, the 'treatment refusal' factor is not the only Hanson research D.M.H. evaluators ignore, although they are more than happy to extol Hanson's work, such as the Static 99, which generally favors their pro-commitment bias. D.M.H. **psychologists consistently neglect Hanson's other major study on age and sexual recidivism.** This showed that rates of sexual recidivism dive sharply after age 50. By age 60, they are as low as 3.8%, a rate comparable to released castrated sex offenders. Despite this impeccable research, D.M.H. evaluators regularly apply Static 99's escalation 15 year re-offense predictions to men over age 45, even though by the end of the 15 year projection, such men will be in the age ranges where recidivism is virtually non-existent.

Thus, not only is current science not very good at predicting future dangerousness, but D.M.H. evaluators do not even accurately use some of the research available when it does not suit them. The result is supremely evident at A.S.H. & C.S.H. (Atascadero and Coalinga State Hospitals) as large numbers of men in their 50's, 60's, 70's and even 80's who may have a past record of recidivism, but for whom research clearly shows future risk is very low. They are incarcerated probably for life. Nonetheless, 29 of such elderly, but dangerous individuals have died at A.S.H. in the past eleven and one half years.

Defense attorneys who encounter D.M.H. evaluators which list "treatment refusal" as a risk factor, or which do not make downward adjustments for age on risk percentages, should severely cross-examine such evaluators, using Hanson's own research, to expose their biases.

Sources for this article:

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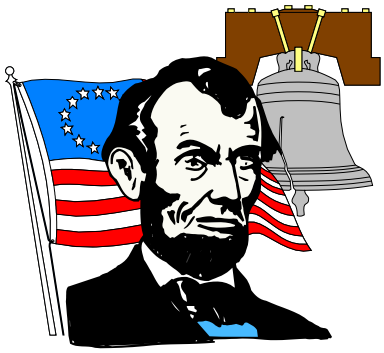
2. R. Karl Hanson, "Age and Sexual Recidivism: A Comparison of Rapists and Child Molesters, 2001," available at **www.sgc.gc.ca**
3. "Men of Prey: Scientists Peer into the Dark World of Sex Offenders," Science News, Vol. 162, July 27, 2002. Also available at; **www.sciencenews.org** ■



Accountability

By: Robert LeFort

Maybe some of you saw the article in the L.A. times sometime ago. If not, it quotes staff members from the Department of Mental Health (DMH)and asked "Sacramento" to "please come to your senses and remedy the situation." (Tim Foster, RN) I have written to the governors office and asked the same question. Someone needs to allow us the purported legislative intent

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CALIFORNIA CURRENT APPELLANT CASES

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indeterminate tern. San Diego County is split. Some judges convert the law and others will not. How can courts be so divergent in their views of the law?

Well, for one, the law as written is ambiguous. There is no provision for re-commitments for persons whose two year terms are in effect, have ended, or for persons who have multiple unlitigated 2-year commitments stacked up. There are appeals in nearly every jurisdiction to clarify the issues and I am certain, this will all get resolved in 2009 or so by the Supreme Court. No joke!

A very important case on a MDO issue was decided on August 13, 2007. In People v. Allen, the Supreme Court took up the side of the MDO whose case was dismissed because the Santa Clara County DA was late in filing a re-commitment petition before the current one year commitment lapsed. The Attorney General argued there was no harm done or no prejudice to the MDO for the late filing and that public safety was at stake. The Supreme Court disagreed and said that didn't matter. They ruled that there was no provision in the law for late filing, so jurisdiction was lost. There are potential implications for SVP re-commitments after proposition 83 that this point looks favorable upon SVP's.

Pending cases to note: In re Smith: Review granted in the California Supreme Court October 2006. Issue: Whether reversal of conviction constituting a predicate prior after filing of a SVP commitment invalidates the petition.

People v. Allen: Review granted in the California Supreme Court February 2007. Issue: Whether an SVP has constitutional right to testify. The attorney waived his client's right to testify on tactical grounds, but was still SVP'd.

Current appellant cases that are pending: Santa Clara County: The issue of whether persons that have already been committed at some point in the past can just have their commitments changed to indeterminate by a judge without a new trial, even if their old commitment has already expired. The appellants opening brief has been filed and is awaiting the District Attorney's response.

Sacramento County: Final briefing was completed on 7/17/2007. Oral arguments were heard on 10-16-07. This appeal deals with whether a re-commitment can occur even though there is no provision for re-commitment as SB 1128 and the old 6600 law was repealed by the enactment of Proposition 83. The class of persons affected by this litigation is all those persons who are up for re-commitment but have no holds of any kind or their commitment has already expired.

Contra Costa County: Good news here. The DA here tried to make Cary Verse's commitment indefinite. Verse won and the DA did not appeal.

San Diego County: Like Santa Clara, a judge ruled just prior to a re-commitment trial for Mr. Bacon that he was not entitled to his trial and just converted his expired commitment to indeterminate. Robert Wenzel had the same thing happen to him several days later, but I was able to convince the judge that he was wrong and he re-scheduled Wenzel's trial for late October. Bacon's opening brief is due in mid-September.

Santa Cruz County: Mr. Cheek is in the news again. Here the trial court found that the indeterminate commitment was unconstitutional, but denied the motion to dismiss based upon the lack of a re-commitment provision in the new law. The briefing in this case is continuing.■

I have researched and composed a document I feel might be of interest to patients fed up with the arbitrary and capricious manner we are denied some of the most innocuous freedoms. This document is intended for the long term purpose of submission to the courts with the accumulation of such unreasonably denied items to demonstrate a pattern of abuse, not to guarantee or force compliance. If the hospital administration feels this reasonable request is not worthy of consideration, this too, can be used as evidence of this abuse. Please feel free to use this document, in part or in whole, attached to any Patient Request Forms. Be sure to insist on a response for submission to Latham & Watkins, the Patient Rights Advocate, the Department of Justice and/or anyone else you can think of who might be helpful.

INTRODUCTION

This document is in response to the seemingly arbitrary and capricious denial of property and rights to the involuntary incarcerated civilians. We are being denied, to an extreme degree, our substantive and procedural due process rights and equal protection rights guaranteed by the Fourteenth Amendment of the United States Constitution. It only seems fair that when we further suffer deprivations of property and other liberties we would be

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Denial of Rights Standards

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afforded a rational explanation for this denial. For this purpose, based on the "Good Cause" for denial (Per Welfare & Institution Code[W&IC] §5326.7, outlined in the California Code of Regulations[CCR] Title 9, §889, et seq., in combination with the "Turner Standard" (Turner v. Safely, '87, 482 U.S. 78, regarding prisoners rights) we have outlined what we feel is a fair criteria for depriving property and rights, listed below. As well, in order to exhaust all administrative remedies and in compliance with procedural due process right of the 14th Amendment, we are requesting documentation (Per CCR §884 of denied items, including: Date and time right was denied; right being denied;" good cause" for denial of the right; the facility directors signature authorizing the denied right.

The Constitution certainly does not guarantee civil incarcerates possession of specific items, such as Q-tips, guitar picks or radios. Also, with the sanctification of the contraband list (CCR Title 9, §884), it would appear any item or right requested can be denied for any reason. However, it is unreasonable "…to hold that a complete prohibition of personal belongings…would be reasonably related to the asserted…interest in security and order…" (Freely v. Sampson, '78, 570 F. 2d 364.) What we request, then, is an ability to accumulate evidence of numerous items being denied arbitrarily and capriciously to support a claim that our Substantial and Procedural Due Process, as well as, Equal Protection rights afforded by the 14th Amendment are being unconstitutionally violated. This evidence will be used for individual civil [law] suits, as well as submission to the Patient Rights Advocate, Latham & Watkins and the Department of Justice.

DENIAL STANDARD

"When the consequences [of involuntary confinement]…can be so severe that a person may be confined for the remainder of their life…"Fair Treatment"…must be used in [this] substantial liberty interest…" (State of New Jersey v. Bellamy, 2003, No. A-32-02) "…[R]estriction of…rights…must be justified by compelling evidence…" (Brooklyn House of Detention v. Malcom, 520 F. 2d, 392, 397.) There must be "…a valid, rational connection between the hospitals regulation and the government interest…" (Turner) put forward to justify it. These government interests, per Turner and the Lanterman-Petris-Short Act (LPSA), include.Liberty Interest:

1. The Magnitude of the constitutional right being denied.
2. Safety: The affect the specific right has on the safety, security and rights of the patient and staff.
3. Security: The affect the specific right has on the safety and security of the facility and public.
4. Treatment: The affect the specific right has on the treatment needs of the patient.
5. Alternative: The existence of a less restrictive or obvious easy alternative to the right requested.
6. Exaggerated Response: Evidence of an "exaggerated response" (See below) to the denial of the specific right.
7. Costs: Any costs to the state.

JUSTIFICATION

Fair and justified objections by the hospital administration would be that they have been given great latitude in administration by the legislature, including implementation of the contraband list (CCR Title 9, §884) However, patients "…do not check their constitutional rights at the [hospital] gates…" (Wolff v. McDonnell (1974)

The truth is, "…many mentally ill function quite well…" (Quai (2004) Cal. R. 3d, 780) We have been shown, statistically, to recidivate criminally far less frequently than the average penal incarcerate (42% recidivism for sex offenders, 68% for the typical criminal, see, U.S. Dept. of Justice, Bureau of Justice Statistics, 11/03, **www.ojp.usdoj//gov**)

Hence, we pose less risk, in terms of physical violence, than the average prisoner in the penal system, yet we're far more restricted in terms of property and rights. There are also the special considerations due the mentally deficient individuals in a mental hospital setting. We feel, however, the preceding itemized standard appropriately addresses all these considerations.

Furthermore, we as civilians, are "…entitled to live in normal residential surroundings…" (W&IC §5115), subject to "…rules and regulations consistent with the law…" (W&IC §4312) We are "…presumed innocent…subject to only 'restrictions and privations' which inhere in our confinement…" (Wolfish v. Levi, (1977), 439 U.S. 520) for we "…suffer unduly in terms of constricting, tense and frustrating confinement… [which] become[s] …deprivation of rights cannot be justified by cries of fiscal necessity… administration convenience…or by the cold comfort that conditions in…jails are worse…" (Ibid) Also, "…involuntary civil commitment statutes are subject to the most rigorous form of constitutional review…(Peters v. Superior Court, (2000), 94 Cal. R. 2d, 350).

It is not enough to deny our constitutional rights by simply stating the right is a security risk (Per Justice Marvin E. Frankel, of the 2nd district"…[Z[eal for security is the most common varieties of official excess…", form Wolfish v. Levi) and include it on the contraband list, for "…vaguness of

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Denial of Rights Standards

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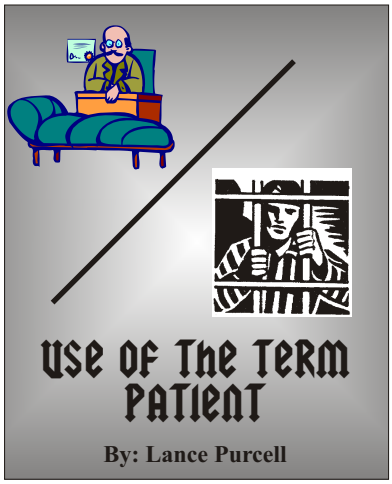
the demand…reflects the lack of solid foundation for the claim..” (Ibid) A security risk should not constitute an “exaggerated response” (Turner) “…[E]xistence of obvious, easy alternatives may be evidence that the regulation is not reasonable, but is an “exaggerated response” (Ibid., see also Wojtezak v. Culyer, (1979) 480 F. Supp. 1288; Faunce v. Denton, (1985) 167 Cal. App. 3d 191; Jordan v. Gardner (1992) 986 F. 2d 1521; Bell v. Wolfish (1979) S.Ct. 1961, etc.) Exaggerated response can be shown with, among other indications, denial of an item that poses no more risk than numerous items allowed and pervasive throughout the institution.

Exaggerated response also includes denial of a right to everyone as punishment for a few isolated incidents and individuals. (We are “presumed innocent”, [Wolfish v. Levi] Perpetrators of illegal activities are appropriately dealt with by apprehension and discipline of the individual.) Due to the substantial liberty interest involved, we feel a security risk must have founded basis before it can be used to deny a right.

Conclusion

In conclusion, we are requesting proper Substantial and Procedural Due process compliance (per the 14th Amendment) when property and rights are being denied. In order to exhaust all administrative remedies, to advance to the next level, we require evidence of the capricious, arbitrary and also punitively denied rights in the form of documented, signed rejections of the request rights. Our goal is the “fair treatment” (State of N.J. v. Bellamy) we are due for denial of our cherished rights in the means “…least restrictive to personal liberty…” (W&IC §5321.1(a)) and to be treated with due respect, “…dignity and humane care…” (W&IC §5321.1 (b))

Thank you for your consideration in this matter.■



Use Of The Term Patient

By: Lance Purcell

It is true, I have a problem being referred to as a patient. Here’s why.

The dictionary gives the following definitions of both “patient” and my preferred nomenclature: “prisoner.”

Prisoner n.
1. A person who is under arrest or held in a jail or prison.
2. A person who is kept shut up against his/her will or who is not free to move.

Prisoner of conscience, a political prisoner: “A great many prisoners of conscience…, sent with or without trials to so-called special psychiatric hospitals, where they are given forcible treatment for their supposed mental ailments.” [Quoting the London Times, presumably in reference to the old Soviet Union’s method of dealing with undesirables.]

I think definition #2 is extremely accurate in describing the conditions under which this population must live.

As to “prisoner of conscience” even though the term is usually reserved for people who have made some sort of heroic political stand for which they must pay a penalty, the quotation provided bears striking similarity to our situation. For example, “with or without trials” could refer to the method all of us come to find ourselves here: some with trials, some having waited five or more years for trials which, if lost, will result in an indeterminate term of confinement. And forcible treatment could refer to the administration’s insistence that we attend “team” else suffer the indignity of loss of movement privileges. Mandatory team is either punishment or it is treatment. Punishment is not lawfully given to mental patients and since treatment shall not be forced upon a prisoner, he should have to volunteer to surrender his hall pass as a form of “treatment” in order for you good doctors to remove it from him lawfully. I won’t expound on the phrases “special psychiatric hospitals” or “supposed mental ailments” except to point out that which, to us, is obvious, but to which you seem to be oblivious: this “Residential Housing Unit (lately renamed the more politically correct “Residential Recovery Unit”) fits the descriptors perfectly.

Finally, here’s how they describe your preferred word, “patient.”

Patient, n.
1. A person who is being treated by a doctor.
2. A person or thing that undergoes some action; a recipient.

Neither this place or ASH has ever been able to demonstrate much in the way of action. Neither are the majority under the care of a doctor. So it’s difficult for me to see why you would, as you do, get upset with us calling ourselves what we so evidently are, prisoners, not patients. We precisely fit the category of prisoner, and in no way fit the category of patient: unless the prisoner is undergoing voluntary treatment at the hands of a genuine doctor.

As an alternative you suggest the use of the inoffensive “individual.” I

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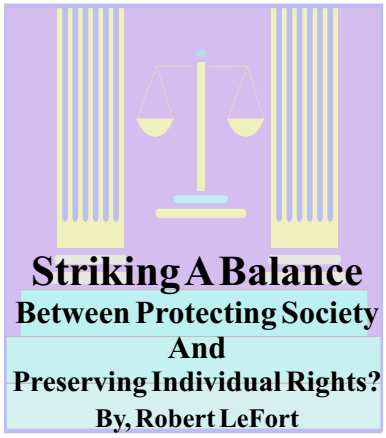

Striking A Balance
Between Protecting Society And Preserving Individual Rights?
By, Robert LeFort

There are an estimated 3 million living Americans who have been involuntarily committed to mental institutions. According to Dr. Paul Applebaum, Vice president of the American Psychiatric Association(APA) '…past mental illness does not predict future violence." The scientific research appears to support Dr. Applebaum's position.

The Foundation for Research on Mental Health and the Law monitored 1,000 former mental patients for eight years after they were released from institutions and found that the former mental patient were only slightly more prone to violence than the general population. A study by the MacArthur Foundation indicated that former mental patients were no more violent than individuals who were not mentally ill.

In a statement, the APA cautioned that " psychiatrists have no special knowledge or ability with which to predict dangerous behavior" by patients. Just for the sake of argument, how would one go about identifying all mentally ill people? How would mental illness be defined? The former U.S. Surgeon General estimates that 20% of Americans suffer from some type of mental illness. The U.S. Department of Health and Human Services says that "mental illness is any diagnosable, behavioral or emotional disorder that interferes with or limits a person's ability to live, work, learn and participate fully in the community." Such a broad definition could easily be applied to more than 20% of the population. While psychiatry is an imperfect discipline, many of the most threatening mentally ill individuals can be reliably identified [by using the DSM-IVtr]. Unfortunately, this is hazardous duty, for when severely disturbed individuals commit violent acts, 85% of victims are family members or friends [not strangers].

The Diagnostic and Statistical Manual (DSM-IV,tr) is the current "bible" of the Mental health profession. (It even lists cigarette smoking and coffee drinking as mental illnesses) Even though the DSM (Diagnostic Codes) were developed for billing and insurance claims (for continuity and clarity), psychologists have been using the DSM-IVtr to diagnose and involuntarily commit individuals, as their basis for predicting dangerousness. Just look at Welfare and Institutions Code §6601 (f), where it is stated: "It is not required that the person appreciate or understand that information" used by the "independent professional." The State trained/state hired evaluators have used this to their advantage. For they do not care if you understand what they are doing is wrong, wicked or causes injurious harm. The intent seems vindictive. You harmed others, now we harm you, for "I have the power invested in me by the state." Who cares if you aren't dangerous, or have been living in the community for a length of time that would be considered significant to prove you are fully able to control your behavior. (i.e. Not predisposed to commit SVP behaviors) It should be noted that the SVPA requires proof of current danger…

Material for this article taken from the California Sexually Violent Predator Act and reprinted in part from John Hay Rabb's article in March 2005 issue of Guns and Ammo, at Pp. 26-27

"Truth and Light, dispels the darkness and lies."■

Mr. Dean's Corner
When is violating somebody's right justified?

He sits on the grass everyday doing his own thing, minding his business and no one else's.

Sometime he is reading books or studying from them, whatever he's doing he's doing his own thing.

Now along comes the goon, the goon that's on every line in the system doing something off the wall that's going to get him screamed at or slapped.

Now the man that's doing his own thing has asked the goon to please kick the ball somewhere else as he doesn't want to get hit with the ball.

The goon just shines him on and keeps at it. Kicking the ball in the mans direction and then it happens, the goon has been slapped down. While the goon is trying to pick himself back up, the man walks over picks up the ball and gives it back to the goon and asks him if "he's learned anything." And to my surprise the goon says yeah.

The goon takes the ball all the way to the back of the yard and starts kicking it again.

QUESTION: Did the goon deserve to be slapped down? Did the man need to be so firm? Is there a better way to handle such things? Should the man have handled it differently?

If you answered the questions with NO, NO, YES & MAYBE, then good for you.

You are still human enough to think for yourself. You don't deserve to be here. There is no right time to violate somebody's rights. There are better ways to handle disrespect and stupidity. It's just a shame that as long as these hospitals have existed not one person here has learned it.

Again and again this is only my breath, you need not inhale.■

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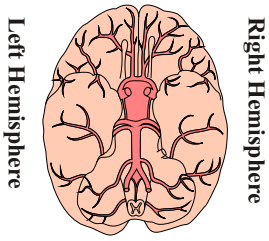
Your Brain



Who Knew?

By: Joel Achenbach,
Washington Post Staff Writer

As seen in the Sept. 2003 issue of National Geographic Magazine

Psychologists believe that people use two different mental systems for thinking about risk. The first is logical and analytical. The other is intuitive and emotional. Feelings alone can also cause us to make illogical calculations. A 1993 experiment offered people a chance to win a dollar by drawing a red jelly bean from one of two bowls. One bowl had 100 beans, 7 of them red. The other had 10 beans, only one of them red. Many people preferred the bowl with 7 red beans. They knew their odds were worse, but they said they FELT as if they had a better chance.

In another experiment, clinicians were far more likely to release a mental patient from a hospital if told he had a 20% chance of becoming violent than if told 20 out of 100 such patients would become violent. The second scenario, though statistically equivalent to the first, created a visual image of violent patients.

A savvy risk analyzer uses both the emotional and analytical systems to make good decisions, says psychologist Paul Slovic of the University of Oregon, "You need your feelings to put a cross-check on your analysis and you need analysis to keep your feelings in check."

So, to keep your wits, analyze your situation and crunch the numbers.■

Accountability

Continued from Page 2

designed into the Sexually Violent Predator Act (SVPA). Under Welfare & Institutions Code (W&IC) §6605 (a) & (f), "In the event that the state DMH has reason to believe that a [committed] person…is no longer an SVP, it [DMH] shall seek judicial review of the person's commitment…" The continual failure, or refusals to grant a "current examination" and a "confidential case discussion" has prevented DMH from reviewing an erroneous "diagnosis" and an illegal commitment.

It makes no sense to predict that an individual will reoffend "before the day he dies" then place him in a volatile environment, until the day he dies, in hopes that you can force him into a situation where "self defense" will become proof of his violence and then justify a return to the California Dept. of Corrections(CDC), in an attempt to prove your predictions. WE MUST DEMAND THAT OUR STATED RIGHTS ARE GIVEN TO US.

As stated in the L.A. Times article, employees "noted that the hospital has been forced to accept particularly aggressive criminals, " which we have to live with and be around. Staff gets to go home. We are here doing life sentences(for what they think we might do). Staff complains about having "migraines," what about those of us who die here from lack of professional medical care and living in such a highly stressful environment, unduly.

At a meeting, on January 25, 2006, staff carried signs that said: "Exhausted & overworked"- if I wanted to be incarcerated, I would have committed a crime."

What about those of us that must spend the rest of our lives behind "the walls" when our only crime was an alleged "technical [non-sexual] parole violation' that brought us back into CDC custody, for processing under the SVPA.

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By: Tony Iannalfo

Many of you have asked me to find out the straight scoop on how successful Todd Melnik has been in representing SVP's and Pre-SVP's. He has told me that he lost his first trial and hasn't lost since. His most recent win was a 12-0 verdict for Ellis Jones, a nine time rapist. Mr. Melnik told me that he has successfully represented Allen Bradley(Rape and molest priors), Arthur Laub (Rape and molest priors), Gerald Johannes(Molest priors), Don Anderson(Rape priors), Jack Sporich(Two trials-17 victims/1000 total molests) and Fred Faith(Rape priors).

For those of you that want to know, Mr Melnik only takes three new SVP cases per year and no longer takes court appointments. Mr. Melnik currently has SVP cases in San Diego, San Francisco, Los Angeles and San Jose. He told me that he expects to get one more previously committed SVP out this year. Mr. Melnik would openly discuss fees as all his fee agreements are confidential, however, I can tell you based upon my discussions with people that have hired him, you better be prepared to spend what it takes $$$. His former clients say he is unstoppable in court and well worth the expense, if you can afford him. What price would you pay to get out of here?■

This Publication is dedicated to and Written By American Citizens Fraudulenty held undere The California SVP Act.

Gulag News

Volume IX - No1 Published Bimonthly at Coalinga, CA Nov. Dec. 2007
E-Mail us at gulagnews@yahoo.com or visit us on line at www.sexgulag.org

EDITORIAL

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is not surgical or medicinal but rather therapeutic, does your opinion change? Suppose someone, "B," has an obsessive drive to wash her hands and does so dozens of times a day, but, then, "B" undergoes a process and no longer washes hers hands. Is she cured? Suppose "B" - God forbid had her hands amputated because of some justifiable medical process (cancer?). Is "B" cured? Or suppose a physically healthy "B" thinks about washing her hands often but only does so at appropriate times (before eating, after bathroom activities, etc.). Is "B" cured? Suppose "A" five years later starts to limp again. Was he ever cured? Are the thoughts that "B" had about washing her hands counter indicative to a cure? If "A" thinks about limping, is "A" even though he doesn't limp cured? Should "thoughts" be a diagnostic parameter in the definition of "cure?"

If I'm asked, "are you cured?" I will respond, "what do you mean by "cured?" The answer so often given by professional therapists "there is no cure," and followed by the usual mantra about the patient can, however, learn to control their behavior, while well meaning and politically correct,
1Lester Welch, Ph.D., sits on the Sex Abuse Treatment Alliance's Executive Board. This article is a reprint from SATA-SORT News, Volume 16, Issue 1, Spring 2007 hurts our cause and re-enforces the erroneous opinions about recidivism rates. The public thinks that the lack of a "cure" means a certainty of relapse.

I maintain that if someone is controlling their behavior, they are cured because there is no difference between them and someone who never offended in the first place. The same is true of alcoholics. If your behavior is controlled you are not a threat by definition.

Of course, legislators can legally define "cure" much in same way as they have defined "violent." A law can be enacted which states that there is no "cure" for alcoholism, sexual misbehavior, and drug addiction. This legislative maneuver will help maintain the fear in the public, assure an emotional response, and delay a rational search for actions to diminish harm for the sake of increasing the probability of being re-elected.

Are you cured from your last cold? ☠

Accountability

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I ask you, "does that deserve a life sentence, mandating behavioral modification for a sex crime? Especially when most of us took a Nolo Contendere (Nolo) plea agreement in court. And the Nolo plea was not to be used as an admission of guilt in any subsequent action. Remember, to use your right to contact your representatives with your concerns. ■

USE OF THE TERM PATIENT

Continued from Page 5

have no problem being referred to as one, but it does beg the question in its application to this population: what about us and our circumstances, does the term "individual" describe? How does it specify or differentiate any of us from any regular "individual" at liberty, outside?

No, it is far more honest and informative to simply tell the truth: something of which you seem to want to appear as proponents. When it's convenient.■

Absent Comrades In Memoriam

ECHOES asks everyone, everywhere to pause for a brief moment each day and remember, with kindness, each of these, our 30 Absent Comrades.

1. Robert Cloverdance... 1998
2. Jim Davis. 01/21/99
3. Colman 2000
4. Donald Hughes. 11/07/00
5. David Stansberry 05/10/00
6. Donald Lockett. 01/23/01
7. Charles Rogers.. ....05/29/00
8. Edward Samradi..... .....05/10/01
9. Larry Goddard 06/02/01
10. Dean Danforth 07/27/01
11. Lloyd Johnson 2002
12. Wayne Graybeal..... 2002
13. Greg Bowen "Sluggo" 07/04/02
14. Patrick Brehm 03/15/03
15. Robert Alperin. 03/15/03
16. Tim McClanahan..... .....03/15/03
17. Wayne Porter 08/18/03
18. Cash O'Dowd. 12/11/03
19. Elmer Bock..... ....04/07/04
20. David Gonick.. ....08/23/04
21. Joe Vlahoitis.... ....12/04/04
22. Crowin Weltey 12/13/04
23. Ross Washington..... .....01/30/05
24. Richard Bishop 02/07/05
25. Alton Robinson 08/19/05
26. Robert Canfield..... .....08/29/05
27. Geraldo Sanchez..... .....09/24/05
28. Robert Brooks 11/24/05
29. James Aceves 07/20/07
30. Frank Valadao 11/08/07

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

ECHOES OF THE GULAG

Published bimonthly at
Coalinga State Hospital

Articles for publication are always needed. But they cannot be returned. The Editor retains the right to edit, modify or reject any article submitted. Publisher does not accept responsibility for the veracity of any submitted article.

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Layout Design & - Typography ..... Glen F. Green

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