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Legislative Services Division
PO Box 201706
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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 Stratford's 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. Sheafer 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