

IOWA CITIZENS UNITED FOR THE REHABILITATION OF ERRANTS

An Effort to Reduce Crime Through Criminal Justice Reform - 2013

ATTENTION ALL IOWA CURE MEMBERS: There will be no regular quarterly meeting of Iowa CURE on July 28th. Instead we would like you to consider attending the Reentry Training meeting described below. The next quarterly meeting will be held on October 27th. There is more information about that important meeting elsewhere in this newsletter.

REENTRY TEAM TRAINING

Where: Trinity United Methodist (1548 8th St)

When: Saturday July 27th, 2013 10:00am- 4:30pm

(Lunch and snacks will be available for a flat \$10)

Why: A reentry team is a support team of approximately 5 to 8 volunteers who help returning citizens to transition back into the community upon release from prison. Together with the individual, an Initial Covenant is written in which they agree to meet weekly for up to one year (in some cases it can take longer). The individual may need help with getting started which includes finding a place to live with home furnishings, finding employment, and linking them with service agencies. The team is both a support and safety net as well as befriending the returning citizen while holding them accountable for their actions.

Please register soon as spaces are limited!

If you are interested in attending, please contact **Christy Prescott** at **515-525-8066** or via email at **christy.prescott@grandview.edu**

SPECIAL IOWA CURE MEETING WITH FOCUS.

CIVIL COMMITMENT OF SEX OFFENDERS

Mark your calendars now so that you won't miss our special quarterly meeting on Sunday, October 27th. The focus of the meeting will be the civil commitment of sex offenders. We hope to bring in a nationally known speaker to educate us regarding this important issue.

Few Iowans realize that Iowa is one of 22 states which operate a special Civil Commitment Unit for Sexual Offenders. The individuals committed to this unit, operated by the Iowa Department of Human Services and housed at

the Cherokee Mental Health Institute Campus, have served their prison sentences, but in a separate civil trial have been found likely to reoffend.

According to the CURE Civil Commitment Newsletter, Volume 1, Issue 1, "Civil Commitment is in fact a legal process in which, in a CIVIL and not criminal matter, the plaintiff (state) asks a court to civilly commit a person to a mental health facility and the standard is far lower than the "beyond a reasonable doubt" standard that was used in the state's criminal case against the person. Once committed, the burden shifts to the committed person to prove that he is 'cured' enough for release."

As of August of 2012 there were 100 individuals on the CCUSO unit with an average of 8 to 9 new admissions each year. Funding for 2013 is estimated to be \$8.9. These individuals are supposed to be receiving intensive treatment; however you will find an article in this newsletter in which a current resident of the Iowa CCUSF Unit describes his own treatment experience and judge for yourself. You will also find an article by our guest speaker, Galen Baughman, Director of Communications for International CURE and the first respondent in the history of Virginia's ten year old Civil Commitment of Sexually Violent Predators Act to ever win a unanimous jury verdict. We hope this information will inspire you to come and learn more about Civil Commitment Units in Iowa and across the nation and why International CURE is speaking out against them.

Civil Commitment: Preventive Detention, Double Jeopardy, and Fake-Science by Galen Baughman

Daniel was a teenage kid when he was sent to prison. He was 17 he had a sexual relationship with a younger teenager. Daniel was not the first high school boy in history to fall in love with a girl, and I don't think they'll be the last teenage couple to act on their sexual feelings. But in Virginia, where they lived, it's a crime and Daniel was imprisoned for 4 years as a sex offender.

In some states, our story would end there – Daniel would be released, come home, and struggle with the stigma of being labeled a “sex offender” for the rest of his life; maybe he would be able to find a menial job, or maybe he'd be harassed by his probation officer, and sent back to prison again and again for technical probation violations – but something else happens to Daniel instead.

In Virginia, it is possible to complete your prison sentence for a crime, pass your mandatory DOC release date, and still never get out of prison. More than a decade ago the Virginia legislature passed a law that would allow the Attorney General's Office to file petitions with the court asserting that certain individuals present such a great risk to the community that they should be indefinitely detained in secured facilities.

Under the Civil Commitment of Sexually Violent Predators Act, the state is required to demonstrate that the individual 1.) Suffers from some psychological problem, 2.) Has difficulty controlling their “predatory behavior” as a result of that psychological problem, and 3.) Is therefore “likely to engage in future acts of sexual violence.” The Attorney General is fond of calling these people “the worst of the worst” – you know, people like Daniel.

The argument behind civil commitment is enticing, but it is deceptive. The theory goes something like this: “This person has been convicted of committing a sex offense; therefore they must have a psychological problem because only sexual deviants commit sex crimes, and since he has a psychological problem which causes him to commit sex crimes he is therefore likely to reoffend.” This is circular logic, based on unfounded assumptions.

Psychologists do not have the ability to determine who will or will not commit a crime – there are no crystal balls to predict the future – and they should not be in the business of helping prosecutors invent excuses to preemptively detain individuals. In 1998, the American Psychiatric Association completed a five-year study by a Task Force on Sexually Dangerous Offenders comprised of some of the top experts in the field. The APA concluded that psychiatrists should adamantly oppose civil commitment of those convicted of sexual offenses, according to the report, “to preserve the moral authority of the profession and ensure continuing societal confidence in the medical model of civil commitment.

Paul Applebaum, M.D. described the APA's decision this way: “We were concerned that psychiatry was being used to

preventively detain a class of people for whom confinement rather than treatment was the real goal. This struck many people as a misuse of psychiatry.” The civil commitment of sex offenders after their prison sentences is a thinly disguised attempt to circumvent our constitutional protection against double jeopardy. When, in fact, these individuals are being punished twice for the same crime. In *Kansas v. Hendricks* the Supreme Court of the United States upheld the power of the states to civilly commit sex offenders for treatment in a 5-4 ruling. Sadly, civil commitment is “treatment” in the same way that probation is “rehabilitative”.

When the AG brought its civil commitment petition against Daniel, he never really had a chance. It's always been easy to try a witch. Prosecutors have become quite adept at fear-mongering in civil commitment cases and the facts of Daniel's individual situation are easily swept away by the hysteria that pervades our society around “sex offenders.” The state brings in experts to opine to the dangerousness of this violent predator, often invoking made-up psychiatric disorders considered illegitimate by the medical community and excluded from the DSM-V. In Virginia the prosecution can actually bar the defense from presenting any expert testimony at trial in his own defense – thus, in a case supposedly about whether the defendant has a psychological problem, the only side allowed to present any psychological evidence is the state. The state maintains a stable of experts who make, in some cases, millions of dollars a year just testifying for the prosecution in these cases. It is no wonder their opinions would so consistently align with the state's agenda.

There is no debate that some people do terrible things to other people. The Virginia law was championed to prevent the release of an individual who had kidnapped a 13-year-old boy, locked him in a box underground in the woods, and repeatedly raped him over the course of a week until the boy was finally discovered by a group of hunters and freed. That boy, Paul Martin Andrews, now in his mid-50s, was one of the chief advocates for the creation of a civil commitment law. But having seen the way the law he was responsible for creating has been abused, Andrews has given interviews to mainstream media expressing reservations: “Something is not right.”

Daniel's commitment is effectively a life sentence. In Kansas, one of the oldest civil commitment programs in the country, you are 4 times more likely to die in custody than you are to ever be released. Tax payers are shelling out on average more than \$100,000 per year per prisoner to contain these people in prisons masquerading as treatment facilities on an indefinite basis – in some states like California the price is closer to \$190,000 annually per person. Few Americans realize that according to the Bureau of Justice Statistics, a division of the Justice Department, the average rate of recidivism for those convicted of a sexual offense is 5.3%. Moreover, 95% of sexual offenses are committed by someone who has never previously been convicted of a sex crime.

In America, we punish people for what they have actually done; we do not sentence people for imaginary future crimes that we are afraid they merely might commit in the future. But with civil commitment, we have embarked on an adventure in a morally bankrupt, and financially bankrupting, new area of law that fails to meaningfully protect the public, undermines the legitimacy of the psychiatric profession, and is unnecessarily destroying tens of thousands of lives.

The author is Director of Communications for International CURE and was the first Respondent in the history of Virginia's ten-year-old Civil Commitment of Sexually Violent Predators Act to ever win a unanimous jury verdict.

CIVIL COMMITMENT FOR SEX OFFENDERS PUNITIVE OR NON-PUNITIVE

BY M. Allen Mead*

Since my arrival here at the Civil Commitment Unit for Sex Offenders (CCUSO) I have been told by the public defenders at the Public Defenders' Office in Des Moines that the whole concept of CCUSO is to provide therapy for those individuals who are in need of long-term treatment because the treatment because the treatment modalities for this population are very different from traditional modalities available in a prison setting.

I have seen nothing resembling treatment in this facility since my arrival nor have I seen anything resembling a healing or restorative atmosphere. I actually know what treatment looks like and feels like; I spent two years in treatment while I was in prison at Mt. Pleasant, Iowa. Eight hours a day five days a week in a very therapeutic environment. So to come here and find that I am only being warehoused is a shock.

When this civil commitment legislation was originally introduced and passed by the Iowa Legislature the criteria for the commitment was set forth as follows, "The general assembly finds that the prognosis for rehabilitating sexually violent predators in a prison setting is poor, because the treatment needs of this population are very long-term, and the treatment modalities for this population are very different from the traditional treatment modalities available in a prison setting or for persons appropriate for commitment under chapter 229". (229A.1 Legislative findings)

CCUSO currently has two PhD's who are qualified psychologist. One is Dr. Jason Smith who is the administrator of this facility. He doesn't do any type of therapy groups; he is strictly an administrator. The other is Dr. Jane Daniel PhD. She is actually very skilled in the area of behavioral modification and is an excellent therapist. However she is only here on a part-time basis. She has a therapy group one day a week for twenty two people. So we actually have one part-time therapist who is here one day a week. This is the extent of the qualified staff that provides treatment for over one hundred patients.

Other therapists are actually support staff who is given the title or therapist. The other eighty patients receive their so called treatment from support staff. These individuals have no real experience in psychology or education in this field. One therapist is a retired Army Chaplain who doubles as religious coordinator.

The very language in the Iowa Code would suggest the patients in this facility are here to receive intense treatment

Which they cannot get in a prison system. However the treatment provided at Mt. Pleasant far exceeds any treatment given here at CCUSO since they opened their doors over ten years ago.

This is a place to warehouse people the state has determined should still be in prison, and it's certainly punitive punishment; the state of Iowa chooses to call it treatment so they can keep the doors open.

*While we welcome contributions to Iowa CURE newsletters by members, we reserve the right to accept or reject contributions and to edit the content. The content of such contributions does not necessarily represent an endorsement by Iowa CURE.

BUDGET AND LEGISLATION NEWS

The good news is that the legislature included funding for staff and operation of the 4 new work release centers and partial funding for the Anchor Center in their budget. Senator Rob Hogg, vice chair of the Senate's budget committee for justice systems, noted that "lawmakers again this year forced state agencies to find room in their regular budgets for salary increases instead of appropriating money for those raises. So legislators provided money to open a new women's correctional facility in Waterloo, it was at the expense of the drug and mental health courts." (Des Moines Register)

We were extremely disappointed to learn that the Governor vetoed over \$21 million for mental health programs approved for funding by the legislature which would provide a safety net for those needing mental health services. This was a tremendous shock at a time when we have excess money in our coffers and have been working so hard on the redesign of MH services.

We worked with a number of organizations to get a law passed that would limit the use of restraints on pregnant women and ban restraints during labor and delivery. This bill was approved by the Board of Corrections and many organizations worked together to get it passed. The IDOC claimed no law was needed as they had a policy that covered this. However, we believe a law is necessary as a policy can easily be changed. Rita Bettis of the ACLU did remarkable work on this, but due to the possibility of an abortion amendment and the lobbying of law enforcement; it did not make it to the Senate floor.

A bill was passed that will require DNA profiling on people convicted of aggravated misdemeanors, including for certain driving offenses. We were against this. We believe that it is expensive and invasive. A DNA sample cannot be compared to a fingerprint as it is a complex molecule containing all biological information about a person.

A bill was also passed relating to the "removing or attempting to remove a communication or control device from the possession of a peace officer or correctional officer, interference with official acts, and providing penalties." A minority impact statement which was attached states, "it is expected that this Bill will have a disproportional impact on

minorities because approximately 34.2% of offenders convicted under the Bill's provisions related interference with official acts, may be minorities." In spite of an all-out effort on the part of members of the Justice Reform Consortium to get the Governor to veto this bill and a passionate discussion by some concerned members of the House; the bill passed.

UPDATE ON THE IOWA BOARD OF PAROLE

There have been a number of changes related to the Iowa Board of Parole in recent months. Chairperson Jason Carlstrom submitted a proposal to the Administrative Rules that would revise the risk assessment process for paroles and work releases. Under the new system rescinds the language tying a specific risk assessment score to the number of votes to grant a release. There are new methods of doing risk assessments. This new system is more efficient and is not a loosening of the requirements for parole. This means that the original panel of three members who interview the prisoner can approve parolee or work release without waiting until votes can be acquired from other members who were not present at the interview.

Public comment in favor of this change was given by the Justice Reform Consortium. No action was taken, thus this rule will now be integrated into the operation of the IBOP.

The Iowa Legislature passed a law that will create a pool of three alternate members who will be available to substitute for regular members who are disqualified or unavailable for hearings involving Iowa offenders. The Governor appointed these 3 alternate members on July 1, 2013. They are: Nancy Boyd of Urbandale, until now a part-time member of the board, Jacklyn Romp of Des Moines, and W. Ray Richardson of Waterloo. There are two full-time members of the board: Jason Carlstrom, Chr. of Des Moines and Doris Kelley, Vice Chair of Waterloo, part-time members are Shelia Wilson, Thomas Phillips and Jim Felker.

The IBOP has a large backlog of applications for commutations. One application which has received a lot of publicity is that of Raspberry Williams, a lifer who has been incarcerated in Iowa prisons for many years. The parole board voted unanimously to commute his sentence to a term of years and the Governor asked that a hearing be held in his home community of Waterloo to see how the community would feel about his sentence being commuted. The response was positive. John Baldwin stated that this was government at its best. With the approval of the Governor, Williams can now be considered for parole. This would probably mean a gradual release with time working outside the walls followed by time at a work release center and then parole.

UPDATE ON THE IOWA BOARD OF CORRECTIONS

AND IDOC STAFF CHANGES

There have been several changes in the membership of the Board of Corrections in recent months. Johnie Hammond and David Erickson are no longer serving on the Board. The makeup of the Board is now as follows: Sheryl Griffith, Fort Dodge, no political party, Rev. Michael Coleman, Waterloo, no political party, John Chalstrom, Cherokee, (R), Charles Larson Sr. (R)Linn, Nancy Turner, (Corning(R), Rebecca Williams, Linn, no political party, Richard La Mere, Jr.,

Anamosa (R),. Charles Larson, Sr. has been elected Chairperson and the Rev. Michael Coleman has been elected Vice Chairperson.

Long time IDOC staff person Fred Scaletta retired in 2012, but returned after a few months and was rehired to fill his former position as Assistant Director of the DOC. Jerry Burt, who served the department for many years, most recently as Deputy Director of the Eastern Region, has retired. It is our understanding that Jerry Bartruff has been approved to fill that position. He has been serving as Deputy Director of Offender Services. We understand that some staff members at ISP and the CCU will probably not elect to continue with the department after the move. Change is not easy.

NAACP Inside the Walls

Iowa CURE was very pleased to learn that there is now an inside chapter of the NAACP. We were contacted in 2010 by members of the ISP NAACP asking if we could send several of our Iowa CURE members to visit a meeting of the ISP NAACP to talk about developing a connection. Three people immediately volunteered to make this visit. Staff at ISP was contacted for instructions as to how a visit could be arranged. The three CURE members filled out visitor's application and after some confusion they were approved as visitors; however they were told they would have to come on a working day between 9 and 4 to take a one and one half hour training course. This would mean that the three visitors would have to take a day off of work and travel from Des Moines to Fort Madison to attend the training and then return on another day for the visit. We asked if they could take the training via the internet or at an institution closer to Des Moines, but we were told that wasn't possible. We still have hope that this visit can take place sometime in the near future.

FROM TRAUMA TO TRANSFORMATION

AN ALTERATIVE TO PTSD: POST TRAUMATIC GROWTH

Geral Blanchard, LPC local psychotherapist and international speaker and researcher will present a workshop on insight for trauma recovery on October 7th from 8 a.m. to 11:30 a.m. at The Windsor Heights Community Center in Windsor Heights. For more information please contact Ruth Hardin at Ruth.crossroads@gmail.com or 515-633-7968 CEUs available for certain professional participants.

APPROVED CABLE STATIONS-June 18, 2013

In additions to the basic local channels, the following cable channels are approved for all institutions. (No expense to the taxpayers!) ESPN, ESPN2, CNN, Food, History International, HGTV, Univision, TNT, DIY, A& E, Discovery, Animal Planet, Big Ten, Hallmark, Speed, AMC, Travel, BET, WGN, Telemundo.

From: Deputy Director Jerry Bartruff and Deputy Director Dianne Wilder Tomlinson

CLOSING THE DOORS OF THE CCU

When a group of Iowa legislators learned that Governor Branstad intended to close the Critical Care Unit at ISP they immediately wrote a letter to him asking him to reconsider. They feared that this action would result in severely mentally ill prisoners being scattered throughout the system and would not receive the type of treatment they so badly need. As one who has followed this issue back to the time of the class action suit which resulted in the building of this facility, this is not the issue.

For those of you who are not aware of the history of the CCU it was constructed in 2002 at a cost of around \$26 million in response to a lawsuit brought by mentally ill prisoners incarcerated at ISP regarding the horrific conditions and lack of treatment at that facility. U.S. District Court Judge Don O'Brien agreed with them. Director of Iowa DOC Kip Kautkzy and Governor Branstad reacted strongly against the Judge and his findings. The Judge recommended that a facility for the mentally ill be built at Fort Madison where mentally ill prisoners would be housed and treated. It took many consultations before blueprints for such a facility that even vaguely resemble what the Judge had in mind, were approved. As we know the final result is a unit that is designed more like a super max than a mental health treatment center. .

In the first years of its operation four men committed suicide and others made unsuccessful attempts. Iowa DOC Director Gary Maynard invited Dr. Thomas White with the National Institute of Corrections to come to Iowa and inspect the unit and make recommendations. White concluded that "the staff is currently incapable of providing the level and quality of mental health treatment that should be provided to severely mentally ill offenders."

There was a lack of qualified professionals on the staff, no common agreement on the mission and no leadership. He did state that the living conditions were better than what they had before the construction. Even though prisoners had individual treatment plans they were never implemented. Treatment consisted of medications only.

Dr. White made many recommendations regarding hiring accredited professional mental health staff, training all staff members, changes in the physical structure, etc. Many of these changes have been implemented while others have not. Over the years one of the tensions has been that correctional staff tends to see those with a diagnosis of mental illness as being the same as any other prisoners, while treatment staff might see them more in light of their illnesses.

In November 2005 Bill Angrick of the Iowa Citizens Ombudsman's Office said, "Prison staff members are sometimes too quick to assume that strange behaviors are intentional attempts to gain special treatment. The unfortunate result is under diagnosis, which can lead to unfair punishment of prisoners' whose unacceptable behaviors actually are driven by their mental illness. Of course the ultimate tragedy is when over concern about malingering leads mental health staff to miss what would otherwise be clear signs of impending suicide.

It was recommended that prisoners should spend more time out of their cells. It is my understanding that those in Administrative Segregation and Disciplinary Detention do not get outside. One prisoner told me that the only way he can see outside is to climb the wall in the exercise wall "like a monkey" and if caught, he gets a "major." The windows in all the cells are distorted so light comes in, but the prisoner cannot see out.

In 2007, due to changes in housing arrangements inside the walls the Administrative Segregation Unit for ISP was moved from inside the walls to isolation Pods A and B of the CCU. It is our understanding that there are currently only 33 prisoners left on the CCU. The rest have now been moved to Clarinda Correctional Facility or Oakdale IMMC. It should be noted that this is the plan that has been in place since the planning for the new campus at ISP began and was not determined by Governor Branstad's decision to close the CCU.

Contact Information

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FRIENDS OF IOWA WOMEN PRISONERS

Website: www.friendsofiowawomenprisoners.org
Facilitator: Vi Darsee,
Email: vddarsee@q.com
Phone: 515-225-8349
Meets on the 3rd Tuesday of each month at noon at Wesley UMC
800 East 12th St. Des Moines, IA
Board Members: Anne Bickell, Mary Kay Dial, Eddie Bloomer, Jackie Robinson, Sue Royce, Carolyn Uhlehake Walker, and Larry Smith; www.iowacure.org

JUSTICE REFORM CONSORTIUM

Mary Ryan and Stephanie Fawkes-Lee, Staff,
Website: www.justicereformconsortium.org
Email: mrtyryn@gmail.com, Legislative Update sent out every 2 weeks during the session. Contact Marty to get on list to receive it. Phone: 515-681-8076

HEALTH CARE FOR RE-ENTRY VETERANS PROGRAM

Brian Brooks, VA Medical Center, 3600 30th St. Des Moines, IA 50310,
Phone: 515-577-8068 Email: brian.brooks@va.com

Website: <http://www.va.gov/homeless/>

Eligible: Those who are currently incarcerated by the DOC-Fort Des Moines and prisons. (Not in jail or released from prison)

Voices To Be Heard/ Des Moines Cure

Support group for persons who have a loved one in prison, parole or probation and those concerned about people in the criminal justice system. Meets the 1st and 3rd Tuesday– Union Park UMC; Support group for adults and special program for children from 6 to 7:30p.m. Contacts: Misty Hansen Connor, Melissa Gradischnig, 515-280-9027

Federal CURE

P. O. Box 15667
Plantation, FL 33318-5657
FedCure@FedCURE.org

Life Long CURE

P.O. Box 2093
Englewood, Co 80150
Send stamped, self-addressed envelop for brochure:
everyonesmom4@comcast.net

CURE International

Charlie and Pauline Sullivan
P.O. Box 2310
Washington, D.C. 20013
cure@curenational.org

IOWA COALITION 4 JUVENILE JUSTICE

(Now a focus group of Iowa CURE)
Website: ia4juvenilejustice.org
Sr. JoAnn Talarico, facilitator
Address: P.O. Box 41005 Des Moines, IA 50311

HELP FOR VETERANS

Will visit incarcerated veterans in need in central Iowa
Jennifer Miner, 515-577-8892 or 515-669-5999, ext 4875
Email: Jennifer.miner@va.gov
Covers Easter Iowa: Sherri Koob, Veterans Justice Outreach, cell: 563-320-9887; sherri.koob@va.gov

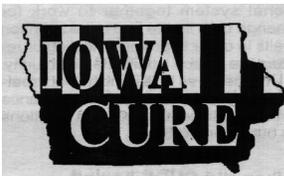
CURE Sort – Sex Offenders Restored Through Treatment

P. O. Box 761
Milwaukee, WI 53201-0761
sata@satasort.org

A note about Iowa CURE:

We are an organization with members in and out of the prison system. We cannot offer legal services. Do not send us your legal documents. In joining CURE, you are NOT entering into a contract for services.

IOWA CURE
P. O. BOX 41005
Des Moines, IA 50311



MEMBERSHIP INFORMATION
2013 DUES NOTICE
Please remember to pay your 2013 Iowa CURE dues

How do I join?

Fill out the application form below and mail it with your membership fee to the Iowa CURE office address below

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Annual Membership Fees

Prisoner	\$2
Individual	\$10
Family	\$20
Sustaining	\$50
Life	\$100

IOWA CURE
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Des Moines, IA
50311

Please remove me from this mailing list

Why should I join CURE?

Being a CURE member gives you access to experienced staff, reputable research, political action, community organizing, leadership and strategy development as well as informative fact sheets, action alerts, legislative and issue updates. **Please feel free to photocopy this newsletter/application to pass along to interested friends, family, associates or loved ones in prison.**