

## Contents

Editor's Note **2**

Administrative News **3**

TPC Pages **4**

General Public Input **7**

Phase Page **9**

Sports **10**

Welcome to the First Edition of The Ally!

## Jones Files for Internet Access

Sanford Jones, resident at CSH, has filed suit against Steven Mayberg, Director of the California DMH, and Pamela Ahlin, the acting Executive Director of Coalinga State Hospital.

His suit, a Habeas Corpus petition, alleges that the state has "enacted regulations that deny petitioner the right to any access of the Internet, or to operate a business from within the facility," and that doing so constitutes "an overbroad and unconstitutional abridgement of petitioner's freedom of speech, (Continued—see "SUIT" Pg. 7)

## Committee Chairs Appointed

Monday, July 6, 2009

A number of key positions were filled at the People's Committee's weekly meeting on Monday. TPC Vice Chairman, Curtis Canada, appointed eight motivated and capable residents to chair the various work-group committees and interface with the administration.

"I am confident that these individuals are both qualified and dedicated," said TPC Chairman Muhammed Shazier. "There is a spirit of cooperation among them, and a willingness to work hard to meet the needs and expectations of the CSH (Continued—see "CHAIR" Pg. 5)

## Supreme Court to Hear Constitutionality of Federal Law Similar to the SVPA

Monday, June 22, 2009

The United States Supreme Court agreed to hear arguments relating to the constitutionality of a federal "Sexually Dangerous Persons" law. The statute is similar to the Sexually Violent Predator Act contained in California's Welfare and Institutions Code, Section 6600 et seq., in that it authorizes the government to commit sexual offenders to forensic hospitals following the completion of their criminal sentences. In January, the United States Court of Appeals said that the U.S. Congress had "overstepped its authority" when it enacted a statutory scheme which allows for the indefinite commitment of persons deemed "sexually dangerous." The Supreme Court will hear arguments and review the decision this fall, then determine the issue of constitutionality.

It is unclear at this time what impact, if any, the decision will have upon California's SVPA. Many are hoping that the High Court will uphold the appellate decision, and that California's SVPA will subsequently be determined to be unconstitutional.

*"There is something wrong in a government where those who do the most have the least....There is something wrong when honesty wears a rag, and rascality a robe; when the loving, the tender, eat a crust, while the infamous sit at banquets."*

—Robert Ingersoll

*"Man stands in his own shadow and wonders why it is dark."*

—Zen Proverb

*"You know of the disease called the 'sleeping sickness.' There also exists a sleeping sickness of the soul. Its most dangerous aspect is that one is unaware of its coming. This is why you have to be careful. As soon as you notice the slightest sign of indifference, the moment you become aware of the loss of a certain seriousness, of longing, of enthusiasm and zest, take it as a warning. Your soul suffers if you live superficially."*

—Albert Schweitzer

*"You cannot contribute anything to the ideal condition of mind and heart known as brotherhood, however much you preach and posture, or agree, unless you live it."*

—Faith Baldwin

*"The most striking contradiction of our civilization is the fundamental reverence for truth that we profess, and the thoroughgoing disregard for it that we practice."*

—Vilhjalmur Stefansson

*"How many legs does a dog have if you call the tail a leg? Answer: Four. Calling the tail a leg does not make it a leg."*

—Abraham Lincoln

# From the Editor

*By Andrew J. Hardy*

Welcome to the *Ally*—one of the major steps being undertaken to improve the way the people of CSH are being served, and to repair for a better democracy. When I was approached by the TPC Chairman and Vice Chairman with the concept of starting a newsletter, I was ecstatic, to say the least. One of the things the CSH population has needed for a long time is a means of getting information out to the masses, and the *Ally* will be a great vehicle to do just that.

The *Ally* is committed to bringing you the news, information, opinions, and entertainment you want and need. It has been said many times throughout history that knowledge is power, and I believe that the best way to empower the resident population is to provide accurate information, heart-felt inspiration, and definitive assistance to the people who need it. On these pages, you will see articles on the law and published court opinions, hospital sports, cultural events, and other goings-on.

The *Ally* is supported by The People's Committee; I, myself, am the TPC Chief of Staff. Some would say that this constitutes a conflict of interest, that I cannot be a part of the TPC and still remain unbiased. They might say that the *Ally* cannot be independent if it is supported by the TPC.

Knowing this ahead of time, I make this promise to the residents of Coalinga State Hospital: This will be fair, and this will be unbiased. Because we are an independent forum, and since speech is still free in America, we will publish the people's voice at every opportunity.

**We are your *Ally*.**

## ***Guidelines for Submission***

*All submissions to the People's News are subject to editing for proper syntax, grammar, punctuation, and clarity. Submissions may not include hate-speech, inciting or inflammatory language, or unnecessary profanity. Submissions may be returned to the individual author for revision or may be rejected outright.*

*Please note:*

*We want your voice to be heard; please work within these guidelines in order to have your work published.*

# Valencia Displays Optimism at Bylaws Workgroup Meeting

Wednesday, July 15, 2009

CSH Clinical Administrator Jose Valencia met this afternoon with patient representatives and the Staff Liaison Officer in order to help facilitate the quick production of a set of governing bylaws, and to help expedite the democratic process to which the hospital's residents are entitled. In a casual, round table-style discussion of progress and democracy, Mr. Valencia expressed the hopes and expectations of the hospital's executive administrators, as well as offering what could be seen as an olive branch to the hospital's population.

Many CSH residents have recently been angered by the upheaval in the hospital's patient representation not long ago. Some feel that, in terminating communication with the Hospital-Wide Unit Representatives, the administration's intent was to manipulate the population and cause division. Sharing his awareness of the population's concerns, Mr. Valencia said, "I understand that people are frequently pissed off and frustrated, and that information is not always flowing smoothly. I am looking forward to a change in that... Communication is important, and that's something we want to facilitate." Mr. Valencia steered the discussion toward future endeavors and seemed reluctant to analyze past divisions; however, spending a brief moment to explain the breakdown in communication with the former HWUR, he said, "We got the impression that different agendas were being pursued by certain members. Dialogue had become confrontational."

The primary focus of Mr. Valencia's presentation was the proposal of a new kind of collaboration between the CSH residents and administration. The Bylaws Committee is perhaps the most crucial part of this group effort, as official, fully-democratic elections can not be held without governing bylaws. This independent work-group is made up of former members from the PCDG and the HWUR, as well as a single representative from The People's Committee. Four CSH residents have stepped up and volunteered their time and energy to be a part of this intense team. Ken Herman, Robert Bates, Steve Force and Michael Starrett have all been working hard to ensure that a mutually-acceptable set of bylaws is drafted, presented to the population for approval and proposed revisions, then presented to the CSH administration for final ratification. These bylaws will specifically govern the way the people of this facility are represented by those elected, and they may very well be complete in just two or three more weeks.

"Of course we're concerned with who represents the people, and conveys to us the most pressing issues affecting the patients in the hospital," explained Mr. Valencia. "We're open and willing to meet with those who represent the population," he added, and went on to clarify that in order for the CSH administration to ascertain and address the needs of the people, elected representatives need to be willing and able to present the population's stance effectively, diplomatically, and professionally. "I've expressed to people that this particular administration has an interest in letting the population have a say... We're open and willing to meet with those who represent the patient body, because here's what's on our minds: Let's do, together, everything that we can...The administration's role here is to provide treatment in this facility. But if we can also improve your living conditions, if we can get rid of some of the archaic things that aren't necessary, then we want to do that as well."

Mr. Valencia looked each one of the patient volunteers in the eye and committed the administration to openness, availability, and fairness. "I won't lead you down a primrose path," he said. "If you want limousine service and prime rib on Sundays, it's probably not going to happen... But we have some very positive things in mind. Believe me when I tell you that people up there (in administration) are not saying, 'Let's screw these guys.' We—and I—would not tolerate that, and I am not now working with anyone with that mindset. We're not going to put up any artificial barriers."

Bylaws team member Robert Bates asked Mr. Valencia what manner of cooperation the patients could expect the administration to engage in with the current temporary representative body (The People's Committee) and the representative organization that will be formed following the approaching hospital-wide elections. "We are all looking forward to a more efficient process and the ability to work together to meet the needs and expectations of the patients," he replied. And we will support the representatives as much as we can. For example, one of the things I've expressed before—we would like to provide leadership training in the future to those people who get elected, because we believe it would make them more effective."

The consensus, as the meeting wrapped up, was that a complete set of governing bylaws could be produced within a matter of a few weeks; committee members will continue meeting as often as possible to reread, revise, and combine two sets of previously-rejected bylaws. Both the PCDG bylaws and those generated by the HWUR contained sections which were acceptable, and some sections which simply were not. Their work includes finding reasonable solutions and compromising so that the concerns of all CSH residents will be equally, fairly, and impartially represented.

# TPC Pages

## TPC Vice Chair Plans Intervention Team

The People's Committee's Vice Chairman, Curtis Canada, is working on a proposal for elected or appointed patients to form a "crisis intervention/conflict resolution" team.

"There are often confrontations involving CSH personnel and residents which escalate beyond what is necessary," said Mr. Canada. "Whether these incidents are instigated by staff or patients is irrelevant; staff have the ability to push their alarm buttons and summon officers and other LOC staff, but no one ever shows up to help or support the patient."

Mr. Canada's proposal, currently in the works, includes forming a team of patients and providing them with in-depth conflict resolution training. "The benefits to this kind of program are self-evident," he added.

Mr. Canada went on to stress the motto of the People's Committee: "Freedom first, creature comforts second, unity always." He explained, "Our freedom must *always* come first. But sometimes a guy winds up in a situation that could potentially put his freedom in jeopardy, whether due to the threat of a parole violation, or because any 'acting out' gives the state the ammunition it needs to keep someone in this place. We don't want that to happen to anyone, and if we can stop it from happening, and at the same time help the DPS or LOC staff to see the person's point of view—that's really our goal here."

Vice Chairman Curtis Canada resides on Unit 17.

## Contraband Committee

Monday, July 20, 2009

The TPC Contraband Committee, under Chairperson Star Lopez, is currently working on a number of issues, including:

- The Napa State Hospital property list;
- The McNeal Island property list;
- Antennas and converter boxes for TVs;
- Personal items for transgender patients.

Additionally, the Contraband Committee is working on a proposal for a different style of DVD players—that is, the regular units which do not have a built-in screen, but are meant to be connected to a full-size television, such as those which are now available through Walkenhorst's.

Lastly, Chairperson Lopez is awaiting the Allowed Property list from Minnesota's SVP facility.

### The People's Committee

**Muhammed Shazier**  
*Chairman*

**Curtis Canada**  
*Vice Chairman*

**Mike Starrett**  
*Secretary*

**Andrew Hardy**  
*Chief of Staff*

**Greg Grant**  
*Administrative Coordinator*

**Robert Martinez**  
*Sergeant at Arms*

**James Hydrick**  
*Parliamentarian*

**Gregory Shehee**  
*Chair-Patients' Rights Committee*

**Star Lopez**  
*Chair-Contraband Committee*

**Bernard Brinkley**  
*Chair-Medical Committee*

**James Parkinson**  
*Chair-ADA Subcommittee*

**Rock Hernandez**  
*Chair-Services Committee*

**Mike Johnson**  
*Chair-Nutrition Committee*

**Allen Fields**  
*Chair-Events Committee*

**Don Hale**  
*Chair-Music Committee*

**Ishmael Carter**  
*Chair-Sports Committee*

## ADA Subcommittee Sets Goals

By James Parkinson, Chairman—  
ADA Subcommittee

Finally, after a lot of work, patients affected by the Americans with Disabilities Act (ADA) are beginning to get somewhere. Some highlights:

- In June, CSH had its first American Sign Language classes for staff, to facilitate communication with Hearing Impaired patients;

- The "Code Blue" medical emergency alarm system is now in place and fully operational;

We still have much more to work on. There are currently over one hundred ADA issues affecting both individual patients and the CSH population as a whole. These issues range from residents in need of batteries for their hearing aids—to the need for reform in transportation procedures when a person is transported outside the hospital for medical procedures.

A special note to the hospital's residents: If you have ADA or other disability concerns, please document these issues and present them to the ADA or Medical representatives. We can better represent your issues to the administration if we have a clear understanding of specifically what those issues are.

*Editor's note: See pg. 5 for a list of TPC medical and ADA representatives.*

# CHAIR Continued from Pg. 1

residents. We have a lot to accomplish in the coming months, and we all share the same desire to get right to work.”

Star Lopez, of Unit 3, was appointed Chairperson of the Contraband Committee, and will be dealing directly with the administration on a regular basis to propose changes and amendments to CSH contraband policies. Star will also be giving attention to the computer moratorium, which is an issue of concern to a large portion of the patient population.

The Music Committee is chaired by Don Hale of Unit 17. Don will lend his considerable musical talent and skill to the coordination of the hospital's music programs. He worked hard to get the Administration's approval for individuals to purchase and maintain their own musical instruments. His work will include helping to organize events and concerts, assisting Music Center staff, and other duties.

Ishmael Carter, of Unit 8, is often seen pounding up and down a basketball court, and he has dedicated himself to the chairmanship of the Sports Committee. “Coach Carter” will be helping to facilitate the hospital's many sports events and tournaments.

Allen Fields is now the chair of the Activities Committee, a position which requires a high level of energy and dedication. He will help organize and coordinate a myriad of hospital events, including special events, birthday parties, etc.

The Medical Committee is chaired by Gregory Shehee, of Unit 17, who has a vast amount of knowledge and experience related to medical issues at CSH. The ADA Subcommittee is chaired by James Parkinson from Unit 2. Mr. Parkinson was a Teamster for many years and has extensive experience with ADA issues. His committee will be addressing the hospital's disability issues as related to the Americans with Disabilities Act.

The Union Square Grille, Canteen, By-Choice Store, and Patient Dining Rooms fall under the Nutritional Committee, chaired by Brian Cooke of Unit 12. The Nutritional Committee will meet regularly with the administration to address issues of pricing, menu changes, availability of new products, and much more.

The Patients' Rights Committee, chaired by James Hydrick from Unit 3, will concentrate on the civil rights of all CSH residents. Under his leadership, the Patients' Rights Committee will address conditions of confinement, the Therapeutic Strategies and Interventions (TSI) model, and other matters affecting our rights.

The Services Committee will focus on those services provided to us by the state, including visiting, mail, laundry, etc. This committee's chairman is Rock Hernandez, a well-respected elder on Unit 17. Rock's committee has already begun working hard and we anticipate some great accomplishments.

These committees will be working interdependently and have commenced working on their agendas. We anticipate swift results and look forward to presenting the residents with key accomplishments in a short amount of time.

## TPC Committees

### **Activities Coordinator**

*Allen Fields\**  
*Mike Johnson*  
*Star Lopez*

### **Contraband**

*Star Lopez\**  
*Bryan Cresslor*  
*Frank Cisneros*

### **Medical**

*Bernard Brinkley\**  
*Gregory Shehee*  
*Steve Rivers*

### **A.D.A. (Medical Subcommittee)**

*James Parkinson\**

### **Music**

*Don Hale\**  
*Greg Peters*

### **Nutrition**

*Jacob Payne\**  
*Mike Johnson*  
*Andrew Ring*  
*Harold Wachter*

### **Patients' Rights**

*James Hydrick\**  
*Gregory Shehee*  
*James Parkinson*

### **Services**

*Rock Hernandez\**  
*Jesse Flores*  
*Ishmael Carter*

### **Sports**

*Ishmael Carter\**  
*Mikel Marshall*  
*Brian Cooke*

\* Denotes Committee Chairman

**“What gives light...**

**must endure burning.”**

**--Viktor Frankl**

**Holocaust Survivor**

# TPC Activities In Brief

## UNION SQUARE GRILLE

•On July 21, 2009, a number of elected unit Canteen & Nutrition representatives, as well as reps from The People's Committee, convened at what was supposed to be a meeting for both the CSH commissary and the Union Square Grille. On the agenda were several issues, the primary concern being the boycott of the grille and a reasonable proposal to bring about the end of this strike. Unfortunately, the Union Square Grille's staff representatives did not appear at this meeting, and the grille agenda and proposals had to be tabled until a new meeting could be scheduled.

## CANTEEN

•Warehouse Manager Robert Adams issued a memorandum on July 21, 2009, indicating that a number of items carried in the store were going up in price, and that some others were being discontinued. Attached to the memo were several pages of newly-available items, and Mr. Adams requested that patient representatives forward to him suggestions for which items could be withdrawn to make room for additions to the commissary's inventory.

•During the same meeting, several of the elected unit representatives addressed complaints to Mr. Adams regarding what appeared to be "price-gouging" on certain items, including CD-R discs. Mr. Adams passed around document which displayed the actual cost of these items, and indicated that the canteen prices are always marked up 30%, explaining why the CD-Rs seemed a little pricey. Many of the meeting's patient attendees demanded an explanation of where the 30% profit was being spent, to which Mr. Adams answered that he did not know, and that the numbers would have to be requested from the appropriate CSH department. Staff Liaison Officer Kate Kanaley will follow up.

## APPROVED VENDORS

•The People's Committee has received a memorandum, dated June 29<sup>th</sup>, 2009, from the acting Executive Director Pam Ahlin indicating several new approved vendors. The vendor list now includes a total of 31 approved vendors, counting three new additions: 8-Track Shack, Batteries Plus, and Rockabilia.com. The memo further clarifies CSH policy, stating that "all books, periodicals, and all other printed materials will be accepted by the warehouse regardless of vendor and will be forwarded to DPS for distribution.

## MICROWAVES

•On July 20, 2009, The People's Committee submitted a memorandum to the hospital's acting Executive Director requesting that microwave ovens be installed on all CSH living units. As most patients know, microwave ovens were ordered for each unit prior to the hospital's opening; however, those microwaves are now located in unit staff's break area, rather than in the dayrooms, and patients are not allowed to use them. The TPC is requesting that the administration revisit this request and place microwaves on the units for patient use.

## No More "Us Versus Them"

*Submitted Anonymously by a Member of Coalinga State Hospital's Level-of-Care Staff*

In the midst of a recession/depression, tumultuous political decay, and a world crisis, many of us CSH employees continue to go about business as usual, despite our current 3-day furloughs and counting. We all try and keep our wits about us, praying that fuel prices remain under three dollars per gallon. We go onto our units, hoping to make a difference, striving for a therapeutic accomplishment, peace and harmony. We go on assisting those in need and attempting to make others' lives a little bit smoother. We lend an ear to those suffering through some inner hurt and loneliness, maybe sharing a laugh and a smile. Frequently, I am very touched by the concern, thoughtfulness, and empathy we receive from the individuals on our units. They teach us a lot about selflessness, patience, and remaining humble.

In the day and life of our units, unfortunately—and most commonly—the squeaky wheel gets the grease, while all those who remain undemanding and in the background may simply go unaddressed.

Lately, we Psych-Techs have received complaints that we are just not recognizing the individual as a Real Human Being, who is unique, talented, and sensitive. And because they are not a nuisance, they still would appreciate some positive acknowledgement.

It is all of our concerns and goals that if we try and meet half-way and come together, there will always be room for improvement. So if there seems to be something missing or lacking—let's start talking about it, address it, and try to fix it.

## IN MEMORIAM

Coalinga State Hospital has recently seen the loss of two treasured men whose presence will be missed. Our late brothers in arms, Pepie Vila and Jerry Stevens, were wonderful men who influenced our lives in many ways. There will be a memorial service, date and time to be announced, so that we may gather in their memory, celebrate their lives and their heroic passing, and pay our respects. Pepie and Jerry were our comrades, our friends, our confidants, our helpers, and our brothers. The Ally asks that you please keep their families in prayer, so that their relatives may be comforted by the time that these men spent on this earth, the lasting memories that we will all keep in our hearts.

"The world is too dangerous for anything but truth, and too small for anything but love."

--William Sloane Coffin

# Request For Staff Intercession

By Billy Redding

We, the patients you have been charged to render assistance to, ask of YOU, the unit staff, to step forward and advocate for our right to a night's sleep without being cruelly and unusually snapped into wakefulness by loud PA announcements directly over our sleeping heads in our cells.

The last few nights, there have been an inordinate amount of false alarms breaking into our sleep several times each evening. On July 16<sup>th</sup>, six such calls were done. All were false alarms (evidenced by the "wave-off" and "Red light all clear" announcements within mere minutes of each alert.

The last call, at 0445 hours, was a medical "code blue" alert on Unit MA2, which had nothing to do with security; it was completely unnecessary to wake every patient, in every cell, all over the hospital, for this announcement.

We need our unit staff's support. We need you to make your voices heard on our behalf to the administrative levels, where this abusive policy needs to be stopped. We need you to ask such questions as:

- Why is it necessary to wake patients for alerts that can be handled more appropriately by telephone and radio?
- It is known that prisons shut down their PA systems at 2100 hours; why is this not our policy as well?
- "Security matters" is an understandable justification for use of the PA system while the patient population is awake and moving around; however, during the night shift, staff are not in the men's cells. Duty nursing staff are alone on most units and are not allowed to abandon their posts—even to respond to alerts without coverage—so how are these alarms applied logically during the hours of 2100 to 0700?

Our plea: *Will you help the people you have come here to provide assistance to?*

## Suit Continued from Pg. 1

and of the press. Petitioner further contends that the regulation denying petitioner permission to operate a business from within the facility denies petitioner the right to earn a living [and] that he should be able to own, possess, and use his own cell phone at his own cost."

The petition relies upon solid case law and established constitutional standards. His free-speech argument is based upon numerous cases, including *Reno v. American Civil Liberties Union*<sup>1</sup>, a Supreme Court case in which the court "made clear that speech on the Internet is accorded the same First Amendment protection as speech on other forums." The court's opinion in this case recognizes that the Internet gives people "a voice that resonates farther than it could from any soapbox."

Mr. Jones goes on to cite another case, *In re Stevens*<sup>2</sup>, in which a parolee whose conditions of parole included restricting him from all access to computers and the Internet. Stevens' controlling conviction (lewd conduct with a child), though it was a sexual offense, had not involved the use of a computer. "The Court of Appeal, Gilbert, P.J., held that...broad prohibition on use of computer and Internet, which bore no relation to the parolee's conviction, imposed greater restrictions on his rights than was reasonably necessary to accomplish the State's goal of preventing further criminal conduct."<sup>3</sup>

Mr. Jones' suit further attacks Title 9 of the California Code of Regulations, §§891-892, which states, "Non-LPS patients shall not have access to the Internet," and "Non-LPS patients shall not operate a business from within the facility." The CCR allows alternatives to these restrictions, such as allowing the patient to execute a power of attorney which designates another person to attend to the patient's property and business interests. However, these allowances are far from sufficient for most of the patients who have these concerns.

"I owned a recording studio in Arcata, California," said patient Andrew Hardy. "When I got arrested on a parole violation, I lost everything. I spent three months in San Quentin after my violation was dismissed, waiting for the state to evaluate me, and then I spent another eleven months in the county jail before I came here. I was never given the option to designate another person to run my affairs—by the time I got here, I had no affairs left to run."

Mr. Hardy is no different from many CSH residents. A large portion of the patient population has unwillingly forfeit their lives and their livelihood, having been stripped of everything they owned before they even arrived on the CSH doorstep.

Mr. Jones' lawsuit further seeks to allow patients to own and operate an business enterprise from within the facility, a pursuit that would be made much more attainable should Internet access be granted. "Whether 'fundamental' or not, 'the right of the individual...to engage in any of the common occupations of life' has been repeatedly recognized by this Court as falling within the concept of liberty guaranteed by the Fourteenth Amendment."<sup>4</sup>

Eric K. Dannenberg assisted in the preparation of this lawsuit. The *Ally* will keep readers updated as to the progress of the case. All inquiries can be directed to Sanford Jones, ICF Unit 8.

<sup>1</sup>*Reno v. American Civil Liberties Union*, 521 U.S. 844, 870, 117 S.Ct. 2329, 138 L.ED.2d 874 (1997)

<sup>2</sup>*In re Stevens*, Cal.App.4<sup>th</sup> 1228, 15 Cal.Rptr.3d 168

<sup>3</sup>Sanford Jones, *Petition for Writ of Habeas Corpus with Points and Authorities*, Pg. 7, Footnote 1

<sup>4</sup>Sanford Jones, *Petition for Writ of Habeas Corpus with Points and Authorities*, Pg. 12, Line 14

## *Commitment:*

**No voice will be silenced.**

**No vote will go uncounted.**

## Some Alarming Facts

*Excerpts from "Misinformation Quiz," by C. Irish Williams.  
Reprinted with permission.*

- Nearly 1,000 so-called "Sexually Violent Predators" held in psychiatric detention in state mental hospitals have cost California taxpayers over one billion dollars.
- By 2008, almost 100,000 high-risk sex offenders, at least as dangerous as the SVP's now under confinement, have been released into California communities statewide.
- About 35,000 of these high-risk sex offenders cannot be located by the authorities charged with monitoring them, due to a lack of funding.
- In the last 10 years, numerous projects for funding primary and secondary school construction and upkeep, the expansion of libraries, public roads, hospitals, and college programs have been denied due to a lack of funds—while the budget of the Department of Mental Health expands by millions of dollars every year, heavily-weighted toward sex offender programs.
- California's general prison population averages a 60-70% annual recidivism rate.
- The U.S. Justice Department quietly sits on myth-shattering statistics: Sex offenders have a far lower recidivism rate than any other category of crime, including crimes of violence: 5%.

## "QUESTIONS"

*Submitted Anonymously*

- If I am here for mental health care and treatment, why am I not entitled to a clinical assessment?
- Why didn't my mental disorder exist at the time of my offense and conviction, and how did it manifest itself only after I had completed my punishment?
- If this is a hospital, why can't I get prompt medical attention for my health care concerns?
- Why does this maximum-security facility incarcerate primarily minimum-security inmates?
- If this is the "least restrictive environment," why can't I have hot sauce to put on my food?
- If Phase Treatment is supposed to be an avenue to freedom, why has the California Department of Mental Health never once, in all these years, recommended a single Phase Treatment graduate for conditional, supervised release?
- If I am to be treated as an individual, why are my rights and privileges restricted, suspended, and even terminated, based upon the possibly inappropriate (and possibly misconstrued) actions of another?
- If the state's evaluators are conducting their evaluations according to the accepted standards of their profession, how is it that I was diagnosed with an Axis 1 disorder of Paraphilia NOS, given the APA's conclusion that "There is no medical, clinical, or scientific evidence that these diagnoses even exist?"
- Did you let the taxpayers know that they were paying \$388 million to build this hospital?
- Or that they would pay a quarter of a million dollars every year to keep me here?
- Or that you have already spent well over one billion dollars providing me and my cohabitants with "popcorn therapy" and a treatment program that has not, does not, will not, and by your own admission--CAN not--ever be successful in helping us detainees regain our freedom?
- And just one final question to administrators, DPS officers, Level of Care Staff, and other CSH personnel:
- How do you live with yourselves?



# The Phase Page

## You Are Your Own Best Therapist

By Allan Rigby

You've decided that having sex with boys is a dead end. Your therapist thinks gay pedophiles go from 12-year-old boys to 50-year-old men, and don't you dare fantasize about boys anymore. It just isn't so, according to Dr. Joe Kort. "There is a far better explanation for sexual fantasies and arousal than attributing them to pathology and sickness." According to Dr. Kort, pedophiles need to resolve and understand their own psychic issues. "Acting out any fantasy that puts you or others at risk in any way, you should seek help immediately."

The truth being, men at Coalinga have acted on fantasies that have caused us to be incarcerated, lose jobs, disrupted families and personal relationships. Don't say that there are no risks to offending. Dr. Kort describes this adjustment from having sex with boys and twins to desiring sex partners more appropriate as "gay years." While you might be 55, your gay years will be early twenties. It is a transition that's necessary for gay maturation. It's why we dwell on late adolescence or young men in the images we create and the photographs we keep. At Coalinga, as well as Atascadero, therapists have no concept of this transition that is necessary for a gay man to mature and master the erotic fantasies that once controlled him.

"All sexual fantasies are healthy, though some should never be acted on because they might put the one who has them (or someone else) at risk," says Dr. Kort. "The human psyche is always looking to repair itself and return to wholeness, so it's not surprising that it would use erotica and the sexual realm as corrective tools. Gay men have not been allowed to explore our sexuality openly and consciously from the beginning. Sexual fantasies usually have some unconscious intent that isn't even sexual at all. Sexual fantasies and erotic desires are not pathological but are a form of self help, erotic blueprints that can help you discover yourself, along with the right partner for you."

In his book, *Arousal: The Secret Logic of Sexual Fantasies*, Michael Bader writes, "My theoretical and clinical approach to sexuality is an affirmative one, viewing sexual fantasy and arousal as resulting from an unconscious attempt to solve problems and not, as many psychoanalysts would have it, recreate them."

Do your best, gentlemen, to overcome addictions to minors and move out of the closet into the arms of an appropriate person.

"What gives light  
must endure burning."

--Viktor Frankl  
Holocaust Survivor

## Dynamic Factors

By Mike Starrett

The hospital administration's Treatment Curriculum Committee is currently considering changes designed to enhance and streamline the Phase program. Following is a description of one of those potential changes.

Dynamic Risk Assessments Evaluation: We all know that evaluators unfairly—yet no less heavily—rely upon our unchanging static risk factors when considering us for commitment. We also know that current dynamic factors are what really matter. Unfortunately, there is little we can do about this. However, the Curriculum Committee is currently looking into evaluating our dynamic risk factors as an assignment in the Phase groups. This evaluation includes first determining whether the evaluator marks the factor as a risk, then determining what the facilitators and fellow group therapy participants think. We in the groups know ourselves far better than the evaluators—who see us for a few mere hours—do; and we have a much better understanding of our own risks.

I was part of a study for the administration, and I have actually done this assignment in a group for evaluation purposes. Doing this assignment, we determined that there is little correlation between what the evaluator determines and what the group members and facilitators think.

From a treatment perspective, this exercise proved instrumental in honing therapy, specifically for me as an individual. It essentially eliminated the frustration and wasted time I'd have experienced working on issues that didn't really matter. From a practical standpoint, however, it demonstrated the inefficacy, injustice, and ridiculous amount of state resources wasted on speedy evaluations for incarcerated individuals whose loss of liberty is potentially indefinite.

(Note: The information contained in this column is based solely upon the research and opinion of the author himself. This article has not been endorsed by CSH staff or administration.)

# Sports Page

*By Bryan E. Cooke, TPC Sports Committee*

## **Softball**

The Valadao Memorial Softball League has been competing relentlessly as the season nears its end. The Free Birds, DaRebels, Under the Weather, and the Shoeless Joes are all heading toward the playoffs. Coaches Tim Weathers, Jamie Hearn, and Ishmael Carter are all attempting to play catch-up with Coach Allen Rigby's team, the Shoeless Joes, who are leading the pack with an undefeated 6-and-0 season record.

One of the two top teams will vie for the Championships. An "All-Star" game will be slated to play against a free-staff team for bragging rights, according to League Commissioner Ishmael Carter.

We would like to give special thanks to JP, the Recreation Therapist on Unit 14, and all of the unit staff who made this possible!

## **Tennis**

Some tennis tips: In 2006, after transferring from Atascadero, Bryan Cooke formed a tennis program at CSH. Then, teaming up with his friend Alan Rigby, he took a small 4-man team, and increased the program into three groups—Division "A," Division "B," and a beginner's group. Under the supervision of Tennis Director Alan Rigby, who has taken the tennis program to a different level with tournaments, new equipment, video training sessions, and the proposal of a possible outdoor tennis court, we will continue to go forward with the members of the CSH tennis group. A recent proposal is also being put forth to allow private tennis rackets to be stored on the units, along with having spectators approved to sit in the bleachers during tennis matches to acquire more interest and awareness of the game.

Special thanks are also due to James Lopez, gym staff, CPS, Program, and the facilitators, for the continuing support of the CSH tennis program.



## Updates from Coach Carter

### **SPORTS & HOSPITAL EVENTS**

#### **Upcoming Leagues:**

For all you soccer players! Keep your eyes open for our announcements. Sign-ups begin in late August.

#### **Upcoming Tournaments:**

For all of the well-aged gentlemen! We will be conducting a 50's and better tournaments in several areas. These areas are in the following games:

1. Pinochle (Teams, Head-to-Head & Race Horse)
2. Dominoes (Teams, Head-to-Head & Cut-Throat)
3. Bid Wiz (Teams)
4. Chess
5. [Submit Suggestions!]

If you have any suggestions for more games, please submit them (preferably in writing) to James Lopez in the Gym.

#### **In The Works**

The Sports Committee is currently addressing the reopening of sports yards 5 and 13 during the week in the morning hours. We are proposing that the Recreation Therapists and Level of Care staff open all of the yards.

We are also working on arranging additional tournaments between staff and the general population in all sporting events (with the exception of soccer).

If anyone has any suggestions or input, please write them down, give them to any TPC representative, and ask that representative to forward them to the Sports Committee chairman.