

March 24, 2025

Members of the House Public Safety Finance and Policy Committee:

On behalf of NAMI Minnesota, we are writing in support of HF 264 to ensure continuity of care for medications in jails. People with mental illnesses are overrepresented in jails. About 44% of people incarcerated in jails around the country have a history of mental illnesses – twice the prevalence in the general adult population. Moreover, 63% of people with a history of mental illnesses do not receive treatment while incarcerated and medications often play a critical role in people’s recovery.

Being arrested and incarcerated is disruptive for anyone, and the challenges people with mental illnesses experience are unique. Some may be experiencing psychosis and not understand the gravity of the situation or the crime they are accused of. Others have experienced incarceration before, and a new arrest represents another trip through a revolving door of arrest, incarceration, and release without changing any underlying causes of criminal activity. Whether it is the first time or not, people deserve to have a continuity of care when they enter a jail.

Many people with mental illnesses take significant time to find the right medications after trial and error. We are talking about some medications with significant side effects and generally medications that make the difference between experiencing major depression, seeing hallucinations and hearing voices, or being severely anxious or not. HF 264 helps to avoid unnecessary or arbitrary disruptions in care but is flexible in recognizing that some people refuse medications, and that medical issues may arise that indicate a person should stop certain medications.

Finally, if a person has a court order to be administered medication involuntarily, called a Jarvis order, the person should be able to receive the medication. It also shows that a civil court has already determined that the person should be given medications to keep them and others safe. Involuntary medication is a serious civil rights issue, and great care is taken to make these determinations. We believe it is a good idea to verify if orders exist for incarcerated people at intake to speed up any process of maintaining or restarting medications. Last year, funding was given to Direct Care and Treatment to offer technical assistance to jails to provide more long-acting medications as well as the actual administration. While some jails are not equipped to administer medications involuntarily, we believe these are steps in the right direction and encourage the best care possible.

It is important to remember that we are not talking about a large number of people. It is also important to remember that addressing people’s mental health in jails helps to avoid other long and expensive processes like further civil commitment or incompetence to stand trial. Thank you for taking the time to hear this important bill. We urge your support.

Sincerely,

Sue Abderholden, MPH
Executive Director

Elliot Butay
Senior Policy Coordinator



March 21, 2025

The Honorable Kelly Moller
Co-Chair, Public Safety Finance and Policy Committee
Minnesota House of Representatives
5th Floor, Centennial Office Building
St. Paul, MN 55155

The Honorable Paul Novotny
Co-Chair, Public Safety Finance and Policy Committee
Minnesota House of Representatives
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Re: Legal Aid/Minnesota Disability Law Center Support for HF 264

Dear Co-Chair Moller, Co-Chair Novotny, and Members of the Committee:

Legal Aid and the Minnesota Disability Law Center (MDLC) thank you for the opportunity to provide written testimony regarding HF 264. We support this bill.

As the Protection and Advocacy System for the state of Minnesota, we have received numerous reports from inmates who state that the medication that they received prior to incarceration was stopped, either temporarily or permanently, during their incarceration. These actions have forced inmates to go “cold turkey,” leading to unnecessary negative health outcomes. Ensuring continuity of care for a person entering the carceral system is good public policy and the humane thing to do.

In addition, providing necessary healthcare for inmates also benefits the public and correctional facility employees. Studies from the Prison Policy Initiative and the National Institutes of Health have found that enhancements in prison healthcare, including mental health services, contribute to a decrease in behavioral incidents, leading to a safer environment for inmates and staff. Also, better mental health care during incarceration and after release reduces recidivism rates and helps with reintegration.

Thank you for the opportunity to submit written testimony on HF 264. We urge you to support this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Purrington".

Jennifer Purrington
Legal Director/Deputy Director
Minnesota Disability Law Center

A handwritten signature in black ink, appearing to read "Ellen Smart".

Ellen Smart
Staff Attorney
Legal Services Advocacy Project

This document has been formatted for accessibility. Please call Ellen Smart at 612/746-3761 if you need this document in an alternative format.

Kristin Helling

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03/24/25

House Finance and Public Safety Committee
Minnesota House of Representatives
State Capitol, 75 Rev. Dr. Martin Luther King Jr. Blvd
Saint Paul, MN 55155

Dear Members of the House Finance and Public Safety Committee,

I am writing to express my strong support for the passage of HF 264, which addresses the critical issue of health care in Minnesota's jails. Over the past six months, I have had the opportunity to volunteer with a court watch program and facilitate listening sessions with the Minnesota Justice Research Center (MNJRC), where I have heard deeply concerning accounts from formerly incarcerated individuals. These experiences have left me shocked and dismayed at the inhumane treatment that many individuals face.

One example that stands out is a case I witnessed involving a male detainee who was incarcerated pre-trial following a mental health breakdown. After being admitted to an emergency room for treatment, he allegedly had an altercation with hospital staff. While awaiting trial, he was denied access to his critical anti-psychotic medication, despite the fact his family expressed concern about the importance of him receiving it. The judge eventually released him, contingent upon his adherence to medication requirements—ironically, this medication was not accessible to him while he was in custody.

Passing HF 264 represents a significant commitment to our shared humanity, demonstrating that we value the health and well-being of all individuals, regardless of their circumstances. This bill not only addresses the immediate need for proper medical care in jails by providing prescribed medications but also fosters improved outcomes to ensure funds are allocated in a manner that supports effective outcomes for individuals and communities.

I respectfully urge the Committee to give its full support to HF 264 and work toward its swift passage. The positive impact of this legislation will be felt across the state, contributing to stronger, safer communities and a more humane and just criminal justice system for all Minnesotans.

Thank you for your time and consideration.

Sincerely,
Kristin Helling

Sara Metz
18 Wildflower Place
North Oaks, MN
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651-269-9311

03/24/25

House Finance and Public Safety Committee
Minnesota House of Representatives
State Capitol, 75 Rev. Dr. Martin Luther King Jr. Blvd
Saint Paul, MN 55155

Dear Members of the House Finance and Public Safety Committee,

I am writing to express my strong support for Minnesota HF 264. This bill represents one step forward in improving our criminal justice system through addressing health issues within our jails. This bill will save lives and have a positive impact on the safety and well-being of our communities.

Lack of medical care in jails can be a serious life or death matter, especially for inmates with serious health conditions. Like most Minnesotans, I assumed access to responsive medical care including medications was provided in jails. However, since the murder of George Floyd I have learned many of my previous assumptions regarding Minnesota's criminal justice system was not only incredibly ignorant but also inaccurate. Since 2020, I have listened to stories of those wrongfully convicted, those sitting in jails awaiting prosecution and those who served their time for crimes they did commit. They all had one thing in common - the experience of a criminal justice system that too often regards them and their families as less than human. We have the ability to require jails to provide essential medication and 24/7 nursing coverage.

By passing HF 264, the legislature will be making an important commitment to our collective humanity and ensure fiscal responsibility. The proposal aims to strengthen essential services while ensuring that funds are allocated in a manner that supports long-term sustainability and effective outcomes.

I urge the Committee members to give their full support to this bill and work toward its swift passage. The positive impacts of HF 264 will be felt across our state, and it is a vital step toward building safer, stronger communities for all Minnesotans.

Thank you for your time and consideration. I look forward to seeing the progress of HF 264 and the positive change it will bring.

Sincerely,

Sara Metz

Samantha Groh, BSN, RN, PHN

1627 Greenwood Street

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(651) 497-8153

March 23, 2025

Ellen McDaniel

Committee Administrator - DFL Caucus

5th Floor Centennial Office Building

658 Cedar Street

Saint Paul Minnesota 55155

Phone: 651-296-1478

E-mail: Ellen.McDaniel@house.mn.gov

Dear Ms. McDaniel,

I am writing to express my strong support for the Larry R. Hill Medical Reform Act (HF 264), which is scheduled for a House Public Safety Committee hearing on Tuesday, March 25th at 3:00 pm. This bill is essential for ensuring that incarcerated individuals have timely access to the critical medications they need to stay healthy and safe while in custody.

As we know, access to adequate healthcare is a fundamental human right, and incarcerated individuals should not be denied the life-saving medications they need. HF 264 addresses this need directly by ensuring that essential treatments such as those for mental health, seizures, heart conditions, HIV, and insulin are provided promptly. Additionally, this bill's provisions to enforce

compliance with Jarvis orders for court-mandated medications are crucial to protecting the health and rights of individuals who are incarcerated.

I also strongly support the bill's focus on increasing nursing coverage in correctional facilities, improving medical oversight, enhancing discharge planning, and addressing suicide prevention policies in jails. These steps will not only improve the well-being of individuals in the justice system but will also contribute to greater overall safety in jails, preventing potentially life-threatening medical emergencies and ensuring that people are treated with the dignity and care they deserve.

I urge the committee to support this important bill, as it will make a significant difference in the lives of many individuals in our justice system. Thank you for your consideration and continued work advancing justice and healthcare access for all.

Sincerely,

Samantha Groh, BSN, RN, PHN

Monday, March 24, 2025

Dear Chairs Moller/Novotny and Members of the Public Safety & Policy Committee,

TL;DR: Improper care for adults (and children) and lack of care by Wardens of the State is bad for society, not just bad for convicted criminals and other "unpopular" folks disfavored by local government officials, or by the public, for any or no reason.

I am writing in **strong support, as a victim of felony substance-related crimes, for HF264, the Larry R. Hill Medical Reform Act**, to embrace, extend, and amplify the organizational submissions and oral testimony of several organizations and campaigns for which I have been a volunteer, as:

- 1) Victim of the successfully prosecuted, police-involved, substance-involved juvenile felony 66-JV-17-1856 in Greater Minnesota (Rice County)
- 2) Survivor of a never-prosecuted, unprovoked, neck-breaking act of life-threatening violence 8/25/2020 involving the successfully prosecuted drunk driver B. R. Lyman and their police-alleged racketeering then-partner(s) including S. B. H. Bull, from which B. R. Lyman and others are presumably in recovery
- 3) Survivor of a never-prosecuted, unprovoked, neck-breaking act of life-threatening violence 5/11/2022 at a private residence address from which the successfully prosecuted violent domestic abuser Adam Samuel Winzig is excluded, from which their victims are presumably in recovery
- 4) Participant in the Minnesota Statute Section 5B Safe At Home address confidentiality and witness protection program
- 5) Certified Election Judge employed by the City of Inver Grove Heights and Independent School District 199
- 6) Successful litigant at the Minnesota Court of Appeals and the Minnesota Supreme Court
- 7) Uncredibly accused felon
- 8) Friendly community associate of an unsuccessful Supreme Court litigant, convicted drunk driver, and unsuccessful candidate for a major party nomination for US Congress
- 9) Participant in helpful mental health care and full recovery from a life-threatening incident in the State of California in 1995 once (once)
- 10) Witness to both a death and a life-threatening fight (two separate and unrelated incidents) in the Dakota County Jail just before Christmas/Festivus (on or about 12/22/2023) during my detention with a final finding of No Probable cause in response to my lawful appearance at a Parent/Teacher Meeting in Dakota County, which was briefly called "stalking," though I am aware of no evidence that the alleging victim of "stalking" was even present in Dakota County at the time

- 11) Former volunteer for the Northfield Historical Society hired as information security expert for the Minnesota Historical Society, which happens to own the battle flag of the 28th Virginia, which was picked up by the surviving members of the Minnesota 1st, 18% of whom left the battlefield in Gettysburg, Pennsylvania uninjured
- 12) Public supporter of the “Restore the Vote” and “Democracy For The People Act” bills that passed in the prior biennium 2023-2024
- 13) Founding member of the (now defunct) Holocaust History Project of San Antonio, Texas and a supporter of my dearly departed friend Harry W. Mazal O.B.E.’s Library at the University of Colorado Boulder
- 14) Former member of FBI InfraGard and Chief Security Officer at a non-profit in the Boston area on 9/11/2001 and a victim of (minor) acts of terrorism by a believed-deported foreign national
- 15) Person of faith who has testified before the Elections Finance and Policy Committee (1/18/2023) and the Minnesota Board of Peace Officer Standards and Training (5/22/2024) on matters relating to the following of lawful Orders by public officials, including Sheriffs responsible for County Jails in the State of Minnesota
- 16) Exonerated and expunged Defendant (Constitutional violations found by Rice County District Court) in the falsely alleged supposed satirical theft of a Blue Lives Flag never actually stolen, as falsely claimed, from the Chief Deputy Sheriff of Rice County, Minnesota
- 17) Owner of an old Green Suit and Black Mask seen with lawyers on archived public broadcast/webcast cameras before the Minneapolis City Council 1/6/2025, the Minnesota Supreme Court 2/6/2025, the Minnesota Capitol with current or former members of the Minnesota House and Senate Public Safety and Policy Committee(s) on dates including 12/7/2022, etc.
- 18) 21-year home owner in Rice County, Minnesota, from which Troy Dunn retired early as Sheriff, congratulated by me in person at his retirement party
- 19) Contributor of a Cute Kitten in the public records of Rice County, Minnesota, supplementing the Cute Puppies previously chosen by Rice County on or before 11/2/2022 to help support, in some small way, the primary target(s) of the non-credible lawsuits 66-CV-22-2022 and A22-0302 *Benda for Common-Sense v. Anderson* (still pending new briefs before the Minnesota Supreme Court, nearly three years after the case was filed by a lawyer who lost his own party primary and doesn’t even go to work in Rice County, as far as we know)
- 20) Alleged heavily-involved co-conspirator in unspecified Conspiracies Against White Straight Men, according to the self-evidently deranged and/or dishonest petitioner in 66-CV-20-1267, supposedly believed reasonable by the current and former Judges and unreasonable formerly but no longer licensed Peace Officers of Dakota County and Rice County, Minnesota since 6/5/2020
- 21) Member in good standing of the Ham and Eggs Club of Minnesota (a non-secret society and Breakfast Club of mostly elderly straight white men lawfully

registered under Minn. Stat. § 333, as was my own alias, as advised by nonpartisan staff of a Member of Congress who also survived violent crime(s) targeting a Member of Congress who held the assailant off with a hot coffee) at the Edina Country Club, which was recently addressed by the Minnesota Secretary of State, several Colonels, Nurses, a Rear Admiral, Doctors, Judges, State Senators, State and Federal Representatives (and candidates), and myself on related issues

Not personally having ever had a problem with substance abuse or any other serious abuse prior to a predatory criminal act (allegedly) similar to Minn. Stat. § 214.078 Subd. 1(b) committed against me 5/2/2020, but having some lived experience with friends and non-friends involved in the criminal justice and mental health systems, including my accepted, successful, and publicly recognized offer to help the Alameda County Sheriff put the drug trafficking gang member Alex Zaste in prison in California for the **organized crime-involved murder of domestic abuse and gaslighting victim Kim Baroni**, I believe that people can be rehabilitated and can move on, with proper care, unless the government and others stand by and actually allows vulnerable people to be killed, as may have happened in Uvalde, Texas on 5/24/2022. For example, the entire world was repeatedly notified, from August through November 2024, that the present Governor of the Great State of Minnesota learned to handle assault weapons properly (they belong in a well-regulated National Guard Armory most of the time), perhaps contributing to his being named 2023 State Level Gun Sense Lawmaker at Everytown for Gun Safety Action Fund's Gun Sense University in 2023. He was also caught driving drunk in the State of Nebraska once. Once. I'm pretty sure he's never going to do that again. We are very grateful that he kept the fellow plaid-wearing Gus alive, even though some members of an opposing party feigned great umbrage that Mr. Walz may have broken with tradition and sent a plaid-wearing woman to the 2023 Minnesota Governor's Fishing Opener in his stead, all because of Hope, or whatever.

It would be nice if Minnesota properly funded minimal standards for the care of prisoners, as required by professional ethics. All the Sheriffs, lawyers, and medical providers I know, who are ethical, would support this legislation. I urge all members of the Minnesota House and Senate with a conscience to do the right thing and to support jails and prisons in doing the right thing, too. Don't drive like my elder male sibling or his litigious attorneys in the Apple Valley area. Because at the end of the day, or perhaps left as an exercise for the graveyard of morning shift, nobody likes to fill out unnecessary paperwork for fights and deaths in State or County custody. Law-abiding Sheriffs and Corrections Officers support the humane treatment of prisoners. Because civilized standards of behavior are cheaper and safer for Sheriffs and Corrections Officers than the cruel and unusual treatment meted out by for example the registered predatory felon Derek Chauvin and the totally unrelated former government of Syria. Seriously. Minnesota, as a sometimes mixed-up purple

state, where we strive to get along and do better, so that we can all do better, is supposed to stand for the Center for **Victims** of Torture in Saint Paul. Not for those other folks, regardless of ideology. I hope they love their children too, though.

Improper care for adults (and children) and lack of care by Wardens of the State is bad for society, not just bad for convicted criminals and other "unpopular" folks disfavored by local government officials, or by the public, for any or no reason. Happy Easter, Ramadan, Passover, etc., to those who celebrate this March/April pre-planting. May we live in less interesting times.

Sincerely,

/s/ Rich Graves

Speaking as a functioning adult only for myself and for my totally chill, never-substance-abusing, never-child-abusing family today, as a survivor of life-threatening crime(s), with alleged misprision unpunished (18 U.S.C. § 4)

Lot #5358
Safe At Home
P.O. Box 13730
St. Paul, MN 55117

March 24, 2025

50 days after
Groundhog Day

IOW, Monday



Figure 1: Writer at liberty with anonymous SEIU-related friends in St. Paul

Dear Public Safety Finance and Policy Committee members,

My name is James Riley. I am a resident in North East Minneapolis MN. Although I have been a member of the Mental Health Work Group of Communities United Against Police Brutality since August of 2020, a Direct Support Professional assisting vulnerable adults in residential group homes since July of 2021, and a supporting member of National Alliance on Mental Illness Minnesota since October of 2024, this testimony which I am presenting today is on behalf of myself only and only pertains to three people in my personal life.

I have personally advocated for three people in my life, since September of 2015, whose lives each journeyed, on their unique paths through the Minnesota Criminal Justice and/or Civil Commitment Process systems and am still on journeys for two of those three as of today.

For anonymity sake I am blending the experiences I have encountered over the last decade, some of which do overlap from each individual, which range across the full spectrum of an emotional rollercoaster, from the extreme anger of learning a loved one was civilly committed and forced on medication against this person's will for weeks without my knowledge that this had occurred; to the extreme exhaustion and sometimes grief experienced while researching in all hours of the day on how to deal with the many circumstances that had arisen procedurally with the court; law enforcement as well as emergency medical situations that have occurred all in addition to my own usual life responsibilities/life circumstances; to the elation of knowing you helped win a contestation on appeal from an administrative court decision, allowing the senior citizen person you cared for more time to stay in that person's home; to the all time low, which occurred precisely 9 months following transition from the hospital, that had this senior citizen person civilly committed in that hospital, to a nursing home, then, after downward spiralling circumstances, approximately 8.25 months later, this senior citizen person develops a life threatening emergency situation, requiring transition to a hospital, where this person is unable to speak and is unresponsive to any verbal communication, 3 weeks after which this person dies; now onto the struggles of another person approaching senior citizenship who has endured similar loss of home and has struggled after many challenges on this person's own and with much help, and pain and suffering, from this person's family; this person and this person's family has endured the extreme stresses on the possibility of jail time this person might have encountered for the period of four years due to not addressing a warrant (stress caused worry on if this person would go to jail for cause which the family sees as a false perception by law enforcement, however, the person has strong convictions, not violent intentions, however, someone who does not know this person could draw a false perception), fortunately, due to this person's prior record being virtually clean, after four years, including covid pandemic period, the court opted to dismiss the case, YES another brief moment of happiness for all involved; however, this person still endured a serious medical emergency partially due to stress caused by the loss of both real property and personal property which the family has also struggled helping this person through these fights and losses over the last four years and are still ongoing/unresolved today. This person insists on doing these court battles on this person's own without representation at costs of ongoing stress and burden to this person's self and family.

This continues to be a surreal, yet very real, journey for this person and family who are all involved. I personally still have the burden of much unfinished business from the entire last decade that has costly consequences which have not been realized as of yet.

You may be wondering by now "Why is he raising all these concerns?" and "How does this relate to H. F. No. 264 - "Larry R. Hill Medical Reform Act."?"

I believe it is partially due to my involvement that all three of the individuals, whose experiences I shared, were not incarcerated, however, have also influenced and shaped my desire to testify to you today on behalf of those who are incarcerated.

As much hellish pain and suffering as the three people whose experiences I shared and I have experienced / am still experiencing, it is at least outside of an incarcerated situation, whereas individuals under incarceration could be facing these fights alone or where even people on the outside have less ability to help those who are incarcerated. It is my hope that by sharing my stories you will be able to better see that no matter how heavy the burdens we have outside incarceration, for some the only thing they will have is this bill to protect only their most essential needs in order to survive incarceration.

I strongly support H. F. No. 264 - "Larry R. Hill Medical Reform Act." for the following reasons, the first five of which CUAPB are promoting, however,

I do not support the 5th reason which CUAPB is promoting below.

1. People are currently not getting meds in jail that are essential for their well-being including mental health medications, anti-seizure medications, HIV medications, heart medications and insulin. People are at risk for serious health emergencies such as diabetic ketoacidosis, brain injuries from seizures, and in the case of mental health medications, are at risk for suicide.
2. Certain medications cannot be stopped suddenly and people risk serious complications if they are.
3. Lack of medications can create dangerous situations where the individual can become difficult to manage, putting that individual, other inmates and corrections officers at risk.
4. Ensuring people get the medications they need to remain healthy in the jails actually lowers costs by preventing hospitalizations.
5. Jarvis orders are court orders to take certain medications. People can be held in contempt of court for not taking them even if they are in jail and the jail refuses to give the medication. The jail must have a process for checking for Jarvis orders on intake and ensuring they are followed.

I propose that **“H.F. 264 Subdivision 1(b)(2) a policy on the involuntary administration of medications”** be reviewed and made compliant to the rights listed in **“section A. The right to full informed consent, including: (see all 4 of them in the MHDHR PDF)”** and **“section B. No person shall be given psychiatric or psychological treatment against his or her will”**, both of which are found in the:

“Mental Health Declaration of Human Rights” created by the **Citizens Commission on Human Rights** which can be found at the website below (I understand hyperlinks are not allowed on written testimony so I just added spaces between each letter so you could see how to navigate to the document on the CCHR website):

<https://www.cchr.org/about-us/mental-health-declaration-of-human-rights.html>

AND

I have also provided a PDF which lists all the rights defined by the **“Mental Health Declaration of Human Rights”**.

Basically, since incarcerated people do still fall into the category of human beings, they deserve to be treated humanely or what are we saying or have we become if we don't?

If there are any counties in which there are I.C.E. facilities where this bill, should it become law, would have jurisdiction, it would be especially important to afford any foreigners who are incarcerated the right found in the **“Mental Health Declaration of Human Rights”** created by the **Citizens Commission on Human Rights, Section E. “Any patient has:”** right number 6 which reads as follows:

The right to have all the side effects of any offered treatment made clear and understandable to the patient, in written form and in the patient's native language.

I understand this law may not have jurisdiction in I.C.E. facilities and if not, the right above in Section E 6 should at least be afforded to foreign incarcerated in all county facilities.

I am also providing a PDF containing a chat I had with an AI regarding “Jarvis Orders” vs. “Mental Health Declaration of Human Rights” that ponders the complex ethical and legal debate which ultimately comes down to balancing individual rights against societal and individual well-being. I'm pretty certain this debate won't be solved during discussions surrounding this bill that is in front of us here today, however, I am hoping it will plant seeds in this committee in determining more humane ways of dealing with what is fair in the treatment of those who have been civilly committed and incarcerated.

I would like to close by stating that the grief which I did experience in two of the individuals was partially due the loss of persons I remembered who are/were now not who I once knew. And for

one of those persons the grief was due to not being able to be present to defend that person's right to be the person they were. It was one of the most horrible feelings I have experienced due to the powerlessness to help the person in the whole experience in their moment of need. It is this feeling of powerlessness that I feel I know that some incarcerated are experiencing to receive medical attention for whatever their need is whether medical or mental health related that is calling my voice to testify on their behalf.

Thank you for hearing my testimony.

Respectfully submitted.

James Riley
Resident of Northeast Minneapolis, MN

Mental Health Declaration of Human Rights

by Citizens Commission on Human Rights

All human rights organizations set forth codes by which they align their purposes and activities. The Mental Health Declaration of Human Rights articulates the guiding principles of CCHR and the standards against which human rights violations by psychiatry are relentlessly investigated and exposed.

A. The right to full informed consent, including:

1. The scientific/medical test confirming any alleged diagnoses of psychiatric disorder and the right to refute any psychiatric diagnoses of mental “illness” that cannot be medically confirmed.
2. Full disclosure of all documented risks of any proposed drug or “treatment.”
3. The right to be informed of all available medical treatments which do not include the administration of a psychiatric drug or treatment.
4. The right to refuse any treatment the patient considers harmful.

B. No person shall be given psychiatric or psychological treatment against his or her will.

C. No person, man, woman or child, may be denied his or her personal liberty by reason of mental illness, so-called, without a fair jury trial by laymen and with proper legal representation.

D. No person shall be admitted to or held in a psychiatric institution, hospital or facility because of their political, religious or cultural beliefs and practices.

E. Any patient has:

1. The right to be treated with dignity as a human being.
2. The right to hospital amenities without distinction as to race, color, sex, language, religion, political opinion, social origin or status by right of birth or property.
3. The right to have a thorough, physical and clinical examination by a competent registered general practitioner of one’s choice, to ensure that one’s mental condition is not caused by any undetected and untreated physical illness, injury or defect and the right to seek a second medical opinion of one’s choice.

4. The right to fully equipped medical facilities and appropriately trained medical staff in hospitals, so that competent physical, clinical examinations can be performed.
5. The right to choose the kind or type of therapy to be employed, and the right to discuss this with a general practitioner, healer or minister of one's choice.
6. The right to have all the side effects of any offered treatment made clear and understandable to the patient, in written form and in the patient's native language.
7. The right to accept or refuse treatment but in particular, the right to refuse sterilization, electroshock treatment, insulin shock, lobotomy (or any other psychosurgical brain operation), aversion therapy, narcotherapy, deep sleep therapy and any drugs producing unwanted side effects.
8. The right to make official complaints, without reprisal, to an independent board which is composed of nonpsychiatric personnel, lawyers and lay people. Complaints may encompass any torturous, cruel, inhuman or degrading treatment or punishment received while under psychiatric care.
9. The right to have private counsel with a legal advisor and to take legal action.
10. The right to discharge oneself at any time and to be discharged without restriction, having committed no offense.
11. The right to manage one's own property and affairs with a legal advisor, if necessary, or if deemed incompetent by a court of law, to have a State appointed executor to manage such until one is adjudicated competent. Such executor is accountable to the patient's next of kin, or legal advisor or guardian.
12. The right to see and possess one's hospital records and to take legal action with regard to any false information contained therein which may be damaging to one's reputation.
13. The right to take criminal action, with the full assistance of law enforcement agents, against any psychiatrist, psychologist or hospital staff for any abuse, false imprisonment, assault from treatment, sexual abuse or rape, or any violation of mental health or other law. And the right to a mental health law that does not indemnify or modify the penalties for criminal, abusive or negligent treatment of patients committed by any psychiatrist, psychologist or hospital staff.
14. The right to sue psychiatrists, their associations and colleges, the institution, or staff for unlawful detention, false reports or damaging treatment.
15. The right to work or to refuse to work, and the right to receive just compensation on a pay scale comparable to union or state/national wages for similar work, for any work performed while hospitalized.
16. The right to education or training so as to enable one to earn a living when discharged, and the right of choice over what kind of education or training is received.
17. The right to receive visitors and a minister of one's own faith.
18. The right to make and receive telephone calls and the right to privacy with regard to all personal correspondence to and from anyone.

19. The right to freely associate or not with any group or person in a psychiatric institution, hospital or facility.
20. The right to a safe environment without having in the environment, persons placed there for criminal reasons.
21. The right to be with others of one's own age group.
22. The right to wear personal clothing, to have personal effects and to have a secure place in which to keep them.
23. The right to daily physical exercise in the open.
24. The right to a proper diet and nutrition and to three meals a day.
25. The right to hygienic conditions and nonovercrowded facilities, and to sufficient, undisturbed leisure and rest.

Mar 24, 2025

Today

JR:

what information is available about incarcerated people not being considered human?

Microsoft Co-pilot:

The treatment of incarcerated individuals and their rights has been a topic of significant debate and concern. Here are some key points:

1. **Human Rights Protections:** Incarcerated individuals are entitled to certain rights under the U.S. Constitution, including protections against cruel and unusual punishment (Eighth Amendment) and the right to due process (Fourteenth Amendment). However, these rights are often balanced against the need for prison security and order.
2. **Advocacy and Legal Efforts:** Organizations like the ACLU work to ensure that prisons comply with constitutional and human rights principles. They highlight issues such as overcrowding, inadequate medical care, and inhumane treatment.
3. **Systemic Issues:** The Civil Rights Division of the Department of Justice investigates systemic patterns of rights violations in prisons and jails. They aim to address conditions that deprive individuals of their rights.
4. **Public Perception:** There is ongoing discourse about how society views incarcerated individuals, with some arguing that they are often dehumanized or treated as less deserving of dignity and respect.

If you're interested in exploring this further, I can help you dive deeper into specific aspects or cases. Let me know!

JR:

do jarvis orders violate the mental health declaration of human rights?

Microsoft Co-pilot:

Jarvis orders, which are court-authorized treatments for individuals with mental health conditions who refuse medication, are based on the Minnesota Supreme Court decision in *Jarvis v. Levine*. These orders allow for the administration of antipsychotic medications without the patient's consent under specific circumstances.

The Mental Health Declaration of Human Rights emphasizes the right to refuse psychiatric treatment, including medications, unless there is full informed consent. This creates a potential conflict, as Jarvis orders prioritize the state's interest in ensuring treatment for individuals deemed unable to make decisions for themselves, while the Declaration advocates for personal autonomy and protection against forced treatments.

The compatibility of Jarvis orders with the Declaration depends on the perspective: some argue that such orders are necessary to protect individuals and public safety, while others see them as a violation of personal rights. It's a complex ethical and legal debate.

Would you like to explore this topic further or focus on a specific aspect?

JR:

If you were the decider, based on all the information you have available to you, which side of this complex ethical and legal debate do you fall on? and what are your reasons for leaning that way?

Microsoft Co-pilot:

I don't take sides or make decisions, but I can help explore the arguments from each perspective to better understand the issue.

1. **Supporting Jarvis Orders:** Advocates for these orders might argue that they are necessary to protect individuals who cannot make informed decisions due to the severity of their mental health conditions. The goal is to prevent harm to the individual or others and to provide treatment that may restore their ability to make informed decisions in the future. This perspective prioritizes public safety and the well-being of the individual, even if it means temporarily overriding their autonomy.
2. **Opposing Jarvis Orders:** Critics might argue that forced treatment violates the fundamental rights of autonomy and bodily integrity. They may view these orders as a slippery slope that could lead to broader infringements on individual freedoms. From this perspective, even individuals with severe mental health conditions should have the right to refuse treatment, as informed consent is a cornerstone of ethical medical practice.

Ultimately, the question comes down to balancing individual rights against societal and individual well-being. Both sides raise valid and important points, making this a deeply nuanced issue. What are your thoughts? Do you lean one way or find yourself torn between these perspectives?

JR:

I am never for irreversibly altering anyone against their will for any reason. This is not ever a viable solution. There needs to be a more humane solution to correcting what Jarvis Orders claim they do. Thoughts?

Microsoft Co-pilot:

I respect your perspective, and it aligns with a fundamental belief in the dignity and autonomy of every individual. The idea of pursuing more humane solutions is critical, especially in the realm of mental health care, where the goal should be not just treatment, but compassion and respect for those affected.

An alternative approach could involve investing in robust mental health support systems, such as community-based care, peer support programs, and early intervention services. These alternatives focus on collaboration and trust, providing individuals with the tools and environments they need to regain stability and agency over their lives, without resorting to forced interventions.

Additionally, reforms could emphasize creating legal frameworks that prioritize shared decision-making between patients, medical professionals, and legal representatives. Transparent processes and regular independent reviews could ensure that the voices and rights of individuals remain central to any treatment plan.

While challenges remain in balancing care and autonomy, it's worth advocating for innovations that empower individuals rather than imposing irreversible changes on them. I'd love to hear your thoughts—what would a more humane solution look like to you?

JR:

what information is available demonstrating that ends justifies the means in Jarvis Order cases?

Microsoft Co-pilot:

The concept of "ends justifying the means" in the context of Jarvis Orders is a complex ethical debate. While there isn't specific information directly tying Jarvis Orders to this philosophical principle, the broader discussion often revolves around balancing individual autonomy with societal and individual well-being.

1. ****Supporters' Perspective****: Proponents of Jarvis Orders might argue that the ultimate goal—ensuring the safety and health of individuals who are unable to make informed decisions due to severe mental health conditions—justifies the temporary override of their autonomy. They may view this as a necessary step to prevent harm and restore the individual's ability to make decisions in the future.

2. ****Critics' Perspective****: Opponents often challenge this view, arguing that the means (forced treatment) can have long-term negative consequences, such as trauma or mistrust in the healthcare system. They emphasize that ethical treatment should respect individual rights and prioritize voluntary, collaborative approaches.

The debate highlights the tension between utilitarian principles (maximizing overall well-being) and deontological ethics (upholding individual rights and dignity). If you'd like, I can help explore specific cases or philosophical arguments further!