CORRECTIONAL OASIS

BECAUSE ALL ROADS GO BACK TO STAFF WELLNESS

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A NON-PROFIT FOR THE HEALTH OF CORRECTIONAL & OTHER PUBLIC SAFETY AGENCIES, STAFF AND FAMILIES

FROM THE DIRECTOR'S DESK

Greetings to you all!

We dedicate this issue of the Correctional Oasis to addressing the urgent need for sustained, meaningful efforts to support staff well-being—particularly in light of the heartbreaking reality of suicide among correctional staff and other public safety personnel.

This is never an easy topic to write or talk about, but it is one we must continue to bring to the forefront. Avoiding the conversation only perpetuates the silence and stigma. If we are to truly support those who serve in these demanding roles, we must acknowledge their struggles, speak openly, and act decisively—again and again.

If you're a correctional professional—or other public safety professional—battling thoughts of ending your life, please stop for a moment and hear this: **you are not alone**, and your life matters. The weight of this job can be immense—quietly overwhelming, often invisible to others, and sometimes seemingly unbearable. But there is help. There is hope. There are life-affirming options. And there are people who will walk through this with you.

Before you reach for a bottle or shut down completely, **please reach out** to someone you trust: a family member, a colleague, a friend, a mental health professional, a spiritual leader or mentor. Asking for help doesn't make you weak. It makes you **brave**.

Resources like the **988 Suicide & Crisis Lifeline** are available 24/7—via phone, text, or online chat. And sites like NowMattersNow.org offer real, practical tools for getting through the darkest moments—featuring people who've been there, survived, and found their way back to life.

Caterina Spinaris

In this line of work, you're trained to be tough—to keep going, no matter what. But being tough doesn't mean being invulnerable.

You're human.

We all are. And being human means we have limits, we feel pain, and **we need support**. There is no shame in that—only **strength in facing** it.

If and when this applies to you, please take the step to reach out for support. You are not alone. You are a blessing. You are valuable. You are needed. You matter more than you realize.

Who Now?

By Stephanie Rawlings, MSc

I was scrolling through social media recently, as I often do in the evenings before bed, when I came across a post I've seen far too many times before. You know the one—a correctional officer's badge, a black mourning band draped across it, silently announcing the loss of another brother or sister behind the walls.

It's always sad. My first instinct is to wonder if it was someone I knew—someone I had worked with, trained alongside, or crossed paths with over the years. But this time, what struck me most wasn't the image or the announcement. It was the very first comment under the post.

Two words..... **"Who Now?"**

The two words hit harder than the image. Their meaning was unmistakable, the truth undeniable: far too many posts like this, far too many corrections professionals lost too soon, some to suicide. The statistics back it up. And the weight of it keeps building. We've all felt it.

But instead of just mourning and moving on, I want to turn that question into a challenge for every corrections professional in the nation—from cadets to commissioners, from office clerks to wardens, and everyone in between.

"Who now?"

1. **Who now will step up and make staff wellness a non-negotiable investment**—woven into the fabric of our agencies rather than treated as an afterthought?
2. **Who now will ensure budgets, resources, time, and genuine support are dedicated** to curriculum, peer support training, and family outreach programs that actually make a difference?
3. **Who now will stand up and say "Enough!" to corrections fatigue** and the way it erodes workforce culture, harms families, and damages every dimension of health?
4. **Who now will refuse to wait for the next tragedy** before acting?

Because until we start answering this question with meaningful, sustained action, we will keep finding ourselves scrolling through our feeds, staring at another mourning badge, and asking—yet again—"Who now?"

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We're Sick of Empty Promises: Federal Correctional Officers Need Real Mental Health Support—Now

By Jon Zumkehr

I've worked for the Federal Bureau of Prisons for over 18 years, and in that time, I've lost eight colleagues to suicide. Eight. That's not a typo—it's a gut punch, a number that keeps me awake at night. And every time another name gets added to that list, I hear the same thing from agency leaders and politicians: "We care." But talk is cheap. **We're sick and tired of hearing words that aren't backed up by action. We shouldn't have to learn about suicide from suicide itself.**

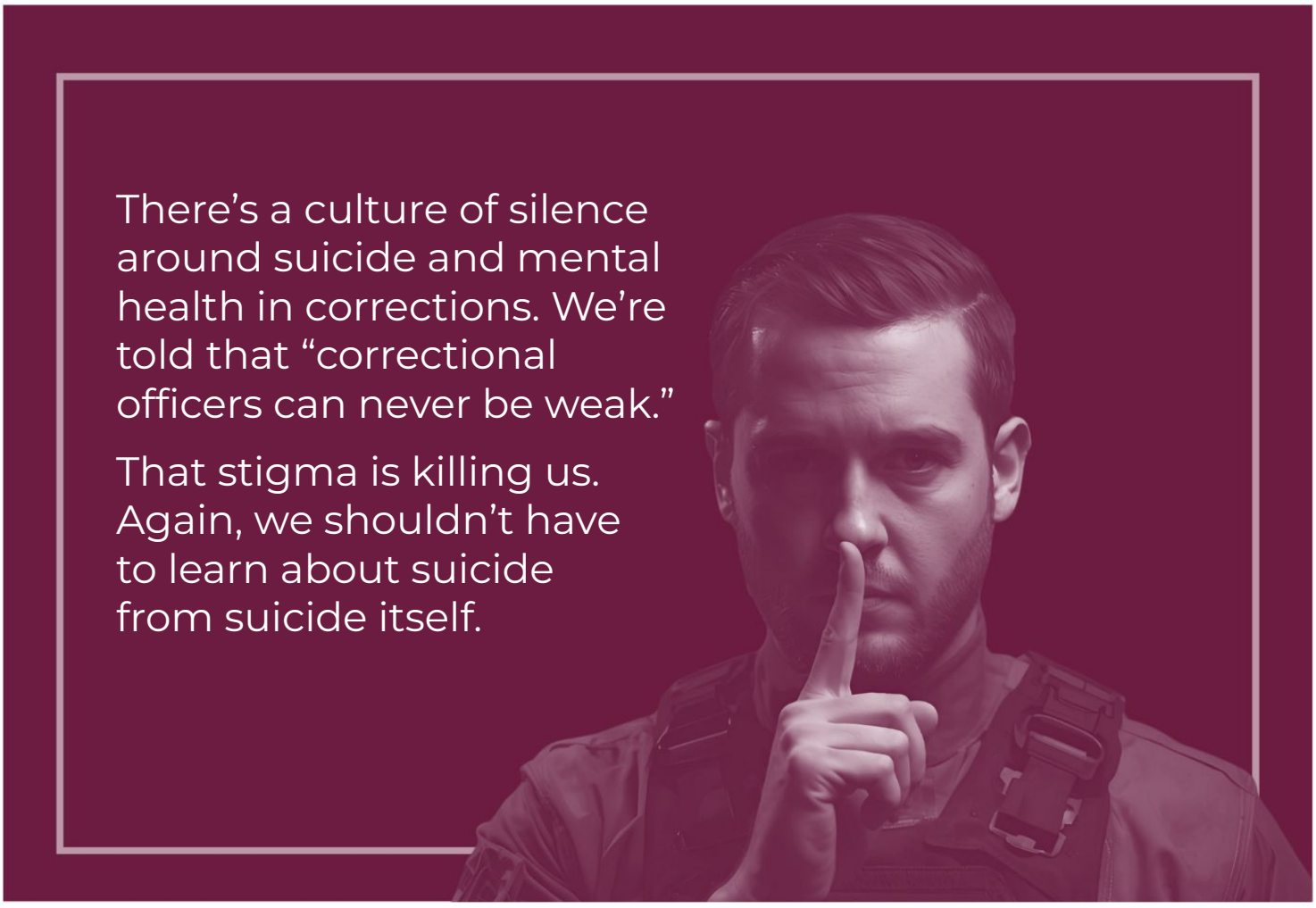
Working in federal corrections is nothing like what most people imagine. Long hours, forced overtime, and—let's be honest—poor leadership have reduced us to numbers. Our families rarely see the toll this job takes on us. They don't know what we carry home: the memory of seeing inmates fighting and attacks on each other, the aftermath of an inmate taking their own life, the verbal abuse, the physical assaults. For female staff, it's worse. Inmates expose themselves as if it's sport, knowing there's no federal law holding them accountable. At Thomson Federal Prison alone, there were over 1,600 reported incidents of this kind between 2019 and 2022. That's just what was reported.

People tell us, "It's just part of the job." But try to imagine being told that sexual harassment and assault are routine, and that there's little to no support for your mental health. If you admit you're struggling—if you say you're thinking about suicide—you risk losing your job. So, we keep it in, we drink too much, our relationships fall apart, and we die by suicide at higher rates than police officers. Think about that: correctional officers are more likely to die by suicide than police officers, but we're largely left out of mental health initiatives for first responders.

Most people have no idea how tough this job is. Every day, we see violence. I have been assaulted, I have been attacked, I have had human waste thrown on me, and not once did anyone check on my mental health. I always returned to work after to prove I was not weak, but no one ever checked on my mental health. I have learned to just block everything out. I hear from co-workers who feel like they have nowhere to turn.

If you work in a prison, you're always watching your back, always on edge. The life expectancy for correctional officers is sixteen years shorter than the general public. National data from the Vera Institute of Justice shows that we experience depression, PTSD, and suicide at rates far above average—higher than police, higher than military veterans.

The Government Accountability Office put the federal prison system on its "high-risk" list in 2023, citing chronic staffing shortages and dangerous working conditions. Overtime is constant, and the risk just gets higher. A recent study in Washington State found that prison employees have PTSD rates similar to combat veterans. According to Caterina Spinaris, founder of Desert Waters Correctional Outreach, corrections officers suffer from PTSD at more than double the rate of military veterans with a penetrating injury, and is similar to military veterans with combination injuries.



In March 2023, after we lost an officer at Thomson Federal Prison to suicide, I decided I couldn't sit on the sidelines anymore. I went to Washington, D.C., and with the help of our local union, we worked with Congresswoman Mariannette Miller-Meeks, who introduced the Corrections Officer Blake Schwarz Suicide Prevention Act. This bill, cosponsored by Rep. Eric Sorensen, aims to finally get us the mental health support we need. Both representatives spoke on the House floor about the trauma we endure and the lack of resources available.

We've also partnered with The Gray Matters Collective to bring real change. We sent 24 staff members to ASSIST suicide prevention training. We installed large 988 Suicide & Crisis Lifeline signs at the sallyport so staff see them every day, and put magnets with local mental health resources in every officer station and on every fridge. Last September, we held our first suicide prevention walk at Thomson Federal Prison and brought in local support organizations. Working with Gray Matters Collective, we've started a support group for first responders and correctional officers, staffed by a licensed therapist.

But we can't do this alone. We need to build an army of mental health advocates at Thomson and across the country. We need Congress to step up. We need the Bureau of Prisons to step up. We need our leaders to do more than just say they care. We are sick and tired of people saying they care but never showing up.
Correctional officers are dying. Their families are grieving. And the rest of us are left to pick up the pieces. We are done with empty promises.

We need action—and we need it now.

About the Author

Jon Zumkehr serves as the president of AFGE Local 4070, a union representing correctional officers and staff at Thomson federal prison. Zumkehr has been recognized for his advocacy on behalf of prison employees, particularly in improving working conditions, staffing levels, and safety measures.

Officer Intervention

By Theodore Laubengayer, JCOI

When it comes to offenders in our care, we take suicidal statements and mental health crises seriously, just like I would assume all correctional facilities do. It's never taken lightly, even when offenders say they were joking or didn't mean it. We spend hours of training learning the signs, statistics, legality, first aid response, and mental health expectations to best respond to offenders in crisis.

After five years of working in corrections on both the adult and juvenile sides, the training has become like muscle memory to me. I've become so good at doing what I need to do for the offenders in crisis, without hesitation or second guessing. I can deescalate an offender who is threatening to self-harm. I know from experience how to use the suicide cutters to get a sheet off an offender's neck. I can be proactive in seeing the signs of depression and calling mental health before it becomes a crisis. The list of what I can do for offenders goes on and on. If an officer is in crisis and having suicidal thoughts, there is a notable disparity in resources and response.

If an officer is in crisis and having suicidal thoughts, there is a notable disparity in resources and response.

BACK TO TOP

I often hear my coworkers make jokes about wanting to die or kill themselves, talk about how drunk they get after work, or how much they hate their lives. It feels awkward, and like it is not my place to check on my teammate, even when I know those are red flags for depression.

We are conditioned to think that our coworkers are adults, and that they can handle these dark feelings on their own. But I know the statistics and signs for correctional officers and suicide. Deep down, I know that by saying nothing or by laughing at their statements, I am just enabling the depression to take further hold of my friends.

The more I think about this, the more I wish that all corrections agencies had a protocol for officer's mental health. I wish there was training for staff suicide prevention with just an ounce of the same emphasis we give to crisis intervention with offenders.

Asking for that would mean that I would have to challenge the taboo topic of mental health among correctional officers. It would be breaking the unwritten vow of silence we as officers have made to not look weak or soft. It might even mean the gap between offenders and us would not be as wide as we would like it to be. It would mean admitting we have parts of this job affect our lives outside the fence.

But all this would be worth it, as it could save precious lives.

Editor's note: *Thankfully, some correctional agencies now offer a staff suicide prevention course annually. We'd like to see policies be put in place so this practice can be implemented in all correctional agencies across the country.*

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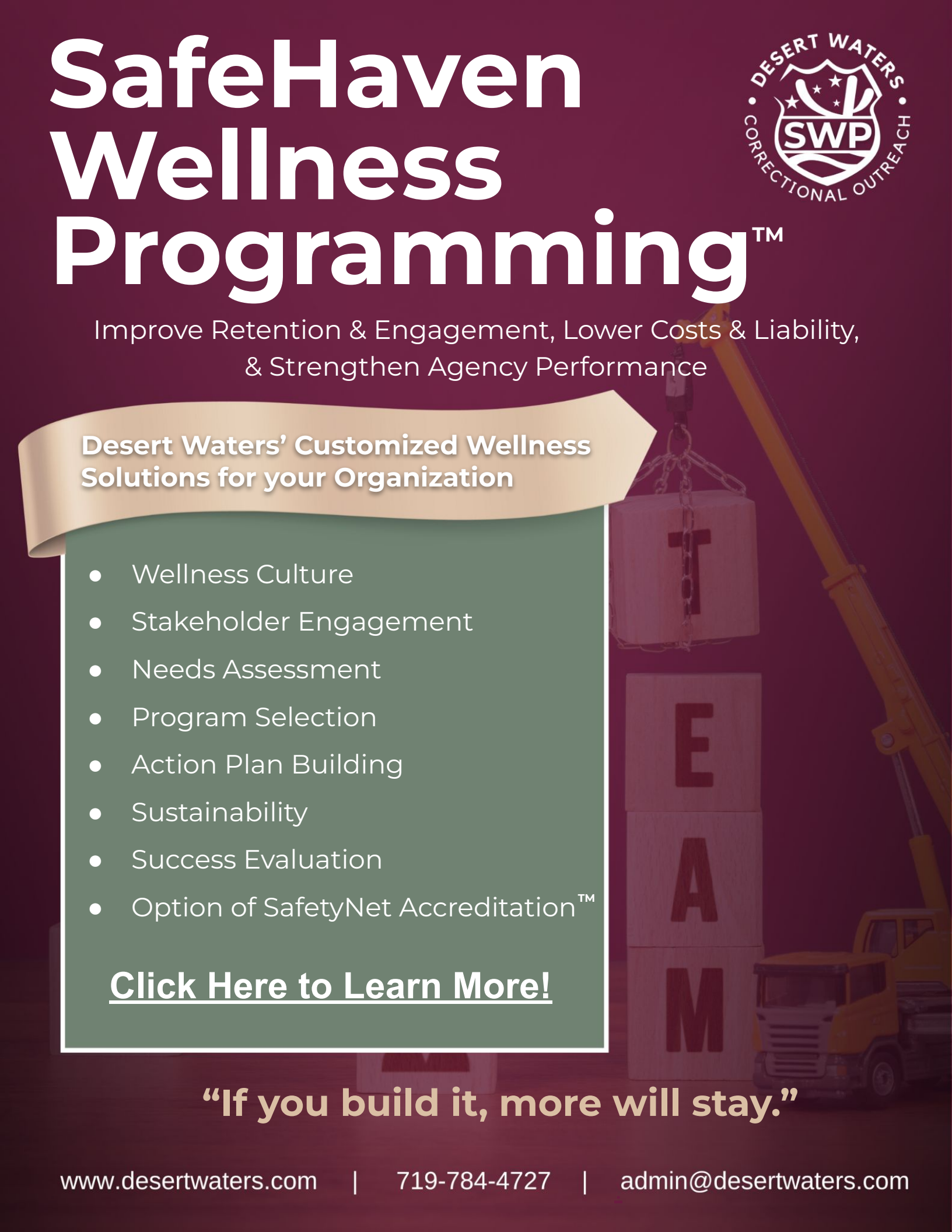

"If you build it, more will stay."

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A Mental Health Crisis

By Ron Mason, Correctional Officer (Retired)

A normal life. Stress. Chaotic behavior. Erratic behavior. Self-destructive behavior. Confusion. A brief moment of clarity. A cry for help. Please.

When a correctional officer declares that they are having thoughts of suicide, they are locked away for 72 hours and left to sort through the madness in their mind. Under observation. Occasionally talked to, to monitor their state of mind. Discuss what is going on in their mind, but mostly left to be observed as they attempt to sort through the chemical imbalance in their head. Left to their own devices and the battle in their head to battle through for 72 hours.

At the end of the 72-hour hold? The resolution? The progress made? A sense of shame. Clarity. An opportunity to escape the before... Fear of the future. What is the next step? Once-a-day conversations? Chemical medication? Yes, verbal tools are delivered. Further discussion occurs.

After the isolation, the individual is left to spend the time alone in their head to battle the demons that reside there with the tools that came from clinical interaction. The medication may suppress the demons and keep them at bay, but the demons remain.

Self-medication attempts to accomplish the same as prescribed medication. One with clinical supervision and one with patient supervision. One with subjective and outside trained supervision and the other with the embattled attempting to suppress the horrors witnessed and endured without training.

Unbiased observation is sought to hold the balance between the longing to escape the chaos and the pull to remain in it—for some solace is found in the familiarity of the chaos, since it is now woven into the fabric of normal everyday life.

I know that the above is chaotic and erratic, but that is the story of a mental health crisis for a correctional officer—or at least what we play in our minds and what we fear if we ask for help.

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What Does a Glock Taste Like?

By Bryan Hughes, Correctional Lieutenant

Have you ever pictured yourself lying back in your recliner, tears falling down your face, with a 40-caliber Glock handgun laid across your chest? Your hand is squeezing the pistol grip so tight you feel the tingling of numbness as your fingertips and knuckles are turning as white as the Florida sand. You know how dangerous firearms can be, so you keep your finger down the side of the barrel and outside the trigger guard.

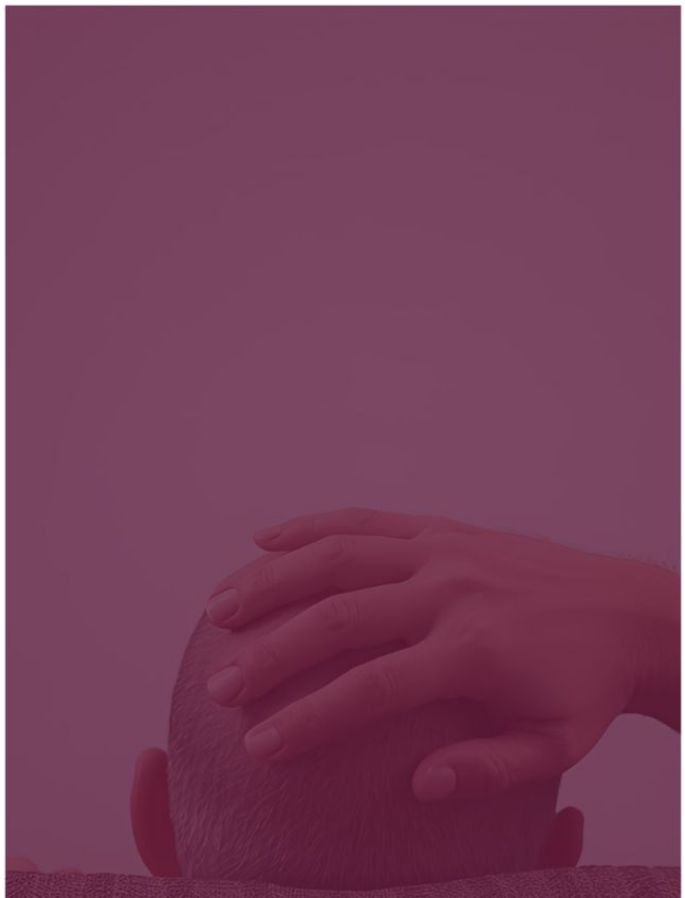
You hold the gun, laying it across your chest at first. Thoughts racing through your mind, wrestling with the pain in your heart. Still crying, you put the barrel of the gun against your temple.

So, this is what it feels like to have the cold steel of a barrel pressed against your head with your own hand.

You lay the gun back on your chest as another wave of pain overtakes your body and makes you tremble. Never realizing your heart could hurt this bad, you wonder if you're going to pull the trigger.

No!

Let's start over, this time talking about me – because **this is about me and my story.**



ABOUT THIS ARTICLE

Originally published in May 2022, *this article powerfully captures one correctional professional's journey through the depths of severe suicidal ideation and back to choosing life. We are reprinting it now because its message remains as vital and moving as ever. We're pleased to share that Lt. Hughes continues to do well, and even though he recently faced deeply painful personal losses.*

I lie back in my recliner, tears falling down my face, with a 40-caliber Glock handgun laid across my chest. My hand is squeezing the pistol grip so tight that I feel the tingling of numbness as my fingertips and knuckles turn as white as the Florida sand. I know how dangerous firearms can be, so I keep my finger down the side of the barrel and outside the trigger guard.

I hold the gun, laying it across my chest at first. Thoughts are racing through my mind, wrestling with the pain in my heart. Still crying, I put the barrel of the gun against my temple.

So, I think to myself, this is what it feels like to have the cold steel of a barrel pressed against my head with my own hand.

I lay the gun back on my chest as another wave of pain overtakes my body and makes me tremble. Never realizing before that my heart could hurt this bad, I wonder if I am going to pull the trigger.

I ask myself:
Is this the day my life ends?
Is this the day all my pain stops?

I put the barrel of the Glock in my mouth and the reality of what is about to happen is overwhelming. With the taste of gun oil on my lips, my hand is shaking so badly that until I close my mouth tightly around the barrel, it bounces against my teeth. The metal against my teeth equates to fingernails on a chalkboard or scraping a fork across a dinner plate, and it makes “that” noise.

Do I say, “Fuck it,” and pull the trigger?

Maybe I should call 911 and report a suicide so my wife doesn’t come home to the messy scene I just created? Even though the affair she had for the last year that I just found out about moments ago pushed me to this breaking point? Do I call my adult children, not to tell them my plans, but to hear their voices and tell them I love them one last time?

For some reason I can’t pull the trigger at that moment. I lay the Glock across my chest and cry a little while longer. I pick up my cell phone and snap a picture so I can send it to my wife and tell her I love her one last time.

Then I have an **AHA! moment.**

How pathetic is this? I just took a picture of a gun laying across my chest, in tears, to send my wife.

> I realize this very second that **I do not want to die**. I want the pain to stop. I **ABSOLUTELY** want the pain to stop, but **I don't want to die.**

I don't want to put my four adult children through the pain of losing me and asking themselves "Why?" for the rest of their lives.

And even though I'm absolutely crushed by my wife's actions, I truly don't want to put this guilt on her either. I also realize that sending this picture is more of a manipulation move to make her feel the pain I'm feeling.

I lay the phone down. I lay the gun down. I think about how my life has just been changed forever. Right now, I feel lost. I feel hopeless. I feel helpless. I'm scared of the future.

But I know **I do not want to die.** As I said before, **I want the pain to stop, but I don't want to die.** I have many more things I want to do with my grown children and three granddaughters.

Life is hard right now, but it's getting better. Some days are worse than others, but the better days get a little better every time.

I'm back to work. I'm enjoying my family, even though it looks different now. I have an amazing therapist I see weekly. I have a new outlook on life, and I am very excited about my future and this trip to New Orleans coming up - a place I have never been, but have always wanted to go to. An all-guys trip with friends from work. We all need to decompress sometimes.

Tasting the gun oil on a Glock.
Never again....

Radical Acceptance: An Antidote to Suicide

Thoughts and actions to end one's life often arise from what feels like unbearable suffering—whether emotional or physical—combined with deep hopelessness that the pain will ever stop or that life can improve.

This suffering may stem from an actual or perceived loss. Crucially, it is often accompanied by resistance—or even outright refusal—to accept the reality of one's circumstances. The inner dialogue may sound like: *"This can't be happening. I won't accept this. I won't go on like this. No!"*

Such resistance to reality, refusing to accept **what is true**, ultimately harms us. Fighting facts does not change them—it only magnifies and prolongs our distress.

As Marsha Linehan[1], a leading expert on suicide prevention and the creator of Dialectical Behavior Therapy, has said: ***"Acceptance is the only way out of hell."*** She speaks from experience. In her early adult years, overwhelmed by emotional pain, she made repeated suicide attempts and spent two years in a psychiatric hospital.

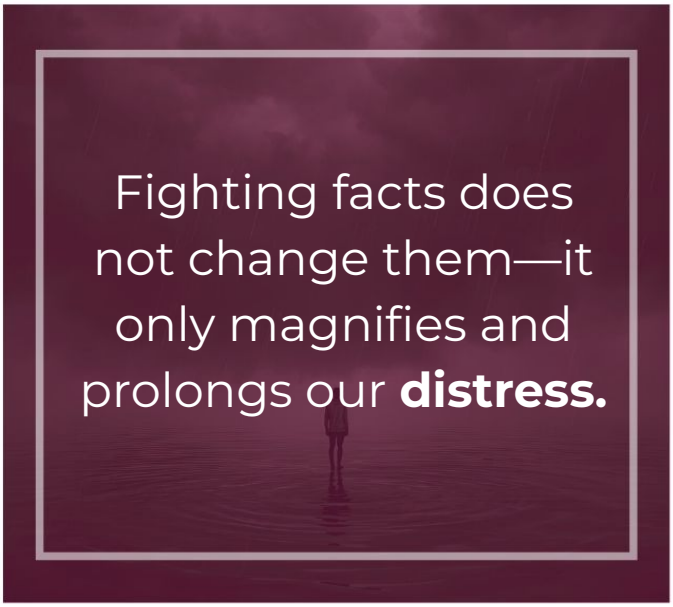
So, what exactly is Radical Acceptance? Why is it crucial for surviving a suicidal crisis? And how does it work?

What Radical Acceptance Is Not

Radical Acceptance is not giving up.
It is not weakness.
It is not denial or minimization of pain.

What Radical Acceptance Is

Radical Acceptance is a wise, strategic move. It helps us preserve ourselves, conserve energy, reduce stress, and ultimately lessen suffering—even while losses may continue to affect us.



In essence, Radical Acceptance means stopping the futile fight against facts. It is about "doing life on life's terms," as Alcoholics Anonymous puts it. It means accepting reality as it is, while also working to climb out of the hole we are in—transforming life's "manure" into fertilizer for growth.

BACK TO TOP

Acceptance can be practiced one moment at a time. Sometimes it simply means choosing to endure our situation while seeking healthy ways to make it more bearable, and continuing to push forward.

Radical Acceptance coexists with grieving our losses. And it must also coexist with self-compassion—even when our own missteps contributed to those losses. In fact, most of us grow in wisdom and character precisely by learning from mistakes.

Vice Admiral James Stockdale, a prisoner of war in Vietnam for seven years, demonstrated this mindset. He said: *"You must never confuse faith that you will prevail in the end—which you can never afford to lose—with the discipline to confront the most brutal facts of your current reality, whatever they might be."*
This is the heart of Radical Acceptance: **holding onto hope while facing reality head-on**.

Shifting Focus

To survive, heal, and grow from painful losses, we must shift our focus from *what happened to us* to ***what we can do about it***. Even in adversity, there are opportunities to endure, to adapt, and to grow. The Serenity Prayer by Reinhold Niebuhr captures this beautifully:

God, grant me the serenity to accept the things I cannot change,
the courage to change the things I can,
and the wisdom to know the difference.

These lines outline the practice of Radical Acceptance: recognizing what is truly beyond our control, and then directing our energy toward what we can influence for the better.

A Habit to Cultivate

Radical Acceptance is not just for times of crisis. Practicing it regularly, even in everyday difficulties, helps us strengthen this skill so it becomes our natural response when life's storms hit. Then, instead of wasting energy resisting reality, we automatically turn our focus to what we can control—and invest our strength there.

[1] *Linehan, M. M. (1993). Skills Training Manual for Treating Borderline Personality Disorder. New York: Guilford Press.*

QUOTES *of the month*

"Suicide doesn't end the chances of life getting worse;
it eliminates the possibility of it ever getting better."
— Unknown

"If you're going through hell, keep going."
– Winston Churchill

"Hold on. Pain ends."
– Anonymous (acronym for HOPE)

"You don't have to see the whole staircase,
just take the first step."
– Martin Luther King Jr.

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IN MEMORIAM

Never Forgotten

Enrique Aguirre
Correctional Officer
California Department of Corrections and Rehabilitation

Joshua David Freeman
Correctional Officer
Worcester County Sheriff's Office, Maryland

Kylee Johnson
Correctional Deputy
Sonoma County Sheriff's Office, California

David Jones
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