

## March 2010

Saint Patrick's Day: March 17  
People of the Year Awards: April 01  
Easter Sunday: April 04  
Earth Day: April 22



**HAPPY  
SAINT  
PATRICK'S  
DAY!**

### NAPA DIRECTOR CHARGED

The executive director of Napa State Hospital was fired last month after he was arrested by Long Beach police, charged with dozens of felony sex crimes, and held on \$3.5 million bail. Claude Edward Foulk, 62, has been charged with molesting his foster son over an 11-year period that began in 1992, when the boy was 10 years old. Prosecutors, however, believe that there were a total of at least four additional victims, all of them boys under 14.

A six-month investigation into Foulk's alleged crimes began in September of last year when one of Foulk's former foster children came forward with allegations of sexual misconduct. The man, now in his 40s, decided to speak up after he learned that Foulk was running one of California's five state-operated psychiatric hospitals. Because the statute of limitations had expired, charges could not be brought against Foulk; but further investigation turned up more victims from around the state, leading to Foulk's current charges.

Detectives describe Foulk's behavior in predatory terms: "He used his position of trust not only as a parental figure but as a healthcare professional to obtain victims," said Jeff Johnson, Long Beach Police Commander. "He was able to use strategic threats of force and intimidation, as well as monetary and other rewards to his victims and their caretakers to prevent discovery of his crimes."

Before his appointment to head Napa in March 2007, Foulk, a registered nurse, previously held positions as the chief of two privately-owned psychiatric treatment facilities in Pomona and Rosemead, in Southern California.

*(Continued—See "Director" on page 15)*

### DSM-5 DRAFT UPDATE: CHANGES COMING IN DIAGNOSES

The first edition of the Diagnostic and Statistical Manual of Mental Disorders, published in 1952, contained a mere 106 official disorders; by the time the DSM-IV appeared in 1994, it not only contained about three times as many disorders, but had also matured exponentially.

The fifth edition of "psychiatry's bible," the DSM-5, is slated to hit the streets in 2013 and will most likely see the first-ever decrease in the number of officially-recognized diagnoses. The American Psychiatric Association has posted a working draft of the new manual at [www.dsm5.org](http://www.dsm5.org), and already the proposed changes are inciting a strong reaction.

One such change includes folding multiple disorders into single categories. The concept is built upon studies which suggest that some types of disorders are so similar in origin and symptoms that they can be treated similarly as well and differ only in their severity. Asperger's disorder, for example, is considered a mild form of autism and may be folded into "Autism Spectrum Disorders;" substance abuse and substance dependence may fall into the "Addiction and Related Disorders;" and all personality disorders will fall together, including narcissism and *(Continued—See "DSM" on page 14)*

### CAFFEINE: TO BE OR NOT TO BE?

*By Assistant Editor Bill Hester, with Clerical Administrator Douglas G. Gaines contributing*

As most of you have probably heard, there was a scare recently that the institution was removing caffeinated coffee from the Point Exchange and, ultimately, from the whole hospital. The *Ally*, in conjunction with the CDAC, has researched this matter and this is what we know:

At this time there is no plan in the works here to remove caffeinated coffee from the hospital. Point Exchange staff and administrators have confirmed this much. That is the good news.

The bad news is that, at the state level, the Department of Mental Health is putting together a uniform list of "allowable" items to replace each hospital's now-defunct contraband policies. It is entirely possible according to Administrative sources that this list will be designed to cover all hospitals in a blanket policy. If this happens, and coffee was denied for one, it would be a dead issue at all other hospitals.

At this time we are unable to confirm a timetable for any new changes to state-wide policies or the development of an allowable-items list.

The *Ally* will continue to monitor this matter and will update the population as more information comes in.

### JESSICA'S LAW:

**Continuing to force  
former sexual offenders  
into homelessness in  
San Diego and  
across the state.  
Article on page 12**

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# The Ally

## RECOGNIZING THE GREATNESS AMONG US

By Andrew "Boots" Hardy, Editor-in-Chief

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### Guidelines for Submission

All submissions to the Ally are subject to editing for proper grammar, punctuation, length, language, 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 rejected outright.

Please note: We want your voice to be heard; please work within these guidelines to have your work published.

The Ally is published monthly at Coalinga State Hospital, in Coalinga, California. Material published in this newsletter is written, edited, and published entirely by hospital residents; the ideas and opinions expressed herein do not reflect the opinions of the hospital's staff or its administration, unless otherwise specified.

The Ally is dedicated to fair, unbiased and impartial reporting of legal information, current events and news that is of interest to civil detainees committed to the California Department of Mental Health or held pending commitment proceedings. Questions and correspondence can be addressed to the editor:

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*"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."  
--Albert Schweitzer*

Sometimes the simplest of truths is the one that remains hidden from us. It's right there in plain sight—and yet we remain completely oblivious to it.

One of those truths is this: There is a process that we have all experienced, whether we are the keepers or the kept. It's called 'desensitizing.' It strips us all of what is left of our innocence and leaves only the empty shell of our integrity behind. It's a process that we must bring to a standstill and, if at all possible, we must do our best to reverse its effect on us as individuals and us as a community.

There are things we would normally be sensitive to—things like privacy, dignity, and compassion—things that become a trivial feature in the scenery of our lives. We take these things for granted so long as we have them, but it's a shock to our humanity when, for whatever reason, we come into contact with a separate world found inside of concrete walls and razor-wire fences.

In these places, people lose their humanity. In these places, human beings are subjected to things that aren't supposed to happen in a civilized society, things that our national conscience would prefer to remain ignorant of.

Such is the nature of incarceration. It's what happens when one person has complete and utter power over another.

We need to be aware that we can so easily lose ourselves in these places—whether prisons, jails or hospitals. After years spent behind walls like these, bitterness begins to creep in and steal away our hopes, our dreams, our aspirations. And after a while, we no longer notice when those hopes and dreams are missing. We cling to our families, our friends, our habits and routines as if these are the last and final shreds of our sanity. But we defer our dreams, suspend our purpose, shelve our ethics and our compassion. Our role models become the people around us—other ex-cons—and our staff, who can easily lose their way as well. Eventually, as the process runs its course, we find that we are no longer fazed by what would once have horrified us.

That is what it means to become desensitized.

If we are to bring this process to a screeching halt, there are some things that we must remind ourselves of, some things that we need to keep at the forefront of our consciousness. We must remember that each and every one of us was once someone's child; each and every one of us once

dreamed of being someone big and special in this world; each and every one of us is capable of great and awesome things; each and every one of us has something wonderful inside of us, with the potential to reach out and pull someone else up from their darkness.

Like anyone, I have a past that is all my own. I am a fallible, imperfect human being. My past is tainted with occurrences of violence that I can neither deny nor justify. I have been a liar and a cheat and a manipulative son of a bitch, and I do not deserve the gifts that I have in my life today. But over time, I have come to a better understanding of myself in relation to the world around me: It is the nature of human beings to love each other—not to hurt each other—and the essence of our existence is the ability to come together with that measure of kindness and consideration to seek the betterment of the whole.

That's what the People of the Year Awards is all about. On April 1<sup>st</sup> we will have the opportunity to recognize those among us who have been doing this all along—pulling others up—and have been doing so without reward, without recognition, without a personal agenda or any accolade at all.

As a community, we owe a lot to these people. Some of them are legal-minds whose lives have been taken away—perhaps forever—and yet they continue to fight their battles in the courts on your behalf and mine. Some are volunteers who make a million sacrifices, filling every day providing help to others—both inside and outside of these walls. And still others are those advocates among our chaplains, our staff, our facilitators who truly and sincerely care about the restoration of our lives, liberty, and sanity.

These people have deserved our recognition for a long time, and I hope to see everyone there April 1<sup>st</sup> to acknowledge those in our little community who give that much-needed kindness.

There is a phrase written in Latin on American coins: *E pluribus Unum*—From many, one. It's a phrase that illustrates the true spirit of humanness—that when the multitudes come together, there will remain few things that cannot be accomplished.

Let's come together as one community to recognize the greatness among us, and begin beating back the bitterness of desensitization.

BOOTS

The Ally's

QUOTES QUOTA

*On Humanity and Human Nature*

*Man is a history-making creature who can neither repeat his past nor leave it behind.*

-W.H. Auden (1907-1973)

*There is, in human nature, generally more of the fool than of the wise.*

-Francis Bacon (1561-1626)

*Man is born to trouble, as the sparks fly upward.*

-Job 5:7 (King James Version)

*Man's inhumanity to man makes countless thousands mourn!*

-Robert Burns (1759-1796)

*Individually, men may present a more or less rational appearance—eating, sleeping and scheming. But humanity as a whole is changeful, mystical, fickle and delightful. Men are men, but Man is a woman.*

-G.K. Chesterton (1874-1936)

*I got disappointed in human nature as well and gave it up because it was too much like my own.*

-J.P. Donleavy (1926- )

*There is a great deal of unmapped country within us which would have to be taken into account in explanation of our gusts and storms.*

-George Eliot (1819-1880)

*Sir, are you so grossly ignorant of human nature, as not to know that a man may be very sincere in good principles without having good practice?*

-Samuel Johnson (1709-1784)

*Men would sooner forget the death of their father than the loss of their possessions.*

-Machiavelli (1469-1527)

*Nothing man does to the animal creation is equal to the cruelties he commits against his own kind.*

-Sir John Monash (1865-1931)

*Man is a wolf to man*

-Titus Maccius Plautus (c.254-184 BC)

YOU SAID IT!

**“Psychiatric hospitals aren’t jails— and psychiatrists aren’t jailers!”**

-Brandon Krupp, MD, psychiatric chief at a Rhode Island psychiatric hospital, in his resignation after being ordered to commit an offender under Rhode Island’s SVP statutes in 2006.

UPDATE: THE \$4350 BATTLE OVER ELECTRONICS

By Bill Hester, Assistant Editor

As everyone here knows by now, the Administration of Coalinga State Hospital is proceeding with the implementation of the emergency order for Title 9, Section 4350 (electronic devices). On February 26, 2010, CSH Executive Director Pam Ahlin issued a pre-dated memorandum, dated March 1, 2010, as a notice that the hospital would soon begin inventorying all patient-owned electronics to identify what items would ultimately be considered contraband. Thereafter, a timeline was developed for identifying patient electronics, making an evaluation of what is contraband, and then forcing us to dispose of our previously-approved property.

As of this time, the issue of CCR Section 4350 still lies with the Office of Administrative Law and we are all awaiting their decision on the Department’s request to make the emergency order permanent. During the comment period for this proposal, many people wrote letters discussing their view on these proposed changes. Some described the impact on their day-to-day lives, while others wrote about the legal aspects of the changes proposed. There were challenges to Department of Mental Health’s failure to provide evidence of “necessity” for the rule change. Comments were made challenging the effects on a supposedly “therapeutic” environment.

In addition to all of all letters submitted by long-term care residents, their families, legal advocates and other supporters, there was another one submitted by the American Civil Liberties Union in conjunction with the office of Disability Rights California. The letter submitted by ACLU and DRC contained five strong legal challenges to CCR section 4350, including:

- The regulation does not meet the standards for regulatory approval.

- The regulation is not reasonably necessary.

- Reasonable alternatives are available to address the risk outlined by DMH.

- The regulation violates LPS patients’ right to personal property.

- The regulation may impede the wellness and recovery [of] individuals housed in state hospitals.

In the eleven-page document that was submitted, Disability Rights and the ACLU argue that DMH has not (Continued—See “Electronics” on page 14)

PT GUZMAN COMMENDED FOR MEDICAL RESPONSE

The Civil Detainees’ Advisory Council recently issued a release commending Psych Tech Naomi Guzman for her laudable response to a medical emergency on Unit 6 last month. According to the release, a long term care resident was found “...unconscious and unresponsive, lying on the floor of the unit restroom. Staff was advised of the situation and responded immediately. Psychiatric Technician Ms. Naomi Guzman was the first responder on the scene. Ms. Guzman immediately took control of the event, called a medical emergency via radio, and began emergency medical care. At one point, the resident began to vomit, and PT Guzman ensured that he did not choke or aspirate the vomit. PT Guzman displayed the highest level of professionalism and competence as she assisted her patient. She should be commended for her actions and quick response. The CDAC, on behalf of the entire population, wishes to extend our gratitude to Psychiatric Technician Naomi Guzman for her quick and professional response to this medical emergency.”

COALINGA STATE HOSPITAL’S FIRST ANNUAL

PEOPLE OF THE YEAR AWARDS!

Come support our hospital’s best and brightest advocates, artists, musicians, legal minds, and resident volunteers as we tear the roof off at our First Annual People of the Year Awards! Refreshments will be served! Entertainment will be provided by Coalinga’s premier power-house rock band,

*the condemned*

BE THERE ON THURSDAY, APRIL 1<sup>ST</sup> IN THE GMR!  
DOORS OPEN AT 1:00!

## EQUALITY MEANS EQUALITY

By Billing Redding

There's been a change in the CSH atmosphere lately, and as always, I've gotta say my piece.

Men have recently taken to walking the halls arm-in-arm. Lovers are out and about, walking around with their hands in each others' hip pockets, or just holding hands as they stroll through the mall. Our administration honors not only legally-performed same-sex marriages and domestic partnerships, but also honors unofficial long-term relationships, allowing lovers to live together in what amounts to conjugal freedom. One group is even now fighting for access to condoms for men who fear the spread of STDs.

Let me be clear about this: I admit to being mildly homophobic and perhaps a bit overly defensive about my own heterosexual identity. At the same time, I suppose we have come a long way as a society when gays aren't ostracized or attacked for loving someone of their same gender. Perhaps these couples should be applauded for their courage and dedication to each other. That's what I would say if this article was about gay rights.

But this, my friends, is not about gay rights. The issue here is equality.

As I understand it, heterosexual men are the minority in CSH, as well over half of the population is gay or bisexual. For the last few decades, gays and lesbians have been fighting for social equality, be it in marriage or in the workforce or in other rights and privileges. But equality means equality. Gays have not been fighting for special privileges or extra rights—they are asking for the same things society provides for everyone else, on an equal footing.

I am asking for the same. At this time, I am not permitted *any* of the freedoms and privileges afforded gay couples in this hospital. My fiancée and I are being denied the same ease of company that some of these men flaunt daily. And then I'm the bad guy for getting pissed off when my right to do the same—to spend some time holding on to the love of my life—is adamantly denied and disregarded.

I protest this very—very—much! I am already locked in here illegally; to me and those among my peers who prefer the intimate company of women, the flaunting of gay freedoms makes the slap-in-the-face that much sharper. These demonstrations only inflame my irateness as I try to understand why I am not afforded these same rights and privileges.

I am not a cop. This is not 1942 and we ain't living in Nazi Germany. I am not out to stop people who are genuinely in love and have emotional attachments to their partners. But I would appreciate a little sensitivity toward those of us who are not permitted what other couples seem to be taking for granted. If I cannot also have what these couples are allowed, then some grace and decorum would really be nice.

## LETTERS TO THE EDITOR

### SICK AND TIRED

Editor:

All the folks who still believe that the state has their best mental health interests in mind should really re-think their thinking errors. It is beyond me how anyone could think that taking our electronic gizmos away is anything but detrimental to our mental health and well-being. And yet I suppose there are still some among us who believe that just because the Ivory Tower says it's for our betterment, it must be true.

As for me, I fail to see the rationale. But then again, that's probably because I have yet to attain my full potential through the first-rate, state-of-the-art treatment program offered at this fine establishment. To those who have achieved that level of enlightenment, and have naively given your trust to your captors, I say this: Your daily fix of donuts and cocoa is awaiting pick-up in the comfort of your lushly-furnished private penthouse suite; when you retire to your quarters, CSH staff will tend to your every need..

To all of you bums who failed to write responses to the so-called emergency regulation which strips us of our property rights, I say this: Shame on you! Don't come crying to me—or to any of the other few patients here at Camp Snoopy who have been trying in vain to make a difference in your living conditions. Your petty excuses and your lack of motivation is written loud and clear on your sour faces.

What creature comfort will be next on the Department

of Mental Havoc's "take-take-take" agenda? Perhaps next time around it will directly impact you in some tangible way. And then again, maybe not. But from your past behavior, I know that I can predict with certainty what you will do in the future: Absolutely nothing.

So cry, whine and snivel to your heart's content... Just do me a favor and don't come to me. I'm sick and tired of defending your causes and fighting these battles on your behalf, so now I'll be concentrating my energies elsewhere. Good luck!

Steven Force

### HONORED TO BE NOMINATED

Editor:

I would like to inform the population that I have elected to withdraw my name from the People of the Year Awards in order to allow other, more deserving people to be honored.

Let's face it folks, I am a self promoter. You have already given me all the recognition I need.

I appreciate the nominations, but let's give the awards to those people who are working hard behind the scenes, who tirelessly give of themselves and don't expect any recognition for all the work they do.

I am honored to have been nominated, and I congratulate the winners.

Michael St. Martin

## PLAY BY THE RULES?

By William Hester, Assistant Editor

"The Administrative Directives say you can't... According to Hospital Rules and regs, you have to..." How often have you heard something like that from CSH personnel?

The Department of Mental Health and Coalinga State Hospital continue to make our environment more restrictive and less therapeutic under the Administrative Directives, hospital policies, assorted memoranda, special orders and now even emergency regulations.

Anytime you want to do something that doesn't conform to the "rules" you are lectured, berated, or green-sheeted in an effort to control your behavior and to gain your compliance and conformity.

BUT WAIT...! What happens when hospital personnel break their own rules and we call them on it? Can we coerce their compliance with threats of a green sheet? Can we expect a professional caregiver to accept correction? Can we honestly expect Patient's Rights to help?

Recently I moved from Unit 13 to Unit 4. During the last couple of weeks that I was on Unit 13, I witnessed the Unit Supervisor acting in a manner contrary to CSH policies. I will not cite the specifics of these incidents; I will, however, use this to make my point.

On both occasions when I pointed out her inappropriate actions, I was met with denial of the problem. When I reminded her of the hospital's stand on the issues, I was dismissed with an order to, "Write a complaint."

DMH and CSH administrators continually put forth that this is a treatment facility (Unit 13 is a Phase Treatment Unit) and a "therapeutic environment." I did not find it very therapeutic to be treated like an errant child (after all, I'm only 44 years old) and hear an echo of the parental defense ("Because I said so!") used when they are wrong and unwilling to admit it.

When is the administration going to prove that this is a therapeutic environment? They have an appeals system in place that takes longer to work than sending a letter by Pony Express. There are numerous patients who have waited a year or more for a response to Patients' Rights complaints that, by law, are to be acknowledged within two days. Where is the timely resolution to problems? Is it therapeutic to allow someone to wait over a year only to hear that nothing is going to be done anyway? Sadly, the only working system in place for patients to resolve problems had to be created by the patient's representatives instead of the administration.

If "the rules are the rules" as staff insist, then they must be enforced equally. The policies of this hospital and DMH need to reflect a collaborative system in order to be therapeutic. Staff also need to be held accountable for their violations and patient abuses, such as what happened to Robert Martinez in January—and is continuing to happen to him as he sits in Fresno County Jail on what seems to me to be trumped-up charges.

From where Director Ahlin and other administrators sit, it must be difficult to see things from our perspective. I can understand that and I can't question their integrity. At the same time, I hope they someday realize that some things that seem inconsequential to them might be earth-shattering to us. We are, after all, mental patients entitled under the law to special protections and the full recognition of our constitutional rights. And these rights are easily trampled upon or even raped down here when it can't be seen from the Ivory Tower.

This is how things look from where I sit.

**VEHAR VENTS**

**WRONG FOR TERRORISTS = WRONG FOR SVPS**

Submitted by Paul Vehar

I recently read an article in the *San Francisco Chronicle* (February 11, 2010) dealing with the way terrorists are treated. The article was entitled "Britain Reveals Harsh Treatment of Inmate by U.S." and gave details of the treatment that an Ethiopian terror detainee received at the hands of U.S. government officials.

The U.S. government fought in the courts to keep secret the specifics of the man's treatment, warning that "disclosure [of the treatment] would harm intelligence-sharing... and threaten national security." A judge disagreed, stating that the detainee had been subjected to "cruel, inhuman and degrading" treatment at the hands of his captors. This inhumane treatment included the detainee being shackled and deprived of sleep.

The reason this article really caught my eye is that I had just returned from four days in French Hospital where I was subjected to exactly this same type of treatment at the hands of the CDC officers assigned to guard me. I had a shoulder surgery that required my right arm to be totally immobilized for four weeks, including the time I was in the hospital. For the duration of my stay in the hospital, my right arm was in a sling, strapped to my side, and totally unusable. My left arm was shackled to the bed frame by a short handcuff, which didn't even allow me to scratch my own nose. My right ankle was shackled to the foot of the bed frame at all times. In addition to being shackled hand-and-foot, I was deprived of sleep for several days. The CDC guards made no effort to maintain a quiet atmosphere while I was trying to sleep. Instead, they talked, joked, ate and watched television 24-hours a day, making sleep virtually impossible.

If this type of treatment is considered "cruel and degrading" by the British government, how can our state and federal courts, the California Department of Corrections, and Coalinga State Hospital continue to condone it? As "civil" detainees, why are we subjected to treatment that is considered by the rest of the world to be uncivilized?

The California Department of Corrections (I specifically omit "and Rehabilitation" from their name, as we all know that is a sham) has been given the responsibility for our security whenever we leave the institution. By what right or authority are we suddenly placed under the control of an entity charged with monitoring inmates with criminal convictions? We, as civil detainees, should be treated with the respect afforded to all citizens; not subjected to abuse, harassment, and physical harm. The time has come to eliminate CDC oversight and control of non-prisoners and remove them from Coalinga State Hospital entirely.



**WHO KNOWS THE TRUTH?**

Submitted by Rasul

*With Allah's Name, The Merciful Benefactor, The Merciful Redeemer*

Residents are being told time after time that not taking responsibility for our past mistakes and present behaviors is part of our mental disorder, which is like the kettle calling the pot black. With this, I am referring to Coalinga State hospital's behavior in the matter of our deceased comrades.

This hospital continuously denies and refuses to take responsibility for its inadequate health care services. The official response always seems to blame patient abuses on the victims themselves. Tell me, where in the hell are we and what sort of treatment are we being subjected to in the name of public safety?

Can someone please tell me what really happened to Monte? At a very critical time in his life, is it possible that we are being cared for by people who are unqualified, untrained or simply uncaring when it comes to providing the necessary

*(Continued—See "Rasul" on page 12)*

**In Focus: A Political News Column**

Created and written by Michael Leon Seaton

**POLITICAL WATCH**

Of interest in this issue of the *Ally* and the focus of our Political Watch are the bylaws of the Civil Detainees' Advisory Council. The recent resignation of our elected hospital-wide secretary has caused a vacancy on the Council and a special election has not been called for, even though the bylaws call for just that.

**IN FOCUS**

In Focus this month are the bylaws and, just as we did with the last edition of the *Ally*, we will focus on the matter of a vacant office, created by the resignation of an elected officer.

Our bylaws address the complexion of our council and how elections are held at Section III, on pages 20-27. While that particular section of the by-laws may not address vacancies in specific detail, we may draw guidance from another section, in particular Section I, page 17 Part 3, Vacancies; subsection (b); that is to say, a special election must be held.

To date, our hospital-wide council has taken no action toward holding a special election. But because we, as a voting population, have the right to voice our opinion, and because our current bylaws govern how we proceed, our council is obligated to hold an election to fill the position. It is unknown at this juncture just what our council is doing; but because this is an elected position, the council is not free to second-guess our by-laws. Nor are they permitted to make changes to the by-laws that we, the population, ratified by a landslide vote last year. Those bylaws require that our council members, including the secretary, be elected.

Case in point: Our elected General Advisor has distributed a survey to the units concerning amendments to the bylaws and, specifically, the term of office for elected council members. Our bylaws make it crystal-clear that no person may hold office for more than two consecutive terms. So is it necessary at this time to revisit an item that we already addressed when we ratified the bylaws overwhelmingly in last year's first-ever bylaws convention?

I would ask each of you to take a look at the bylaws. There should be at least 10 copies on each living unit, and if you have any questions concerning them and would like me to address those questions in one of my articles, please let me know. You can direct your questions and comments to the *Ally's* Editor at VE-181, and he will direct those questions to me. Remember this: Our bylaws are important; we must assure ourselves that we have the best council possible, that their goals and agendas are ours, and that they are doing the people's business.

Until the next edition of the *Ally*, keep learning, keep gaining, and strive hard to maintain your sense of direction in a society that honors good deeds performed by those who seek the best.

Respectfully Submitted,

*M. L. S.*

[In Focus® Article #3 written on March 05, 2010]

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## CDAC: In Brief

A monthly briefing of the Civil Detainees' Advisory Council

### IN THE HEADLINES...

**•MICROWAVES:** Microwave ovens have been purchased and are now in the facility. The policy has been drafted and reviewed by the Civil Detainees' Advisory Council. "It's fairly simple and straight-forward," said Spokesman Michael St. Martin. Microwaves will likely be installed on the units in the next couple of weeks.

**•CONTRABAND:** A number of changes are being made to the format of the Contraband Committee and how things are run. It is hoped by the Council that the adjustments will facilitate cooperation and collaboration between resident representatives and administrative designees.

**•TRUST FORMS:** A drop-box will be placed in the mall across from the Moss Landing Library. Long-term care residents can use this box to drop off cash-card forms and trust withdrawals. The Council has also proposed changes to current trust account procedures in order to streamline the mail-out process.

**•SUPPLIES:** Elected Unit Advisory Council members are now able to submit supply requests to the Staff Liaison Officer at VE-181 during regular office hours. Supplies must be requested and picked up by the unit chair, vice-chair, or secretary.

### CIVIL DETAINEES' ADVISORY COUNCIL

**Michael St. Martin, Spokesman**

**Jorge I. Rubio, Spokesman**

**Phillip Martinez, Spokesman**

**Daniel Cebada, General Advisor**

**D. Star Lopes, Contraband Advisor**

**David Green, Health & Safety Advisor**

**Chris Lawrence, Treatment Needs Advisor**

**Eric Dannenberg, Canteen & Nutrition Advisor**

**Timothy Weathers, Activities Advisor**

**Kenneth Herman, Records Clerk**

**Steven Force, Research Clerk**

## CONTRABAND ACCOMPLISHMENTS

*Submitted by Raven Clark*

Our elected Contraband Advisor has been working hard and proving to be well worth her name: Star.

Star has shown great negotiating skills. She has been doing her best to reach her goal of simplifying life for all long-term care residents by helping to create a realistic and logical environment that meets the "least restrictive means" standard. Although I did not understand her approach in the beginning, there is a method to her madness. She has a formula to create and present her agenda, and in the aftermath, she is always victorious.

Star has broken down walls and barriers that were concrete and impassible for many, many years. Here are just a few of our victories since November of 2009:

•We are now allowed to purchase items which were previously beyond our reach, including sports bottles, eating utensils, personal pillows, metallic 12-step tokens, combs and hairbrushes, Blu-Ray DVD players, micro-projection devices, and more.

•Some items were passed through the Contraband Committee and paved the way for other products. For example, curling irons paved the way for table lamps and heaters; hair dryers opened the door for the Rival Hot Pot; and so on.

•The Contraband Committee pushed for and were granted a number of items that either have been or soon will be placed on the units for the population's use, including unit microwaves, diabetic testers, and travel irons.

•A number of issues have been clarified and resolved to the benefit of residents, including the issue of joysticks for 17-inch DVD players. Other policy changes include the ability of residents to receive any make or model of flat-screen television, up to 15 inches, from any approved vendor.

•The most important victory was Star's proposal to allow our families and friends the ability to shop around to find better bargains, saving them hundreds of dollars by allowing approved items to be sent from home. Using the economic reality and common sense to prove her point, Star's argument was unbeatable.

Like a star, she looks sweet, but she is filled with fire. Keep it up, Star!

## COUNCIL CARRIES 49 ISSUES IN FEB

On February 24, the Civil Detainees' Advisory Council issued an update to the Ally listing 49 issues and proposals that have been addressed throughout the month. According to the statement, "These issues have all been presented to the executive level for resolution. Some have been addressed and corrected; some are still being processed. All will be followed up as necessary."

The exhaustive list includes items addressing proper medical care, contraband matters, hospital-wide administrative directives, hospital services, CDAC issues, and more. These proposals have sought to:

1. Address Medical Department failures;
2. Establish a sick-call system for dental matters;
3. Request bi-annual Medical Summit in the CSH Grand Meeting Room;
4. Revamp Trust Department handling of patient accounts;
5. Propose that a "drop box" be placed in the mall for patient Cash Cards;
6. Streamline mail-out procedures for trust account withdrawals;
7. Address laundry issues: cleanliness, shortages, sheets, damaged clothing, etc;
8. Address recurring problems in package room practices and procedures;
9. Address the use of S.O. 239.02 and ADs 818 & 624 after they were revoked;
10. Obtain approval for cups & containers with screw-top lids;
11. Push requests for gaming system console(s);
12. Obtain privacy curtain extensions for dormitory residents;
13. Request that staff licenses be posted;
14. Obtain unit access for members of the hospital-wide council;
15. Request the installation of a legal research kiosk in the CDAC office;
16. Request office supplies for Unit Advisory Council representatives;
17. Push for revision of hospital policies & ADs to conform with bylaws;
18. Obtain clarification of Chair position for the Contraband Committee;
19. Address Visiting Room issues: photos, cross-visiting, CDC oversight;
20. Obtain implementation of a "contingency plan" for assaultive patients;
21. Request a medical alert for residents' ID cards;
22. Have emergency medical equipment installed in gym & GMR;
23. Propose improvements and expansion of the Main Court Yard;
24. Propose expanded access to courtyards;

*(Continued—See "Issues" on page 14)*

## PROGRAM DESIGN COMMITTEE PROPOSES CHANGES

While this is only part of what is being investigated, the following issues are of concern for residents here at CSH. These suggestions have been brought to the attention of Clinical Administration:

1. Assessment testing needs to be done when a person first comes to CSH to get an initial baseline and identify true and real dynamic risk factors. And as the person progresses through treatment, recognizing and identifying areas of change, as well as those needing improvement, simply makes sense.
2. Contracted evaluations, which are forensic and used in obtaining commitments, are without significant clinical value because they are historical and based on behaviors from the distant past. Without deviant behaviors it's hard to swallow the idea that we have current mental disorders. The remitting effect of age is ignored, with respect to the supposed mental disorder or the issue of dangerousness, two separate issues which are often confused.
3. The WRP Manual requires completion of a 48-hour WRP and a 7-day WRP; sixty days after having arrived you should know who we are, and what our major issues are. You should have a program for us with specific release goals. The WRP Manual tells you to perform differential diagnoses and perform the DSM Checklist at every team meeting in a genuine attempt to falsify the initial diagnosis.
4. Bring treatment processing closer to individualized programming. Everyone has different elements and different Dynamic Risk Factors, and everyone progresses at a different pace. *Treat & Release* is what residents want and need. This is a central issue. Mere window dressing on the program will not serve the needs of the population, and Liberty Con-Rep is completely unworkable as an intended re-entry program.

Dr. Jerry Kasdorf has commented: "Many of your concerns are legitimate. Staffing, behavior-oriented assessments... the nightmare stories of changing standards for different groups or facilitators... These are things we are really trying to change. There is a very good book by Marshall, *Treating the Sex Offender*. In the appendix he has very objective ways of evaluating people based on behaviors. We are looking to integrate those methods into our staff."



## BARRIERS TO DISCHARGE: OVERCOMING INTIMACY DEFICITS

Dr. Jerry Kasdorf points out that "intimacy deficits," a dynamic risk factor often cited by state evaluators, is perhaps one of the most misused factors in our evaluations.

The problem in defining terms like *intimacy* is that it holds myriad different meanings for different folks—not to mention the different cultural affectations attached to a guy's perception of himself, his ego structure, his maturity level... and perhaps most importantly, where he was when he first began to develop his own personal and unique definition of intimacy.

We know this for a fact: In their formative years, children learn their first lessons from watching their parents interact with each other and seeing healthy expressions of affection—or a lack thereof. The "formative factors" include dynamics of age, trust, and warmth as they relate to a male's personal experiences with females. These factors influence the child as he develops and formulates his sexual identity and self-concepts.

Enter the ever-present *fear* of intimacy—a barrier in a person's psyche which becomes a key element in forming the person's inner identification. This fear will (Continued—See "Intimacy" on page 14)

## Q&A WITH DR. BUSBY

Billy Redding sat down with Dr. Tricia Busby on February 9<sup>th</sup> at the CSH Assessment Center with some questions about assessments for long-term care residents. Dr. Busby generously shared some great information that might be of interest to CSH patients, including both new commitments and participants in the hospital's Phase SOCP treatment program. For more information, residents are encouraged to contact members of their treatment team.

### What is an assessment?

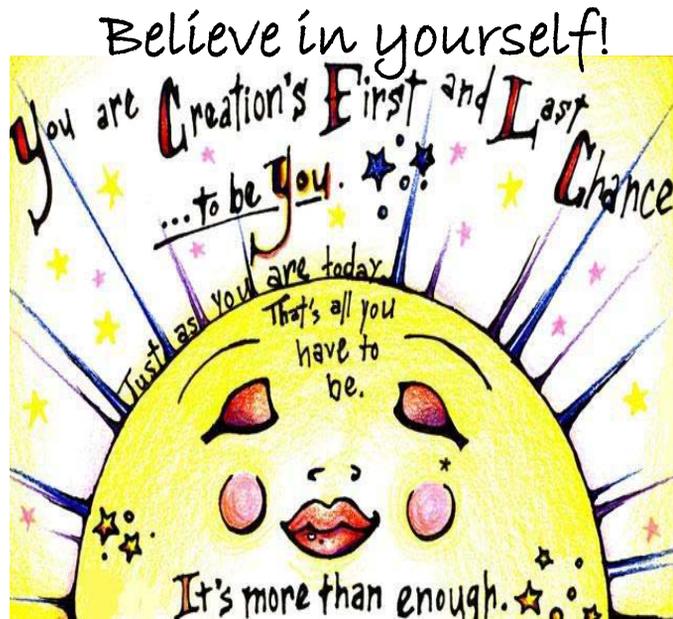
Dr. Busby: "An assessment identifies an individual's current level of psychological, emotional, interpersonal, and/or cognitive abilities, and in the case of a Phase Treatment Evaluation and Action Plan, an individual's current sexual functioning and targets for treatment in the Sex offender Commitment Program (SOCP) are also identified. All assessments are conducted for treatment planning purposes.

"The Specialized Assessment Center conducts several types of assessments depending on the clinical question being asked by an individual's treatment team. The types of assessments the Specialized Assessment Center conducts are: Cognitive Screens, Cognitive and/or Academic Assessment, Neuropsychological Evaluation, Diagnostic Clarifications, Focused Psychological Assessment (An individualized assessment designed to answer a specific referral question that cannot be answered in other assessment formats), and the Phase Treatment Evaluation and Action Plan (for SOCP participants only)."

### How are new commitments assessed?

Dr. Busby: "A cognitive screen is to be offered and completed (if written consent is given by the individual) on all new commitments who meet certain diagnostic criteria (diagnosis of substance abuse/dependence, diagnosis of a developmental (Continued—See "Interview" on page 15)

Do us all a huge favor:



## OFF THE CUFF—AND OFF THE WALL

*Submitted Anonymously by a member of the CSH Staff*

Yesterday, I was at my local Costco buying a large bag of Purina dog chow for my loyal pet, Biscuit the Wonder Dog. I was in the checkout line when a woman behind me asked if I had a dog.

What the heck did she think I had—*an elephant?!*

Well, since I'm a little impulsive, I told her that, No, I didn't have a dog. I was starting the Purina Diet again. I added that I probably shouldn't, because I ended up in the hospital last time. But hey, I lost 50 pounds before I woke up in intensive care with tubes coming out of most of my orifices and IVs in both arms.

I told the lady that it was essentially a perfect diet and that the way it works is to load your pants pockets with Purina nuggets and simply eat one or two every time you feel hungry. The food is nutritionally complete, so it works well and I was going to try it again. (I have to mention here that practically everyone in line was now enthralled with my story.)

Horrified, she asked if I ended up in intensive care because the dog food had poisoned me. I told her, No, I stepped off a curb to sniff an Irish Setter's butt and a car hit us both. She gave me a blank stare for a moment, but the guy in line behind her laughed so hard that he ended up in the emergency room himself with a heart attack. Now Costco won't let me shop there anymore.

*Billy Redding's Tomfoolery & Skullduggery...*

### Part I: Culinary Crazy Makes a Comeback!

As I am sure you've noticed, man as a hunter and predator has the most prowess when hunting prey of some wit, creature intellect, and sneakitivity. It seems as though the bigger, the faster, the smarter the prey, the more the hunter's skills improve and his prowess grows.

And then there's me and my lunch. Specifically, the little gold fish crackers served with some of our soups. They also make a fairly decent salad crouton—but even then, men at meals watch me and smile in mean mirth when the “battle” between me and my “prey” [...yes, the little gold fishy crackers!] and the complicated process of me getting my fishies into my bowl of soup.

You see, as a hunter, I want to lure the fishies into my bowl—but what the heck do I lay down as bait to lure them into my bowl? If we were hunting in the wild, we'd probably use the little gold fishies as bait to lure bigger animals by dropping a trail of them to the trap. My basic problem starts, first of all, with me just trying to get the plastic bag open without spraying my immediate area—and the people around me—with flying fishies, who, naturally try their best to “fly” the coop, so to speak.

Okay... So right there, the fish is completely out of its element and thinking horrid little birdie thoughts instead of nice little fishy thoughts. I think my comeuppance ensues when I *do* manage to drop one or two fishies into my soup. Which, as a liquid environment, of course, is its element. Men point and laugh gleefully as they watch me commence pursuit of these crafty little devils with my little plastic spoon. I entice, I plead, I coerce, and I willfully attempt to trap the tricky floating fishies into my spoon. They do indeed *swim*, ya know! These buggers swim away from my spoon more often than into it! As a Hoosier hillbilly from a hunting clan, my clannish ancestors would be turning over in their graves in shameful embarrassment if they could only see me now. But hey—in my defense, I'm no fisherman either!

### Part II: Oh, Blessed Tranquility!

I tell ya, baby, the environment we live in, and being forced to deal with some of these power-hungry a-holes... This is what makes some of the groups they offer here worth taking. I believe I was going to sign up to take this “*Crocheting for Calmness*” group. They let us have a “trial run” one afternoon and I went. Calmness, my ass!

First off, they give you these odd looking hooked needle-things and several balls of yarn, pretty colors all soft and fluffy. Right off, I'm chastised for laying on the floor and just “pawing” at my little ball of yarn. They forced me into a chair and made me do their projects. No calm in it up to this point... So, there I sit—sticking, stabbing, twittering my needle into my ball of yarn.

The yarn starts unraveling, the needles aren't following the demands of my fingers, and things start to get tense as I battle for yarn domination. I'm now becoming *more* frustrated while everyone else is twittering with their little needles and I start to see hats, shawls, and a complete Dolly Parton wardrobe materializing. By now I'm tied to my chair by my unraveled and incorrigible ball of yarn. At this point I realize that, first of all, I'm pretty sure the yarn is conspiring with one of my needles to pierce my brain through my left ocular orbital cavity. The second thing that occurred to me is that I can't friggin' crochet in the first place! It didn't take the facilitators much longer to order the shot of morphine which did eventually calm me...

## Public Eavesdropping

66

I DIDN'T  
REALIZE YOU WERE  
*hearing impaired...*

I THOUGHT  
YOU WERE JUST

**DENSE.** 99

(One resident to another—Overheard in the CDAC Council Office)

## ...and how was your day?

I was at the Union Square Grille yesterday when I suddenly realized I that I desperately needed to pass gas. The music was really loud, so I timed my gas with the beat of the music. Pretty soon I was starting to feel a lot better, and I was finishing my coffee when I looked up and noticed that everyone was staring at me...

Then I suddenly remembered that I was listening to my iPod.

**CSH FUNNIEZ**

## NOTICE

TO DMH  
EVALUATORS:

In case you  
forgot...

**THIS**  
Is what  
“current signs  
and symptoms”  
look like!



## ENGLAND MAY END CIVIL COMMITMENT

In a blogspot article, forensic psychologist Karen Franklin, PhD, reported earlier this month that the United Kingdom may shutter its "dangerous and severe personality disorder" program.

"In what could signal a seismic shift against civil commitment based on pretextual mental disorder," she wrote, "England is rumored to be considering an end to its controversial" commitment program.

Launched in 1999, the program's cost has exceeded the equivalent of \$300 million. A total of 300 offenders are being treated at four separate locations, including two locked psychiatric hospitals and two prisons. Critics of the program claim that the program was a "political invention," and that Dangerous and Severe Personality Disorder is no a true psychiatric disorder at all.

According to London news-media outlets, the Ministry of Justice is considering the program's demise based partially on a recent report that labels the program "largely ineffective" and recommends that it "should now be abandoned."

Another report cited by Dr. Franklin "found a very high rate of false positives—that is, people categorized...at a high risk of reoffending when they did not actually reoffend when tracked in the community... 26 DSPD offenders would need to be civilly committed to prevent one violent act."

The elimination of the program would strike a major blow to advocates of civil commitment. "Not only is it exorbitantly expensive," Franklin explains, "but the civil liberties implications of wrongfully detaining people who are not truly dangerous based on unreliable prediction tools are ominous."

## ANALYSIS: DISCRIMINATION & THE STATIC-99

As the federal government gears up for its national census, demographics in our little microcosm of society come into focus. One question frequently asked in Coalinga is, "Why are there so many gay and bisexual men in our population?"

Conservative estimates by hospital clinicians, including social workers and treating psychologists, peg the hospital's population at somewhere between 55% and 65% gay or bisexual, with an additional 1% identified as transgender.

With sexual minorities representing 3-5% of the total American population, it seems astounding at first glance that Coalinga State Hospital should reflect approximately fifteen times as many gays per capita. However, a look at the nature of civil commitment—and evaluation practices which are heavily slanted against homosexual offenders—sheds a little light on the disproportionate demographics of this hospital.

As most of us are aware, when a person is assessed for civil commitment under California's Sexually Violent Predators Act, the state sends two evaluators to determine whether the person meets the statute's criminal and psychological profiles for commitment. One of the factors that must be determined in these evaluations is whether the person is "likely" to re-offend at some point.

This factor has been a major bone of contention among those who fall under the SVPA. State (Continued—See "Analysis" on page 15)

## TEXAS SVP DATA

The following is a compiled summary of data culled from studies conducted by the Texas Department of State Health Services. The facts and figures are considered current and accurate, as the information was last updated in mid-2009. Next month, the Ally will expand on this presentation and provide further information.

Myth #1: "Most sexual assaults are committed by strangers."

Fact: Approximately 80% of all sexual assault victims were abused by someone known to the victim. Only four percent (4%) of sexual assaults are committed by a stranger (Focus Adolescent Services).

Myth #2: "Children who are sexually assaulted will sexually assault others when they grow up."

Fact: Approximately 70% of all adult sex offenders were not sexually abused as a child.

Myth #3: "Castration cures a sex offender."

Fact: Castration is not a cure. Castration only reduces testosterone levels and may be helpful in controlling arousal and libido. Physical or chemical castration should only be utilized as an adjunct to treatment and not in lieu of treatment. It should be remembered that deviant arousal is the physical response to a cognitive process (deviant thoughts). Deviant thoughts (impulses) and fantasies are precursors to deviant arousal.

Myth #4: "All sex offenders are sexual sadists".

Fact: A sexual sadist gains a feeling of sexual pleasure by humiliating and by inflicting pain on the victim. Research indicates only 2-5% of sex offenders are sadists (Langevin, 1990).

Myth #5: "All sex offenders are psychopaths".

Fact: Research conducted by Dr. Robert Hare indicated that only 15-25% of the incarcerated population suffer from psychopathologies.

## TAX DOLLARS, HARD AT WORK...

Are you not making enough money? Barely making ends meet? Falling behind on your bills? You might be in the wrong business!

State-contracted evaluators in California are making thousands of dollars each time they write a report for the Department of Mental Health. Under the Sexually Violent Predators Act, these evaluators review selected documents, interview a former sex offender, and write a report finding that the person either does or does not meet the criteria for indefinite commitment to the state hospital.

Some evaluators are making over \$7,000 each time they write a report. And that does not include the expenses associated with providing testimony at probable cause hearings and trials—travel costs, hotels, meals, mileage, and so on—that the evaluators bill the state for.

Let's do the math, shall we?

Say an evaluator—Dawn Starr, for example—were to write two reports each week at a little over seven grand per. With each evaluation, she reviews the records provided to her by the Department of Mental Health—that takes five or six hours. She also spends two hours interviewing the guy she's evaluating. Then she spends another two hours cutting and pasting together a report finding that the guy is a sexually violent predator who is going to re-offend without a doubt should he ever be released from custody.

So that's seven grand for about ten hours' work, or about \$700 per hour.

Multiply that by two evaluations per week for fifty weeks per year, and you've got almost three-quarters of a million dollars per year—again, not counting travel and associated expenses.

No wonder the illustrious Dr. Starr pulled \$1.5 million in 2008.

Who would have thought the state of California was experiencing an unprecedented financial crisis?

- Erik Fox = \$3,574.00
- Garrett Essres = \$3,495.00
- Carolyn Murphy = \$3,700.00
- Wesley Maram = \$3,875.00
- Craig Teofilo = \$3,848.00
- Chris North = \$4,033.00
- Mark Miculian = \$4,076.00
- Michael Musacco = \$4,080.00
- Eric Simon = \$4,230.00
- Tim Salz = \$3,955.00
- Craig Updegrove = \$4,147.00
- Michael Selby = \$4,050.00
- Christopher Matosich = \$4,300.00
- Jeremy Coles = \$4,200.00
- Nancy Webber = \$4,387.00
- Dale Arnold = \$4,585.00
- Robert Cassidy = \$4,485.00
- Doug Korpi = \$4,325.00
- Mark Koetting = \$4,596.00
- Mark Wolkenhauer = \$4,648.00
- Jeffery Davis = \$4,725.00
- Preston Sims = \$4,725.00
- Marianne Davis = \$4,725.00
- Andrea Shelley = \$4,725.00
- Jesus Padilla = \$4,850.00
- James Barker = \$4,875.00
- Joseph Grosso = \$4,926.00
- Lajit Sidhu = \$5,000.00
- Will Damon = \$5,224.99
- Dana Putnam = \$5,225.00
- Hy Malinek = \$5,125.00
- Samantha Smithstein = \$5,460.00
- Charles Flinton = \$5,500.05
- Deirdre D'Orazio = \$5,475.00
- Eva Maram = \$5,675.00
- Jack Vognsen = \$5,576.00
- Robert Owen = \$5,590.00
- Korean Hudak = \$5,900.00
- Mark Schwartz = \$5,975.00
- Wendy Weiss = \$5,976.00
- Gary Zinik = \$6,075.00
- Harry Goldberg = \$6,075.00
- Kathleen Longwell = \$6,075.00
- David Walsh = \$6,075.00
- Shoba Sreenivasan = \$6,225.00
- Nancy Rueschenberg = \$6,425.00
- Roger Karisson = \$6,655.00
- Al Fricke = \$6,485.00
- Clark Clipson = \$6,525.00
- Donald Vigliore = \$6,640.00
- Dawn Starr = \$7,015.00
- Lisa Jeko = \$7,025.00
- Bruce Yanofsky = \$7,025.00
- Robert Brook = \$6,895.00
- Mark Scherrer = \$6,900.00
- Mark Patterson = \$7,020.00
- Larry Wornian = \$7,024.99
- Thomas MacSpieden = \$7,025.00
- Debra Inman = \$7,025.00
- Elaine Finnberg = \$7,025.00
- Mary Jane Alumbaugh = \$7,025.00
- Amy Phenix = \$7,025.00
- Richard Romanoff = \$7,025.00
- Mohan Nair = \$7,025.00
- Kimberly Smith = \$7,025.00
- Richard Geisler = \$7,025.00
- Steven Jenkins = \$7,025.00
- Annamaria Anthony = \$7,025.00

## YOU GOT QUESTIONS? WE GOT ANSWERS!

When new arrivals show up at Coalinga State Hospital, they frequently have a gazillion questions and no idea where to start looking for answers. The *Ally's* Legal Editor, Cory Hoch, has collected a sampling of these questions, and will begin addressing them in a series of articles. Here are the first two:

**Q. What should I do to get a new attorney if the one I have currently is not responding to my calls or letters or has been inadequate in defending me?**

A. In many cases, it will be quite difficult to acquire a new attorney. The petitioner would be required to show substantial evidence that the attorney of record has proven himself or herself as an ineffective counsel. An individual wanting to file against his attorney must file a Marsden Motion. There are no examples readily available at the Library. You may want to ask around to your peers and see if anyone knows anyone who has this type of writ. Employees at this facility are not permitted to assist a patient in the preparation of any legal document, or give any form of legal advice or service, except as specifically authorized by the executive director.

**Q. How do I obtain my mail, money and/or property from a state prison?**

A. Depending on what facility you are getting your stuff from (whether from a prison or another mental hospital) you may write directing to the facility, with attention to the R&R Sergeant (for prisons or jails) or Property Room Sergeant (for state hospitals). There is a list of all of the prisons and some jails in the State of California available at the Library. If the facility you are looking for is not available in the Library, use the Google-411 number (1-800-466-4411) or the Tell Me number (1-800-555-8355) and follow the prompts. Make sure to speak clearly to avoid frustration and delay as it uses an automated system with voice recognition. Using either of these numbers, you may either ask for "Details" or be connected and ask the facility operator for the address. No facility will accept your request verbally; they will ask that you submit your request in writing.

## NINTH CIRCUIT SANCTIONS A.G.

Attorneys for the Prison Law Office pumped their fists in victory in January after a federal appeals court granted a motion for sanctions against the state after the Attorney General filed a fifth frivolous appeal in the case of *Plata versus Schwarzenegger*.

In the Ninth Circuit United States Court of Appeals, a brief one-page order first dismissed the state's appeal, then granted Marciano Plata's motion for sanctions.

"Appellees' motion for sanctions is granted because this is the fifth time that this court has dismissed an appeal by these appellants related to this litigation for lack of jurisdiction," said the order, signed by a three-judge panel made up of Justices Silverman, Paez and Bea.

Marciano Plata originally filed a class-action suit against the state over unconstitutional conditions of confinement, medical services and mental health care. The plaintiffs prevailed and in August, 2009, a district court ordered the two sides to meet and discuss legal fees and court costs for the plaintiffs' attorneys.

Like nearly all court orders granted to plaintiffs in prison-conditions lawsuits, the state appealed. "Determination of this and other issues before the Supreme Court may have a material effect on the district court's August 26, 2009 fee entitlement order," wrote Attorney General Jerry Brown in his appeals.

But the district court order was not a final judgment, said Alison Hardy, an attorney for the (Continued—See "Sanctions" on page 15)

## A.G. WANTS EXTENSION

Submitted by Steve Force

1. Jeffery Milinich recently received a show cause order in his habeas petition on constitutional issues regarding his indeterminate commitment to the Department of Mental Health pursuant to Senate Bill 1128, as reported in February's *Ally*.

UPDATE: The Attorney General was scheduled to answer the federal habeas corpus writ on or about March 08, 2010. However, in the interim, the Attorney General has requested an extension until May 14, 2010 to answer Jeff's petition. Jeff expects the court to grant the motion. Additionally, Jeff recently requested appointment of legal counsel to represent him in the case, and that motion is pending on the courts' calendar. We'll keep you posted.

2. As reported in the February edition of this rag, Steve Force received a show-cause order on a federal petition for writ of habeas corpus. At issue was Force's challenge to the SVPA statutes' failure to allow legal counsel for those who have received indeterminate commitments under Welfare and Institutions Code section 6600 et seq.

UPDATE: The state Attorney General has requested an extension of time until March 20th to answer the merits of Force's writ. Force will then have until April 19th to file a Traverse.



## SCALIA: AN UNLIKELY ALLY?

In January, Los Angeles Times reporter David G. Savage wrote, "A group of dangerous sex criminals who took their case before the Supreme Court had one clear champion: Justice Antonin Scalia."

The case he was referring to, *United States versus Comstock*, is an appeal brought by several men in North Carolina who are fighting civil commitment petitions in the federal courts under the Adam Walsh Child Protection and Safety Act of 2006. The Adam Walsh Act is a piece of federal legislation which, in part, allows the government to continue incarcerating sexual offenders who have already served their sentences. At issue in the *Comstock* case are civil commitments and whether the federal government is permitted such wide latitude under the United States Constitution.

Justice Antonin Scalia says no, the Constitution does not grant such broad powers to our federal government. "There is no constitutional power on the part of the federal government to protect society against sexual predators," he informed Solicitor General Elena Kagan.

Scalia, however, remains a staunch conservative who is far from sympathetic to the plight of civil detainees whose former sex crimes are used in at least twenty states to keep them incarcerated in psychiatric lock-up after the expiration of their prison terms. In fact, he was one of the Supreme Court justices that upheld statutory civil commitment schemes in 1997. Scalia's position, he explained, was simply that the federal government was not constitutionally empowered to overstep the responsibilities of the states. The Adam Walsh Act, he said, "is a recipe for the federal government taking over everything."

## HIGH COURT LIMITS MIRANDA

At some point we have all heard, "You have the right to remain silent; anything you say can and will be used against you in a court of law." Known as the "Edwards rule," the right to remain silent has been a part of the criminal arrest process since Ernesto Miranda challenged his convictions in 1966. The Edwards rule was intended to prohibit police and prosecution investigators from badgering suspects held in detention facilities after invoking their Miranda rights.

On February 24, however, the United States Supreme Court decided in a 9-0 ruling that it was time to place limits on a suspect's right not to be questioned by police.

In the last few decades, the Edwards rule has been interpreted as applying indefinitely. If a suspect invoked his right to remain silent, police were prevented from ever attempting to question that person again—even regarding other crimes in other locales. That rule makes sense for suspects held in detention, the Court said; but the rule does not make sense when there has been a "break in custody" and the suspect has been returned to the community, says Supreme Court Justice Antonin Scalia.

"In a country that harbors a large number of repeat offenders, the consequence [of this no-further-questioning rule] is disastrous," Scalia said. If a person has gone free, he continued, then police should be permitted to contact him again and attempt questioning after some period. "It seems to us that period is 14 days. That provides plenty of time for the suspect to get reacclimated to his normal life and to consult with friends and counsel."

At that point, the court said, if police contact the suspect and he waives his rights and agrees to talk, any statement he makes can then be used against him in a court of law. Although the ruling was unanimous, two justices disagreed with the 14-day time frame, with Justice John Paul Stevens saying the time was too short. Justice Clarence Thomas, on the other hand, felt that 14 days was too long.

## A CONFLICT OF INTEREST?

Did you know: A legal symposium was conducted at CSH in 2009 instructing your treatment team on how to testify against you.

On January 13, 2009, CSH clinical staff—including psychologists, social workers, and others—attended all-day conference led by Camelia Hermine Mesrobian, a deputy district attorney for San Bernardino County. The title of the seminar seemed innocuous enough: *Preparation and Testimony as an Expert in Sexually Violent Predator Trials*.

In an ideal world, this "preparation and testimony" would address the ability of your treatment team to tell a jury what progress you have been making in your groups to reduce your dynamic risk factors and barriers to discharge. They should be able to make specific references to the issues you are working on, your current signs and symptoms, your amenability to treatment, and your ability to function in society.

In Mesrobian's world, however, "preparation and testimony" seems like an opportunity to turn your treatment providers against you.

Presentation notes from this symposium give the impression of being directly slanted toward the prosecution. PowerPoint slides instruct clinicians to "use this opportunity to inquire of the DA concerning records they may have that could be important to your testimony, and compare notes on what you have... The following records may be in the DA's file...and may be helpful in supporting your testimony: Police reports (not only from commitment offense [but] other incidents as well; probation reports from the commitment and other offenses; other doctors' reports (opposing as well as historical)."

Another section appears to encourage clinicians to write WRP reports that are geared toward providing testimony at some point in the future: "A successful direct examination (that is, one that proceeds smoothly and conveys your opinions clearly and persuasively) begins long before you actually take the witness stand. It begins when you are writing your court report, be it the patient's annual evaluation, physician notes, treatment progress notes as well as any court-ordered evaluations. The goal of the Expert Witness is to have his/her opinion and conclusions accepted by [the] judge or jury..."

The presentation then went on to encourage your clinical staff to "keep in contact" with the District Attorney's office, to meet with prosecution before court appearances to "go over last minute details," and encouraged testimony finding that it is "necessary to keep [the person] in custody in a secure facility." The slant continued throughout the presentation; often in the PowerPoint notes, the DA is referred to as the clinician's attorney, and the defense is referred to as the "opposing counsel."

Many would question why any District Attorney is involved in the training process in the first place, and whether there is a conflict of interest present in this. When has the Department of Mental Health hosted such training to be conducted by Rudy Kraft of Todd Melnick?

The Sex Offender Commitment Program seems to be living up to its name. The purpose of the program is to *commit*, not treat, and Deputy DA Mesrobian apparently did a fine job of assisting with that goal.

If any more information is produced relating to this issue, it will be published in a future issue.

## LEGAL MAIL AND DENIAL OF ACCESS

In what appears to be a denial of access to the courts, indigent legal mail is being returned to long-term care residents when it exceeds the one-ounce weight limit under Administrative Directive 608. Any denial of access to the courts would be in violation of residents' constitutional rights under the First, Fourth, Sixth, and Fourteenth Amendments.

Title 15 of the California Code of Regulations sets forth a number of guidelines governing legal mail, including section 3141(c), which lists a number of agencies and organizations to whom state prison inmates may send confidential legal mail. These agencies include all state and federal courts, any attorney who is a member of any state bar, any holder of public office and their employees and/or designees. Pursuant to section 3138(a), all prisoners in the State of California who are indigent are to be afforded five one-ounce letters per week. Those indigent inmates desiring to correspond with their attorney or any other confidential correspondents shall be required to utilize their weekly allotment of indigent supplies to send such correspondence [15 CCR § 3138(g)]. In addition to writing supplies and postage, indigent inmates shall have free and unlimited mail to any court or the Attorney General's Office [15 CCR § 3138(h)].

Pursuant to *Davis v. Watkins* (N.D. Ohio 1974) 384 F.Supp. 1196, 1207, indigent patients shall be furnished, at public expense, correspondence supplies and ordinary postage for their personal use in sending up to five letters per week. Additionally, no detainee should be forced to choose between purchasing stamps at the commissary for legal mail or personal hygiene supplies [*Benjamin v. Fraser* (S.D.N.Y. 2001) 161 F.Supp.2d 151, 176]. Further, in *King v. Atiyeh* (9th Cir. 1987) 814 F.2d 565, 568, the maximum of three letters per week allotted to indigent patients was found to deny access to the courts in violation of the First and Fourteenth Amendments.

At some point, the California Department of Mental Health must begin living up to the standards set forth by the Ninth Circuit when they ruled that those committed to state hospitals for the purposes of treatment could not be kept under more restrictive conditions of confinement than prison inmates who were confined for the purposes of punishment.

The Administrative Directives directly related to this issue are AD Nos. 608 (Individuals Access to the Courts), 624 (Individuals Mail and Packages), and 644 (Trust Office Functions).

## BOOK REVIEW

### WHORES OF THE COURT

#### *The Fraud of Psychiatric Testimony and the Rape of American Justice*

By Margaret A. Haden, PhD, MBA

*Ally Book Review with Terrence Liddell Contributing*



Dr. Margaret A. Haden

and its reliance on highly-paid professionals who build their careers on the witness stand. These "whores of the court," she writes, offer testimony that "often amounts to unscientific, unsubstantiated psychobabble." That same testimony is often used by the courts to determine who is competent to stand trial, whether a violent felon is likely to offend again, whether repressed memories that come to light are genuine or fabricated.

Blaming feminists and liberals among the legal crowd, as well as what she calls "apologist psychologists," Dr. Hagen's report calls for an end to the suppositions, pseudoscience and crystal-ball predictions of self-styled and self-proclaimed psychological experts.

Many in the field of psychology feel that Dr. Hagen has turned on her own profession. But, as CSH resident Terrence Liddell explains, Dr. Hagen's motives are sound. The following is an excerpt from Mr. Liddell's book report on *Whores of the Court*:

*In 1993, Dr. Hagen turned against some of the members of her profession after her older brother was sued for \$3.4 million by the daughter of a former girlfriend, who claimed sexual abuse allegedly committed 20 years earlier.*

*Dr. Hagen was aghast that her brother faced years in prison based not only on the contrived statements of this alleged victim, but on the evaluations of so-called experts on repressed memory who sell their testimony like hookers working a convention. Indeed, Dr. Hagen suggests that both the alleged victim and her rent-a-shrink appeared to be more interested in pursuing money than truth.*

*Dr. Hagen, an expert herself on memory and perception (and pursuing truth), said that, "There's no evidence [for the abuse] except the woman said so. How could they [the experts] know? They weren't there. This was just astounding to me. The trial consisted of a parade of half a dozen psychological experts of various types, all declaiming that the plaintiff suffered from one mental disorder or another and that the disorder - with all the attendant negative effects in her life - had been caused twenty years earlier by the accused, my brother - a person whom none of them had ever met."*

*Her brother eventually won the case, but only after he shelled out \$90,000 to pay for his own parade of psychologists for sale. Outraged, Dr. Hagen began a three-year research effort into the darkest corners of psychology. In 1997, Regan Books (an imprint of HarperCollins, Inc.) published her famous exposé.*

[NOTE: This book is now out-of-print, but it is still available from Barnes & Noble (www.bn.com). ISBN# 9780060391973]

## JESSICA'S LAW RESTRICTIONS CRITICIZED

### Restrictions Continue Forcing Ex-Offenders Into Homelessness

With the California Attorney General estimating that, at least in San Diego County, three out of every four registered sex offenders is living in violation of state residency restrictions, public criticism of Proposition 83, the Sexual Predator Punishment and Control Act of 2006—AKA Jessica's Law—is growing.

It's been over three years since voters passed Prop 83, and the cost to the public continues to grow without any evidence that Jessica's Law has made society any safer. In fact, there are solid indications that just the opposite is true—Jessica's Law has actually increased concerns about public safety.

Clinical Psychologist Tom Tobin is a member of the state Sex Offender Management Board, a professional organization made up of law enforcement personnel, clinicians, and others who deal with sexual offenses and offenders. Regarding Jessica's Law, he said, "The initiative itself was so badly written, no one knows how retroactive it is." He went on to criticize the law's residency restrictions, explaining that these restrictions have the practical effect of driving offenders into homelessness, making them even more likely to reoffend. "Why would we want to, with no apparent good reason, increase the risk of reoffending? The reality is that we're pushing people to the brink."

Residency restrictions are purported to keep children safer by creating "predator-free zones," say attorneys for the California Department of Corrections and Rehabilitation. Keeping former sexual offenders from living within a certain distance from schools and parks, they say, will increase public safety and keep predators from having access to children.

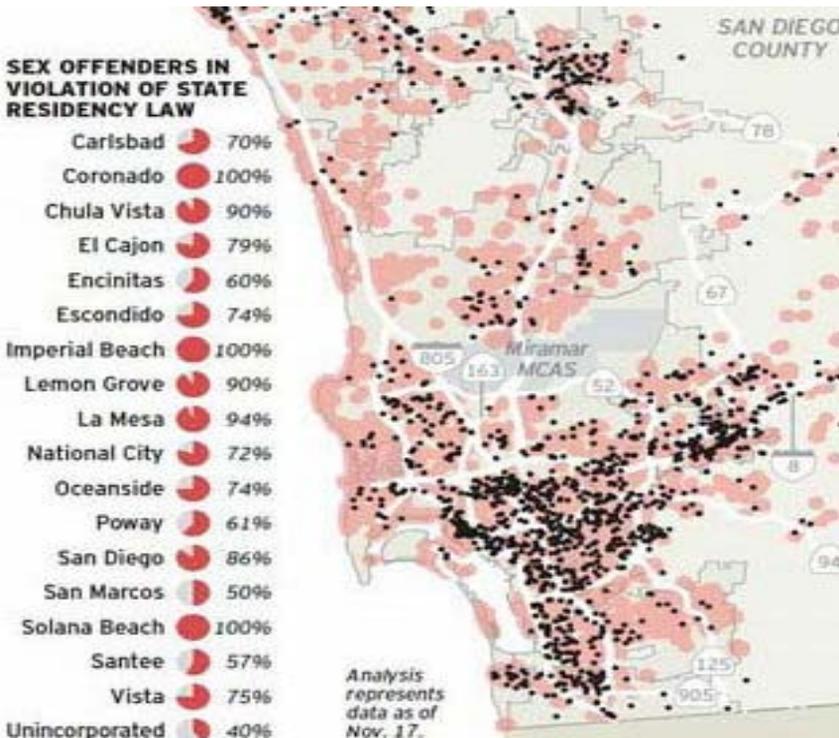
"It has a kind of intuitive appeal," said Tobin, but residency restrictions ignore the real problem.

Phyllis Shess, Sex Offender Management Director for the San Diego County District Attorney, agrees. Citing a 2003 study by the United States Department of Justice, she said, "Often, we're horrified when we hear about children snatched off the street—but that is statistically very rare."

According to the 2003 report, only about 7% of all sex offenses in which children were victimized are perpetrated by strangers. The other 93% are committed by family members or someone else known to the victim.

Compounding the problem, since Jessica's Law took effect, more and more sexual offenders are registering as homeless or transient, which makes them harder to track. Among parolees state-wide, there has been a 1,100% increase in the number of transient sex offender parolees, from 88 in November of 2006 to over 1,050 in June of 2008. The homelessness, itself an obstacle, spawns even more problems. For example, all registered sex offenders in California are required to wear global positioning monitors at all times; however, parolees are the only group of offenders for whom this rule is consistently enforced. These monitors must be charged daily, and among homeless offenders the inability to charge their GPS monitors leads many more to disappear off the radar.

Tobin and the Sex Offender Management Board issued recommendations in January, calling for the state to "rethink residency restrictions... The vast majority of evidence and research conducted to date does not demonstrate a connection between where an offender lives and recidivism."



## ««YOU SAID IT!

### Regarding Jessica's Law Restrictions:

**"I'm not a 'sex offender activist,' you idiot—I'm someone who wants smart laws in place... I'm sure the corrupt politician who wrote this law, George Runner (R-Lancaster), already got his political talking points so he can tout that he is 'tough on sex offenders.' Meanwhile, his poorly-written piece of garbage law that even the police hate is making us less safe as sex offenders go underground and off detection."**

**-Anonymous, via SignOnSanDiego.com**

## BILL TARGETS WIC \$8050

California Welfare and Institutions Code section 8050 was signed into law in 1967 and requires the Department of Mental Health to conduct research on "sexual deviation, including deviations conducive to sex crimes against children, and the causes and cures of homosexuality, and into methods of identifying potential sex offenders."

Geoff Kors, executive director of the state's largest gay rights group, Equality California, calls this section of state law "deplorable" and says it equates homosexuality with pedophilia.

California Assemblywoman Bonnie Lowenthal (D-Long Beach) agrees, and has authored an assembly bill to strip section 8050 from the Welfare and Institutions Code. "We need to blot it out and make it clear that we are moving forward as a society," she said.

The bill will likely have no impact on California's civil detainees, as this section of the W&IC has not been used in years.

"It's unclear how seriously the department ever heeded the instructions," said Sacramento Bee reporter Steve Wiegand. He went on to cite Department of Mental Health spokeswoman Nancy Kincaid as saying that any research that did go on would have ended decades ago."

## RASUL (Continued from page 5)

help needed to save our lives?

Here's an easier question: Do we have the right to demand answers to these questions, in order to assure us that there are no plots or hidden agendas, aimed at our demise at every opportunity that arises? I am sick with this thought, and something more sick in the back of my mind warns me that I will be charted for paranoia if I write this. Please don't laugh, I do not wish to make light of this extremely serious moment. I am being completely honest.

We need to come together to get to the bottom of Monte's death and demand accountability from those responsible—and deter any future treatment failures, intentional neglect, or acts of deliberate indifferences toward the residents of this hospital.

## THE ALLY IS NOW ONLINE!

Click our link at  
[www.defenseforSVP.com](http://www.defenseforSVP.com)  
to find out more!

## Networking and Contact Information

Contact information for organizations and government agencies which may be useful to California's civil detainees, legal advocates, and loved ones.

### BOARD OF REGISTERED NURSING

PO Box 944210  
Sacramento, Ca. 94244  
Ph: (916) 322-3350  
Enforcement: (916) 557-1213

### BOARD OF VOCATIONAL NURSES AND PSYCHIATRIC TECHNICIANS

2535 Capitol Oaks Drive, Rm. 205  
Sacramento, Ca. 95833-2945  
Ph: (916) 263-7800  
TOLL-FREE: 1-800-952-5210

### CITIZENS' COMMISSION ON HUMAN RIGHTS

50552 Sunset Blvd.  
Los Angeles, Ca. 90028  
Ph: (313) 467-4242  
TOLL-FREE: 1-800-942-2247  
Website: [www.cchr.org](http://www.cchr.org)

### COMMISSION ON JUDICIAL PERFORMANCE

455 Golden Gate Ave., Suite 14400  
San Francisco, Ca. 94102-3660  
Ph: (415) 557-1200

### DEPARTMENT OF JUSTICE

•Contact: Agent Earl Saunders  
Civil Rights Division, Special Litigation Section  
P.H.B., Room 5028  
950 Pennsylvania Avenue, NW  
Washington, DC 20530  
Ph: (202) 514-6255  
TOLL-FREE: 1-877-218-5228 + 1  
Website: [www.usdoj.gov/crd/split](http://www.usdoj.gov/crd/split)

### GOOGLE-411: FREE DIRECTORY ASSISTANCE

1-800-466-4411

## From the Law Offices of DEWEY, SKREWUM & HOWE

**Q:** I haven't had any problems with the law since I got out in 1991, but then I came under the SVPA because I was four days late with my registration. The DMH evaluators are going back to my juvenile records from almost 25 years ago to dig up dirt on me. How far back can they go to justify a mental disorder? -A.I.

**A:** Unfortunately, there is no language in the Sexually Violent Predators Act relating to how far back state psychologists can go to collect damning information for use in their evaluations. This information, no matter how old, can be used against a person for SVPA proceedings. It is interesting, however, that other civil commitment statutes provide some semblance of due process to the committed individual in that evaluators are only permitted to go back so far. Consider:

•For those deemed Incompetent to Stand Trial, or are found Not Guilty by reason of Insanity: "Demonstrated danger may be based on an assessment of the defendant's present mental condition, including a consideration of past behavior of the defendant *within six years...*" [Cal. Penal Code §1370(A)(2)(B)(ii)]

•For patients who fall within the scope of the Lanterman-Petris-Short Act: "Demonstrated danger may be based on assessment of present mental condition, which is based upon a consideration of past behavior of the person *within six years...*" [Cal. Welfare and Institutions Code §5300.5(c)]

State appeals courts have upheld and reaffirmed these time factors in several civil commitment cases and family law matters. It seems reasonable that, at some point, this rule will be challenged in the courts. If a person's "current dangerousness" is to be measured, it seems that the behaviors used to gauge that dangerousness must also be current. Because civil commitment under the SVPA is very similar to commitment under other statutes, assessment time limits should also reflect similar parameters.

## CSH CALENDAR

<b>TOWN HALL MEETING</b>	Every Friday @ 6:30 PM
Location: Grand Meeting Hall	Doors open at 6:00 PM
<b>CSH HEALTH FAIR</b>	Thursday, March 18
Location: CSH Mall	1:00-3:00 PM
<b>SPRING MUSIC FESTIVAL</b>	Friday & Saturday, March 26-27
Location: CSH Mall	6-8PM (F) and 9AM-3PM (S)
<b>PEOPLE OF THE YEAR AWARDS CEREMONY</b>	Thursday, April 1
Location: Grand Meeting Hall	Doors open at 1:00PM

## ANNOUNCEMENTS AND PUBLIC NOTICES

Visit [www.defenseforSVP.com](http://www.defenseforSVP.com)!



## SUPPORT THE ALLY!

Donations are needed to keep people informed of what's going on with California's civil detainees. The stamps and postage funds you donate will help us continue to distribute the Ally nationwide to the folks on our mailing list—for FREE! To find out how to donate, contact our Clerical Administrator:

Douglas Gaines  
P.O. BOX 5003  
COALINGA, CA. 93210  
Telephone: 206-312-3821

THANK YOU FOR ALL OF YOUR SUPPORT!

## HAVE YOU BEEN EVALUATED BY DR. SELBY?

- Do you have a high Static 99?
- Did Selby testify against you at trial?
- Do you have copies of your transcripts from the trial in which he testified?

Rudy Kraft is requesting this information for an appeal he is working on.

If you meet some of these requirements and have been evaluated by Dr. Selby please let Michael St. Martin know so he can pass on the information to Rudy. You can bring the information to the CDAC office, or unit #10.

Thank you for your help,  
Michael St. Martin

## ELECTRONICS *(Continued from page 3)*

shown the necessity of the proposed regulation either through "substantial evidence or specific facts and incidents."

They say it does not possess sufficient clarity, that it is so vague residents would be unsure as to what, if any, electronic devices could be owned. In addition, they write that more confusion is added since the proposal seems to contradict the "Initial Statement of Reasons." The ISR only stated devices that have communication and/or internet capabilities, while the 4350 changes include devices that don't have native capabilities that can be modified for network communications. This, Disability Rights and ACLU say, puts the two documents in conflict.

It's a fact well-known to anyone who has ever come in contact with the justice system that these confusions will be exploited by the Department in ways that are least beneficial to those at the bottom of the totem pole.

Disability Rights and ACLU continue with many examples of how DMH could find more reasonable alternatives which were not explored, and how property rights of patients are being ignored. The organizations also identify the possible negative impact on patients' rehabilitation and recommend individual assessment for risk rather than blanket policies that affect all. What is ignored is the concept that this last item—individual assessments for risk—is supposed to be a part of a therapeutic environment from the very beginning.

In addition to the challenges made during the comment period, other members of the patient population have taken legal paths to prevent DMH from promulgating and implementing CCR section 4350. One long-term care resident, Thomas Gabba, filed a class-action suit in the United States District Court, Eastern District, asking for injunctive and monetary relief against the governor and other state officials, hoping to block the implementation of the new regulations and grant the return of any items taken. In addition, he is asking for the lifting of the computer moratorium.

In future editions, the *Ally* will continue to bring you updates on the electronics issue. If you have information you would like to contribute, bring it to any member of the *Ally* or to me on Unit 4. ➔

## ISSUES *(Continued from page 6)*

25. Proposal to allow art sales in Main Foyer (the RAMP program);
26. Seeking the establishment of a "Patient Benevolence Fund";
27. Request for delivery of newspapers on Sundays & holidays;
28. Proposed policies to accommodate convenience bed/unit moves;
29. Seeking elimination of the hospital's "Approved Vendor List";
30. Amending policies for hot meals delivered to the unit for ill individuals;
31. Requesting a change in policies to allow patient access to condoms;
32. Revamping search procedures and practices;
33. Requesting public hearings for promulgation process in GMR;
34. Processing proposed amendments to the CDAC bylaws;
35. Showing support for the Bike Show;
36. Requesting repairs to cable TV access;
37. Requesting that Program Directors to improve Unit Advisory Councils;
38. Investigation into the death of a long term care resident;
39. Seeking policy change for property size requirements;
40. Seeking the establishment of work crews for maintenance;
41. Protesting the installation of additional beds in unit Group Rooms;
42. Seeking expanded Barber Shop access;
43. Seeking expanded Package Room hours;
44. Establishing a Treatment Needs oversight committee;
45. Processing financial contributions for Haiti relief;
46. Seeking the placement of additional trash cans in hallways;
47. Requesting updates on unit microwaves;
48. Seeking change in policy to allow Netflix deliveries to go to units;
49. Challenging the implementation of AD 620.

The CDAC Council continues to welcome all suggestions, proposals, and recommendations submitted from the population. ➔

## INTIMACY *(Continued from page 7)*

directly impact his core beliefs and the way he perceives himself and the world around him. And, to make it even more confusing, it will affect the way he perceives the way others perceive him. As a therapeutic dynamic, a person's recovery is usually tied to interpersonal social skills, especially as they apply to the person's ability to trust himself and others—which, obviously, is tied to that fear of intimacy.

Once it is assessed that one has an intimacy deficit, proscribed groups in relationship and interpersonal skills are automatic, and groups identifying one's sexual identity as a male can also be relative. For the person not yet mature enough—or ready—for real closeness with another human being, intimacy issues will remain a barrier to social growth in many areas of his life.

There is a basic measure for a person's ability to be intimate: How well that person now interacts with their significant other, family members, and close friends. Classes and courses in the hospital—like *Becoming a Better You*, *Relationship Skills*, and so on—will help you and guide you. Keep your own measures: learn to trust others, learn to be honest, learn to forgive someone who has hurt you, and learn to make amends when you have hurt someone else. Intimacy depends on these things. ➔

## DSM *(Continued from page 1)*

antisocial disorders. "This will be a disaster," said Valerie Porr, founder and president of a New York-based organization called The Treatment and Research Advancements Association for Personality Disorders. Her organization has championed research and treatment specific to borderline personality disorder. Creating one catch-all category, she says, "kind of trivializes the personality disorders."

Others involved in mental health treatment agree with Porr's take. People diagnosed with Asperger's disorder tend to identify with their diagnosis, says Geraldine Dawson, Chief Science Officer for another New York research and advocacy group, Autism Speaks. "These different labels become part of a person's identity. I think we need to be sensitive to that."

In addition to the proposed restructuring of the DSM, a number of new additions will likely make it into the final draft, including: a new category for behavioral addictions, including gambling disorder, but not including sex or internet addictions; a new "binge-eating disorder," to be separate from bulimia; the creation of "temper dysregulation with dysphoria," to diagnose children who suffer from moodiness, irritability and outbursts of rage—and who would otherwise be misdiagnosed and treated for bipolar disorder; a new tool used to assess potential suicide risk; the creation of a new category for neurodevelopmental learning disorders, including dyslexia and dyscalculia (reading and mathematical disability).

DSM SEXUAL DISORDERS: Among the other proposed changes to the DSM, civil detainees across America—and across the globe—are on the edge of their collective seat, waiting to find out what is going on with the paraphilias and sexual disorders.

Hypersexual disorder is one proposed addition that has raised eyebrows among legal minds at CSH. The concept has long been pushed by a number of psychiatrists and other therapists who treat patients with repetitive sexual behaviors. A specific disorder, they say, is needed to diagnose and treat those whose sexual behaviors have become unmanageable.

Hypersexual disorder, as proposed, would be marked by having at least four of the following symptoms; those symptoms must be severe, must be present for a period of at least six months, and must not be caused by something else, i.e., narcotics, alcohol, or medications. Those symptoms include: a lot of time spent on sexual urges and fantasies, and on planning for and engaging in sexual acts; repeatedly engaging in sexual behaviors according to certain emotional states or moods, such as anxiety or depression; repeatedly engaging in sexual behaviors as a coping mechanism in response to stressful events; repeated efforts to control sexual behaviors, with the efforts ultimately failing; repeatedly disregarding physical or emotional risk to oneself or others while engaging in sexual behaviors.

Hypersexual disorder, if approved, would be the official name for what laymen refer to as sex addiction, a diagnosis applied to those whose over-sexualized behavior includes consensual sex with age-appropriate adults, pornography, or even cyber-sex.

"There is no doubt in my mind that this condition exists, and that it is serious," said Dr. Martin P. Kafka, a Harvard University associate clinical professor of psychiatry. As a member of the DSM-5 work group on sexual disorders, his viewpoint is highly regarded.

Others in the field of psychiatry are not convinced. Michael Miner, a professor of family medicine and community health, advised Dr. Kafka's sexual disorders workgroup that creating this new diagnosis was premature. "If we are looking at a disorder, it's not clear what that disorder is," said the University of Minnesota professor. "There is not an agreed-upon name. The research is in its infancy."

Clinicians across the spectrum describe hypersexual behavior as an addiction, a sub-type of obsessive-compulsion, or an underlying symptom of some greater psychiatric disorder, such as clinical depression. ➔

## INTERVIEW *(Continued from page 7)*

disorder, a diagnosis in the schizophrenia spectrum, a history of significant head trauma, and/or are under the age of 23 without a GED) within 30 days of admit. This policy was instituted about two years ago."

### *Why wait to test long-term SOCP participants?*

Dr. Busby: "The current policy is for an individual to participate in the Phase Treatment Evaluation and Action Plan assessment during Phase II and prior to being staffed for Phase III.

"CSH currently has an SOCP Treatment Planning and Development Committee comprised of various clinicians from different disciplines. The goal of the committee is to improve the treatment program based on research best practices or in other words what the research says "works" best in sex offender treatment. One of the areas the committee is looking at is assessments and exploring the idea of providing assessment testing earlier, in Phase I. The committee is also looking in other areas of CSH's current treatment program to make improvements. The committee also elicited feedback on how to improve our program from individuals who represent different interests. Clinicians at CSH are striving to make improvements to the treatment program and it is ever-evolving. We hope to the betterment of the treatment program and for the benefit of the individuals who participate in it."

## ANALYSIS *(Continued from page 4)*

evaluators claim the ability to see into the future, to determine what the actions of a man will be as much as a decade or more down the road. To do this, these psychologists use an "actuarial risk assessment" tool known as the STATIC-99, developed by Canadian psychologist R. Karl Hanson.

The STATIC-99 takes a number of "static" and unchanging factors from a person's past--such as stable relationships, criminal convictions, and so forth--and scores them. That score is purported to measure a person's likelihood to commit future sex crimes. One major factor used in scoring the STATIC-99 is the presence of sex crimes committed against a male victim. If a man has ever been accused or convicted of sexual misconduct with someone of the same sex, his STATIC-99 score will increase dramatically--as will his supposed likelihood to re-offend. As a result, gay men are more likely than straight men to meet the criteria for life-long commitment simply by virtue of their sexual orientation. It's pretty self-explanatory, isn't it? If a gay man commits some kind of sexual assault, it will most likely be against another man--right? After all, a heterosexual man would not assault another guy, so why would a gay man pursue a woman?

Thus, simple common sense reveals the STATIC-99's slant against homosexual men. Unfortunately, common sense has no place in the courtroom, nor does it enter into the minds of state evaluators. So let's replace common sense with a quest for rock-solid data and cold hard facts, shall we?

#1: Where is the evidence that gay men are more likely to re-offend? After the pedophile-priest scandals began exploding in the news media in the last few years, numerous studies sought out that evidence, only to discover that homosexual men were far less likely to ever commit a sex crime in the first place.

#2: The STATIC-99 was designed by a Canadian psychologist for use in assessing Canadian sex offenders; it has never been standardized or quantized against an American demographic. More specifically, no one has ever determined the STATIC-99's validity when used to assess minorities, including Native Americans, gays/lesbians, Hispanics, and so on. Furthermore, the tool's own author, Dr. R. Karl Hanson, has publicly objected to its misuse by American psychologists in civil commitment proceedings.

#3: In California alone, hundreds of former offenders have been assessed by state evaluators who utilized the STATIC-99 to determine that those offenders represented a grave danger to society. In each case the state's evaluators testified that those men would undoubtedly re-offend if released into society. Yet, to date, approximately 325 men have won in court and been released to resume their lives; 16 of them have actually fulfilled the state evaluators' prophecies and committed another sex crime. What does this mean? Do the math--it means that the state's so-called experts were wrong 95% of the time.

Which raises the question: Why does California utilize a risk assessment that doesn't hold water? Especially one with such bald-faced bias against homosexuals? In allowing the use of the STATIC-99, the Department of Mental Health, the State of California, and our entire justice system has endorsed full-fledged discrimination on the basis of one's sexual identity. And this discrimination cannot be called harmless or incidental--it is used to strip hundreds of men of their liberty, their families, and their lives. ➔

## DIRECTOR *(Continued from page 1)*

He was also chief of a Medi-Cal managed care branch, and worked in the Department of Mental Health's fiscal office.

DMH spokeswoman Nancy Kincaid told reporters that state officials were unaware of the police investigation until Foulk's arrest on February 24. Within hours, Foulk's employment with the state was terminated. As the head of Napa State Hospital, Foulk received an annual salary of nearly \$100,000 to oversee almost 1,200 patients and about twice that many hospital staff. It is unclear at this point who will be appointed to replace him.

"What I want to know," said CDAC Spokesman Michael St. Martin, "is where the state evaluators were when all of this was going on. It's absurd to think that this guy worked around psychologists and psychiatrists all day, every day, and nobody had any inkling that he was some kind of deviant."

Employees at Napa State Hospital expressed concern after Foulk's arrest because his home was located next door to a daycare facility. His previous positions are also a matter of concern; over the course of his career, he had access to several thousand mentally disabled, disordered, and incompetent patients at acute psychiatric care facilities--all of them potential victims.

Spokeswoman Kincaid, however, quickly pointed out that Foulk would not have had access to potential victims at Napa State Hospital. She told reporters that, for the purposes of safety and security, the hospital's executive director was kept under escort whenever he had contact with the facility's residents. "He would not have had the opportunity to be alone with patients," she said.

In counterpoint, CSH resident Cory Hoch asks, "What about before he became director? The guy was an RN--he worked in state and private hospitals for years... What the state needs to do now is comb over every position he had, and all of the people he was 'caring' for, and find out who else he victimized."

Former CSH resident Tom Watson emailed an advance copy of a *Los Angeles Times* article to everyone in his foundation, the Foundation to Enhance Mental Health, does business with. "As we have often said," he told supporters, "the keepers are often worse than the kept."

Curious or otherwise interested parties can contact Napa's former director personally by writing to:

CLAUDE EDWARD FOULK  
Booking # 2240631  
C/O Long Beach Police Department  
400 West Broadway  
Long Beach, CA 90802

## SANCTIONS *(Continued from page 10)*

Prison Law Office, and therefore it could not be appealed. Rather, the order was for both plaintiffs and defendants to simply meet and negotiate; no payment had yet been set or ordered.

Previously, because of the state's financial crisis, the Prison Law Office had declined asking the courts to penalize the state's attorneys. However, frustrated by the state's multiple meritless appeals and other stall tactics, the PLO decided enough was enough and sought sanctions.

"They were so clearly wrong," said Hardy. "They so clearly had no argument."

The case was referred to the Appellate Commissioner to determine the amount of sanctions. The Prison Law Office filed paperwork seeking penalties of \$13,500.

The amount, although comparatively small, is seen by some prisoners' rights organizations as a strong victory.

Cheryl Miller, a writer for the legal website Law.com, wrote, "The \$13,500 in sanctions sought is miniscule compared to the millions of dollars the state has paid to defend class actions--including an ongoing case first filed in 1990--brought by inmates challenging prison-provided medical and mental health care. But it's also indicative of state leaders' almost automatic inclination to challenge many of the prison-related orders handed down by federal courts and court-appointed receivers."

Filing repeated--if groundless--motions and appeals is one of several delaying tactics used by state attorneys in defending itself against lawsuits. Plaintiffs who bring legitimate action against the state will oftentimes drop their cases due to the financial hardships of pursuing legal action, or even out of sheer frustration. It is likely that future litigants will cite this order to help push their cases to a timely resolution.



## Civil Detainees' Memorial

Name	Passed
Robert Cloverdance	June, 1995
Carl Coleman	June, 1998
Jim Davis	June, 1999
Don Lockett	January, 2000
David Stansberry	May, 2000
Charles Rogers	May, 2000
Larry Goddard	June, 2001
Ed Samradi	June, 2001
Dean Danforth	July, 2001
Craig Bauwens	July, 2002
Wayne Graybeal	October, 2002
Donald Hughes	November, 2002
Lloyd Johnson	November, 2002
Robert Alperin	March, 2003
Tim McClanahan	March, 2003
Patrick Brim	March, 2003
Wayne Porter	August, 2003
Cash O'Dowd	December, 2003
Elmer Bock	May, 2004
Dave Goenick	August, 2004
Jose Vlahoitis	December, 2004
Corwin Weltey	December, 2004
Ross Washington	January, 2005
Richard Bishop	February, 2005
Alton Robinson	August, 2005
Robert Canfield	September, 2005
Jerry Sanchez	September, 2005
Gerald Brooks	November, 2005
James Aceves	July, 2007
Frank Valadao	November, 2007
Donovan Myrick	February, 2008
Paul Rael	March, 2008
Paul Pedersen	June, 2008
Kenneth Edmonton	January, 2009
Jimmy Guthrie	February, 2009
James Rosenberg	February, 2009
Charles Grecien	February, 2009
David Harney	March, 2009
James Wallace	May, 2009
Jare Stevens	July, 2009
John Martinez	October, 2009
Delbert Smith	October, 2009
Dennis Boyer	December, 2009
Ruben Garcia	December, 2009
Wilbur Perryman	December, 2009
David Montgomery	February, 2010

Let us all pray for the day to come when this list is complete, when no more names will be added to the Civil Detainees' Memorial, when no more good men will die without seeing freedom on the other side of these fences and walls once more.

## THIS IS MY SON

*There is a mother, and her name is me.*

*My son is diagnosed with antisocial personality.*

*How I wondered what I did wrong.*

*How my heart breaks to know he feels he doesn't belong.*

*No one understands him and he has hurt so many...*

*How I wish others could understand the depth of my love.*

*Even though you despise his acts...*

*I remember his first laugh.*

*His smiles, his giggles and his first steps too.*

*Now he has taken a path and his care is up to you.*

*This is my son.*

**-Author Unknown**

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# *the condensed*



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Andrew Hardy - Guitars & Vocals

JD Sheppard - Drums

Red Ransom - Guitars & Vocals

Ray Madera - Percussion & Vocals