

# ***OREGON CURE***

(Citizens United for the Rehabilitation of Errants)

A newsletter for family and friends of Incarcerated Individuals

Spring / Summer 2008 Volume 31

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## **INTERNATIONAL CURE CONVENTION**

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By Gretchen Vala

Delegates from more than 20 state chapters attended the International CURE convention held April 12-15, 2008, in Washington, D.C., reporting on the progress they have made over the last 12 months with their respective departments of corrections and their state legislatures! The convention was packed with guest speakers presenting information on CURE's priority issues before the 110<sup>th</sup> Congress. .

**Second Chance Act:** President Bush signed the Second Chance Act into law on April 9, 2008. Oregon CURE commends each of our congressional representatives and senators for voting for this legislation, which will provide federal funds for local community providers to assist released prisoners with their basic needs of employment, housing, and medical care. Although \$360 million was approved for this Act, the funds still need to go through an appropriation process that could reduce the available funds to \$150 million total for 2009 and 2010. Most re-entry programs discriminate against sex offenders and violent offenders. We need to include all ex-offenders in re-entry programs.

**HR 555 The Equitable Telephone Connection Protection Act:** HR 555 will amend the Communications Act of 1934 and direct the Federal Communications Commission to regulate prisoner telephone service rates. International CURE representatives met with staff from four of the FCC commissioner's offices. Interstate phone rates from Oregon prisons are among the highest in the nation, and those of you calling from or receiving calls from either Lakeview or Snake River know that intrastate calls cost about \$1 a minute. On May 15, Oregon CURE received word that Representative Wu has signed on as a co-sponsor for HR 555!

**HR 3846 The Youth PROMISE ACT:** This bill would provide evidence-based practices of prevention and intervention relating to juvenile delinquency and criminal street gang activity. Spending money on preventive measures saves money by avoiding incarceration!

**Work Opportunity Tax Credit:** The WOTC was passed in 1996 and extends a tax credit to employers for 40 percent, or \$2400 of the first \$6,000 paid to an ex-offender. The updated WOTC (has not yet been assigned a number) would increase the credit to 40 percent of the first \$25,000 paid – or \$10,000. The requirement for employers is that the wage paid must be 150 percent of the federal minimum wage – about \$9 an hour. A federal bonding program is available with the WOTC.

Meetings were set up with staff members in the offices of Senators Smith and Wyden and Representatives Blumenauer, DeFazio, Hooley, Walden, and Wu to review these issues. We also discussed the new mandatory minimum measure that will be on Oregon's November ballot and informed our lawmakers that this measure is BAD policy.

Oregon CURE was honored to be represented at this Convention! We are thrilled at the progress made at the National level! You can make a difference by voting wisely on criminal justice reform and urging YOUR representatives to do the same! They need to hear from you! Write letters, call their offices, and ask for their support on our priority issues! You can make a difference!

## ***Publication Notice***

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The opinions and statements contained in this newsletter are those of the authors and do not necessarily reflect the views of the Steering Committee of Oregon CURE.

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## **A Message From the Chair - - -**

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By Cindy Van Loo

This will be my last message to you as the “chair” of Oregon CURE as I will be resigning my position as chair this coming summer. I want to take this opportunity to thank each of you who has supported me during the time I have chaired Oregon CURE. When I accepted the position in 2004 from Dana Anderson, our previous chair for many many years, I knew I was taking on a huge responsibility. However, I was 100 percent committed to the goals and mission statement of Oregon CURE at that time and still believe that everything Oregon CURE does is for the good of all mankind -- not only for our incarcerated friends, but the families and friends they leave behind to wait for them, and for those people who have no idea that some day they could very well be caught up in this system of injustice as well.

I have learned so much during the past four years in my role. I have traveled from Oregon to Washington, D.C., to make our voices heard before our representatives in the House and Congress. I have visited many of Oregon’s prisons and heard the voices of our prisoners. I have experienced first-hand the difficulties those who come out of prison have in finding jobs, housing, and earning the respect of the community. We have a long way to go in our fight for criminal justice reform. I will continue to advocate for those individuals who are incarcerated as well as those who have been released from prison. You have not heard the last of me, but it is time to turn my role over to fresh ideas and new energy, so that Oregon CURE will continue to inspire all who are led to us. I have complete confidence that whoever is selected to lead Oregon CURE will do so in the manner that was established many years ago.

Those of you who have crossed my path will never be forgotten. I will never forget your grief-filled faces at our Family and Friends Orientations, your heartfelt letters and desperate pleas, your phone calls and e-mails, and your unconditional love for your loved one who is or was incarcerated. Remember that the support of family and friends is vital to the success of an individual who is being released from prison.

I appreciate all of those individuals at the Department of Corrections who have graciously accommodated Oregon CURE’s requests over the years. I am confident that the partnership we have established with the DOC will work in everyone’s best interests in the years to come.

Thanks to each one of you for the fabulous journey I have been on these past four years!

Best wishes,

**Cindy**

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## REDUCING RECIDIVISM: Developing a New Paradigm

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By Eileen Kennedy

On May 29th, a hearing on reducing recidivism was held at the Oregon State Capitol. This workshop, with Senate and House Interim Judiciary Committees/Public Safety Strategies Task Force under the direction of Rep. “Chip” Shields, heard expert testimony on the importance of re-entry programs, Cognitive Behavioral Therapy, transition services, and what Oregon is doing to reduce recidivism. Dr. Ken Robinson, of Correctional Counseling, and Dr. Richard Stroker, of the Center for Effective Public Policy, among others, shared their research and its applications with the joint judiciary committee. Max Williams, Executive Director of the Department of Corrections, gave a summary on what DOC is doing to reduce the number of offenders returning to prison.

The problem is the more than 30 percent recidivism rate in Oregon.

The experts offered a cohesive view of what was needed to help Oregon develop strategies to reduce recidivism. Instead of only holding offenders accountable and punishing them with prison time, the new paradigm demands that the system also look at what will help make the offender successful. Most notably, the experts downplayed the importance of mandatory minimums because sanctions do not work: they make things worse. If an offender “gets it,” why does he or she need to stay longer in an environment that only hardens him or her?

Looking at prison programs, Dr. Ken Robinson promoted the need for evidence-based programs like cognitive therapy. This therapeutic process systematically alters how prisoners make decisions; that is, how they think. Cognitive therapy breaks down criminal attitudes and antisocial values by strengthening problem-solving skills. The advantage of this program is that it works, with a lowered recidivism rate after 10 years of release. Along with this process of cognitive restructuring, education and job training become part of the rehabilitation efforts as well. Finding housing and gainful employment, once released, is another way to help offenders do well when they return to the community.

Other workshop providers, such as Dr. Richard Stroker, pointed out that successful re-entry requires a department of corrections to change its practices. Among the necessary changes is a shift in thinking from custody to behavior change, from inputs to outcomes, from agency isolation to working together, from failures to successes. It is important for corrections to have a clear vision of what they want, and to have a collaborative approach within the organization and across organizational boundaries.

Max Williams outlined the challenges facing the Oregon Department of Corrections, much of which is simply the “get tough on crime” policy changes of the last 30 to 40 years. Williams noted that one of the biggest challenges is a collaborative approach beyond DOC. Although partnering with the Veteran’s Administration, and their subsequent willingness to combine efforts to help released veteran offenders has begun, other efforts are proving more difficult. When asked by a legislative participant, what happens to severely mentally ill offenders when their one-month supply of medicine runs out, Max Williams simply did not have an answer. When another participant asked if some very ill offenders qualified for the Oregon Health Plan, Williams did not know. He said that social security disability could not be obtained while incarcerated; yet setting up the process does little good when SSD often needs an attorney to complete the process and that can take months. Again, getting ID before leaving prison will become difficult because of Homeland Security requirements. For these problems, Max Williams looked to the legislators for help with transitioning from prison to the community which he likened to the re-entry of a space shuttle and the difficulty of landing it safely.

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## PARTNERSHIP FOR SAFETY AND JUSTICE FIRST STATEWIDE ANNUAL GATHERING

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By Gretchen Vala

The Partnership for Safety and Justice held its first annual gathering on April 5, 2008. The goal of this conference was to give the 120 participants the information needed to educate their families, friends, neighbors, and coworkers on why they need to **VOTE NO** on Mannix’s mandatory minimum measure that will be on Oregon’s ballot in November. It’s bad

policy, it takes away from needed social services, it will create a “one strike you’re out” sentencing structure for drug and property crimes. It puts too much power in the hands of district attorneys and removes the judge from the decision to consider treatment programs as an alternative to a mandatory prison sentence. If you are interested in working on this campaign or would like to get some additional information, please contact PSJ at 503-335-8449, or visit their website [www.safetyandjustice.org](http://www.safetyandjustice.org). If you’re in the system, please encourage your families and friends to **VOTE NO** on Mannix’s mandatory minimum measure.

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**THE IMPACT OF INCARCERATING WOMEN:  
A Conversation with Mary Tompkins**



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By Eileen Kennedy

**Women are Nonviolent Offenders.** I recently had the chance to meet with Mary Tompkins, MS, and 2005 conflict resolution graduate from Portland State University, at a gathering at the White Feather Community. Ms. Tompkins is a 10-year veteran of Multnomah County corrections; first as a correctional officer, then as a correctional counselor. During her tenure, she gained many insights about the treatment of women in the penal system. She said that, generally, women go to prison for nonviolent, drug-related offenses and stay in prison for many years. According to her, 90 percent of women are successful in drug treatment if they are in the right program and these programs can be in a community setting.

**Who Will Care for Their Children.** The impact of incarcerating women is high, but the highest impact is on their children. Seventy to Eighty percent of women in prison have children under the age of 18. These children suffer from the terrifying trauma of the arrest, trial, and incarceration of their mothers. Mary said that according to her research, these children are five to six times more likely to be incarcerated themselves as adults. Because mothers are the primary caregivers, their children are frequently sent to live with older relatives or placed in an already overtaxed foster care system. In Oregon, there are 20,000 children who have an incarcerated parent.

**Grandmothers Shoulder the Responsibility.** Mary said that grandmothers usually gain custody of their grandchildren when a daughter enters prison, and that this arrangement is particularly true for African-American families. She said that in many ways this is the best option because children know their grandmothers—but this option is not without sacrifice. Often, the grandmother lives on a limited income. From that fixed-financial resource, the grandmother needs to support both herself and her grandchildren. Also, often older, middle-aged women have health issues and need to take expensive medications. When it comes down to a choice between the grandmother’s medications and her grandchildren’s needs, most often the grandmother first chooses the needs of her grandchildren. Ms. Tompkins also noted that grandparents who shoulder the responsibility of raising the next generation usually do so without government or community financial support, although they most assuredly perform a needed service.

## **MARY TOMPKINS’ CHANGE PROPOSAL**

**Family Group-Conferencing Components.** Mary shared with me that when she visited the prisons in New Zealand, one feature she liked about their prison model was family group conferences. These conferences are part of a three-part process, beginning with information gathering and giving among prison officials, service providers, a neutral facilitator, the prisoner (mother) and a family member. The second part of the process is a private family meeting in which the family talks and decides on a family plan. The third part reconvenes all parties, and the plan is discussed and agreed upon in writing.

Much time is given in these conferences to “deep listening” concerning what has happened to each member of the family and why the mother is incarcerated. Because this is also a time of reconciliation, the woman offender (mother) must admit to the crime. All family members are allowed to say how they feel about the crime and the incarceration. Part of the family plan involves the mother and her needs for education, counseling, therapy, and services that she can receive in prison. Other parts of the plan involve the children and their needs, but everyone has the opportunity to influence the final family plan and let their ideas and feelings be known.

The Family Group-Conferencing process places both rehabilitation and reintegration at the beginning of the woman’s (mother’s) prison term. It carries both the mother and her children through visitation and shared programs until the mother is released to that same family. The mother has her programming inside the walls, and her children are supported through programs on the outside as well. It is a comprehensive and integrated delivery system. Children do not feel abandoned by their imprisoned parent and do not feel the alienation that comes from the more common fragmented delivery system of foster care because they are loved and cared for in a supportive environment. As noted by Ms. Tompkins, it is no easy task to break the generational impact of prison on the children of the incarcerated, but this approach holds much promise.

**What Oregon Needs.** Oregon needs integrated social service delivery systems – just ask Senator Margaret Carter about how best to serve the mentally ill in Oregon from the state mental hospital to community supports. What’s wrong with our mental health delivery system? It is fragmented. What does it need? An integrated delivery system.

It’s not such a stretch to look at the corrections system and see an equally fragmented delivery system and a need for integrated delivery services. Ms. Tompkins speaks of providing a viable way, based on the successful New Zealand model, to strengthen family structures with healthy programs for all. This system would carry the woman offender and her family from Day One in prison to well into her post-prison supervision after completion of her sentence.

**Mary Tompkins—One of Us.** Mary was motivated by the women prisoners she met while she was a guard and counselor. She thinks something better is needed. Mary gives a “hats-off” to the Center for Family Success in its continued efforts with ex-offenders, and she salutes the Girl Scouts Behind Bars for its mother and daughter bonding experiences at the prison. Mary comes to prison topics not only because she wants to make a positive change in the world, but because she, too, has had a family member incarcerated. Mary currently works for the City of Portland as a Crime Prevention Specialist.

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## OREGON CURE REPS ARE GUESTS ON PRISON PIPELINE

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By Jan Singleton

Following the strains of Joan Baez’s “Prison Trilogy,” and a few short remarks from Mumia, Gretchen Vala and Jan Singleton, appeared as guests on Ruth Kovacs’ “Prison Pipeline” – a weekly feature of KBOO Radio, 90.7 FM, from 6:30 to 7 p.m. Ruth asked many questions about Oregon CURE, including its origins, what segment of the population makes up its membership, and exactly what issues currently concern Oregon CURE. Both Jan and Gretchen took turns responding to her questions – and – before we knew it, time was up – but not before Gretchen told of the high cost of telephone calls in the Oregon system and the work of International CURE to reduce those costs. We urge our readers, both inside and outside, to listen to this weekly feature. You never know, someone from Oregon CURE just might be a guest again!

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## PROPOSED NEW DOC MAIL RULE

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The DOC is proposing a new rule to allow “used” books to come in from publishers and booksellers. These books must be in acceptable condition. Books that have come unbound, are torn up, have large stains, etc., will not be allowed. Books are not allowed to be sent from private citizens to inmates in an Oregon Department of Corrections facility.

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## RED HATTERS AT COFFEE CREEK WELCOME SPEAKER ON “POWER OF FORGIVENESS”

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By Jan Singleton

On Friday, June 6, The Madame Hatters of Wilsonville (at Coffee Creek), (see picture below) heard Aba Gayle speak on the fourth of eight powers over which only the individual has control – the power of forgiveness. Aba Gayle told of her 12-year journey of darkness, which began with the murder of her daughter, and ended as she learned the power of forgiveness through spirituality and ultimately forgiving the man who murdered her daughter. There wasn't a dry eye in the room as Aba Gayle told her story! Aba Gayle is a member-at-large of the Oregon CURE Steering Committee, participates in the Seventh Step Program at Oregon State Penitentiary, is a member of Oregonians for Alternatives to the Death Penalty, and belongs to and works with many other criminal justice organizations. She is also the founder and executive director of The Catherine Blount Foundation – in honor of her daughter. You may view her story at [www.catherineblountfdn.org](http://www.catherineblountfdn.org). If you do not have access to a computer, please write to Oregon CURE at the address below, and we will provide you with a printout of the website. *If you are interested in making a donation to Oregon CURE's Red Hat outreach, you may send your check in any amount, payable to Oregon CURE – RHBB, to Oregon CURE, 1631 NE Broadway, # 460, Portland, OR 97232.*




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## TWO CRIME MEASURES HEAD TO THE NOVEMBER BALLOT

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By Eileen Kennedy

	<b>Mannix's Mandatory Minimums Initiative Petition 40</b>	<b>Legislative Referral Senate Bill 1087</b>
Cost	\$400 million per biennium	\$140 million per biennium
Programs	No treatment programs or funding for treatment	Provides drug and alcohol treatment and funding for certain offenders
Sentencing	<ul style="list-style-type: none"> <li>• Requires mandatory minimum prison sentences for those convicted of property and drug crimes</li> <li>• No judicial discretion</li> </ul>	<ul style="list-style-type: none"> <li>• Does not establish mandatory minimums for most first time offenders</li> <li>• For most other drug, theft, and repeat offenses, sentencing is enhanced</li> <li>• Judicial discretion in some circumstances</li> </ul>
Increase in Prisoner Population	Adds 4,000-6,000 nonviolent prisoners by 2012	Adds 1,600 nonviolent prisoners by 2012
Prison Construction	No funding for new prison construction	No funding for new prison construction
Ballot Measure Origin	Initiative petition	Legislative referral

The cost of mandatory minimums is extremely high. The current biennium cost for our Oregon prison system is \$1.3 billion dollars. Already the cost of housing one prisoner is about \$28K per year, and with the estimated addition of 4,000 to 6,000 prisoners, the total cost soars. Later, the Oregon legislature would need to address the cost of constructing three new prisons for these prisoners. Since no one in Oregon wants a sales tax, or a loss of funding for schools or social services, the Oregon legislature drafted a less expensive crime measure with drug and alcohol programs.

Mannix's measure has an enormous rising cost: the measure risks draining our state budget from higher education, social services, and K-12 education to prisons. It also increases the number of nonviolent offenders going to prison, a group that often does well in community programs. The legislative alternative is less costly, and does have some programming. The legislative alternative, however, is not progressive prison reform and does lengthen sentences for most drug and repeat offenses.

Many Oregon criminal justice reformers do not like either ballot measure. Nonetheless, they have decided to recommend a **NO** vote on Mannix's Mandatory Minimums and are leaning toward recommending a **YES** vote for the legislative referral.

A **YES** vote for the legislative alternative can be strategic in defeating Mannix's measure. Currently, in the polls, Oregonians favor both crime measures and both have a good chance of winning in November. The measure that receives the most **YES** votes will win and be implemented as law. Instead of two **NO** votes at election time, it is hoped that a **YES** vote for the legislative referral and a **NO** vote for Mannix's measure will ensure a victory for a more moderate sentencing law as referred by the legislature.

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## VISITING IS NOW OVER

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By Becky Smith

It's 9:40 on a beautiful Sunday morning at SRCI, when the sergeant announces "May I have your attention please... visiting is now over." You can hear all around you the moans and groans of upset visitors and inmates alike. As you leave the visiting room, you hear many angry voices all around about the injustice of it all. Some have traveled far, some were still waiting to be called into the room, and some missed the visit altogether. It all seems so unfair to those around you. Though your heart may ache for those most injured and the sadness that surrounds you; hopefully, you will realize that it does not serve you well to criticize or complain.

Yet, you wonder what has happened to cause such a stir. Then you start to hear, from a few here and there, about the uprising planned for that day, about the dissention between gangs. Then the questions start "What happened?"; "How long will the lockdown be?"; "Will there be visiting in the afternoon?" But the answers are slow in coming. Everything is now up in the air. So you leave in hopes that this is a small isolated incident and will soon be over. But, you still don't have a clue that this is going to be a long haul for everyone concerned until much later.

Little do you know that you are actually one of the lucky ones. You are fortunate to know that your loved one is safe; you know where he was when this all went down. When the news hits the papers, Internet, and television, there are hundreds of families who have no clue about the well-being of their loved ones. They hear of shots being fired -- one inmate was hit and three others went to the hospital. They are frantic to know how their loved one is doing. Was he the one shot? Or, beat up? Or, is he in the hole? These are the many questions raging through the minds of these families. There are no calls, no answers, no comfort to their most pressing questions and concerns.

It's a very scary place to be, in the land of the unknown. Calling the institution does little good. It is frustrating, at best, to wait and see. But there are some very good reasons for this wait, for the lack of information, for the extreme lockdown measures. It is all about safety; safety for the officers, the inmates, and the community at large. It's about keeping a lid on the pot that has just boiled over, the threat of retaliation, and the calming of incited tempers. Sometimes the measures taken seem drastic to those of us on the outside, but it would be wise to remember that there are some inmates who are to be taken seriously, and that the safety and well-being of your loved one depends on the institution's ability to keep things under control.

In this particular incident, SRCI made a concerted effort to keep families informed by implementing an information line that was updated daily. The families of the inmates that were hospitalized were notified within 24 hours. The receptionist and sergeant on duty were polite and courteous to hundreds of callers throughout the week. All in all, they did a great job of keeping everyone informed. But little comforts you when all you want is to talk to your loved one, know for sure he is fine -- not in the hole, or hurt worse in some way.

Lockdowns are not a pleasant time for any who must endure it. The inmates get meager meals of bread, peanut butter and jelly, and occasionally meat. Officers must take on additional duties usually done by inmates, and pass out lunch sacks and medications, among many other duties. Administration must carry on an intensive investigation, calling upon state and local law enforcement agencies, and ensure the safety and well-being of all concerned.

The well-being of inmates will always be the top priority. It is important to note that they (the institution) are required to meet the required/necessary medical needs of inmates. These inmates are to be identified and treated as their medical condition requires. At times, this directive doesn't seem to trickle down to the officers in the units. If an inmate finds himself with a serious life-threatening medical problem that needs immediate attention, the inmate has the responsibility to communicate this to the officer by using the word "emergency," if immediate care is to be considered. Otherwise, the emergency at hand--the lockdown--will be the officers' first and only priority. This is as it should be if order and safety are to be maintained.

To experience a lockdown is frustrating, frightening, and intimidating at best. It brings to the forefront of our minds just how dangerous a prison can be. We become intensely aware just how vulnerable our loved ones really are. But, more importantly, it stresses the importance, and appreciation, for trained personnel, and the implementation of proper policies and procedures that can effectively put control back into an extremely volatile situation.

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**CURE UNVEILS NEW BOOKLET**  
**"Sometimes You're the Hammer, Sometimes You're the Nail"**  
**Getting Along in Prison**

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Oregon CURE is excited about our most recent publication – *"Sometimes You're the Hammer, Sometimes You're the Nail – Getting Along in Prison."* This booklet is co-authored by long-time Oregon CURE member Terry Stein and a prisoner in an Oregon State Prison. This booklet was written as a result of many questions from prisoners and their family members and friends of how to survive and adapt to the prison environment. This guide is realistic and honest about what works and what doesn't and is especially directed toward those who are newly incarcerated.

If you would like to receive a "free" copy of this booklet, please call Oregon CURE at 1-888-359-CURE (2873) or write us at 1631 N.E. Broadway, #460, Portland, OR 97232. We also are in the process of putting it on our website at [www.oregoncure.org](http://www.oregoncure.org).

*(The publication of this booklet was made possible from a grant from Metro.)*

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**VOICES FROM THE INSIDE**

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**Prison Life, What is it Really About?**  
**From the Perspective of 25 Years in the System (Part 1 of 2)**

A free person (one who has never been to prison) actually believes that prisons are to correct a bad person's behavior, or to protect society from bad people. Interesting concept if it were only true! The truth of the matter is that most (not sure but would say 90 percent) serious crimes are committed by someone who has already been to prison. How can that be, didn't they learn anything?

Actually, they did. They learned exactly what the system is set up for them to learn – to be a criminal. Prison is a school for every kind of criminal. All we have is lots of time to talk about crime, how we did it, and compare notes on how



everyone else did it – meet new connections and plan for the future as a better criminal, drug dealer, meth cook, burglar, robber, extortionist, gang-banger, etc., etc.

What the public doesn't realize is that corrections is an industry—a business. People are the commodity. Criminals are their security. Does the public actually believe that this system wants you to get out and not come back? If that were the case, they would work themselves out of a job. The truth is that they would expect you to come back and, hopefully, bring three new friends with you. They are building more new prisons and they need to fill those beds!

When you first go to prison, you don't even realize what is happening to you. It took me many years to see it – to see what they were doing to me. It's all a game and they are winning. This is the strange part—the reason that they are winning is because we don't even know we are in the game and playing! Corrections has been doing this for a long time; they are pros at winning.

I'm not even going to talk about getting busted and our court system, or how traumatic it is, which is a story all by itself. But, be aware that it is all part of preparing you for the game, to give the rest of your life to corrections. We come to prison devastated from the court experience – depressed and angry. From Day One, we are told what, how, when, and where to do everything. We are forced to live in a bathroom with a total stranger whom we don't like. We are sent to a prison that is as far away from our families as possible, so visits are few – if at all – and phone calls too expensive.

How do we react to this? With anger, we fight them with everything we have, in any way we can. Even when we're wrong, we fight them because the anger has taken control of us and the hate is all-consuming. Regardless of the consequences, we fight them. We believe we are showing them something, standing up, but in actuality, we're doing exactly what they want. This gives them the justification they need for the “hole,” DSU cells, higher security, IMU cells, and even “He's crazy” SMU cells. They will put you in four-point restraints, naked, when you don't submit to their authority, and even medicate you if you push it.

Eventually, we learn to survive and function in the prison environment. It takes longer for some, and others never learn. I spent half of my first seven years in the hole! But what we don't see is that during this process, we become institutionalized, penitentiary-oriented, and so full of hate and anger we can't see straight. We lose our life skills and the ability to function in the free world. Everything is taken care of for us—here's your cell, your bunk, sheets, blankets, clothes, shoes, soap, razors, towel, showers, three meals daily, laundry – everything!

Unless you are very fortunate, you also lose contact with everyone you may have known in the free world, family and friends are gone – or through your behavior and attitude, you have pushed everyone away from you. Even if you have maintained contact with your family or a friend or two, it's on a very limited basis, and you always go back to your cell after that brief visit or phone call. Hmmmmm, could that cell actually become comfortable?

What really has happened here? It took four or five years of that 90 months, 10 years, or even 20 years, but eventually we learn how to function in this system. We get ourselves a good “cellie,” get an easy do-nothing job to make \$40 or \$50 monthly, may even have family sending money, know how to get a few perks, hit the yard, work out, tell and listen to cool crime stories, talk bad about cops-guards-rats, vent your anger, take something from a sex offender or just pick on someone weaker than you, no responsibilities, no demands, no worries, free medical and dental. If things do get to be too much, we can always go to the hole and kick back and read for a month or two, talk to mental health, and get medicated.

*Submitted by C.H. who is currently incarcerated at SRCI. This is Part I of a two-part series. Part II will appear in the next issue of the Oregon CURE newsletter.*

### It's Not All Bad – A Real Human Experience

My husband was recently transferred from a medium facility to a minimum facility. I talked with two women from the DOC, and it just so happens that both of their names are Joan, so I will call them the “Joan Team” so as not to use their full names.

I am so very proud of my husband. He has done well with his incarceration and is trying to take from this negative situation any and all positives he can. The “Joan Team” was easy to work with in his transition period and answered questions for me with no judgment or negative tones. These women truly put the HUMAN feel into this transition. We experience so many negatives while working with the DOC system that when you run into people such as these two, it is imperative that we speak out and say THANK YOU for not making this harder than it needs to be. THANK YOU for not judging our situation, but just transacting business like it should be done—with grace. You two have managed to pull that off!

My experience with DOC has been changed forever. My husband will get out and succeed in society because he is loved and has a support system on the outside and is looking at this experience as one he does not want to repeat. The “Joan Team” helped me keep this experience real for him – and for us. Hats off to you two ladies! You have proven beyond a shadow of a doubt that there is hope for families during and after DOC. Thank you again for helping us get through it all!

*(Submitted by the wife of an incarcerated individual.)*

### “Doctor No”

This is a true story I like to tell people whenever they have to deal with the various problems associated with life while incarcerated. It is a lesson on perceptions and how powerful they really are. It teaches pointedly how “what you look for is what you get.” Now the story...

There is a doctor at Snake River Correctional Institution with a somewhat dubious reputation. What his real name is isn't important, how he is known by many inmates is. He is known simply as “Doctor NO.” This is a formidable man, with a reputation known throughout the institution as the doctor who says “no” to requests or curtails many of the medications inmates believe they need.

There was a time, not that long ago, when this doctor was the only doctor on staff at SRCI. As it was, there seemed to be some kind of dispute with the other attending physicians regarding the type of care the Department of Corrections was willing to allow them to practice. All but one physician resigned. It took some time before SRCI was able to fill all of the positions vacated. As a result, inmates that lost their primary physician were now being seen by no other than Dr. NO himself. It was because of this change in doctors, that I received a call from my husband. It was time for him to finally meet the famed Dr. NO.

If you haven't already guessed, my husband is an inmate at SRCI. A few years ago, he had a heart attack at the institution. It was a very scary ordeal for him. Now, two years and three stents later, he is doing very well and would like to stay that way. His primary doctor had been one of those who had resigned. He liked his previous doctor very much, and felt that she sincerely cared and did her best for him. Now he had a callout to see the one doctor that remained—the one whom he knew only by reputation. My husband is a level-headed man who doesn't shake up easily. He is generally a positive-thinking sort of guy, but the sheer number of negative testimonials about this doctor was daunting. There seemed to be no lack of evidence that this doctor was, quite possibly, not the most caring or concerned person regarding the well-being of an inmate. The last thing my husband wanted was to experience more heart trouble because a doctor said “no” to his medications.

He didn't know what to think about the upcoming callout he had the next day. He didn't want to borrow trouble but he couldn't shake all that he had heard about this doctor over the years. What would he do? How would it all be handled? What if the doctor took his medications away? All these questions played on his mind.

I told him that he really had only two choices. Choice one was that he could go into the appointment, looking for the doctor that everyone talked about. If he went this way, I promised him that indeed he would find him. It's the law of attraction. You get what you look for. You go looking for trouble, you will eventually find it.

His other choice was to go to his appointment with the idea that this was a man who cared enough to devote more than eight years of his life to become a doctor, choosing to give something of himself to improve the health of others. I promised my husband that if, indeed, he looked for this man he would find him. This line of thinking was nothing new to my husband. He just needed to have someone confirm what he already knew. So the next day as he went to his appointment, he decided to keep a positive outlook concerning the man he was about to see. My husband felt that was better than accepting the negative viewpoint of those around him.

After the appointment, my husband called me again. He told me about his appointment with the good doctor. First, he described the waiting room where he sat with a number of other inmates. During the entire wait, all he heard was one claim after another about how this doctor said "no" to everything. It wasn't just one or two of them commenting, but every single one in the room. How daunting was that? After a while my husband was finally called and was led to an examination room where he waited anxiously for the doctor, trying to keep his thoughts positive.

When the doctor came into the room, my husband told me, it was just as I had foretold. The doctor was thorough and asked a lot of pointed questions about his health and medications. He changed one of his prescriptions and added another. They even had a chance to talk a little about baseball. That put the doctor right up there with the good ol' boys. Anyone that likes baseball can't be all bad! "But," my husband tells me, "that wasn't the best part." Now he really had my curiosity going. What could be better than that I wondered? So of course I asked, "What was the best part?"

"It was when I got back to the waiting room," he said. "When I walked in, all the guys wanted to know how many medications the doctor had taken away from me. You should have seen the looks on their faces when I told them he didn't take any, and, as a matter of fact, he even gave me an additional medication! They were all dumbfounded by that. The astonished look on each face was definitely the best of all."

Too often we are influenced by the comments of those around us to the point that our minds are made up about a situation prior to actually encountering it. It is far better to be open-minded so that we form our **own** opinions. This positive attitude, more often than not, leads to a more desired outcome.

*(Submitted by the wife of an incarcerated individual.)*

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#### **To Our Incarcerated Friends:**

**Please continue to send us, for future publishing in our newsletter, a short essay on what life is like for you on the inside to give those on the outside a better understanding. Please give us a brief description of yourself. You may include pictures or artwork. All submissions will become the property of Oregon CURE and will not be returned to the sender. If selected for publishing in our newsletter, submissions may be edited. Please mail directly to: Oregon CURE, 1631 N.E. Broadway, Suite 460, Portland, OR 97232.**

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### **RELEASE ORIENTATIONS**

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By Gretchen Vala

Washington County Community Corrections officers will begin quarterly release orientations in conjunction with Oregon CURE for families and friends of people who will return to Washington County upon their release from prison. If you are listed as the emergency contact for your loved one in prison, you should receive notification of this orientation three to six months prior to their release date.

Dates for the balance of 2008 are: August 6 and November 5. Time: 5:30 p.m. to 7:00 p.m. The release orientations will take place immediately preceding Oregon CURE's Beaverton monthly support group.

Please call Gretchen at 503-350-0236 to register.

Multnomah County release orientations are held monthly at Emanuel Hospital. The Transition Services Unit has compiled excellent guidelines for people leaving prison and for family members, including:

- Release Guidelines
- Expectations VS Reality
- Parole / Post-prison Supervision
- The Parole Officer
- Conditions of Supervision
- Risks at the moment of release / and how to reduce those risks / plus guides for ex-prisoners
- Reconnecting with Family

Also included are resources and a listing of community justice offices. For more information, call TSU at 503-988-3081, press +0+ (zero) and ask to speak to TSU.

Locations and times for the upcoming Multnomah County orientations are as follows:

July 1	3:00-5:00 p.m.	Emanuel Hospital, Rm. 1077
August 5	6:30 – 8:30 p.m.	Emanuel Hospital, Rm. 1077
September 2	3:00-5:00 p.m.	Emanuel Hospital, MOB East
October 7	6:30 – 8:30 p.m.	Emanuel Hospital, 1700 Lorenzen
November 4	3:00-5:00 p.m.	Emanuel Hospital, Rm. 1077
December 2	6:30 – 8:30 p.m.	Emanuel Hospital, 1702 Lorenzen

Emanuel Hospital is located at: 2801 N. Gantenbein, Portland, OR 97227. For more information, please contact Susan Ziglinzki at (503) 988-3820 or [susan.ziglinzki@co.multnomah.or.us](mailto:susan.ziglinzki@co.multnomah.or.us).

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**NEW PROGRAM TO REDUCE EXTORTION**  
Submitted by Mike Beagan, SIU Program Analyst  
Oregon Department of Corrections

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The Oregon Department of Corrections (DOC) is actively working to reduce extortion inside its 14 institutions by embarking on a series of projects. DOC is committed to keeping offenders safe and extortion negatively impacts the safety and security of the institutions. These projects will have a positive impact on reducing extortion and making the institutions safer for staff and inmates.

Extortion is the act of pressuring or compelling another person to do something they do not want to do under threat of violence, exposure or by threats to that person or that person's family. Extortion is a crime. Unfortunately, proving extortion is difficult. The victim may feel they will be further victimized if the incident is reported.

DOC formed a collaborative, multidisciplinary workgroup to look at extortion and solutions. The beginning stages of the project will be implemented over the next several months. One way to combat extortion is to reduce the ability to bring contraband inside the facilities. Another option is to give DOC staff, inmates and their families a way to report extortion to DOC's Special Investigations Unit.

DOC has a Drug Detection Unit consisting of six Drug Detection Canine Teams covering all institutions. Over the coming months these canine teams will be stationed in visiting rooms and visitor check-in areas across the state. These canine teams will help to deter the introduction of drugs, a commonly extorted item, into institutions through visiting rooms.

Signs will be placed at the entrance of each facility notifying visitors that canine teams are on duty. In addition, flyers will be placed in the visiting areas explaining DOC's program to combat extortion and give a telephone number to report misconduct. Posters will be placed in the institutions and in public areas with a phone number to report extortion.

DOC's objective is to reduce extortion without subjecting the victim to further victimization. If you have questions about extortion, or feel you or your loved one is being extorted, you may call DOC's Inspector General's Hotline at: Salem area – (503)945-2812 or outside Salem – 1-877-678-4222.

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**Thank you to OSP Lifer's Club**

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Oregon CURE would like to thank the OSP Lifer's Club for the beautiful jewelry they donated for distribution to CURE members at the International Convention in Washington D.C., in April. The pieces of jewelry were gratefully accepted!

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**Thank you to Coffee Creek "Red Hats"**

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Oregon CURE would like to thank The Madame Hatters of Wilsonville (at Coffee Creek) – the Oregon CURE-sponsored Red Hat Society Chapter Behind Bars—for the beautiful jewelry you made and donated to us, which was sold at Oregon CURE's Annual Meeting in October.

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**The Sunray Catcher  
By Ken "Duke" Monse' Broton  
From "Chicken Soup for the Prisoner's Soul"**

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Today, in the prison chow hall, I overheard a young female officer talking to another officer. She was talking about her special little girl. Seems this little girl was standing on the front seat of her car, grabbing at the sunrays as they reflected off the windshield the other day. When her mother asked her what she was doing, the little girl said she was trying to catch a sunray for her mom as a present. Both officers agreed on how special moments like that were. The other officer then asked if this mother got to spend time with her special little girl.

"No, but when my career gets back on track, I'll have more time to spend with her, when she is older," said the young mother.

I wanted to scream at that mother, and tell her to spend every single second she possibly can with her child, but I couldn't. Maybe after you read what follows, you will better understand why I couldn't.

It's the awful truth, as it happened to me. It starts with an unwritten letter -- a letter I can never send:

*Dear Kent,*

*As I look at you, I see your hair is nicely combed. I remember the hours and gallons of water we used, trying to train your hair. It always seemed to have a mind of its own. I can see that scar on your lip; hardly shows now, too. We were worried about that. You were such a brave little man when I took you to Dr. Nordquist to get those three stitches in it. I was the one who almost fainted when they started sticking you with that needle. The nurse even made me leave the room.*

*On the way home, I told you that you could have any treat you wanted, for being so brave. Yes, and you wanted a cup of coffee, "Like big men drink," you said. My five-year-old little brave man, drinking coffee in the Rainbow Restaurant, just like big men. It was our secret; lucky Mom never found out, huh?*

*You have grown tall and nice looking. Grandpa always said you were going to be a big man. Guess what I'm proudest of in you? It's your kindness to all things. When we found out that your little dog, Porkchop, was epileptic, you were so happy that you cried. You had seen Porkchop have fits many times, and we were sure he would die. For three years after that, you faithfully gave Porkchop his pill every day.*

*I remember the day you helped me fix my pickup. We sure got greasy -- Mom wouldn't even let us in the house for lunch, but we fooled her. We went to the store and got a pizza, then lipped off to Mom and your two brothers, while eating it, still dirty. Yes, that was fun. We laughed a lot that day. I found out later that you did save a piece of pizza for your little brother; it was our secret too.*

*I've always been proud of you for so many reasons, Kent. Your silent kindness and strength, your loyalty, your soft heart, and secrets you shared with me. I remember how you used to lay across my lap with your shirt pulled up, exposing your bare back. I would trace my fingers lightly over your skin; it*

seemed to almost hypnotize you. I had done it many times when you were a baby, to get you to sleep when you weren't feeling good. Guess you just never grew out of liking it. I liked it too.

I remember the day I came to tell you that I was going away for a long time -- going to prison. You stood silently, listening with your head bowed, and tears in your eyes, asking why. A little boy with a burr haircut and sunburned nose, and of course, a broken heart. You hugged me and ran up into the woods, to your secret fort, crying. I cried too that day, Kent. I was ashamed of myself, and of breaking your heart.

You did write me and sent the colored pictures you drew in school. I had them on my cell wall for years, and yes, I bragged about them to my friends. I have lain awake many nights wondering who was teaching you to drive, who was your first girlfriend, and how I would tease you about her, as if I were right there with you. I'm sorry for missing so much of you, Kent.

Love,  
Daddy

As I stood looking at my special little boy, in a light gray coffin, I was dressed in bright orange coveralls. Prison guards were beside me. I wanted to reach out and touch him just once more, but the chains on my wrists wouldn't allow it.

It took a mortician to cover that cut on Kent's lip and get his hair to lay down. I'm so awfully sorry for missing the last eight years of Kent's life. If only I could have another chance to be the Daddy he wanted me to be -- the Daddy he deserved. If I could just tickle Kent's back once more, or share some secret with him, or tease him and hold him for just a few minutes. God, I would gladly die for the chance.

Kent was killed when he was crushed under a tractor, in an accident, near Kelso, Washington. He is buried in Mt. Pleasant Cemetery, near the only tree there. So, if you are ever near that cemetery, and see a six-foot, five-inch, two hundred and seventy-pound beatup old man on his knees beside that grave, praying to God in shame, you will know why.

Hopefully you will better understand why I wish he could have read this letter, while he was alive. There are so many things I should have told him. So much time I should have spent with him.

If you have a special child in your life, please don't, for any reason, miss one single second with that child. Don't let what happened to me, happen to you. Those moments are so awful important.

To the lady officer, with the special little Sunray Catcher -- please believe me when I say, "For God's sake, spend every single, precious moment with your child, now! This could be your last chance, because sometimes very special children don't get any older." *The Sunray Catcher*. Reprinted by permission of Ken "Duke" Monse'Brotten. ©1996 Ken "Duke" Monse'Brotten.

Ken "Duke" Monse'Brotten, pen name Edward Allen Lee, died on April 7, 2007 (a few weeks after being released from prison). He was a grandfather and great grandfather originally from Park River, North Dakota. He had written numerous articles and short stories. Ken authored "Messages from the Heart" and co-authored "Cissy's Magic," and was a contributing author with five stories in *Chicken Soup for the Prisoner's Soul*. He also contributed stories in *Touched by Angels of Mercy and Serving Time, Serving Others*. See [www.TomLagana.com/monsebroten.html](http://www.TomLagana.com/monsebroten.html)

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### Suggested Readings

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*Prison Town Myth*, by Ben Jacket (Oregon Business April 2008)

*One in 100: Behind Bars in America 2008*, The Pew Charitable Trusts Report

*Prison Nation: The Warehousing of America's Poor*, Edited by: Tara Herivel and Paul Wright

*Prison Profiteers: Who Makes Money from Mass Incarceration*, Edited by: Tara Herivel and Paul Wright

*The Church of the Second Chance*", By Jens Soering

*Substance Abuse Treatment for Adults in the Criminal Justice System*, by U.S. Department of Health and Human Services

*Jailing Juveniles: The Dangers of Incarcerating Youth in Adult Jails in America*", Campaign for Youth Justice (November 2007)

**SUPPORT GROUPS**

**For Adult Family Members & Friends of the Incarcerated  
PLEASE CALL TO REGISTER**

**Beaverton  
1<sup>st</sup> Wednesday**

7 – 8:30 p.m.  
Beaverton Comm.  
Center  
12350 SW 5<sup>th</sup>,  
Ste. 100  
**(FREE PARKING)**  
(503) 350-0236  
(Gretchen)

**Central Oregon\*  
3<sup>rd</sup> Thursday**

6-7:30 p.m.  
Redmond Library  
Board Room  
827 SW Deschutes  
Redmond  
**(FREE PARKING)**  
(541) 475-2164  
(Tina)

**Eugene  
1<sup>st</sup> Thursday**

7-8:30 p.m.  
Private Residence  
4745 Brookwood  
**(FREE PARKING)**  
(541) 935-1182  
(Ken)

**Medford  
2<sup>nd</sup> Monday**

6:30 – 8 p.m.  
United Methodist Church  
607 W. Main  
**(FREE PARKING)**  
(541) 944-3304  
(Sam)

**John Day\*\*  
2<sup>nd</sup> Tuesday**

6:30 – 8 p.m.  
Presbyterian Church of  
Mt. Vernon  
171 E. Main St.,  
Mt. Vernon  
**(FREE PARKING)**  
(541) 932-4446  
(Julie)

**Ontario\*\*\*  
4<sup>th</sup> Saturday**

6 – 8 p.m.  
The Family Place  
390 NE 2<sup>nd</sup> St.  
**(FREE PARKING)**  
(541) 889-3826  
(Sue)

**Salem  
1<sup>st</sup> Saturday**

11 a.m. -12:30 p.m  
The Christian Center of Salem  
1850 45<sup>th</sup> Ave. N.E.  
**(FREE PARKING)**  
(503) 930-0330  
(Alicia)

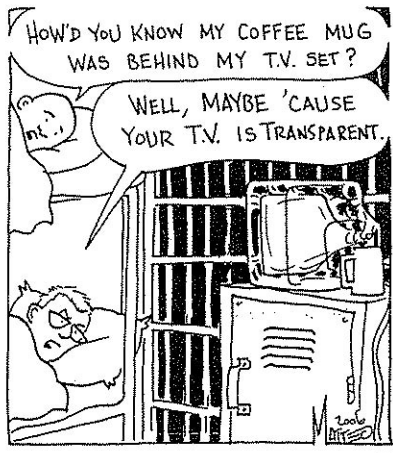
**Portland  
4<sup>TH</sup> Wednesday**

6:30-8 p.m.  
The Center for Family Success  
8010 N. Charleston  
**(FREE PARKING)**  
(503) 350-0236  
(Gretchen)

\* Serving Bend, Sisters, Redmond, Prineville, Madras, and LaPine

\*\* Serving Grant County (John Day, Prairie City, Mt. Vernon, Long Creek, Monument, Dayville, and Mitchell)

\*\*\*No meetings November thru March due to weather



Reprinted by permission of Matt Matteo

Matt Matteo is an aspiring 39-year-old writer, painter, cartoonist, and prisoner from Derry, Pennsylvania. Matt continues to improve his art, writing, and self through contributing to many publications, including *Chicken Soup for the Prisoner's Soul*, *Chicken Soup for the Volunteer's Soul*, *Serving Time Serving Others* and *Touched by Angels of Mercy*. Letters are welcome at: #BS-7345, 801 Butler Pike, Mercer, PA 16137.

Oregon CURE  
1631 N.E. Broadway, #460  
Portland, OR 97232

------(tear off and return)-----  
I DO WANT TO HELP **OREGON CURE** CONTINUE ITS WORK IN 2008

Here is my tax-deductible contribution.

- \_\_\_\_\_ \$3/yr. Prisoner
- \_\_\_\_\_ \$15/yr. Individual
- \_\_\_\_\_ \$25/yr. Family
- \_\_\_\_\_ \$50-100/yr. Sustaining
- \_\_\_\_\_ \$100-250/yr. Sponsor
- \_\_\_\_\_ \$250/yr. Benefactor
- \_\_\_\_\_ \$50/yr. Organization
- \_\_\_\_\_ \$ \_\_\_\_\_ Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

[optional]

Name of Incarcerated Loved One: \_\_\_\_\_

SID # and Address: \_\_\_\_\_