



The Correctional Oasis

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DWCO 17 Years—2003-2020

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The Heroes of Our Day

By Daria Mayotte

Prison. It's overcrowded. It's dirty. Diseases like TB are rampant. The potential for a fight or a stabbing is just around the corner. Complaints outnumber the barbed wire spikes surrounding the place.

But that's just a normal day.

If working behind bars wasn't already hard enough, this worldwide pandemic has added yet another layer of anxiety and mistrust in a place that was already a daily battlefield - both psychologically as well as physically.

"This thing is like an abusive husband. It has isolated us from each other. And now...fear." This was one officer's take on how the prospect of COVID-19 infiltrating the correctional system has impacted the relationships among colleagues in the correctional center in which she works.

With the national lockdown in place, it's been more than a month now since the Department of Correctional Services (DCS) closed its doors to the public - including all visitors as well as non-governmental organizations (NGOs). Left more alone than ever, Correctional Officers are on the front lines in this war we are fighting. Without the option of staying home, these men and women continue to courageously show up to work each day, risking their lives and the health of their families as they carry out the duties laid before them.

To say that prison is a tough place would be an understatement. But this season of the world has magnified that even more. The officers are scared. The offenders are scared. One member told me yesterday that in the shop for offenders, Dettol (disinfectant cleaner) has been sitting on the shelves for ages, expired for years. But with the onset of coronavirus, suddenly the cleaning supplies got bought out by the offenders, who are also brimming with stress and anxiety.

There's really no obvious reason for hope in circumstances such as this. Which is why it is all the more shocking when you do find it.

It was recently decided to transform part of this local prison into the DCS Regional Hospital for offenders who have tested positive for COVID-19. You can imagine this added even more fuel to the fire of fear that was already burning. The first infected offender was brought in just this week.

The call was sent out: officers are needed to guard this person as well as care for her needs. As I write this I am reminded of the passage in Isaiah 6:8, "Then I heard the voice of the Lord saying, 'Whom shall I send? And who will go for us? And I said, 'Here am I. Send me!'"

Surely no one would answer this call. Surely no one would put their lives even more at risk. But the heroes are emerging. Ms. Mbongo*, Head of the Female Centre, sent me a message just this week letting me know one particular member "rescued a situation we found ourselves faced with." What was she referring to? A Correctional Officer by the name of Ms. Kohlele* answered that call of, "Who will go for us?" with, "Here am I. Send me." She put her hand up in circumstances most others were running from. She was among the first to step closer towards the danger, rather than shrink away from it. She volunteered to keep watch and care for the offender infected with COVID-19.

But she's not the only one. Just across the premises at the Medium A Centre, Correctional Officer Zohile Namdoo* responded just the same. Fellow colleague Gboni Hartle* was impressed by this, sending me a message about Namdoo saying, "She volunteered to work with the offender who is having the virus." Volunteered. This could have played out far differently. Orders could have been given. Pleas could have been made. Arguments could have followed. But these two women volunteered.

And there's more! Correctional Officers are stepping up to the plate, now more than ever. They are protecting themselves, their colleagues, the offenders. They are protecting me and you.

I'm guessing you didn't know that DCS employee Hayley Cofa*, CMC Clerk at the Medium B Center, arrives on duty at 5 a.m. and often only leaves with the day shift members at 4 p.m. And since the Special Remission of Sentence was announced last December, her colleague reports she has often been known to sacrifice her evenings and only report off duty at 11:30 p.m., "ensuring offenders profiles are professionally completed before submission to the CSPB." She has also risen to the occasion in this current crisis. Fellow DCS member Tomas Carlse* reports she is "going the extra mile" and that since the lockdown she "implemented and regularly updated the sanitizing/cleaning list in the CMC" and "would remind members as well as offenders to respect the rules concerning lockdown while executing her own duties."

And let me tell you about Correctional Officer Mr. Vuya Mashiyo* at the Medium C Centre. His name keeps coming up for all the right reasons. Since the lockdown, he's the one ensuring that each officer in his centre completes their daily screening forms. And he makes sure every person has a mask and a pair of gloves. But before you say to yourself, "Well, that's just his job," let me add a bit more to it - because his colleagues are not saying, "that's just his job." Attitude is everything. It's one thing to carry out the motions and complete a task, but when your colleagues are describing you with words like "kindhearted" and "compassionate" - in a prison and during this pandemic - then it's safe to say you're going beyond the call of duty. The stories I'm hearing about this guy lead me to believe he's going out of his way and serving in a manner that makes others stop in their tracks for a moment.

These are the stories that must be told. These are the heroes of our era. Whether running to the aid of infected offenders; tirelessly working way beyond a normal day's shift; or choosing to serve with an attitude of love and compassion: this is courage in the face of fear.

This crisis has changed all of us in some way. For some, like these Correctional Officers, it's making their light shine brighter. Nelson Mandela once said, "I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear."

Brave men and women are conquering fear at this prison, and in prisons all over the world.

*All names have been changed to protect identities.

Daria Mayotte lives with her family in a southern African country, reaching out to Correctional Officers in a large local prison. She has been trained by DWCO and, outside of this COVID-19 season, regularly teaches DWCO's CF2F course to corrections staff in her area. https://desertwaters.com/?page_id=5964

From the Trenches

This was emailed to us following our webinar "Correctional Staff Confronting COVID-19", and is printed here with permission. <https://www.youtube.com/watch?v=PmqeFnClygM>

I did enjoy the webinar and the information.

I have spent the last 34 (+) years in one KS prison and I have seen a lot over the years. I was a Corrections Officer, a Unit Team Counselor, a Special Projects Coordinator and a Parole Coordinator. For that last 18 years, I've worked in the Warden's Office as the PIO, Exec. Officer and Policy & Compliance Manager. I have been directly involved in Peer Support since the 90's and our facility has never quit having a team. This old facility has been rocked many times, but being on the TOP 10 HOT SPOT list for COVID-19 has been overwhelming. We've had excellent support and we have a tireless Warden and good support staff, and help from all other KDOC facilities, and the KS National Guard.

We have lost 2 staff members and 4 offenders to the COVID. The first staff death was someone I worked with since my first day. We were friends here and in our personal lives. I was his family's staff liaison during our Candlelight Vigil and drive-by visitation. The other staff person I only worked with the last 20 years. He was very funny, and I will miss him. Both were unshakable - never overreacted to anything or anyone. Hard to say good bye and still work every day.

Not much down time. However, I have not worked either weekend day over the last 2 weeks. Our department Peer Support has been here and available at scheduled intervals. About half of our own team have tested positive, but most are back to work - all of them are helping to support others. I cook food and deliver it to some COVID-positive staff every weekend. Yesterday was a very comforting lasagna - lots of bread and cupcakes for an officer and his four children. Random acts of kindness. Because of this weekend's webinar, I have decided to deploy a statewide group to personally see all staff at this facility. We're gonna use all precautions, and carry with us water bottles with inspirational messages, some candy and some snacks. We have utilized Peer Support via Zoom meetings. We have set up an off-site location for Peer Support. We have put up posters and signs, and sent out e-mails with resources and contact information. We've been busy!

My initial plan was just to say thank you for the webinar. It did give me some good positive points to think about over the weekend, and I'm already preparing to go forward with them now. I didn't intend to give you a Reader's Digest snapshot of our despair and steps we are taking to help our staff, but it happens, right?

Brett Peterson (2 negative tests so far - ROCK ON!)
LCF - Policy Compliance Mgr/Exec. Officer
Kansas Department of Corrections
Lansing Correctional Facility

I Am Scared and I Get It
By Ron Mason

In the beginning as I learned news of this virus from China, I paid little attention as the news outlets neglected to emphasize the gravity of the situation ahead for us.

I was caught off guard and spent an unhealthy amount of time watching the stock market and laughing at what I perceived as an overreaction to a threat far away.

I researched recent pandemics and their consequences. Negligible. I thought back to AIDS in the 1980s, and where we are now. Then the panic became worldwide.

The greatest economy the world has ever seen, brought to a level never seen since the great depression. Jobs lost, schools closed, businesses closed, fear, fright, uncertainty, chaos of the mind. So many questions. Yesterday was so normal and happy. Why is my body betraying me physically and mentally?

Who do I hug and turn to for answers? We all turn and look and find no answers. We begin to speculate and visit the horror movies of the past. F*ck. What if?

Left with no answers, only questions, and no one has an answer. We are left with questions and fear. Fear that perpetuates and compounds itself upon itself. We begin to suffer physical ailments we fail to understand.

The news informs us that the virus is getting worse. We turn to the news looking for hope only to find it further fueling our fears with their dramatizing of the situation to fuel greater viewership and greater advertising revenue.

My fears do not need fuel. I work in a prison. I learned how to quantify the unknown dangers that I face, and measure them against the degree of risk I am willing to tolerate. In that world, there is no cheerleader in my daily life reminding me of the dangers.

At home now, there is no turning off the news of the boogey man (Virus) coming to get me.

I feel it. My family feels it. Heck, everyone I see on the outside feels it, and wears it for all to see.

I need to take a step back, shut off the TV, give the family a hug, maybe read a book together and remember: life brings risks, life brings challenges. We don't always succeed and events happen that we don't like.

Bottom line: we all have an expiration date, and how we live between now and then is up to each one of us.

Miscellaneous

Corrections Staff Wellness Article

Read an article entitled "Mission Critical: Correctional Employee Health and Wellness," written by Caterina Spinaris, and published in the May/June 2020 issue of American Jails, the publication of the American Jail Association. https://desertwaters.com/wp-content/uploads/2020/05/2020_Spinaris_Correctional-Employee-Health-and-Wellness.pdf

Webinars

Desert Waters recently offered two webinars, at no charge. You can now watch the recorded "Correctional Staff Confronting COVID-19" presentation <https://www.youtube.com/watch?v=PmqeFnClygM> and the Q&A section <https://www.youtube.com/watch?v=NdXrECdQFtw>, or listen to the audio of the webinar in its entirety <https://open.spotify.com/show/1qTBsCW96bwaO0k6QYiDbq>.

And you can watch the recorded "Correctional Families Confronting COVID-19" <https://www.youtube.com/watch?v=M2XA3kmvLbw> or listen to the audio. <https://open.spotify.com/show/1qTBsCW96bwaO0k6QYiDbq>

Email the Ventline

Due to internet instability in our rural area affecting reliable service on the app we'd be using for our text-only Ventline, we regretfully have to postpone the launching of the text-only Ventline until internet services in our area become more dependable. You're always welcome to email us at ventline@desertwaters.com to vent, for emotional support, or for resources.

Find out more about our Ventline service and how it operates [HERE](https://desertwaters.com/?page_id=12684). https://desertwaters.com/?page_id=12684

DWCO Fundraising

Desert Waters is raising funds to provide the Corrections Ventline https://desertwaters.com/?page_id=12684 email service (ventline@desertwaters.com), and staff wellness webinars at no charge to corrections staff and their family members. You can support our work by getting "Correctional Officer Brotherhood" [challenge coins](https://desertwaters.com/?page_id=10938), https://desertwaters.com/?page_id=10938 and our brand new Desert Waters' baseball [caps](https://desertwaters.com/?page_id=12969)! https://desertwaters.com/?page_id=12969 These fundraising items can be obtained from our site for a suggested donation.

If you do not wish to receive any of DWCO's fundraising merchandise, but still desire to make a monetary, tax-deductible donation to DWCO, you can do so [HERE](https://desertwaters.com/?page_id=2237), using a PayPal account, or a credit or debit card. Thank you! https://desertwaters.com/?page_id=2237

AND COMING SOON! Desert Waters' own challenge coin – STOP CORRECTIONAL STAFF SUICIDE!

Why Vulnerability Is Vital to Healing

By John Dale

Reprinted with permission from rebootrecovery.com

In basic training, one of the primary tenets drilled into service members is that we have to ignore physical pain in order to accomplish our mission. That mentality is also prevalent in the first responder community as well, because

we're doing things that are not only physically demanding but also downright scary at times (even though we don't want to admit it).

Working under that "push through it and suck it up" mindset is vital to getting through a tough call or safely out of a firefight and back to base. But its helpfulness ends when we're off shift or back home from a deployment. Since it's tough to quickly turn off that switch in our brains, many of us stay in that place where we aren't able to show anyone that we're struggling — perhaps because we don't want our teammates to think we're weak, or we want them to know they can count on us when the time comes, or we don't want our chain of command to think we're unfit for duty and take us out of service.

At REBOOT, one of the topics we cover early in our courses is the necessity of humility in the trauma healing process. One of my favorite authors, Dr. Brene Brown, writes in depth about this principle in several of her books. In her book *Daring Greatly: How the Courage to be Vulnerable Transforms the Way We Live, Love, Parent and Lead*, she looks at three myths of vulnerability that are important for us to consider.

Myth #1 – Vulnerability is weakness.

Dr. Brown states that "vulnerability is the core of all emotions and feelings. To feel is to be vulnerable." This is something that military and first responders come up against all the time – that feeling of, "If I say something, they'll think I'm weak." But what if we shift our perspective and instead view asking for help or sharing tough things with other people as a sign of strength?

Myth #2 – I don't do vulnerability.

Dr. Brown: "When we pretend that we can avoid vulnerability, we engage in behaviors that are often inconsistent with who we want to be." I've seen this play out in my own life and in others. We put on a mask, pretending that we've got it all together and even getting defensive when people call us out on the unwise choices we're making. More often than not, this persona isn't who we want to be, but a deeper issue is getting in the way of us opening up and showing what's really going on.

Myth #3 – Vulnerability is letting it all hang out.

Dr. Brown: "Vulnerability is about sharing our feelings and our experiences with people who have earned the right to hear them. Being vulnerable and open is mutual and an integral part of the trust-building process." This caught my attention because she is saying that not everyone in our circle of influence is worthy of our vulnerability. We don't have an obligation to share everything with everyone, but that doesn't mean we put up a wall for everyone, either. It should be a one-to-one experience of trust.

In another of Dr. Brown's books, *Rising Strong*, she writes, "A lot of cheap seats in the arena are filled with people who never venture onto the floor. They just hurl mean-spirited criticisms and put-downs from a safe distance. The problem is, when we stop caring what people think and stop feeling hurt by cruelty, we lose our ability to connect. But when we're defined by what people think, we lose the courage to be vulnerable. Therefore, we need to be selective about the feedback we let into our lives. For me, if you're not in the arena getting your butt kicked, I'm not interested in your feedback." This is true for me as I've learned to trust people more who've been through some tough situations, didn't hide what they were struggling with, and weren't afraid to ask for help themselves.

And in addition to Dr. Brown's three myths, allow me to add my own to this list:

Myth #4 – We can go it alone.

Isolation is dangerous for military and first responders. We fight together, take tough calls together, and save lives together, so why do we think that we have to struggle alone? It is vital that we have folks walking alongside us through tough times.

It's no exaggeration to say I nearly died in isolation. It wasn't until I asked other men to come alongside me that my life started to change for the better. Once I gave them permission to ask hard questions and hold me accountable, I began to see for myself the healing power of humility.

Dr. Brown says, "Vulnerability sounds like truth and feels like courage. Truth and courage aren't always comfortable, but they're never weakness." Being vulnerable and asking for help is a sign of strength, not of weakness. Never forget this truth.

John Dale is the Director of Operations for REBOOT Recovery.

Counseling in Jail – Part 1

By James Rose, LPC

Reprinted with permission from Counseling Today, an American Counseling Association publication.

Summary tease: Working as a counselor at an adult detention facility bears little resemblance to more “traditional” counseling, but a focus remains on treating each person as a human being and listening to stories of unresolved grief, tragedy and trauma.

To enter my office, I first pass through a series of three heavy steel doors. The lock for each door is controlled from a remote central office. I wait to hear a buzz signaling that the door has been unlocked before proceeding through.

The first time I caught sight of a prisoner, it startled me so badly that I wondered whether I truly wanted to work here. The inmates wear smocks and pants with broad orange and white stripes. Their shoes close with Velcro because shoestrings can be used to strangle oneself. Everything here is geared toward minimizing the risk of suicide.

Four of us share a counseling office. The number of rooms where we can visit with prisoners privately is limited, and the rooms are used by others in the jail besides counselors. Seeing an inmate always depends on first winning the competition to find a room.

Inmates who are judged to be dangerous, who are on disciplinary status, or who are on suicide watch are shackled with ankle chains and handcuffed. In one room, these inmates are then also chained to the wall. Nothing in my training prepared me for the shock of trying to carry on an intense, personal counseling session with a person in chains.

The individuals being held in this detention facility are most commonly referred to as prisoners, inmates or simply as males and females by the people who work here. But those of us in the counseling office refer to them as patients. We see it as our job to treat them first and foremost as human beings.

Inmates are screened upon booking, including for suicidality. Among the questions asked are whether this is their first arrest, whether they are detoxing, whether they have any prior suicide attempts, whether anyone in their family has died by suicide, whether they have ever been in a mental institution, and so forth. Inmates determined to be at risk for suicide are placed on suicide watch.

The jail is divided into a series of blocks, a grouping of two-person cells around a central area where the inmates can watch TV, exercise, or play poker for candy bars or cups of pudding. The blocks form a U shape surrounding an outside central courtyard where the inmates sometimes go for recreation when the weather permits.

There are a half-dozen volleyballs stuck on the spiraled razor wire that surrounds the upper perimeter of the courtyard. S block is for sex offenders. Participants in Project 103, the in-house addiction recovery program, are in R block. Immigration and Customs Enforcement inmates are held in K block. As the only Spanish speaker on the counseling team, it is my job to interview all of the inmates in K block. The women are housed separate from the men in blocks X, Y and Z. When they walk the hall to go to the gym or the library, the men bang the window and wave, and the women look up and wave back.

W block is for suicide watch. Inmates on suicide watch are placed in isolation cells and checked by a guard every 15 minutes. Their clothing consists of a “turtle suit,” a cardboard-like cloth that cannot be twisted into a noose. They are given finger foods only; plastic eating utensils are not allowed. Neither are books. The pages could be torn out and stuffed in the mouth to cause suffocation. They can watch a television through a window in their cell door. They are allowed out of their cell for a few minutes each day to take a shower, under observation.

Counselors interview patients on suicide watch as soon as is practicable. Some of these patients have a history of schizophrenia. Some are detoxing so heavily that they act schizophrenic. Others are bipolar and in a manic or depressive state. Sometimes patients on suicide watch scream or sing loudly or beat on the wall.

They say a picture is worth a thousand words. I know the textbook definition of schizophrenia. It is a breakdown in the relation between thought, emotion and behavior leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation. With all those words, my picture of schizophrenia will always be a guy on suicide watch in a green turtle suit who stuck a toothbrush up his rear end.

Sometimes patients on suicide watch get placed in a mental hospital. Our state used to have an extensive network of mental hospitals, but most of those facilities were closed during budget cuts decades ago. Today, many

people who are mentally ill, who previously would have been hospitalized, end up homeless. Sooner or later, many of them land in jail.

To be continued in the August 2020 issue of the Correctional Oasis.

James Rose is a licensed graduate professional counselor working as a mental health counselor at the Frederick County Adult Detention Center in Frederick, Maryland. He is a graduate of the clinical counseling program at Loyola University, Baltimore. Contact him at jrose007@comcast.net.

IN MEMORIAM

Evan Baxter, Correctional Deputy, Shasta County Sheriff's Office, CA
Richard Bianchi, Correctional Officer, High Desert State Prison, CDCR
Garry Duplessis, Jr., Lieutenant, Orleans Parrish Sheriff Office, LA
Terry Loomis, Correctional Officer, Lake Erie Correctional Institute, Ohio
Juan Menchaca, Deputy/Courts Division, Harris County Sheriff's Office, TX
Vaneicha John Mendez, Correctional Officer, Central Florida Reception Center, FDC
Thomas Adedayo Ogungbire, Correctional Officer, Hutchins State Jail, TDCJ
Joseph Parkinson, Senior Probation Officer (retired), Buffalo, New York DOCCS
Charlynn Phillips, Senior Correctional Officer, FCC Butner, Federal Bureau of Prisons, NC
Alvin "Al" Ramirez, Detention Officer, Avondale Police Department, AZ
Darrell Robinson, Mental Health Counselor, Lake County Jail, Lake County Sheriff's Department, IN
Anibal Santos, Captain, Central Florida Reception Center, FDC
Trent E Strate, Correctional Officer, Central Florida Reception Center, FDC
Name withheld, Employee, Alabama Department of Corrections
Name withheld, Correctional Officer, Baltimore's Central Booking Facility, MDPSCS
Name withheld, Plant Operations employee, Ironwood State Prison, CDCR
Name withheld, Senior Corrections Officer, Eloy Detention Center, U.S. Immigrations and Customs Enforcement, AZ

Desert Waters Correctional Outreach, Inc., is a non-profit corporation which helps correctional agencies counter Corrections Fatigue in their staff by cultivating a healthier workplace climate and a more engaged workforce through targeted skill-based training and research.

Many Thanks

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Quote of the Month

"I suggest that hoping may be a third basic type of response that does not have the vehement aggressivity of fighting nor the limp abdication of fleeing. If hoping is developmentally based on having experienced the mutuality of trust and having received some benevolent care, a person may be prepared by such experiences for meeting adverse

circumstances with quiet courage rather than in a competitive fighting posture or in meek retreat.” P. W. Pruyser
(Emphasis added.)

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DWCO Mission

To promote the occupational, personal and family well-being of the corrections workforce through the provision of evidence-informed resources, solutions, and support.

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