



The Correctional Oasis

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DWCO 17 Years—2003-2020

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Keeping the Demons behind the Walls

By Lt. John Mendiboure

Sounds like our job description, doesn't it?

The thing is, I am not talking about inmates, but rather the demons within us that we hide from others, fighting inside ourselves. Understand, after 22 years on the line, I still love my job, the staff I work with, and I still look forward to coming to work each day.

The issue, which happens to all of us who do this job, is Post Traumatic Stress Disorder (PTSD). I know that term may turn some of you away as it is considered a mental health condition that people fear admitting to, as it could cost them their job, but I sincerely hope it does not.

The Mayo Clinic says, Post-traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSD.

There is a great YouTube video I show when I teach In-Service training. It is by Mike Spears who retired from the San Diego Sheriff's Department due to PTSD after a shooting. Mike says it does not have to be a singular event like a shooting, but a cumulative total of the things we see and experience during our career. Mike says we all have PTSD, just to varying degrees. I believe him when he says we have all experienced things which have forever changed us, and events we cannot un-see no matter how much we want to.

We have all witnessed horrible and traumatic things over the years. We work a certain area and remember both the good times and the bad. For the most part, they do not bother us, as they are just memories, such as riots, partners getting battered and hurt, homicides as well as many others. We consider these to be a part of the job, things we accept that come with the job we have chosen

Then there are the others, those traumatic events that change us to the core and bring forth the demons. These demons who come out when we least expect it, taking over our thoughts and consuming us during the quiet hours of the night.

For me it is one incident in particular. I was off work earlier this month and received an email about six of our staff members receiving the Department's Bronze Star for Valor. That was all the email stated, they were receiving the award, and I knew why they received the award. Instead of being happy for them as I should have been, I found the

demon coming to visit again and reliving that day. They were the first responders to an automobile accident involving one of our Officers and an Officer from a neighboring Prison. I was on duty that morning and heard about the accident from the Watch Sergeant. I grabbed another Peer Support Program (PSP) team member and headed out to the accident scene. When we arrived, they had transported the Officer from the other prison to the hospital and non-involved staff had left the scene. Our partner had not survived, and her body was still pinned in her vehicle. One of our staff who is a volunteer firefighter was toned out (called out) for the accident, and he was still on the scene.

My partner and I stayed with her body until it was removed from her car and the coroner arrived to take it. When they were extracting our partner from the vehicle, I was facing the scene with my partner who is the firefighter facing me to make sure he did not see the removal of the body. He was blocking my view as he was watching the family to ensure they did not approach the scene. (They had been called by one of the original Officers on the scene.)

Just as they removed the body from her car, my partner moved to my left and I had full view of it. That is a moment I will live with the rest of my life. The deceased Officer had been at my Prison for 13 years and previously worked directly for me when I was a Sgt., Lt. and acting Capt.

So instead of being happy for the six staff being honored for their efforts in saving the other Officer's life, I found myself going back to that day. I spent the day flashing back, seeing my partner's body being removed from her vehicle and placed on the ground in the body bag, then going with the Deputies to console her husband and daughter. Then waiting next to her remains on the side of the road until the coroner arrived, not wanting to leave her alone. I fought the feelings off all day. That evening in the shower I found all the emotions I had been holding in wanting to burst from me. I stood there under the water wanting to cry, wanting the water to wash away my tears and pain, but I was not able to weep.

I have cried many tears reliving that day this last year. I have gone to my partner's house many times to check on her husband and daughter. Every time I hold it together, then upon leaving I have to pull over as I am crying so hard, I cannot see the road. When her husband and daughter were introduced at our Christmas party, I had to leave as I could feel myself coming apart. Towards the end of the party he sought me out to say "thank you," and I felt all of it well up inside me again as we hugged. As I am typing this at my desk, I am wiping away tears, but to look at me I am not breaking down (on the outside at least).

Why was I not able to cry in the shower that night when I wanted to release all the grief inside me? Honestly, I have no idea, but it made me realize that I do have issues and need to talk to someone.

I have been on the job over 22 years, on my institution's Peer Support Team for 20 years (team leader the last few). I am well versed in resources to direct others to get help, but for myself I never sought it. God has blessed me to have a beautiful, loving and supportive wife that I can talk to about anything. She senses when I am having a bad day, she understands and supports me.

Sometimes though we need to talk with someone we have no connection to. For us in California, Employee Assistance Program (EAP) is a great resource. We get up to 7 sessions at no cost to us with a licensed therapist. For departments around the country, there are resources even if your state does not offer any. There is the Crisis Text Line 741-741 (a free and confidential text platform because sometimes it is easier to text than talk out loud to someone), National Suicide Prevention Hotline (800-273-8255) and Aunt Bertha (AuntBertha.com) which helps to find free or low cost services. Just make sure you talk to someone, even a trusted friend or pastor of your church. Talking with someone is critical to helping us cope.

This job changes us, that is inevitable, but there are avenues to get help. The first step is realizing we have changed. Once we do that we can work on improving ourselves through self-care, and when it is needed, reaching out for help.

I know it is not easy, machismo, our sense of "I got this," and I can deal with it, until one day we realize it—PTSD, "the demon," is controlling us. Our families deserve the best from us, and we owe it to them to get help when going through the tough times.

God bless and stay safe,

John Mendiboure, Correctional Lieutenant, Avenal State Prison

Putting First Responders' Mental Health on the Front Lines

By Lindsey Phillips

Reprinted with permission for Counseling Today, the magazine of the American Counseling Association.

This article helps demystify the process of mental health treatment for first responders. Even though corrections professionals are not included here on the list of first responders, custody staff operate as first responders.

A firefighter/emergency medical technician (EMT) in Maine answers an emergency call. He grabs his gear and performs a job he knows well. The next day he discovers that the person he helped has tested positive for COVID-19. He immediately starts worrying not just about himself, but about his wife and young child, who have respiratory issues.

Amy Davenport Dakin, a licensed clinical professional counselor in Maine and a licensed clinical mental health counselor in New Hampshire, has been working with this firefighter/EMT for several years now. Before this incident, he had struggled with anxiety, depression, suicidality and posttraumatic stress disorder (PTSD), but with Dakin's help, had successfully worked through many of these issues. This latest experience of being exposed to the virus that causes COVID-19 adds another layer of stress and anxiety that could negate his previous progress, Dakin says.

As the name implies, first responders such as EMTs, police officers, firefighters, paramedics, dispatchers and others are trained professionals who are the first to respond in emergency situations. Unless people happen to be facing an emergency themselves, this service often gets taken for granted, and little thought is generally paid to the accumulating toll on first responders' mental health.

That calls for a reality check. "Our worst day is first responders' every day," points out Drew Prochniak, a licensed professional counselor (LPC) and licensed mental health counselor (LMHC) in private practice in Portland, Oregon. "Their days are filled with accidents, pain, grief, loss and trauma."

According to a 2018 supplemental research bulletin from the Substance Abuse and Mental Health Services Administration's Disaster Technical Assistance Center, depression and PTSD affect approximately 30% of first responders. In addition, 37% of fire and emergency medical services professionals have contemplated suicide, which is nearly 10 times the rate of American adults in general. In fact, in the United States, more firefighters die from suicide than from fires, Dakin notes.

It is easy to surmise that this population could benefit from therapeutic interventions, yet its members are often the last to ask for help. By getting to know the first responder community and tailoring approaches to match this population, counselors can break down some of the barriers that prevent these heroes from prioritizing their mental health.

Getting to know the culture

Dakin, a member of the American Counseling Association, acknowledges that it can be difficult for counselors who do not have previous experience with first responders to get a foot in the door with the community. Someone initially referred a firefighter to Dakin for counseling services, and the experience piqued her interest in working more with first responders. But first she had to earn their trust.

For approximately seven years, she attended labor union meetings, conducted trainings and presentations, rode along with first responders on calls, and hung out at their stations. This exposure allowed her to build relationships and trust within the first responder community and helped her determine that it was a population with which she wanted to work full time. Today she owns New Perceptions Inc. in Kingston, New Hampshire, a private practice that focuses on trauma and mental help treatment for first responders.

Prochniak, a former search and rescue professional and author of the book *Addiction & Recovery for First Responders*, agrees that establishing a relationship with a first responder department or agency is an important step toward overcoming community members' belief that clinicians don't understand their culture. "There's this mystique about clinicians that we only want to talk about emotions and get in people's heads," Prochniak says. Building relationships with first responders outside of counseling sessions will show them that therapists are just regular people too, he says.

Prochniak, who specializes in the education, training and treatment of first responders, says there is a personality type that goes along with being a clinician who works with this population. Counselors must be able to handle hearing about grotesque experiences and communicate respect for the work that first responders do, he explains. With clients in law enforcement, this often means that counselors must be comfortable with clients having guns in session, he adds.

Prochniak cautions counselors against asking first responders about the worst thing they have seen, what type of gun they carry, or whether they have ever shot someone. Instead, counselors should be curious about them as people: How long have they done this work? What led them to get into this line of work? How does their work affect their family? What kind of social network do they have? Do they hang out only with people from the first responder community? What else do they do outside of work?

Counselors will also need to be able to tolerate a dark, almost morbid, sense of humor because first responders often use that as a coping mechanism. “One of the ways we cope with trauma is with humor. And it can be really upsetting for people who don’t experience [what first responders do],” notes Carrie Whittaker, an LPC and LMHC in New York and Connecticut.

Prochniak points out that counselors must also be savvy about managing dual relationships. In addition to being a clinician in private practice, he is also a trainer and educator. At the start of every new client relationship with a first responder, he prepares them for the possibility of also bumping into him at trainings, briefings, meetings or ride-alongs. He makes it clear to these clients that he will not initiate acknowledgment of them in such circumstances out of respect for their confidentiality. “One wrong slip in acknowledging that you see someone [in counseling] or that you know someone else could cost you a client,” he explains.

In addition, counselors have to be flexible when working with first responders because they have irregular schedules, Dakin says. This might mean needing to conduct telehealth sessions or meeting with these clients outside of the typical 9-to-5 workday. There will also be last-minute cancellations, she points out. Dakin typically has a 24-hour cancellation fee, but she waives it for first responders who are stuck at work or otherwise have a good reason for not making their appointments.

In many ways, counselors may need to be on call themselves when working with first responders, Dakin says. When there is an emergency such as a line-of-duty death or an explosion, Dakin has to be prepared to drop everything, including her current caseload for that day, to respond. And if a client who is a first responder has a bad call on a Sunday, then she is also working that Sunday. Although it has happened infrequently, she has even had the labor union or clients call her as late as 10 p.m. because of an emergency.

Prochniak and Dakin both emphasize the importance of being humble when working with this population. “Although you are the professional in mental health, you’re not the professional in their field,” Prochniak explains. “Just because you know trauma or just because you know stress doesn’t mean you know this population. It shows up very differently ... because this is a unique culture. So, get to know the culture. Spend time with them.”

No shame in needing help

The biggest barrier to first responders seeking help is the attached stigma — a false belief that if they need counseling, it means they are weak or unfit to do the job, Dakin says.

People often assume that because first responders signed up for the job, it means they are prepared to handle the associated trauma. But that’s not how the brain works, Dakin stresses. “The brain can only handle so much exposure to traumatic images before it’s on overload,” she says.

Joel Smith, an LPC in private practice in Denver, concurs that as a society, we do relatively little to acknowledge vicarious trauma among first responders. Although these professionals do generally possess an enhanced skill set to cope with trauma, they are still vulnerable to burnout, he says. Smith tries to normalize this reality for clients who are first responders by asking, “Has your stress been building up for a while? Is it exploding? How are you handling your stress?”

Whittaker, an ACA member who has a private practice in Manhattan and Westchester, New York, puts this idea of “being tough enough to handle it” into context for her first responder clients. She explains that being tough doesn’t mean that they never get upset or that nothing bothers them. It means processing those feelings to help themselves do their job better.

“It’s important for counselors to remind them that being tough enough to handle it doesn’t have to mean being hardened to it. It doesn’t mean that you don’t break down and cry sometimes,” she says.

First responders also have a tendency to not want to burden others with what they have experienced. Some of Dakin’s clients have said to her, “It’s a really bad call, and I don’t know if I want to put those thoughts in your head.”

Clinicians have to reassure these clients that counseling is a safe space for them to talk about their issues and experiences. When hearing difficult stories, Dakin says, counselors should refrain from sounding alarmed and making statements such as, “I can’t believe that happened! That must have been horrible.”

“While [that statement] is validating and has the best of intentions, that’s not what these people want to hear,” Dakin says. “They basically want to talk. They want to tell their story.” Counselors can validate that the client’s experience was tough without being too reactionary, she says, and that largely involves listening carefully. Counselors should also remain aware of their facial expressions, Whittaker adds. If counselors look shocked or terrified, these clients will notice and be more likely to shut down.

Smith, a therapist at Jefferson Center (a community-focused mental health care and substance use services provider in Colorado) and an associate at Look Inside Counseling, finds motivational interviewing an effective technique when first responders are hesitant to accept help from others. For example, Smith says, counselors can ask these clients, “How can you receive help yourself?” or “How can you model receiving help?” The technique allows first responders to develop some healthy discomfort with the fact that they are simultaneously heroes who help others and people who need help with their own problems, Smith explains.

“One of the best ways they can help themselves is to feel like they have a role in helping someone else,” Smith continues. That’s one of the reasons he encourages first responders who have benefited from counseling to tell colleagues about how it has helped them.

These clients could share an effective coping skill they learned in counseling with the rest of their team, or they could model self-care at work. “If you see someone struggle, that’s one thing. But if you see them struggle and overcome it, it builds the idea that it’s possible [for you too],” Smith notes.

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A Prayer for Healing from Trauma

The Lord is close to the brokenhearted
and saves those who are crushed in spirit. Psalm 34:18

Dear Father in Heaven, as Correctional Officers, it often feels as if the world has turned a blind eye to us. Many advocate for the offenders. Streams of organizations flood through our gates, eager to counsel and journey alongside inmates. Our own pain is often suppressed in favor of making sure the needs of those behind bars are met. We are sometimes even guilty of medicating our emotions, challenges, and traumatic memories in ways that many would not approve of. We are hurting.

Lord, we are encouraged by the fact that Your Word declares You are close to the brokenhearted (Psalm 34:18). Thank You for this promise! Instead of reaching for empty solutions, help us to rather fully comprehend what it means that the God of the universe intentionally chooses to be near when we are at our lowest points. When it feels as if our insides have been ripped out through abuse, failure, loss, harassment, or gossip, You are present. When a day at work scars us for a lifetime through the experiences of violence, injury, or death, these are the moments You reach out Your hand to save. Remind us of Your promises, Lord.

Lord God, with the understanding that You are in fact near, and that You do in fact save, we cry out to You for healing. We cannot bear the burden of the pain we experience, often in lonely places no one else knows about. Show us what it looks like to give You our burdens so our souls can find rest (Matthew 11:28-29). We choose courage in this moment, with the knowledge that you strengthen us, help us, and uphold us with Your hand (Isaiah 41:10). And we breathe a deep sigh of relief knowing that You fully identify with every aspect of our suffering (Isaiah 53:3-4). Your ultimate sacrifice brought about both peace and healing (Isaiah 53:5). In accordance with Your Word, Lord, let us experience the full impact of Your promises. When all seems dark around us, You are the light. You are faithful. You are the healer.

In Jesus’ name we pray. Amen.

By James Rose

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“Rogue and vagabond” is the legal euphemism for a homeless person. Jails have become a dumping ground for those who are homeless, those who have addictions and those who are mentally ill. Although we are thoroughly under-resourced to deal with all of these individuals, it is our job as mental health counselors working in a detention center to do whatever we can for them.

Our staff includes a part-time psychiatrist who can prescribe psychotropic medicines. Out of hundreds of inmates, our patients appear on the mental health radar screen for a variety of reasons. They may have a prior history of receiving mental health treatment or psychotropic medications, or they may have a prior mental health diagnosis, which we learn from the screening form. In other instances, a patient may ask to see a mental health counselor. Patients suspected of needing medication are evaluated by the counselors, and we make an initial determination of whether they should see the psychiatrist. The psychiatrist determines the official diagnosis. Patients diagnosed with schizophrenia, bipolar disorder or major depressive disorder, or who act out bizarrely, receive a treatment plan and special attention.

Among the jail’s general populations, we expect to see issues of alcoholism or addiction in about 80% of them. My prior work in addictions recovery has served me well in this environment. I share pictures of brain scans from Dr. Daniel Amen with the patients. A normal human brain looks like a soft buttery mass. The brain of someone with alcoholism or addiction looks like Swiss cheese, with large “holes” of areas that are nonfunctioning. The brain of someone addicted to heroin looks like a sea anemone, with dangling tentacles of functioning areas and large masses of nonfunctioning areas. Patients are often shocked when I show them the impact their substance use has had on their brain.

The point of drug use is to stop the brain from functioning properly. Most of the patients I see carry painful memories deep within them - memories so painful that they cannot hold them in conscious memory and go about living a normal life simultaneously. It isn’t hard to spot the source of their pain. I will ask about their mom, or their dad, or their childhood, and the stories typically come spilling out.

One young man told me he had once hoped to be an astronaut. I asked him why. He said that when he was younger, he asked his mom where his dad was, and she told him that his father was on the moon. In truth, his father was serving an eight-year sentence in a state prison. After years of longing for his father, the boy’s wish came true when his father finally returned home. But instead of experiencing a happy reunion, the boy’s father beat him up.

Another young man shared his story with me of addiction and repeated encounters with the law. I said, “I am going to make a wild guess that you had a rough childhood”- a line I often use to begin digging into a patient’s past.

His response surprised me. He said, “You’re the first person who ever noticed.”

The disciplinary block is the A block, known in jail as “the hole.” Fighting with another inmate may get you 10 days in the hole. Fighting with an officer can get you 50 in. Inmates in A block are given “23+1,” or 23 hours per day in their cell, one hour per day out into the block, one person at a time. No outside contact is allowed. There are no visits, no phone calls, no participation in the classes that are sometimes offered to the general population.

Isolation is punishment, as it is meant to be. As a mental health counselor, my concern with the guys on A block is the tendency to decompensate, to go into the deep and dangerous depression that extreme isolation can create.

One young man who had been on A block clearly showed signs of decompensation. I learned that he had been the valedictorian at his Philadelphia high school before being arrested in a 24-person drug bust. He was intelligent. Our conversations covered such diverse topics as Federal Reserve monetary policy and the use of political power in Niccolo Machiavelli’s book *The Prince*.

When this young man went down emotionally, I decided to find some books from the jail library that might help bring him back up. I eventually gave him two books. One was a book of jokes. The other was Viktor Frankl’s book, *Man’s Search for Meaning*. In it, Frankl discussed his time as a Jewish Austrian prisoner in a Nazi concentration camp.

Frankl observed that it is not the outward circumstances of our lives that determine our destinies so much as it is the attitudes we choose to take toward those circumstances. Frankl withstood his concentration camp experience by taking the attitude of an observer of how humans survive in the most extreme circumstances.

My young patient got the point. As bad as his circumstances were, his mental and emotional state were determined by the attitude he chose to take toward his circumstances. He was excited by his new understanding, and his excitement was enough to pull him out of his depression. I had taken a gamble with him and won.

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

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Ways to Support Desert Waters' Work

You can support our work by getting "Correctional Officer Brotherhood" challenge coins https://desertwaters.com/?page_id=10938, Desert Waters' challenge coin "Stop Corrections Staff Suicide," https://desertwaters.com/?page_id=13016 and our brand new Desert Waters' baseball caps! 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). Thank you! https://desertwaters.com/?page_id=2237

IN MEMORIAM

Richard Barry, Master Detention Deputy, Lake County Jail, FL
Edward Lee Cantu, Detention Officer, Cameron County Sheriff's Office, TX
Gregory Clark, Jr., Corrections Officer, Cuyahoga County Jail Sheriff's Office, Ohio
Jerry Esparza, Correctional Officer V, Jester III Unit, TDCJ
Kevin Fletcher, Detention Officer, 4th Avenue Jail, Maricopa County Sheriff's Office, Arizona
Kenneth Harbin, Correctional Officer, Price Daniel Unit/Snyder, TDCJ
Victor Haynes, Corrections Deputy, Loudon County Sheriff's Office, TN
Lynn Jones, Master Detention Deputy, Lake County Jail, FL
Jose Kates, Correctional Officer, North Kern State Prison, CDCR
Joe Lange, analyst, Texas Board of Pardons and Paroles
Joseph Makwenya, Correctional Officer Grade 1, Zimbabwe Prison and Correctional Service
Mike Marin, Correctional Officer, Central California Women's Facility, CDCR
Erica McAdoo, Senior Detention Officer, Los Angeles Police Department, California
Edmond Molina, Corrections Officer 1, Philippines Bureau of Corrections
Ernie Quintero, Sergeant, Court Security Division, Maricopa County Sheriff's Office, Arizona
Jackson Pongay, Correctional Officer IV, Pam Lychner State Jail, TDCJ
Sandra Rivera, assistant commissary manager, Torres Unit, TDCJ
Oscar Rocha, Senior Deputy, Alameda County Sheriff's Office, CA
Randy Rumler, Food Service Staff, Gus Harrison Correctional Facility/Adrian, Michigan DOC
Henry Turner, Master Sergeant, Louisiana Department of Public Safety and Corrections
Abraham Vega, Sheriff, Lynn County Sheriff's Office, Texas
Name withheld, corrections employee, Tutwiler Prison for Women, Alabama DOC
Name withheld, civilian jail employee, El Paso County Detention Facility, Texas

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

Thank you for blessing the work of Desert Waters with your contributions!

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Quote of the Month

“You are where you are for such a time as this not to make an impression but to make a difference.” ~ Ann Voskamp

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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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