

Impacts of Civil Confinement by
A Civilly Committed Sexual Offender

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I have been confined by the State of Minnesota for 25 years now. I, first hand, have had an opportunity to observe several sex offender treatment programs, the legal system and the legislative process regarding civil commitment. I consider myself a Political Prisoner of the State of Minnesota.

Many states civilly confine individuals in state hospitals or state sanctioned treatment centers after they serve their criminal prison sentences, under the auspices, that one is dangerous to the public and requires treatment beyond criminal confinement and rehabilitation. States specifically began using civil confinement in the 1980's to lengthen the time a sexual offender would serve in confinement. Many states call these civilly confined, Sexually Dangerous Persons, Sexual Psychopathic Personalities, or Sexually Violent Persons. There are no particular psychological traits or logical reasons for these commitments. The purpose is economic stimulation and preventive detention.

The State of Minnesota began the civil commitment scheme in 1939 to civilly confine those who exhibited an "utter lack of control" over their sexual impulses. People confined at that time were not prosecuted as criminals rather they were determined by a probate court to be mentally ill and in need of treatment for their disorder. Very few individuals in the following decades were confined in this manner.

In the 1980's after some brutal rapes, the state/legislators revised the laws to accommodate civil commitment of those charged with any criminal offense relating to sexual misconduct. This was watched by many states to see if it would pass constitutional muster. Since the higher courts upheld the law, the beginning of an unlawful civilly confinement scheme was born. Ponzi schemes

organizers could learn a thing from these states that elaborately execute this civil confinement scheme!

In order to confine individuals there had to be a process in place. Psychologist got together and developed many actuarial tests that were to be interpreted by state employees, who later, would benefit from future civil commitments. In Minnesota, most were employees of the Minnesota Security Hospital or associated with the Department of Corrections. The state courts developed a panel of judges, psychologists and attorneys to preside over the civil commitment scheme.

Today, nationwide, there are thousands of psychologists, attorneys, hundreds of judges, tens of thousands of state employees, hundreds of law professors, and thousands of others that receive salaries as a result of this unlawful - unconstitutional confinement. This is a huge reason why civil confinement exists; civil confinement creates state jobs!

The State of Minnesota, for example, of the eighty-two million dollars the Minnesota Sex Offender Program (MSOP) received last year, sixty-nine million dollars, was for staff salaries. The collateral economic impact was there were also hundreds of private (public defenders) attorneys, dozens of judges, many dozen individual psychologists, law enforcement, medical institutions, county and state attorneys that cashed in on this scheme.

In Moose Lake, MN, 15 years ago, home values were in the low 30's to 40,000 ranges. Today the average is 200,000+. That is a 500+% increase in property values in the entire county as a result of the growth of the program. Property values rose dramatically as more and more people were civilly committed. The city, county and MSOP have lobbied for years for laws to restrict the rights of the people civil confined and make "tougher" laws to obtain release.

The program, in 1994, before the Sexually Dangerous Persons law was passed, had approximately, 100 people civilly confined. Moose Lake was home to 50 of those people confined.

After the Sexually Dangerous Person law passed, the Moose Lake MSOP site population has grown to 500 people. It makes a compelling argument that those civilly confined are nothing more than a valuable commodity to stimulate the local economy. The State of Minnesota also contracts with several local businesses and municipalities. Such an enormous economic impact in such a small community has its benefits. There can be no question that the economic aspect is a great driving force for civil commitment. The cost of civil commitment? The lives of those civilly confined and their families. In Most states it is the same.

A Public Defender, I interviewed, stated to me she has over 25 clients appointed to her. She explained she is paid \$65/hr. for each client and is allowed to bill up to 100 hours a year for each client. She purchased a farm in a local community by the institution, where, coincidentally, all her clients have resided since 1994. She explained on a quarterly basis she visits or attempts to visit her clients and encourages all of them to file for a reduction of custody. Although, she admits, she believes they will never obtain a release. As a result she can bill up to \$6500 for each client. That is a total annual income, up to \$162,500, for a few weekends a year at her farm per year. She also has a private practice in addition to this lucrative scheme. But the scheme doesn't stop there! Her son is a psychological examiner for civil commitment courts to civilly confine people. Her other son is taking over for her as attorney as she readies for a very wealthy retirement after 25 years of being a civil commitment attorney.

Think about that for a moment, how can a justice system, allow such abuses. It is happening and she is not the only attorney or professional cashing in. There are several law firms and psychologists in the State of Minnesota doing the same. In fact, in 25 years only 2 people have been granted a full discharge.

In a 2013 survey conducted by the Sex Offender Civil Commitment Programs Network (SOCCPN), of the eighteen programs that participated in the survey, Minnesota had the highest

number of civilly committed individuals in inpatient treatment. According to this survey, Minnesota commits 130.2 sex offenders per million people, whereas the next highest respondent state, Kansas, commits only 84.6 sex offenders per million people. Wisconsin, commits only 55.3 sex offenders per million people and New York commits only 13.9 sex offenders committed per million people.

The State of Minnesota allows a person who is confined under civil commitment to petition for a reduction of custody every six months. "Reduction in custody" means transfer out of a secure treatment facility, a provisional discharge, or a full discharge from commitment.

Recently, I had a reduction of custody petition filed on my behalf. The examiner, a man close to his 80's, asked me, "Even if I gave you a recommendation for release, do you think they would give it you?" He went on to say, "I started doing this job because it pays well, I get 10-15,000 for each examination, and I'm booked for the next three months." Then he went on to say, "They are no longer going to allow you guys to pick your examiner. The other examiners want their piece of this pie and are complaining that certain examiners are getting more work than they are, so now the board is going to make sure everybody gets an equal piece of the pie." He testified and recommended I be transferred to the Community Preparation Services a lesser restrictive part of the program. I was denied though by the Panel, as are most of the men who petition for release. The procedure is nothing less than a kangaroo court of sorts.

The cost to confine each person civilly confined is approximately \$120,000. To incarcerate an individual it costs about \$30,000. If the real purpose was public safety, why not sentence sexual offenders to longer prison sentences? Would that not serve the purpose of confining the people who are viewed by the public as dangerous? Why incarcerate a man for a period of 18 months for a sexual offense only to civilly confine him for the rest of his life and cost the taxpayer 4 times more? I can answer that question for you! It creates jobs and an economic boon for those

communities supporting such a scheme.

Balancing the competing policies of public safety and personal freedom, commitments under Minnesota's SPP and SDP statutes present a particular challenge because an extremely unpopular group of people pose a potential societal danger. Many predicted the SPP statute would be used for preventive and continued detention of violent offenders at the end of their sentences. This prediction has yet to be disproved. Since the State of Minnesota began using the SPP statute for commitment of offenders after their prison terms, 11 clients has been placed on provisional discharge while more than 750 clients remain confined more than a decade after their initial commitments.

As a long term civilly confined individual I am required to spend a significant portion of my life in a secured facility, cut off from my family and friends, deprived of freedom, security, autonomy and heterosexual relationships, and forced to live in a rigidly structured environment that is unreflective of the outside world. Basically, I live in a cave. I joke with my Daughter about this. However the analogy seems to fit.

The state purports they are holding the most dangerous offenders. Abuses are widespread; regulations are overlooked, no one in the public questions what is actually happening at the facilities. MSOP investigates all deaths at the facility themselves, as well as all other crimes committed by the staff and clients. Rapes, thefts, assaults, and extortion are a daily occurrence at the facility by staff members and clients. A client has no right to contact the local police if they are assault by the staff in any manner. The police tell the client they have to go through the institution investigators first. No oversight is being done to stop the administrative abuses that occur on a daily basis.

In 1994 the MSOP operated in a hospital setting. The single rooms for were comfortable; the rooms provided a regular bed with comfortable mattress, a dresser of drawers, a desk, and

adequate storage space for personal property. I was able to decorate the room. Private bathroom stalls were available. Toilets were not in my room. I was afforded personal privacy. I was allowed to possess personal desktop and laptop computers, computer discs, computer software, scanners, and printers. I was allowed game systems such as PlayStations, Nintendo 64, Gameboy, PlayStation 2, word processors, personal furniture, comfortable chairs, bedding, linens, plants, personal aquariums, stuffed animals, and many other items of personal property. I had the choice of vendor to make personal purchases. I was able to shop from local stores, cook food on stoves and barbecue. I was able to carry cash, conduct personal banking and conduct transactions with the approval of their treatment teams with other Clients. I was able to share food with Clients and staff. I was able to smoke cigarettes and cigars outside the living units.

I was not restricted in forms of self-expressions such as; I was allowed to wear any type of jewelry that could not be used as an obvious weapon, I was able to wear any type of clothing, I was able to shake hands, give hugs, pats on the back or dubs [bumping fists].

I had visits where I was allowed to prepare and eat food with visitors. Vending machines were available to visits. I could hold the hand or place my arm around a loved one or hold my children during visits. I could have any person visit during visiting hours of 1pm-9pm every day of the week.

I had access to unmonitored public pay phones; I could use pre-paid calling cards. My mail was opened in front of me and not censored, but was inspected for contraband items. I was not subject to strip searches. I was allowed to leave the facility with a staff escort without restraints. I could move freely on the compound. I could freely socialize with other Clients in the MSOP. I was not locked in rooms during the sleeping hours. I was not subjected to protective isolation for more than 24 hours for behavioral incidents.

I could pursue post-secondary educational classes at my expense. I in fact, obtained a

double Doctorate, a PhD in Religion and a PhD in Bible Studies; I did this without assistance from the institution. I was able to meet for religious activities in privacy and allowed possession of items relating to my faith. I received adequate medical care that was commensurate with community standards. I received actual sex offender specific treatment.

After the amendments to the statutes from 2004 through 2018, due to heinous sexual crimes that occurred in the community, administration of MSOP was replaced with administrators from the Minnesota Department of Corrections. As a result, the policies and procedures of the MSOP drastically changed to a correctional like facility rather than a treatment facility.

The MSOP treatment center is now modeled after a modern day maximum security penitentiary. The Joint Commission on Accreditation of Health Care Organizations does not accredit the MSOP as a treatment center, whereas all other treatment facilities in the State of Minnesota are accredited.

I am now subjected to full restraints, including black boxes and shackles. I am subjected to unwarranted pat searches of the body, unclothed body searches and body cavity searches without probable cause or reasonable suspicion being established. I am subjected to being strip search upon entry to the high security area (isolation) regardless of the incident that led to being placed in the high security area. When a Client refuses a strip search the facility and staff will authorize the staff to cut off the Clients clothing and inspect him and deploy chemical.

My visiting is now limited; there is a pre-approved visiting list that requires the visitors to go through a criminal background check; contact is limited to one hug at the beginning and end of the visit. My family members are subjected to pat searches, metal detecting, and are no longer allowed to bring items into the visiting room.

I am double bunked with another civilly committed sexually dangerous person. The cells contain 2 metal bed frames, (which are 30 inches across from each other), a prison mattress, that is

hard and not supportive, a stainless steel toilet and sink is fixed in the cell and storage is limited to the space for 3 plastic bins under the steel beds. I must store all my personal property including my legal paperwork in three plastic totes.

The double bunking has resulted in increased sexual and physical assaults, in which the facility has neglectfully responded. I am not allowed to request roommates that would be compatible; in fact, administration of MSOP and clinical arbitrarily places Clients in rooms through a move committee, without the input of the Clients. The MSOP does not take seriously the threat of assault or sexual assault of Clients, and in most cases the Client assaulted will either receive consequences/discipline for reporting the assault/sexual assaults, or they choose to ignore the problem altogether. Clients assaulted or sexually assaulted are not given any counseling.

Civily confined sex offenders are an insular minority vulnerable to oppression and discrimination, not only from the "outside" but from the strict rules and values of the Minnesota Sex Offender Program (MSOP), and the Minnesota Department of Human Services (DHS) power structure and its own codes of silence and loyalty. Whether young or old, clients have to adjust to an environment in which relationships (sexual or platonic) with the opposite sex are denied them.

The MSOP similar to penitentiaries for men, where homosexual sex is often viewed as a commodity which must be forced, bought or traded; new clients have to find their place in the sexual order by developing a sexual identity and establishing a reputation, which is designed to determine who is weak or strong. MSOP homosexual activity is often viewed as "acting out" or "criminal" by treatment staff regardless of denying the Client relationships (sexual or platonic) for years on end. Many men use sex in MSOP as a means to survive financially.

My phone calls are monitored. I get 15 minute phone calls and the message states "This call is from a Secure Treatment Facility", I am billed by a correctional provider (Global Tel-Link)

and at a billing rate of .05 cents per minute, plus tax for pre-paid calls. I cannot receive phone calls. MSOP receives a commission of all phone calls.

The criticisms of institutions receiving a portion of the revenues from Client telephone calls are threefold. The first criticism is one of basic economics: the free market does not operate in the MSOP context in the way that it does in most transactions. As the FCC described it: "Inmate calling is economically different than other payphone services in two respects. First, inmates have none of the alternatives available to non-incarcerated payphone customers. Inmates only have access to facility phones, not cell phones, pay phones and inmates lack dial-around capacity. Therefore, neither the inmates who initiate the call nor the individuals who bear the cost of inmate calls most often the inmates' families have a choice among providers".

Second, the competition that does exist among providers in the bidding process does not exert downward pressure on rates for consumers. Instead, perversely, because the bidder who charges the highest rates can afford to offer the confinement facilities the largest location commissions, the competitive bidding process may result in higher rates. The second criticism is an egalitarian one, *i.e.*, that such arrangement between prison systems and telephone companies' result in higher charges for prisoner-initiated telephone calls than for comparable calls, and result in the cost of paying for the penal system being born disproportionately by family and friends of prisoners.

The third criticism is that unduly increasing the cost of inmate telephone calls is bad penal policy. The argument is that "society as a whole benefits when prisoners are granted open lines of communication with their loved ones" because continuing communication with family and friends during incarceration results in lower recidivism rates. Thus, on that argument, good penal policy dictates that telephone services for calls between inmates and their families and friends be provided at a rate that is as affordable as possible.

Incoming mail is opened and censored without me being present. Some forms of incoming mail are discarded by the facility with no notice. Outgoing mail is stamped "Mailed From a Secure Treatment Center" and cannot be sealed unless being mailed to a legal representative. I am required to wear picture identification badges. There are multiple counts where I must be locked in the cell.

I am no longer allowed to purchase items from other clients or their families or share food with other clients. I am no longer allowed to give handshakes, hugs or any other form of physical social greetings. I am no longer allowed to visit another client in their rooms. I am limited to the type of jewelry they can now possess and wear. I am restricted from wearing certain clothing. I am no longer allowed to smoke. I am no longer allowed to possess personal desktop and laptop computers, computer discs, computer software, scanners, or printers.

I am no longer allowed game systems or word processors with memory, personal furniture, comfortable chairs, personal bedding, personal linens, personal aquariums, stuffed animals, and many other items of personal property.

I am not allowed to wear religious clothing outside my cell or the religious resource area. I am not provided with Halal meals for Ramadan meals or for daily food service. There are insignificant food items available for religious diets on the commissary. I am not allowed to pray in group rooms, day areas or public areas in the facility. I am not excused from group or work for prayer times. I cannot share religious items.

The MSOP no longer allows me to have cash or to use personal credit cards. The MSOP has minted tokens or scrip to be used in place of cash and has limited me to \$40.00 worth per week.

I am subjected to having personal property being arbitrarily considered contraband and seized by the MSOP and I am forced at my own cost to send out the property deemed

contraband. The MSOP allows 30 days to send out the property or destroys my property.

The MSOP opens all Client packages received at the facility, disposes the original packaging and shipping boxes. If the item is then deemed not allowed/contraband I must send it out or it will be destroyed. Most of the time the vendor will not accept the item without the original packing. I have lost thousands of dollars over the years to this scheme.

MSOP staff now wears uniforms that are no different from the uniforms worn by the Department of Corrections. An "A-team and "B-team" are assigned to monitor the facility and are authorized to use force against a Client, including, but not limited to; physical force, and chemical spray. Staff members are disrespectful towards the Clients and make jokes about the Client population, such as an e-mail passed around by staff that stated, "What is the difference between patients at MSOP and inmates in DOC?" "The prisoners get to go home". Other staff and administrators have repeatedly told the Hospital Review Board, "We will continue to do what we want until a court order says different". The arrogance and abuses of power occur because the Commissioner of DHS delegates the entire commissioner's oversight of MSOP back to the facility director. Therefore, there is no "outside" entity overseeing the abuses of MSOP and MSOP can continue to abuse Clients arbitrarily.

The MSOP also has a history of retaliating against and has held back Clients from progressing in treatment for exercising their legal rights, filing grievances and legal actions. Many Clients in MSOP go decades without any reviews of their detention because they have no legal representation and have been programmed by their providers to not challenge the treatment program.

My work assignments are limited to menial labor and 50% of my pay is withheld for cost of care, unlike the 10% for prisoners. I am forced into involuntary servitude, to perform work without pay and I do not have access to facility jobs such as; plumbing, electrical, HVAC or any other

vocational programs that are offered by most correctional facilities.

There is no due process in disciplinary hearings. I am not allowed to present evidence, cross examine witnesses or face accusers in a formal hearing. I am not given copies of the incidents reports or evidence that is being used against me to impose disciplinary restrictions. Most disciplinary restrictions will remand me to my cell for a long number of days, (the most consecutive days I have served on restrictions is 120 others have served over 500), where I may only come out for meals. Any restriction will cause up to a 6 month delay in progression of treatment. If I choose to appear before a formal hearing panel I am punished by requesting this right by having the consequences doubled or tripled for requesting the hearing. The hearing board is made up of employees that have an interest in delaying the progression of the client. A client may only appeal to the facility director. The informal sanction system is equally flawed. A security counselor or any other staff member may write up a behavioral expectation report and issue consequences without any due process or oversight being provided. I am not allowed to refute the evidence and the evidence is not provided that led to the behavioral expectation report. In addition to the behavioral expectation reports and the consequences given by the Behavioral Expectation Unit, the clinical team and vocational services utilize Individual Program Plans and Memos to issue further consequences on the Client once a behavioral expectation report has been resolved. Most times the clinical team will issue an Individual Program Plan that expand restrictions and limits the rights of Clients for up to six months without any due process. The vocational services will often remove the client from the vocational work for pay program or reduce the amount of hours he is entitled to participate because of getting a behavioral expectation report, even if not related to a vocational placement violation. To properly provide due process, a Client should be able to present evidence, call witnesses, cross examine witnesses, be given copies of the incidents reports or evidence that is being used against the Client, and be informed of all the potential consequences for a violation of a

specific rule, policy or procedure.

Linens and commissary are now provided by MINNCOR, a prison industry. I no longer have a choice of vendor to buy food, hygiene, OTC medications and plastic wear etc. I must purchase all food, hygiene, OTC medications and stationary needs from MINNCOR. MSOP receives a commission from MINNCOR on all commissary sold, over the counter medications sold and phone usage purchased by Clients of MSOP. MSOP will not provide OTC medications and requires all Clients to purchase over the counter medications from MINNCOR.

The lack of treatment of some Clients at the MSOP is so neglectful that it has resulted in serious harm and the wrongful deaths of Clients. More than 65 clients have died at the MSOP, some because of negligence.

The MSOP has on several occasions told the legislatures that because of budgetary restraints they would be forced to release sex offenders into the community if not given the funds to operate the treatment center. Because of budgetary cut-backs, treatment, which was already lacking, was cut from 10 hours a week to 6 hours a week, a diet of beans, rice, breads and processed foods have become the main staple of nutrition.

The MSOP staff services though, has built new break-rooms with new vending machines, computers with Internet access, phone systems, a staff gym and refrigerators for staff members. MSOP have purchased new vehicles and installed hundreds of new cameras. MSOP have purchased new uniforms for staff, new equipment such as tear gas, riot shields and body armor (Even though there has never been a riot in the MSOP since its inception).

The purpose of the civil confinement was not to harm by an elongated confinement (preventative detention), but rather to promote the interests and well-being. However, it is clearly apparent that the promotion of the sex offenders "interests and well-being" have been lost in the years of bureaucratic shuffle.

It is essential that I critically examine the ill effects that long term incarceration has on individuals. I have spent many years in prison and have been civilly confined to a secured mental treatment facility indeterminately without hope of ever being released, and in every respect my current civil confinement resembles that of a maximum security prison environment.

Although most forms of corporal punishment have been banned from institutions, solitary confinement, or isolation, which is widely considered to violate basic human rights and dignity, is still extensively used as a form of discipline and "treatment" within the MSOP. For instance, the "sudden death" phenomenon has been recorded, whereby prison inmates die for no apparent pathogenic reason, but from a sense of hopelessness and despair resulting from feeling that they have no control over their circumstances or future.

In a Carlton County criminal case in 2015, A MSOP Due Process Coordinator testified to the Court that she did not believe holding a person in a cell devoid of any furniture, except a steel sink and toilet. Gave the person no pen, no paper, made them wear a green jail outfit, kept them locked in that cell with no phone, TV or communication with the outside world for 23½ hours a day for days at a time, was not punishment instead was a specific "treatment methodology" to assist a client with behavioral problems. Amazing, but that is how the employees view the draconian measure taken by the MSOP. I have spent close to 4 years of my time in Isolation at MSOP.

It should be strongly noted that even though civilly confined sex offenders in Minnesota are not considered prisoners by law we are confined in conditions that in some instances are inauspiciously identical to, and in some instances far worse than a maximum security prison environment. We live with censorship, limited visiting opportunities, inadequate mental health treatment, little or no procedural due process, an inadequate grievance process, etc. We live with oppression, hopelessness and helplessness every day of our lives. The fact is that most of us will surely die here. It is amazing that men confined here haven't decided to take the lives of their

captors and rise in rebellion from this defacto death sentence. Yet why would they MSOP has instilled fear into the little bit of freedom they have left in their life.

Many of the conditions imposed on me at MSOP are much like that of prison inmates, are as severe as the loss of liberty. Clients, particularly those housed in the MSOP Behavioral Therapy Unit, or the High Security Area (HSA) must live in a world where their freedom of movement is rigidly restricted and regulated. Much like the long term prison inmate the MSOP client's liberty may be deprived for substantial portions of their lives and can have a serious effect on their mental health. The client's loss of liberty occurs at two levels; first by confinement to the secured mental health facility and second, by confinement within the facility on their respective living units. At the first level, client are cut off from family, relatives and friends, producing what can be a painful deprivation and frustration in terms of lost emotional relationships, loneliness and boredom. Most of their waking hours are spent within the confines of their rooms or on their respective living units.

This de-socialization and institutionalization of people is unconstitutional on many levels. The sole purpose of the MSOP is economic stimulation and institutionalization rather than rehabilitation. The whole process makes the facility a dangerous place to work and a dangerous place to live.