

Andrew Kinlock

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Member of the Law and Justice Committee

November 20, 2011

Re: Clive Kinlock Parole Hearing

To Whom It May Concern:

This letter is to express concerns about (#32704 Clive Kinlock) Parole Hearing. A parole hearing was held on March 31, 2009 at Montana State Prison. It seems that the Parole Board did not have a thorough review of his case. It was obvious that they didn't read his case file as they swiftly rummaged through the files during the hearing. Subsequently, they opted to deny parole and decided to do another review 8 years from the above date (March 31, 2009). One member of the Board touted under her breath, "that is an awful long time, as she received a stare from the other.

I have been to many of these proceeding before working with court-adjudicated youth in NYSDFY and I have never seen this type of offensive treatment to inmates by the Parole Board. When you have prison guards and Parole Board members jovial through the process then it become a circus not a hearing. The only thing that was missing from these proceeding was a kangaroo.

The Parole Board was not interested in all the years my brother Mr. Clive Kinlock spent in prison, or his accomplishment during this time. It was evident that they didn't read the case file because they would have seen the several miscarriages of justice.

How can a man serve 18 years in prison, when the state coerced him into a plea-bargain, then renege on their part to deport Mr. Kinlock 18 years ago? A major injustice was done to Mr. Kinlock, to declare him ineligible for parole for the first (30) Thirty Years of his sentence. Then on top of that, Mr. Kinlock received an additional (10) ten year sentence for the use of a weapon in his crime that was never recovered. Mr. Kinlock then appealed to

the sentence review Board who lifted his ineligibility for Parole date from (30) Thirty years to (17 & 1/2) seventeen and a half years. Mr. Kinlock's sentence was and still is illegal and shows good cause for double jeopardy. Furthermore, my brother Clive has seen inmates released on homicide charges after only 10-Years, who are of the Parole Board's origin and race. It's hard to accept that (8) Years can be honestly justified to review his case when so much time has already passed.

Therefore, this letter is to bring light to the sham of a hearing for my brother, Clive Kinlock. It appears that another review of this case is warranted by a professional Board with appropriate credentials. I felt that they were vile in the entire proceeding which defeated the purpose. Additionally, we wanted to bring this case to the Member of the Law and Justice Committee attention for examination.

I would appreciate feedback on your thoughts regarding the Clive Kinlock #32704 Parole Hearing. This would give us clarity regarding future direction needed in this matter. Thank you in advance for your attention in this matter.

Sincerely,

Andrew Kinlock Ed.D.

To Whom I May concern:

Re: Low Side visiting Rules at MSP

Enclosed is a current copy of low side vising room rules. Previously, a 45 second designation for Rule1 was permitted, and which remains posted on the bulletin board as defining the stated policy. However, it now appears to be redefined to a 'peck and a hand shake'. As you read over the rest of the rules it becomes very apparent that those making up these rules are attempting to personally re-define MSP visiting room policy, as well as the human experience, by reducing inmates and their visitors to a robotic, emotionless status. Consider also that children are denied crucial bonding with their fathers in their formative years – Rule 3. Rule 5 is interesting in that all tables are knee high so for adults who play cards, scrabble and other board games, or share Bible reading as my fiancé` and I do, it gets very uncomfortable to comply with Rule 6. Regarding Rule 4, my fiancé` and I personally always choose a table in full view of the officer's desk to insure we are not suspect for any 'illegal touching', etc. but even so, we remain a favorite target for several of the female officers to harass, which is shown in the following documentation. Additionally, these newly listed rules deny all access to standing by any windows. Prior to this we were allowed to look out windows facing the prison grounds and only those facing the parking lot were denied. Now they are all off limits. Rules 10-11 seem a mystery since I have never witness any inmate or visitor placing feet on the tables, but once in a while small children remove their shoes. *The rules tend to be arbitrary, and interpreted at whatever whim, based usually on who is being targeted for harassment!*

As you can see, the poisonous pedagogy represented by the mentality behind these rules gives one a better understanding of the high recidivism rate in this revolving-door institution. Such a dysfunctional environment, of which the oppressive visiting protocol is but a small mirror of how the whole facility is maintained, all for the purpose of job security, just may be the real goal, not returning errants back to society recovered. A deeper look behind the system's motives would be prudent for taxpaying citizens since the system refuses to release solid, stable people but readily releases those they feel sure will return. Another very apparent truth is that inmates really are sent to prison *for* punishment, not *as* punishment, as the DOC propaganda states.

Visiting Room Rules

1. There will only be 1 brief facial kiss and hug at the beginning and end of your visit. Per Policy 5.4.4 Section F Part 7a.
2. Hand holding only during the visit and hands must be visible to the visiting room officers **AT ALL TIMES!** This means no massaging, caressing, or rubbing in any form! Legs and knees will not be interlocked or reclined on each other.
3. Children will not be allowed to sit on the Inmate's lap at all during the visit.
4. Inmates need to be seated to where the visiting officers have full view of all parties.
5. All visitors and inmates must be squared up to the tables **AT ALL TIMES!** This means no moving the chairs to the corners, side by side, or turning them sideways.
6. Neither inmate nor visitor will be allowed to lean over the table.
7. All windows are **OFF LIMITS!**
8. There will be no kissing, embracing, or hugging in the middle of your visit.
9. Visitors and Inmates will not be permitted to interact with other inmates or visitors that do not pertain to their own visit.
10. **NO FEET WILL BE ALLOWED ON THE TABLES FOR ANY REASON.**
11. Shoes and socks will be left on all parties including children **AT ALL TIMES.**
12. Officers can and will change seating arrangements.
13. The toys are to be left in the toy area and no **INMATES** will be allowed on the carpet.
14. **ANY VIOLATION OF THESE RULES WILL RESULT IN TERMINATION.**

November 7, 2011

Dear Lt. Lakel,

Recently new visiting room rules were posted that I have some questions about. Has the 45 second rule of '1brief kiss' – per policy- been redefine? We are now being told that brief kiss is really not a kiss at all but a 'peck'. Anything else will get our visits suspended, we are told. We really need clarification since our visits are being threatened by your new list of rules. As of now my fiancé` and I have been written up on a warning. However, we are becoming very aware that there is more to this than meets the eye. We see other visitors and inmates doing things that only Clive and I are being confronted about,- simple, petty little things to cause a fuss that seem directed towards us. It is not my intention to be difficult, but my history as a visitor at this institution has been fraught with targeted contempt and harassment which I've been careful to document with officials at MSP. It appears to us that some of your *female* staff at times takes issue with Clive and I as a couple and we interpret this as racial since as I pointed out, other non-racial couples are not confronted for the very things we are. Following is the documentation I wish to establish with you regarding these recent concerns:

Current Visiting Room Issues:

Recently Clive and I moved from the table we originally sat at to the one we usually use, after the visitors using that table left. We had no idea that Officer Penel would object since moving to a different table has not been an issue in the past. In fact, couples routinely change tables without incident even as recently as Sunday's visit while Officer Penel was on duty. However knowing she felt this way, we were careful to ask permission before moving again and she reluctantly granted us permission on our November 2 visit. The reason we sometimes change tables is because the visiting room is kept very cold and some areas are more drafty than others. Since we are not allowed to wear our coats in the visiting room, even though our clothing is carefully checked at the entrance, it is very difficult for some of us to keep warm.

On November 3, Thursday, about an hour into our visit and after a consultation with Officer Randall, who was one of the officers harassing me in the past, Officer Penel called Clive to the desk to berate him for our kiss at the start of our visit. She said that we were making out in front of children, traumatizing them. She also said that Clive had his back to her so she could not see us which is not allowed. Clive asked how she determined we were in violation if she couldn't see us? In fact, we did keep our greeting brief, about half of the 45 seconds allowed, very consciously trying to comply with your new rules. We then stood facing each other holding hands and talking. After being confronted Clive asked her if we were being targeted for harassment, since that has been our experience in the past. She denied it but said we were being put in the warning log and if we didn't comply with her evaluation of our conduct she would terminate our visit. She further informed us that we were not really allowed a kiss any longer under the new rules, only a peck and she could lose her job and her position in the visiting room if she did not enforce these new rules. We still wonder why this only seems to apply to us. We noticed when another inmate and visitor said good-bye with a lengthy kiss and hug, she paid no attention. That

November 21, 2011

Newest development in Clive Kinlock's journey

About one week after documenting the staff abuse foisted on Clive, he was given a transfer slip just after completing his new job cleaning showers in his unit, around midnight, Nov 15. It appeared that the order for detainer and deportation memorandum the federal judge stamped in Clive's file saying he was not to be transferred until ready to be deported, was apparently removed by staff due to retaliation and vindictiveness. So at 7 AM on Tuesday the 15th, Clive and a couple others were given orange jump suits to wear, were tightly shackled, then loaded into a caged van. They had no t-shirts on nor were they given coats even though the temps were below freezing. The van was not heated for the whole trip. The men were shackled so tightly that soon they had no feeling in their hands and feet and their arms and legs began to swell. A bag of food was thrown onto the floor of the van but their hands were so numb and painfully swollen some couldn't even pick it up.

During the journey to Great Falls where Clive was to be dropped off, the drivers drove in such a frightening and careless manner he feared they would not reach their destination. While some of the slipping and sliding on the road was due to snow and ice, he felt some was a deliberate attempt to throw them around in the back of the van. By the time they reached his drop off destination, his mouth was sore and bleeding from his teeth chattering from the cold and if the guards hadn't caught him he would have fallen getting out of the van from having no feeling left in his feet. In spite of his own misery, he asked the guards to loosen the cuffs on one of the other inmate's whose hands were turning purple and who was being taken on further.

He was traumatized by the experience but made no complaint of his injuries. He was being transferred 21 years into his prison sentence, and right after taking a stand against the prejudice and bullying perpetuated by visiting room staff, command post, and the informal grievance coordinators. This is typical of this institution. They immediately retaliate instead of addressing problems in a professional and ethical manner.

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November 21, 2011

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To Whom It May Concern:

The story of Clive W. Kinlock resides well within the parameters discussed in Amy Bach's book 'Ordinary Injustice: How America Holds Court'. She carefully documents the phenomenon of public defenders acting in conjunction with prosecutors and judges in convicting persons of interest. In Clive's case, it was a young Jamaican man caught in the role of self-medicating his frustration with alcohol while trying to find ways to support his growing family.

Clive's story with the criminal justice system began this way: When a client failed to show up to pay him for services rendered in his auto detailing business, he drank more than he should, and the bar maid refused to serve him, using the 'n' word when she threw him out. In his altered state of mind, he waited until closing and confronted the bar maid as she was leaving, demanding an apology, and then money. She said she could not open the safe so told him she would drive him to her ATM to get money that way. While on the way he realized that surveillance cameras would be a problem and asked to return to the bar. On the way, she pulled a pocket knife on him and in his attempt to get it away from her she was injured by a small cut on the side of her neck. This so alarmed him that he helped her clean the area and then followed her car to the hospital to make sure she arrived there safely. He then went home and slept.

In the morning he was arrested and charged with Attempted Deliberate Homicide. Eventually assigned public defenders, the County Attorney decided to amend the charge to include rape, kidnapping and robbery. His Public Defender, Julie Macek, began to negotiate a plea bargain with the County Attorney's office that would dismiss the robbery charge and the attempted deliberate homicide charge, leaving him with the charges of assault, rape and kidnapping. He was told that because he was black and his victim white, he would never get a fair trial since the jury would be all white. Even so, he refused because of the sexual assault charge but Macek

kept insisting. Even though she believed he was innocent of the rape, she said to go along with it since he would be deported and this would keep him from a lengthy prison sentence.

(* Officer Jeff Cathel, now incarcerated at MSP, told Clive he included the rape in the official investigative report because the detective and the County Attorney told him to. He admitted that he did not believe the victim had been raped, however she was shook up and traumatized. He refused to provide a statement due to his own legal problems with the State). Finally convinced, Clive agreed but then immediately ripped it up since he could not confess to a rape charge. Julie Macek then taped the torn page together after he'd left the room and filed it without his knowledge (see original plea bargain at www.citizensforclive.org). He discovered this when he was taken to sentencing. Ms. Macek met him on the court house steps to inform him what she had done and that he had better go along with her in this matter or he would end up with a life sentence. Besides, she told him, if the judge did anything he didn't like she would appeal, but if he refused to go along with this she would no longer defend him and he would have to go it alone.

It is easy to think we would have not given in but as he said, you cannot imagine the fear that is involved in such a situation when there is so much at stake and you are not familiar with the criminal justice system. You feel vulnerable to whatever you are told to do. It also appears the Julie Macke had a hidden agenda in all this since she soon became Judge Macek after this debacle. She also immediately dropped him after the sentencing.

Clive Kinlock was given a 70 year sentence and still resides in the Montana prison system 21 years later. He has appealed his guilty plea and made numerous other attempts to represent himself, all denied by his sentencing judge, Judge McKittrick. This court has held Mr. Kinlock in personal contempt, ridiculing him and his efforts to represent himself as a pro se litigant. One of the more recent is the court violating its own rules by leaving Clive's Writ of Extraordinary Relief open from 2006- 2011. Judge Julie Macek notified him 5 years after he filed his petition that he had a pending petition in front of the court. She then issued an order to show cause why this petition should not be dismissed. Due to Julie Macek having been his public defender and responsible for sending him to prison, Mr. Kinlock requested that she be recused due to conflict of interest. He also requested that Judge McKittrick be recused due to his prejudice and apparent racial profiling from the beginning of his case. Clive then updated and re-filed the petition. This writ included supporting documents with hospital records proving no rape occurred, along with others that the court said they had lost. In his ruling, Judge McKittrick denied this petition in typical and consistent fashion, claiming that Mr. Kinlock could not be rehabilitated, and bringing up prior wrongs of alleged misconduct in Canada that Clive was never charged with or convicted of. We believe this is further indication of racial profiling practiced in this court.

Clive Kinlock has been an ideal inmate, according to many staff at MSP. He has maintained 11 years of clear conduct, which should have been closer to 15 had a staff not written him up for refusing to snitch. At the time of his parole hearing in 2009, he was denied parole for *eight* years – till 2017, even though he was treatment complete, and at the time had 8 ½ years clear conduct. Clive was well respected by his supervisors and many inmates for his upstanding character and work ethic. However, when he took a stand against certain staff abuse, his file

was purged of a federal order that he not be subjected to transfer until deportation. (In 1993 Judge McKittrick denied Clive Kinlock's petition for withdrawing his guilty plea for a new trial and then contacted immigration, who ordered Clive deported from the US upon parole.) On Tuesday of November 15th, 2011, Clive was told to prepare for transfer and was transferred to the regional Facility in Great Falls in freezing temps, with only a jump suit on, and shackled so tightly that his hands and feet were swollen and numb upon arrival. Thankfully he has been treated with much more respect at this new facility.

Thank you for taking the time to read this brief overview of Clive Kinlock's situation. We have a web site that provides the legal documents in Clive's case, including the ones currently pending before the Montana Supreme Court. www.citizensforclive.org. Mr. Kinlock is still representing himself. The attorney the court appointed him in the early 90's passed away before he could do anything and Clive was not given anyone else. He is currently petitioning the Supreme Court to appoint an appellate attorney to help him with his Direct Appeal.

Respectfully,

Joy Wellington

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Legislative Services Division
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Attention: Sheri Scur

Sheri,

Along with this extensive and exhausting complaint, I will also provide information for the committees with what we believe are good solutions that can increase public safety, increase safety and sanity in the prisons, and reduce recidivism.

Although it will be impossible to include in this letter all the destructive and inhumane things that MT DOC has done to our son and others like him, we wish to express with heartfelt sincerity that this committee take this complaint at face value because we have not included anything in it that I cannot substantiate. And if the truth be known it frankly, would shock the public conscience.

The following summary statement by Kiely Howard, our son Colton Wilson's previous treating physician speaks clearly as to the medical reasons why Colton was unable to complete Boot Camp which was part of an agreement of a deferred adjudication. Meaning, if he successfully completed the terms of his contract with the court, Colton would have been expunged of his offense which occurred shortly after his 16th birthday. Not completing the camp was the catalyst to his MDOC imprisonment at MSP on September 24th 2009.

Attached in Habeas Petition. Statement by Colton Wilson's treating physician, Kiely Howard as to the reasons why he failed Boot Camp and is now in prison through no fault of his own.

Summary

In my professional opinion, the reason Colton did not succeed in Boot Camp is two-fold. One, he was not allowed adequate treatment prior to entering Boot Camp as approved by Department of Corrections staff. Two, the medical decision at Boot Camp, to then discontinue the medication, Vyvanse, treatment for ADHD, literally pulled the plug on Colton's neurological connections to judgment, reasoning, decision-making and ability to meet his goals, which thereby exacerbated the symptoms of his mood disorder. It was my understanding, in collaboration with the Department of Corrections staff, that Colton, prior to entering Boot Camp, would be allowed time to be stabilized psychiatrically. This process was cut short. It was also my understanding in collaboration with the Department of Corrections staff,

that Colton would receive the psychotropic medications prescribed by myself while attending Boot Camp. Necessary medical treatment was discontinued and, predictably, Colton failed. In summary, because Colton did not receive the medical care established to reduce his symptoms and improve his neurological functioning, he did not succeed. Not administering treatment for ADHD was an absolute precursor to his failure. He will not succeed unless he is appropriately treated for both ADHD and Bipolar Disorder. Through this professional experience, at the great detriment to Colton's future, I have learned that it is the Department of Corrections policy NOT to treat the neurological disorder of ADHD, despite my attempts to assure that this would occur. Colton was motivated to be successful at Boot Camp. The medical policy of the Department of Corrections made that an impossible task.

What Kiely Howards statement doesn't include are the lie's MDOC told the court, and how they religiously went about covering up their dastardly cruel deeds which has led us to believe that the MDOC is not at all interested in reformation and rehabilitation but rather continual incarceration.

Previous to his imprisonment, documentation from the Missoula Assessment Center (MASC) from Licensed Clinical Social Worker (LCSW) Michael J Nile warned; Colton could not make it through the camp without his full complement of medications. Shortly after he arrived at MSP, Jeanne Williamson, a counselor at MSP who see's inmates upon entry and during their stay in the Martz Diagnostic Intake Center, (Fish Row), notes that she feels Colton behavior was due to the lack of medications. He had received several write ups and was kicked out of group for being disruptive.

Thus, two employees of the MDOC hired to make offender evaluations and recommendations, were totally ignored. Also ignored, after his placement in MSP, was his attorney's letter explaining his mental disabilities and his plea for MDOC to make arrangements with the parole board so that Colton could be released into **private pay treatment** or some kind of pre-release which would enable him to take **his necessary medications and begin again to become a contributing member of society.**

Dr. Stratford, a well known Forensic Psychiatrist who had previously did extensive testing on Colton and then testified in court for him remarks; MDOC routinely deprives inmates of necessary medications. And Colton will not succeed in the prison environment. He will be punished for acting out due to his untreated illnesses. He will cycle down into higher and higher security arrangements with further and further deterioration. Dr. William Stratfords opinion and testimony was unique in that he worked in MSP for 20 years. Why Kiely Howard, Dr. Stratford, and the two MDOC employees, Michael J Nile, and Jeanne Williamson were not taken seriously remains a good question. There is no doubt that it resulted in unfairness, a human tragedy, and an unnecessary taxpayer expenditure that easily could have been prevented. Previous to Colton's final adjudication, we had procured a residential treatment facility that would have served the courts wishes versus placement in Boot Camp.

The Supreme Court had previously ruled in the Walker case that the DOC must provide an environment in which these people can gain a capacity and must treat the illness. And the Dignity of the human being is inviolable.

We can only assume that Judges believe that MDOC programs and the Prisons provide adequate psychological services as well medications based on Judge Christopher's remarks and other judiciary rulings. We have learned that Higher Court Justices do not like to interfere with the lower courts decisions which make it impossible to get relief although Justice Nelson, apparently knowing more than the others, dissented in our son's denied appeal.

From our own personal experience and reading of other cases, Dr Stratfords testimony is indeed factual. And MDOC, in the prisons particularly, manage to escape the Higher Court ruling by labeling the mentally ill with Borderline and or Anti Social Personality Disorder for which there is no medication available to reduce the symptoms, therefore rehabilitate. On several occasions the Medical Director, Dr. David Shaefer almost got away with convincing Colton that he had Anti Social Personality Disorder and that his legal problems were due to this (defect) coupled with drug and alcohol abuse. Colton thought all was lost concerning himself ever going to be ok. Our family spent considerable amount of time putting that fire out that Dr. Shaefer planted in his head.

To their great detriment, neurologically challenged or mentally ill persons find prison extremely frightening, threatening and a torturous environment. Left untreated and without therapy, they do not always understand the rules or if they are even disobeying the rules. They become suspicious of everyone including Medical Staff and their own families. Their often suicidal acts, challenging behaviors, and **fear based aggression** are met with punishment of placement in isolation units, often **permanently** where they are hungry, sensory and human contact deprived. MDOC calls this, **Behavioral Modification**.

Bipolar and schizophrenic offenders, due to stress and isolation, can experience psychotic episodes in which each occurrence destroys gray matter in the brain thus deterioration of the brain. When a reasonable person puts these factors together one can image the extensive psychological damage of the human mind. We are not sure how this committee or anyone else can reconcile MDOC mission statement of reformation and rehabilitation and ignore these medical facts.

When Colton was initially placed in isolation in December of 2009 and because I had written certified letters to the Governor and several DOC officials, we believe MDOC instructed the Medical Director to personally call me on the phone. He repeated over and over again that he saw no evidence of Bipolar Disorder or ADHD in Colton. He instructed me that he was going to prescribe Colton celexa and welbutrin which are anti depressants and cheap. Prescribing anti depressants by themselves do nothing to correct the anxious, impulsive not well thought out actions of the ADHD's. Anti Depressants are ineffective against psychotic episodes and prescribing them to the Bipolar Disordered is likened to throwing gasoline on a fire. We can safely make the claim that the, Medical Director, David Shaefer, is a political hack rather than an incompetent treating physician like some have suggested.

Does anyone on this committee know that the Medical Director, Dr. David Shaefer is the only physician on MDOC payroll that is authorized to make final diagnosis's and prescribe medications? Is anyone

aware of how many persons are currently incarcerated or in programs that he is in charge of? We venture to say conservatively 2500. And did any of you know that Dr. Shaefer also manages his own private practice as well? Ask Matt Kuntz MNAMI what percentage of the approximant MDOC commits has neurologically based mental illness, ADHD, Bipolar Etc and what are the long term ramifications of not getting these illness's treated effectively.

July 28th, 2010 two weeks after Shaefer defended his actions in the Katka case, and 10 months after Colton's imprisonment, **Dr Shaefer had a great awakening**. He prescribed lithium to Colton which did little to control his symptoms but instead made him ill and feverish. To our knowledge his levels were not checked weekly according to medical standards. Lithium can cause permanent kidney damaged if not monitored correctly and considering the air conditioner had been off for months, the heat was sweltering which caused further concentrations of the drug in the kidneys'.

Is this committee familiar with what I call suicide week in June of 2010? And what do you know about Brandon Orr? Colton watched his body being carried out on the morning of December 13th 2009. He also reported that he heard the guards had been taunting him into doing it.

What I call, suicide week was a rash of serious attempts in the Max Unit and Colton watched some of the bloodletting.

Colton spent approximately eleven months in this Hell hole Max Unit until his transfer to Shelby November 30th 2010. His body weight went from 170 lbs to what I believe was under 140. **Starvation is part of (Behavior Modification.)** Prison staff comes around every so often and weighs the persons. They have these records.

We were eventually aloud to visit him in Max October 2nd 2010 and Colton was disheveled, and as usual, mentally out of sorts, hollow eyed and appeared emaciated as he sat behind the glass slumped over, cuffed and shackled. But he did say that he felt better physically because MSP finally checked his lithium levels and determined that they were too high.

When Colton arrived at Shelby, medical staff informed him that Shaefer documented in the transfer papers that Colton had been medication non compliant and that I requested his lithium be discontinued.

We now recognize that the prisons are not set up or funded adequately to identify, treat, and manage efficiently the neurologically challenged. And the MDOC programs operate under **current MDOC medication policies** which are a **no win proposition for these afflicted subjugated unto them**. And it appears to us that the Courts and legislatures are supporting that. In our opinion, this is exceedingly destructive and should not be legally tolerated. Importantly, the majority of mentally ill offenders will serve their time and then be released. What then?

In closing, I would like MTDOC forced into adopting policies which mirror our neighboring state Idaho DOC Pyramid Programs. The State of Idaho developed laws which protect the mentally ill in the courts.

Scott Ronan, an Idaho Supreme Court Official told me that they adopted these plans because they recognize that mentally ill persons **often commit crimes**. Thus treat the illnesses reduce the crimes and avoid costly, non efficient and counterproductive imprisonment.

Idaho mentally ill offenders are provided Mental Health Courts in which violent offenders **are not** excluded. When possible, offenders are placed in treatment centers, private or public, placed back in their homes or in community settings and monitored that way.

The Federal Department of Justice Assistance has money available for such courts.

Scott also told me that all offenders that are committed to the IDOC receive comprehensive psychological analysis and recommendations **are followed**. And necessary medications are **never** removed while offenders are in IDOC Programs. They succeed or fail on their own merits.

We encourage this committee to explore ways in which money can flow down and out of a shameful bureaucratic nightmare of a MDOC Administration to address the desperately needed staffing of mental health providers at the prisons.

Somehow the laws need to make it legally feasible, monetarily and otherwise for offenders to challenge District Court Judges. Judges need to be held accountable and not by their counterparts. We have been told by several attorneys that bringing a case to the sentence review board is a waste of time. Currently, Defense attorneys are often unable to adequately defend their clients for fear of reprisal from the Judge. This whole thing is a mess.

Liberalizing some of our laws doesn't mean giving up principles but rather transforming the current system of dysfunction and unfairness into a justice system rather than a legal system. Holding the MDOC accountable, legally and otherwise would be helpful.

Thank you for your time,

Ben and Donna Wilson