

Monday, August 2nd, 2021 Informational Hearing 1:00 PM

End MSOP represents the families, friends, advocates and former employees of over 735 “incarcerated” individuals that are being held indefinitely and under the guise of treatment at the Minnesota Sex Offender Treatment Programs in Moose Lake and St Peter Minnesota.

End MSOP is in collaboration with OCEAN.

Collectively, we come before you as a matter of extreme urgency.

For well over 20 years the Minnesota Legislature has approved a multi- million dollar budget for the Minnesota Sex Offender Program as part of the Department of Human Services overall budget.

In all likelihood legislatures are having to pass the budget as an “all or nothing” measure so as to ensure the continuity of services to other agencies unrelated to the MSOP.

The time is long overdue for the MN Legislature to undertake drastic change to the MSOP program, however in doing so it is imperative legislatures **first understand** the true ongoing within this institution. A genuine attempt must be made to investigate MSOPs nearly \$100M budget that continues to grow along with the use of civil commitment as a means of preventive detention.

The MSOP is self-governing, it is self-reporting. There are no checks and balances. There is no ability to seek recourse, there is only retribution for detainees for when an attempt to complain over inhumane treatment and living conditions is made. These are not idle matters or matters of inconvenience. The complaints are genuine with many of them well documented.

We are aware of recent visits by state representatives to the facility in St. Peter. Unfortunately, these visits did NOT include interviews with detainees, their advocates or past employees.

DHS commissioners and politicians continue to rely on the (mis)information as put forth exclusively by the institution and in the absence of input from those who have been civilly committed and their advocates. This is very concerning. It is unfair. It does not represent inclusion.

The MSOP is a many headed monster and Minnesota taxpayers are due full explanation devoid of fear mongering that is the constant premise for an ongoing program of perpetual abuse.

In our appeal to the legislature, we are of the opinion that the MSOP be shuttered within 6 months and treatment offered to those who maintain they need continued support.

As we come before you today, we request for open dialogue, equal representation and ask that the following be addressed as a matter of urgency *by legislatures* and not simply referred to the DHS to in turn refer to MSOP:

1. Please justify, in depth, the breakdown of the \$97M a year budget in which over \$80M is allocated to staffing? Meanwhile victim compensation as a whole is \$27M to date.
2. Also justify the indefinite and ongoing cost of incarceration of over \$140,000 per individual, per year at the MSOP as compared to less than \$40,000 per individual per year in the prison system.

3. Explain why detainees, their advocates and previous employees are NOT part of the recent “independent panel” created to assess the MSOP, *assuming* that legislatures seek a realistic and comprehensive assessment of the program.
4. Explain the need for the MSOP to change its name. Does that name change imply that civil commitment will now be applied as a preventative detention measure to others aside from sex offenders?
5. Please justify why certain detainees who have never had trials, were committed as youth and decades later, are continually denied release.
6. Please explain why other detainees are only deemed a significant risk upon the **completion of their prison sentences.**
7. Explain why almost daily (excessive) treatment is now deemed necessary, but was not necessary while these individuals were incarcerated at state prisons. Why are individuals who have successfully completed their prison sentences suddenly and within days of their release deemed to have mental illness that would prevent their re-entry into society?
8. Explain the fairness and quality of representation at civil commitment hearings. A court appointed attorney unfamiliar with civil commitment is deemed adequate representation in a trial in which the state is armed to the teeth yet , there exists no budget for fair representation on the part of the defendant.
9. Explain why there is no clear path to release? A total of 15 individuals have been released in the past 27 years and those by court order. MSOP anticipates adding individuals to the program in the near future. In understanding “progression”, it is necessary to understand how CPS and Provisional Release are simply ruses and sorely restrictive vs. restorative.
10. Explain why MSOP does not function as a restorative justice program, offering non punitive reintegration and meaningful and relevant job training.
11. Explain why 87 people have died while incarcerated and why these individuals were not provided with adequate, emergency medical care or immediately released to medical facilities and/or family.
12. Justify why elderly individuals, disabled individuals, individuals with chronic health conditions and individuals in hospice continue to remain at MSOP when they are of no threat to public safety and can be cared for in far less expensive settings.
13. Explain why detainees are billed for their room, board and treatment when this is already covered by tax payer proceeds and why failure to pay is used as a means of denying release. Is the money received openly accounted for and being refunded to the tax payers?
14. Explain why MSOP can make a financial claim to a detainees income, investments, inheritances, benefits, et al and how this accounted for in their budget.
15. Explain why MSOP is allowed to forcibly deduct detainee paychecks as repayment for daily living expenses, treatment, et al when these individuals are employed by “private enterprise” and not the state.

16. Explain why the institution is authorized grant funding for employment and supposed job training when employment is by private, for profit industries in which the detainees receive 1099s.
17. Explain why detainees as (1099) independent contractors are “not allowed” to pay into social security.
18. Explain why these individuals are bogusly referred to as “clients” when they live under more restrictive confinement than prison.
19. Explain why as “clients”, detainees are **not** allowed to choose/plan their own treatment, therapies, medical and/or alternative health practitioners and choice of therapists.
20. Explain why treatment is never ending. In a real life setting the overuse treatment is extremely detrimental and this is heavily documented.
21. Explain why treatment is forced, yet the institution maintains that those incarcerated are not able to be effectively rehabilitated and are not advanced.
22. Explain why “certain clients” are repeatedly denied health services.
23. Explain why families are not immediately notified of hospitalizations or death.
24. Explain why cremains are retained and not returned to families or advocates. Why is Health Director Nikki Boder refusing to release the remains of an honorably discharged veteran who is eligible for burial at Fort Snelling?
25. Explain the need for punitive measures and retribution when detainees attempt to seek assistance outside of MSOP.
26. Explain the excessive turnover of staff.
27. Explain how pornography, drugs and other contraband are allowed to proliferate with the walls of MSOP. (Reality check: It is provided by corrupt staff. MSOP provides an intensive, prison-like search of visitors. More so, many of the aforementioned items are with individuals who do not receive visitors.)
28. Explain how the Penile Phismography testing is an accurate measure of deviant sexual personality when it is openly stated to be inaccurate and according inventor, is unethical. Please provide bona-fide scientific research. Further explain how this is not traumatizing to the detainees on which is is performed.
29. Explain other assessments and their scientific purpose.
30. Explain why these individuals are NOT regarded as victims and why they are not offered genuine survivor/victim benefits and trauma focused therapies when these individuals were, in fact, the victims of sexual and domestic violence that often superseded the crimes they were alleged to commit.
31. Explain the diagnosis of a sexual psychotic personality.
32. Explain why Michelle Brownfield’s actions, while acting in the capacity of a licensed psychologist at MSOP, are not considered predatory and abusive when evidence of her

involvement is well documented in letters and text messages? Explain how she was allowed to act as a psychologist under this setting in which her victims, the detainees themselves, have no recourse? Brownfield was arrested for her involvement and is now offered a plea deal to avoid felony conviction.

33. Explain the statues under which detainees were committed and once committed, how MSOP policies are now contrary to those statues.
34. Explain why MSOP is in violation of its own treatment and assessment protocols, often delaying annual assessments by years yet detainees have to religiously follow MSOP policies.
35. Explain the excessive need for countless and punitive policies that most staff are unfamiliar with, unable to enforce, enforce arbitrarily or at their perceived whim.
36. Explain the use of segregation in situations of nonviolent and/or noncompliance situations?
37. Explain why formal complaints by former employees are not addressed?