

August 2016

RELEASE DATE

A Relational Perspective on Transition from Prison

PHOENIX Rising Transitions

Health Behind Bars

Stigma and Stereotype

Barriers to Reentry

What Nurses Can Do



School of
NURSING

ACKNOWLEDGEMENTS

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"IT IS SAID THAT NO ONE TRULY KNOWS A NATION UNTIL ONE HAS BEEN INSIDE ITS JAILS. A NATION SHOULD NOT BE JUDGED BY HOW IT RATES ITS HIGHEST CITIZENS, BUT ITS LOWEST ONES."

- NELSON MANDELA



Ariana Cooley and Samantha Ross are undergraduate nursing students in the Oregon Health and Sciences University Accelerated Baccalaureate program.

Samantha grew up in north-central Ohio and moved to Oregon in 2007 to pursue the beauty and adventure of the Pacific Northwest. She received her Bachelor of Science in Community Health Education from Portland State University in 2012 and began working for a local public health policy non-profit. She volunteered at OutsideIn, the Sexual Assault Resource Center, and the Providence Emergency Department, where her interest in nursing developed as she gained experience working one-on-one. She took a job in an Emergency Department as a care coordinator for low-income patients with complex chronic health conditions and applied to the OHSU School of Nursing. She will graduate in December 2016 and hopes to land a job in a local Emergency Department. In her free time, Samantha likes to whittle spoons, fly fish, and surf in the cold waters of the Pacific Ocean.

Ariana grew up in Oregon and received her Bachelor of Science in Health Studies/ Health Science from Portland State University in 2015. Ariana had a four-year soccer career at Portland State and started nursing school the fall of 2015. Ariana has had a passion for nursing since she went on a mission trip to Africa at the young age of 16. She always knew that she wanted a career in nursing but she first wanted to fulfil her dream of playing Division I soccer. She then pursued her career dream of becoming a nurse and will graduate in December 2016 and hopes to land a job in a local Pediatric Department. In her free time, Ariana likes to hike, netflix, fish, run, and relax on her favorite Canon Beach.

STATEMENT OF PURPOSE

For the last few years, Oregon Health and Science University nursing students have been working with PHOENIX Rising Transitions at the Columbia River Correctional Institution (CRCI). This partnership has provided the students with the opportunity to learn about an underserved population and their healthcare needs. This project aims to collect and present the data obtained by the past cohorts and create an educational tool for nursing students, school faculty, and PHOENIX leadership.

Through interviews, listening sessions, secondary data, and current peer-reviewed research we have developed a better understanding of the population in general and a connection to a few of the men at CRCI in specific. Some of the statistics around the incarcerated population in the United States are truly staggering. In the U.S, the population of state and federal prisons has gone from just over 200,000 in 1980, to over 1,500,000 in 2014, costing 51.9 billion dollars (The Sentencing Project, 2015). When you include probation and parole, that means 1 in 36 adults were under correctional supervision (US Department of Justice, 2014). When we look more closely at these numbers, we learn that they are not evenly distributed. In fact, in state prisons, African Americans are incarcerated at a rate 5.1 times the rate of whites (Nellis, 2016). The higher rates of incarceration ripple through communities of color. Issues of food insecurity, fewer employment opportunities, lack of voting rights, and the significant impact of children raised without a father, create significant barriers for the families of prisoners.

For nurses, an understanding of the health care needs of the incarcerated population can provide guidance on how to best support and care for their patients. When talking to the men at CRCI, they felt that accessing health care within the prison was discouraged and riddled with red tape. They also felt that they were not educated on their health care needs or provided with preventative care. After transitioning out of prison, ex-convicts are less likely to seek medical care and are more suspicious of prescribed medications (Sweeney & Wagner, 2015). These implications combined with high rates of mental illness can cause a significant burden to men and women trying to establish a new life after release from prison (Cloud, 2014).

We propose that nurses, and all medical professionals, receive specific education on trauma informed care and the unique needs of the ex-convict population. With such a diverse population, it is impossible to create a set of questions or actions that will meet every patient's needs, and because of it, the development of cultural humility is our recommended approach. Cultural humility is the process of developing a respectful partnership in relation to the aspects of identity that are the most important to the individual patient (Waters & Asbil, 2013). This is a lifelong commitment to self-evaluation, self-critique, and is not a skill that can be mastered and checked off one's list. Cultural humility recognizes that the patient is the expert on his or her own life, and as nurses, we must strive to support and utilize their strengths and values.

As nurses we are uniquely positioned to empower our patients to reach their full potential. In order to do that, we must work collaboratively with each person we serve and we must advocate for equity at the systems level. We cannot do this work alone. As we have seen through our time spent talking to the men at CRCI, it doesn't take years of experience or expensive training to begin to dismantle stigma and stereotypes, but it does take the willingness to listen and learn from each patient. At the end of the day, isn't that our highest calling and greatest strength?

SPOTLIGHT



PHOTO TAKEN BY: Virgil

PHOENIX RISING TRANSITIONS





We know that building relationships between those who are incarcerated and members of the community is paramount to successful prison-to-community transition.



PHOENIX Rising Transitions is a nonprofit organization in the Portland (Oregon) metropolitan area. We work in prisons and the community partnering with those who are incarcerated to make a smooth and successful transition into the community as they are released. Our goal is to transform lives and reduce the likelihood that people will commit new crimes and return to prison. We do this through skill-building and relationship-building, both before and after release from prison. We also aim to transform the community in order to make successful transition more attainable. We do this through community organizing action.

We know that building relationships between those who are incarcerated and members of the community is paramount to successful prison-to-community transition. And new ways of thinking — communication, problem-solving and conflict resolution skills — are essential to deal with the stresses of returning to community life.

Community InReach Projects — Volunteers go into the prison to participate in trainings and classes to teach and learn alongside incarcerated students. The relationships that are fostered are the basis of mentor relationships that continue in the community. Classes offered are Relational Culture Strategies (leadership development) and Life Skills.

In-the-Community Projects — Community organizing-style leadership training and Nonviolent Communication classes continue in the community. The Mentor Project matches a community volunteer, an ex-convict Cultural Advisor and the mentee for one year. The Core Team develops actions in the community to eliminate obstacles to successful transition.

PHOENIX Transition House - This is available to men coming out of prison. Located in Gresham, Oregon, it is a “clean and sober” (drug and alcohol free) environment. Preference is given to those who have been in PHOENIX projects while in prison, but open to others as well. All residents participate in our Mentor Project.

VISION

The vision of PHOENIX Rising Transitions is to see men and women undergo a personal transformation that enables them to complete parole, stay out of prison and live successful lives as active community members. We also work toward community transformation to eliminate institutional barriers that hinder people in their efforts to make a successful transition to the community. Significant interaction between the prison/criminal subculture and the dominant community culture are the conditions that allow transformation to occur.

MISSION

PHOENIX Rising Transitions is a grassroots community-based organization that provides transitional support including education, mentoring and community building with special concern for releasing convicts, ex-convicts and their families, crime victims and the community at large.

INCLUSIVITY STATEMENT

Our members—volunteers, board, staff and constituents—represent a diversity of people groups whether described in terms of race, politics, philosophy, gender, sexual preference, criminality, education, marital status, economic or social standing, religion, ability, health or any of a number of ways that identify various people groups.

We identify the target population of our work as convicts and ex-convicts. Those of us who have been to prison have experienced first-hand what it means to be part of a people group that has experienced discrimination and rejection in many areas of life.

We affirm the worth and dignity of each person, and therefore seek to develop wholeness and integrity in each one. This allows individuals to move beyond identifying themselves only in terms of the people group or groups to which they belong in order to recognize and develop their own uniqueness and grow in respect for the uniqueness of others. This reflects a core value of PHOENIX—that understanding and trust develop through the intentional interaction of cultures and subcultures.

We believe that inclusivity is lived through action. All persons who aspire to be a part of our community must accept the responsibility to demonstrate civility and respect for the dignity of others, thus supporting an environment of trust and openness.

(Olsen & Meurer, 2007).



THE PHOENIX VISION: Creating a Culture of Relational Power

HISTORY

The concept or seed of PHOENIX – planted in 1986 by the innate human desire for freedom – germinated during my several incarcerations at the Oregon State Penitentiary (OSP). During those years, two people arose to make possible that growth: an African-American fellow prisoner named N'jee, and Rod McAfee, a Native American volunteer. My desire continued to burn over the next several years. I had been down and gotten out five or six times before I paroled for the last time on August 16, 1991. For me, the culture shock was overwhelming. Not until 1993 did I achieve the balance to forge community ties strong enough to allow my wish to unfold. In 2001, PHOENIX Rising Transitions initiated its first class at the Columbia River Correctional Institution (CRCI). Now, through the involvement of volunteers from two dozen of union, faith- and community-based organizations, PHOENIX touches the lives of scores of prisoners and former prisoners each month.

AIM

In order to meet the challenges and take advantage of the opportunities offered after release, a transformation and deep change of attitude must occur. Therefore, PHOENIX aims to establish conditions wherein self-transformation may occur. These conditions must include: 1) freedom of choice – PHOENIX classes are strictly voluntary; 2) the opportunity for participants to take leadership roles alongside community members; 3) the space where meaningful and intentional conversations can occur; 4) an openness to new ideas and relationships; 5) the

trust, equality, and respect that comes from sincere and consistent volunteer involvement.

THEORY

The PHOENIX vision unfolded in phases. I took one term of Corey Pressman's course in Cultural Anthropology at Mt. Hood Community College. This class helped me refine PHOENIX's unique Community InReach model. Broad-based community participation before release is the missing link in prison-to-community transition.

During my incarceration, the alienation and anti-social attitudes became stronger and developed into major stumbling blocks to my successful prison-to-community transition. Valid or not, the cultural stigma, distrust, and misunderstanding of community members does hamper positive progress after release for those that wish and work to change their lifestyle. In PHOENIX, the need to exhibit respect between volunteers and participants is paramount in corroding the cultural and psychological barriers fortified by both cultures. Therefore, the honoring of and openness to each other's culture is imperative. PHOENIX's voluntary class participation is our first sign of this respect. Insight and experience, only available through ex-prisoner Cultural Advisors, cannot be overvalued; neither can the power of pro-social community relationships during incarceration. The two diagrams on the next page demonstrate the importance of prisoner/community member relationships before and after release as a powerful and until now a virtually untapped and unrecognized resource.

METHOD

In 2001 I met Dick Harmon, Lead Organizer of what would later become the Metropolitan Alliance for Common Good (MACG). He spoke to me of anger, humor, power, agitation, joy, the hope that comes from hearing, sharing, retelling personal stories, and building meaningful relationships. These organizing tools helped build the aggregate of 20+ union, faith- and community-based institutions that gather as the MACG; they form the arena within which PHOENIX functions in the community. Never before have ex-convicts had such an invitation to join in building a culture of relationships – also known as a Culture of Relational Power – wherein each voice has value. Immediately upon release, PHOENIX members begin full participation in MACG activities that involve the entire community.

PHOENIX's InReach projects differ from every other prison program through the involvement of community leaders in an ever-expanding pool of union, faith- and community organizations. PHOENIX's broad-base approach fosters cross cultural, pro-social attitudes and activities through training inside and outside the prison.

PRACTICE

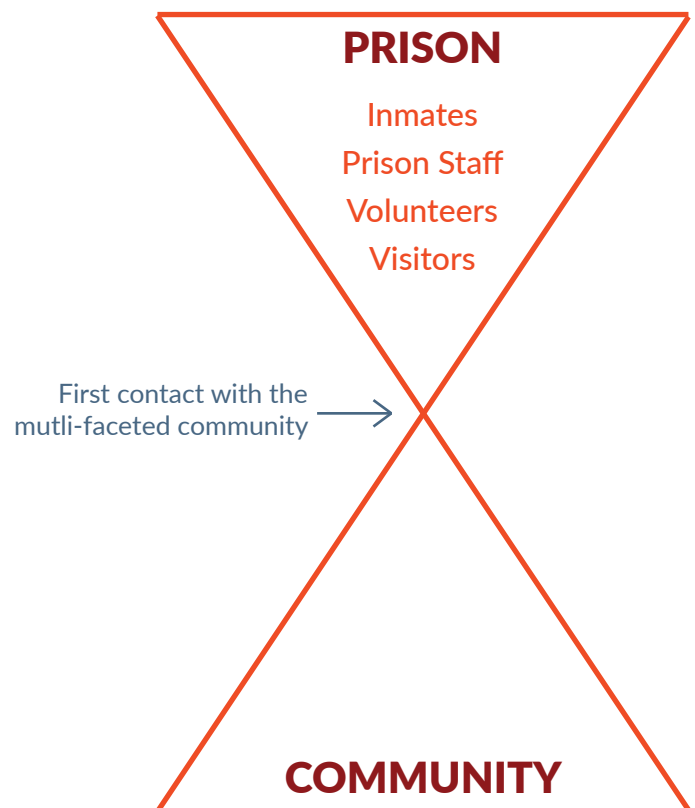
PHOENIX's Community InReach projects implement our Aim-to establish the conditions wherein self-transformation may occur-within the DOC. Relational Culture Strategies Class (leadership training with its wide-range of community members) facilitates self-transformation-for volunteers and for prisoners.

PHOENIX's In-the-Community projects continue the Aim upon release. Involvement with the MACG's Leadership Institutes for Public Life (LIPL) continues the work begun in RCS. MACG teachers have noted that graduates of PHOENIX's InReach projects are better prepared for the LIPLs than most members sent from other MACG institution. Mentor Teams that consist of PHOENIX volunteers, cultural advisors, and newly

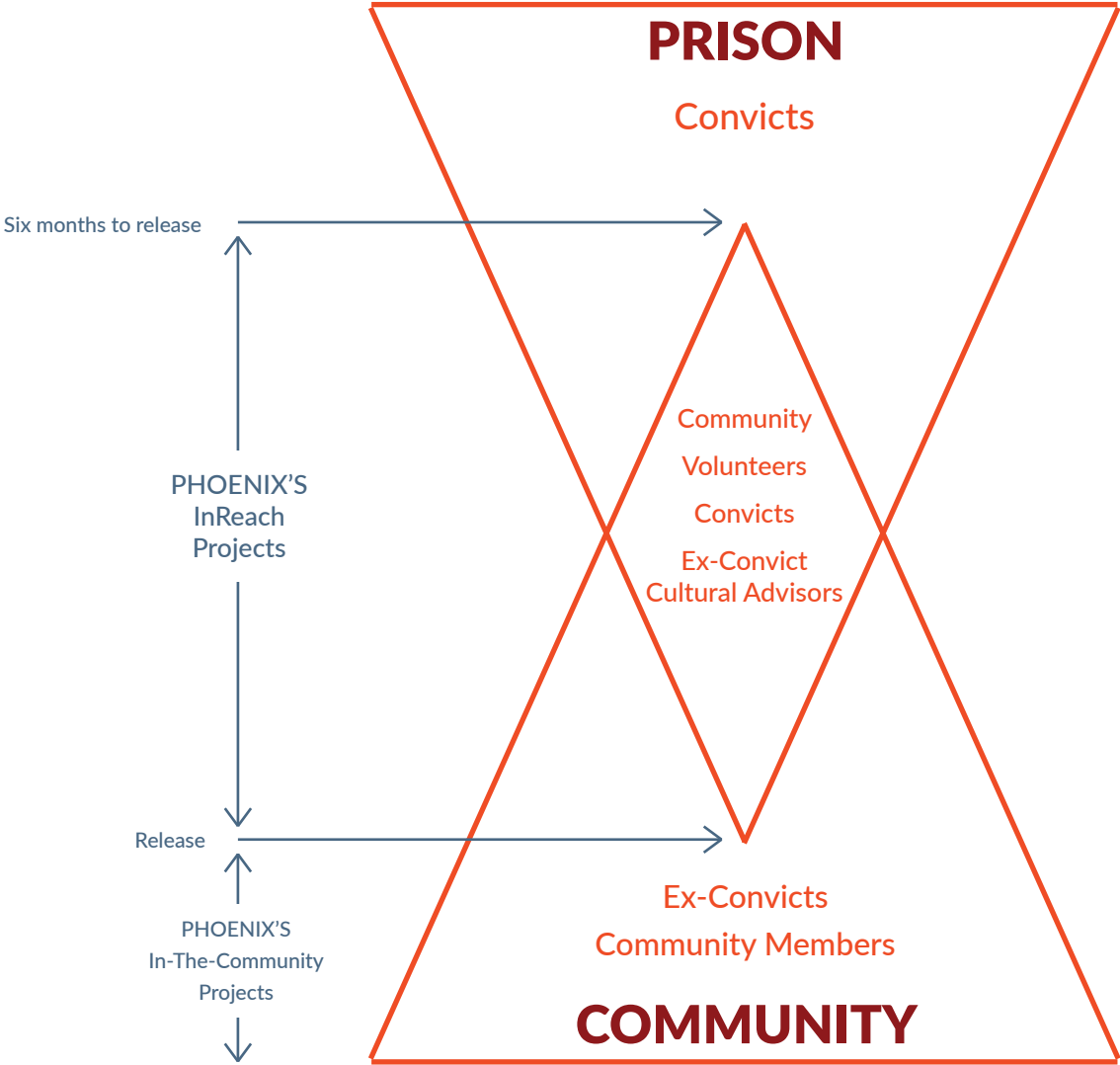
released parolees strengthen the skills and further develop the abilities begun within the prison setting.

Harry Olsen-co-founder of PHOENIX-is a Cultural Advisor who has been to prison. He has made a successful transition into the community and is now dedicated to assisting others in that journey. His experience in community organizing resulted in the development of PHOENIX's culturally-oriented projects. Olsen has an Associate Degree in General Studies from Mt. Hood Community College.

Typical Reentry Scenario

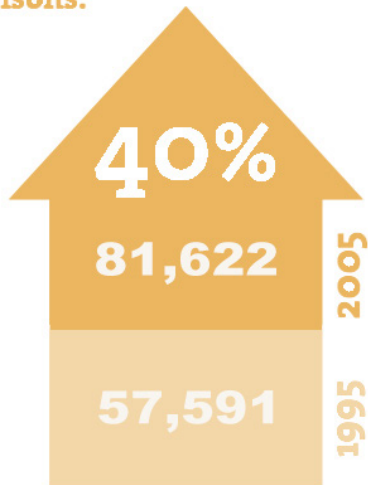


PHOENIX Rising Transitions



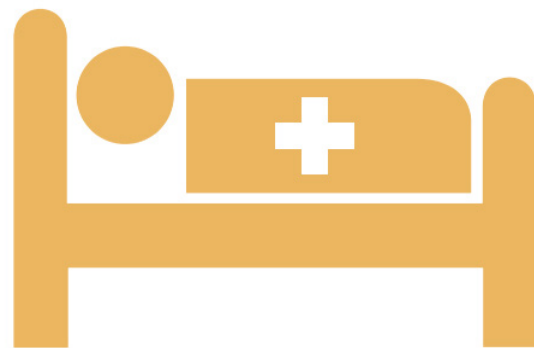
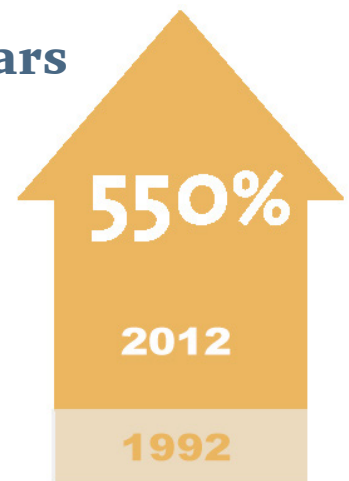
Solitary Confinement

Today, at least 84,000 individuals live in conditions of isolation, sensory deprivation, and idleness in U.S. jails and prisons.



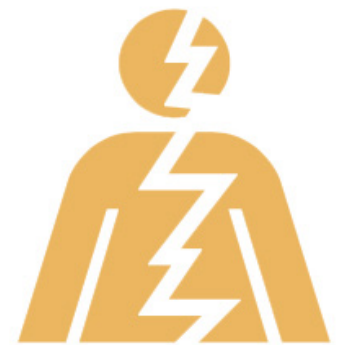
Graying Behind Bars

People aged 55 years and older are among the fastest growing segments of the incarcerated population. Older adults have higher rates of chronic conditions and mental and physical disabilities.



Chronic Disease

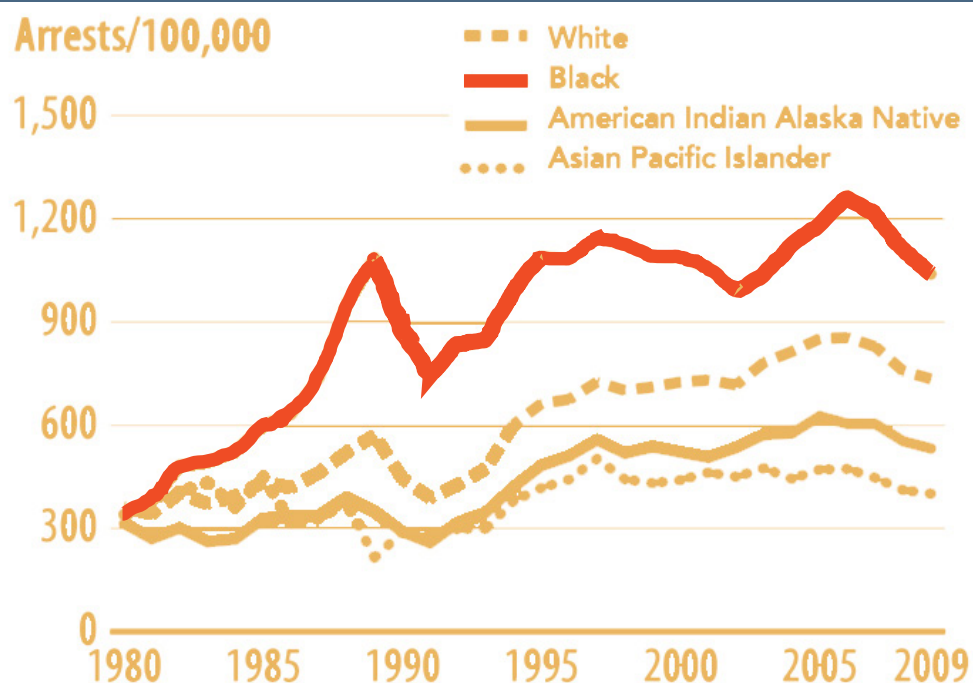
Between 39 and 43 percent of people in custody have at least one chronic condition.



Suicide and Violence

Suicide accounts for one-third of deaths in jails. 15 percent of state prisoners reported violence-related injuries and 22 percent reported accidental injuries.

Figure 2: Drug Possessions/Use Arrest Rates by Race, 1980-2009



2.7 million children

under the age of 18
are living in the U.S.
with at least one
parent in prison.



Diagnosable substance use disorders

9%

general
population

50%
in state
prisons

fewer than 15%
receive appropriate
treatment.

68%
all jail
inmates

HEALTH BEHIND BARS

While people in correctional facilities are mostly excluded from national health surveys, an extensive literature review reveals that this population has dramatically higher rates of disease than the general population, and that correctional facilities too often serve as ill-equipped treatment providers of last resort for medically underserved, marginalized people.

MENTAL HEALTH

Today, about 14.5 percent of men and 31 percent of women in jails have a serious mental illness, such as schizophrenia, major depression, or bipolar disorder, compared to 3.2 and 4.9 percent respectively in the general population. While estimates vary, the prevalence of serious mental illnesses is at least two to four times higher among state prisoners than in community populations.

SUBSTANCE USE

Today, nearly 68 percent of people in jail overall and more than 50 percent of those in state prisons have a diagnosable substance use disorder, compared to 9 percent of the general population. Moreover, most people who have a serious mental illness also have a co-occurring substance use diagnosis. For instance, in jails an estimated 72 percent of people with a serious mental illness also have a substance use disorder.

Despite this high need, less than 15 percent of people who are incarcerated receive appropriate treatment. For instance, although a significant body of research shows that pharmacological treatments such as methadone and buprenorphine

effectively treat opioid addictions, most correctional facilities choose not to offer them, subjecting people with chronic addictions to higher risk of withdrawal while in custody and of overdose when released to the community.

INFECTIOUS DISEASE

Infectious diseases are also more prevalent among incarcerated populations than in the general population. For instance:

HIV/AIDS is 2 to 7 times more prevalent among people in correctional facilities than in the community, and an estimated 17 percent of all people with HIV living in the U.S. pass through a correctional facility each year.

The Hepatitis C virus - which accounts for more deaths in the community than HIV/AIDS - occurs at rates between 8 to 21 times higher among incarcerated people than in the general population.

Tuberculosis studies have found 29.4 cases of tuberculosis per 100,000 prisoners compared to 6.7 cases per 100,000 people in the general population.

Common **sexually transmitted diseases** such as chlamydia and gonorrhea, are more prevalent in correctional environments than any other setting, especially among women. One study found the rates of syphilis among women incarcerated in New York City to be 1,000 times that seen in the general population. (Cloud, 2014)

Why am I not Black?

Paul H. Grice III

When will I be black enough?

When I bang a hood? When the circumstances of poverty nourish a selfish decision to sell poison to my fellow man?

My skin is black,

but yet you scrutinize my struggle.

My scars are visible,

but yet you proclaim not to see them.

When will you understand my pain? When I provide my testimony over beats? When I allow the tragedies of life to deny me the ability to display my emotions, because we were taught,

real men don't cry.

Although I am not like you, I still respect you, my brotha.

I am no greater than you. My feelings and opinions do not carry more validity. Your voice, your obstacles, your achievements mean just as much as mine.

Without carrying a Mac-11 with a banana clip in my waistband, I am still powerful.

If reclaiming my blackness requires:

Keeping an inherent hate for white people present in my children, above average athletic skills, a dislike for any music genre outside of hip hop, growing in an area dominated by minorities and an unhealthy attitude towards law enforcement.

You can keep that shit.

I am black.

BARRIERS TO REENTRY

People with criminal records face a daunting array of challenges. Without a job, it is impossible to provide for one-self and one's family. Without a driver's license, it is harder to find or keep a job. Without affordable housing, food stamps, or federal monies to participate in alcohol or drug treatment, it is harder to lead a stable, productive life. Without the right to vote, the ability to adopt or raise foster children, or access to a college loan, it is harder to become a fully engaged citizen in the mainstream of society. These barriers block the reintegration of people with criminal records, which in turn compromises everyone's safety and the well-being of our communities (Legal Action Center, 2004).

PUBLIC ASSISTANCE AND FOOD STAMPS

The 1996 federal welfare law prohibits anyone convicted of a drug-related felony from receiving federally funded food stamps and cash assistance (also known as TANF - Temporary Assistance for Needy Families). This is a lifetime ban -- even if someone has completed his or her sentence, overcome an addiction, been employed but got laid off, or earned a certificate of rehabilitation. States have the option of passing legislation to limit the ban or eliminate it altogether. Most states restrict at least some people with drug felony convictions from being eligible for federally

funded public assistance and food stamps (Legal Action Center, 2004).

- 17 states have adopted the federal drug felon ban without modification. They permanently deny benefits, even if a crime occurred years before or the person has been treated and rehabilitated
- 21 states have limited the ban in some way to enable those with drug felony convictions to get public assistance if they meet certain conditions, such as participating in alcohol or drug treatment, meeting the waiting period, having a "possession only" conviction, or satisfying other conditions.
- Only 12 states have eliminated the ban entirely. (Legal Action Center, 2004)
- In a sample of 110 recently released prisoners, 91 percent were food insecure; 37% did not eat for an entire day in the past month. (Wang et al., 2013)

Oregon imposes a partial ban for SNAP and TANF support based on type of felony conviction

(Sibler et al., 2016)

I just want to go back to my hometown and not have people stare at me or treat me different. I want people to remember me for who I was before all this.

-Anthony

EMPLOYMENT

Employers in most states can deny jobs to people who were arrested but never convicted of any crime (Legal Action Center, 2004).

- 37 states have laws permitting all employers and occupational licensing agencies to ask about and consider arrests that never led to conviction in making employment decisions
- Only 10 states prohibit all employers and occupational licensing agencies from considering arrests if the arrest did not lead to conviction, and 3 states prohibit some employers and occupational licensing agencies from doing so. Employers in most states can deny jobs to – or fire – anyone with a criminal record, regardless of individual history, circumstance, or “business necessity”
- 29 states have no standards governing the relevance of conviction records of applicants for occupational licenses. That means occupational licensing agencies can deny licenses based on any criminal conviction, regardless of history, circumstance or business necessity. 21 states do have standards that require a “direct,” “rational,” or “reasonable” relationship between the license sought and the applicant’s criminal history to justify the agency’s denial of license

- 36 states have no standards governing public employer’s’ consideration of applicants’ criminal records
- 45 states have no standards governing private employers

States have the power to offer certificates of rehabilitation but few issue them. Employers in a growing number of professions are barred by state licensing agencies from hiring people with a wide range of criminal convictions, even convictions which are unrelated to the job or license sought. All states have the power to lift those bars to employment by offering certificates of rehabilitation, but only 6 states - Arizona, California, Illinois, Nevada, New Jersey and New York – offer them (Legal Action Center, 2004).

In 2015, Oregon passes legislation to ‘Ban the Box’, making it illegal to ask about criminal convictions on a job application

(Sibler et al., 2016)

I’m less worried about society, and more worried about my close friends. They don’t see their friend anymore, they just see a criminal.”

-Joshua

VOTING

States have absolute power to decide whether someone with a criminal record can vote. All but two states place some restrictions on the right to vote for people with felony convictions.

- 12 states have lifetime bans on voting for some or all people convicted of crimes, 5 states prohibit voting for life by those convicted of certain classes of crimes; 7 states have a lifetime bar that may be lifted only if the state grants a formal “restoration of civil rights”
- 18 states bar people from voting while they are incarcerated or serving parole or probation sentences
- 6 states bar people from voting while they are incarcerated or on parole
- 12 states deny voting rights to people only while they are incarcerated (Legal Action Center, 2004)



Oregon reinstates voting rights upon release

(Sibler et al., 2016)

I'm scared of how people are gonna treat my kids, since I'm in here, you know. Like, people treating them different, or them getting bullied about it. And after this, I'm scared to be denied to chaperone a field trip or something.

-Paul

PUBLIC HOUSING

Federal laws give local housing agencies leeway in most situations to decide whether to bar individuals with criminal records from public housing premises and whether to consider the individual circumstances and history of applicants or arrests that never led to conviction. The primary exceptions are for people convicted of the production of methamphetamine on public housing premises and people who are required to be registered under a state's lifetime sex offender registry program. Public housing agencies must deny admission to housing to households with family members with these types of convictions. Since local housing agencies set these policies, the Legal Action Center examined self-reported policies of the local housing agency of the largest city in each state.

In a majority of states, public housing authorities make individualized determinations about an applicant's eligibility that include considering the person's criminal record, as well as evidence of rehabilitation.

- In 47 states, public housing policies provide for individualized determinations
- In 3 states, housing authorities do not make individualized determinations but instead flatly ban applicants with a wide range of criminal records

Many public housing authorities consider arrest records that did not lead to conviction in determining eligibility for public housing.

- 7 housing authorities surveyed make decisions about eligibility for public housing based on arrests that never led to a conviction; 23 do not (Legal Action Center, 2004)

STUDENT LOANS

The Higher Education Act of 1998 makes students convicted of drug-related offenses ineligible for any grant, loan or work assistance. This federal legal barrier cannot be altered by the states. No other class of offense, including violent offenses, sex offenses, repeat offenses, or alcohol-related offenses, results in the automatic denial of federal financial aid eligibility.

Financial aid is suspended on the date of conviction for varying lengths of time, depending on the type of offense and whether or not it is a repeat offense. This restriction applies even if the person is not receiving financial assistance at the time of conviction. A person convicted of a drug-related offense who is in school may become eligible for a student loan before the end of the suspension period if he or she completes substance abuse treatment approved by the Secretary of Education and passes two unannounced drug tests. Eligibility for financial aid may also be reinstated if the conviction is reversed (Legal Action Center, 2004).

People on the outside should know, Joshua's name is on the [activity] call-out list about ten times every day. He's always involved in something positive and he invited me to this class. I think he's staying busy, staying out of trouble, and he's always trying to do the right thing.

-Anthony

EMPLOYMENT, RACE, AND A CRIMINAL RECORD

Decades of racial progress have led some researchers and policymakers to doubt that discrimination remains an important cause of economic inequality. To study contemporary discrimination, we conducted a field experiment in the low-wage labor market of New York City, recruiting white, black, and Latino job applicants who were matched on demographic characteristics and interpersonal skills. These applicants were given equivalent résumés and sent to apply in tandem for hundreds of entry-level jobs. Our results show that black applicants were half as likely as equally qualified whites to receive a callback or job offer. In fact, black and Latino applicants with clean backgrounds fared no better than white applicants just released from prison. Additional qualitative evidence from our applicants' experiences further illustrates the multiple points at which employment trajectories can be deflected by various forms of racial bias. These results point to the subtle yet systematic forms of discrimination that continue to shape employment opportunities for low-wage workers (Pager, Western, & Bonikowski, 2009).

IN THEIR OWN WORDS

an interview with **Brian and Danny**

Danny and Brian were both released in the last few years after participating in PHOENIX Rising Transitions and a variety of other programs. They were kind enough to take the time to speak with us about their experience in and out of prison.

Tell us a little bit about your transition out of prison.

Danny: The way that I like to characterize my transition to friends and family who've asked, is that it wasn't much of a transition, because I just felt like the fences got a lot wider. I got a lot more options, and a lot more choices, but I'd lived in a way that that continued happening from arrest to release. I was always moving towards more freedom. By the time I was released, I'd been working in downtown Salem five days a week, unsupervised, roaming around an office building, able to walk outside whenever I wanted to. I couldn't go down to the corner store, so that changed. I didn't feel like release was so much different. I'm still on supervision, but just like in prison, I experience a lot of privilege out here that gives me a lot more access than one might expect from the typical scenario. If I were a 22-year-old black gang member coming out of prison my experience would be a lot different. From all of the black 22-year-old gang members I've talked to, I have evidence of that. And I am glad for that, but as I was saying before, I'm sad that it isn't similar for everybody.

Brian: It was more exciting for me, I didn't look at it as

a negative, which I think a lot of guys do. They come out and they think that being an ex-felon, or whatever, that all the doors are shut. I think that's a myth. Your peripheral vision isn't very good in prison, there's not much going on. I went to the Blues Fest the first day I got out. Going from almost 28 years in there, to thousands of people running around. When you get out it's a little bit of an overload. It took me a while to sit with my back to people, stuff like that. I had a lot of family support, which I think is big. A lot of guys that don't have that, I think that's a struggle in its own. I had a vehicle given to me. I wasn't able to go to the PHOENIX Rising Transition house, so I went through Bridges to Change. As soon as I could I transferred to Vancouver where I'm from, and I had family around me, so the transition was easy for me. I had so many years to think about it. I don't do drugs, I don't drink, and I got off parole last month, and I still don't do drugs and I still don't drink. That's not what I'm after in life. I just moved into my own apartment, I just work and go home.

You know I got my first job because my cousin knew a guy that owned a Mini-Mart and I told him I was an ex-felon and he didn't mind. I think there's a lot of people

that don't really care that you're a criminal. If I come to you to get the job, and you don't like that [I'm an ex-felon] I'll just go somewhere else to get a job. There's a lot of people that will give you a chance. But you know, I'm not all tattooed up. If you come in with an attitude and you come in saying "I'm a convict and you've gotta accept me", that just shuts doors. You're out here in this world, don't act like you're in that world still.

How did PHOENIX help with your transition?

Danny: My transition was really facilitated by strong social connections that I had, an educated background, and the social privilege that my body affords me in the world. Where, just the way I look adds authority to everything I do and say. It is one factor in many, and I would say the strongest factor was social connection, and PHOENIX Rising was definitely a part of that social connection. I was able to go into a house with other people who had similar experiences of mine. They understood those experiences and it wasn't something I had to explain all the time. We created social contracts within the home, we created bonding opportunities, and we were able to help others coming out of prison to meet the world where we were at. That was really useful.

Brian: When I met Harry [of PHOENIX Rising Transitions] it was my last 56 days, so my mind wasn't really on the classes, but I liked the program. I took so many programs before I got out. I liked Alternative to Violence. It was a year-long program and I took it before I got out. It really opened my eyes as far as accepting empathy, giving empathy. A lot of times when you think like a criminal, you're not thinking about anybody but yourself, so that was a good eye-opener as far as accepting other people's feelings, and letting them accept mine. So that had a big impact on the way I look at different things.

How do people respond when you tell them you've been in prison?

Danny: Typically disbelievingly. I think that has to do with preconceptions people have of what prisoners look like, sound like, act like, which to be fair, those preconceptions are helped by the reality. They're helped by a reality of people that are focused as the representation - I think we see that in all kinds of media. The way blacks, Indians, women are represented

- the way white men are represented. The way prisoners are represented are overwhelmingly black or Latino, or tattooed. And there is an overwhelming representation of that *in* prison too. So I get out, and I have plenty of social anxiety and social issues, but I know that the way that people perceive me doesn't align with those preconceptions.

I've had a lot of people be really sad about that being part of my history. I've had people get emotional not only because I experienced that, but also that there were victims involved and that I've caused a lot of pain. I think that those are really, really appropriate reactions - in fact, they're the most appropriate reactions. But, I don't know if they feel that way because they've had time to get to know me specifically, me generally, or that's how they see the whole system.

Brian: I'm completely open with people about it. I'm just straight up with them. If you can't accept it, then I don't care. I'll move on. I don't let it get me down. It's just the facts of my life. I'm not proud of it, but I can't hide it. I have had no issues. People seem to be open to it, they tell me "you don't seem like you're that type of person". You know I've changed a lot of my view on life, and what I want to do. You probably wouldn't have liked me back then. At first people are a little intimidated, but after they get to know me I think they're surprised. Most people know somebody that's been in prison. I don't let all that get to me. There's too many people out here to worry about one or two people that can't accept a mistake that you made in your life.

Do you feel that you change people's perspective of the 'typical prisoner'?

Danny: Not enough. I don't feel like there's enough of a social progress that happens when I reveal that I've been in prison. I think through further conversations about the system, the realities about the system, that kind of happens, there's some element of progression. There have only been a couple people I can think of that didn't want to know me or hang out with me, or avoided me afterwards. They've all been people that have a cousin in prison or something. That's really the part that bugs me about this stigma - is that when you get down to brass tacks about this issue, everybody, or such a majority of people, know somebody who's

in prison. Whether they grew up with somebody, have a family member, or so on - there's every reason to understand that.

I took a job interview for doing advocacy work around sexual violence on campus. The interviewer told me "I ask this to every person I interview." So I tell them, "Yeah, the background check will reveal that I've been in prison", so he says "ok, that's fine I still want you on the team". So they send it to HR and the HR person denied it and said "Look I have a family member in prison, so I get it, but we can't take the risk". But you have to! You have to take a risk, because no matter how many people say he's a good person, no matter how much research supports that I am less likely to victimize a person than someone who has never been to prison - this policy is created around the worst possible outcome. Liability has made stigma that much more applicable and noticeable. I think the difference is that if I were that 22-year-old tattooed black gangster, I wouldn't have been able to get the job out of hand.

What do you feel like nurses should know about the ex-con community, or the currently incarcerated population?

Danny: The problem with that is that it says, when you're in this role as a nurse, how should you consider this population. And this population, how should they be considered by these groups in these roles - I think the larger social context is, how do you see all humans as valuable and in need of care.

I think every single person I knew who went to a hospital outside, just felt like the nurses and doctors treated them like a human and finally they were able to feel like a human. Now, that is different when people are working within the walls. There's plenty of sociological research to show what happens when people are inside the walls, they incorporate those values of the group that they associate with. And, really, they have to in order to be protected there, from both sides - the administration and DOC, and from the population of prisoners. Unfortunately, it's part of the

culture in there, that if you can pull something over, somebody is going to try to. You just can't get people to stop doing it. You know, manipulation or whatever. The thing is, I just don't see that happening on the streets.

————— // —————
I walk into a room, and there's somebody who looks just like me, I have all of these assumptions that we share the same culture, and I think those assumptions are dangerous.

The reality is, here's this person that needs care and just touching in with that element of humanity is really important. And how much better to tap into that reality as a life choice, instead of as part of your role.

Brian: Well, I had a heart attack in '09, so after that

I had lots of experience with healthcare in the prison. In the prison, they think everyone is out for a high and that everyone is trying to scam them. But they have to have that wall up, and I understood all that.

I think when you come out of prison, and you're treated different [by medical staff] it makes people feel, you know, like they're different. A lot of guys get stressed out and freaked out about that, so they go back to prison where they feel comfortable.

We started off approaching this idea of working with the prisoner population from a cultural competency perspective, but really we're not talking about a cohesive group. I think we're finding that it's really about treating everyone like a human.

Danny: I think that if you're looking for cultural competency, it is learning different ways to read the signs, and asking. I mean, consent. It's not a cultural thing, especially in 'our culture'. You know, asking, "Is it alright if I do this?", or "What is it you hear me saying about this?". I think asking questions is a fantastic way to approach things. You walk into a room, and there's somebody who looks just like me, I have all of these assumptions that we share the same culture, and I think those assumptions are dangerous.

You know, I had an amazing mentor at one point that said 'listen to your gut. You've been granted intuition so that you can walk through the world more aware of it.' You know, I would say the same thing, just listen to that

intuition and know that it has way more power than anything that you read, or anything that you train for. So when you feel that intuition, just start asking questions, find out what the person is comfortable with, because some people get out [of prison] and will be really uncomfortable with touch or proximity, and some people will be fine with it. And I think that's true with anybody.

So, we're clear on the understanding that the prisoner/ex-con population is too diverse to treat them as a collective group, but should health care providers ignore the fact?

Danny: No, and I hope that I'm not construing it as though it should be ignored, but rather, you should ask questions to find out the particularities. People would like to know, what's the one thing - and no, just like with any massive group of people there is no one thing.

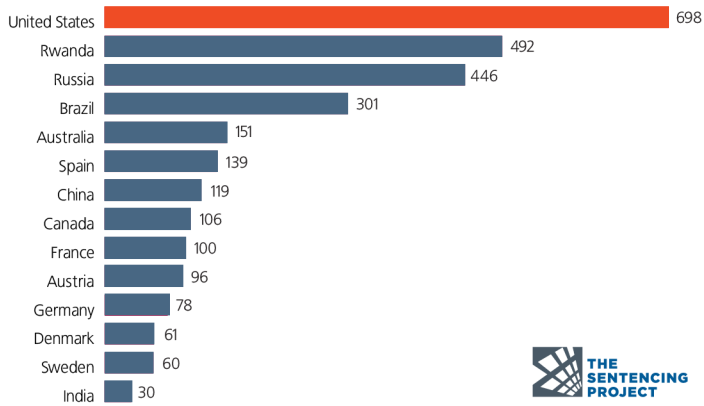
As we were researching stereotypes, we were reading studies about nurses that were scared of taking care of patients that were incarcerated. Is there anything you would say to a nurse that may be feeling this way?

Danny: I think that the nurses were afraid because something intuitively or culturally led them into that feeling. Listen to that, be aware of that, validate it. Ask where it comes from. How legitimate is it. We tell women, especially, that what they feel or think isn't valid. Yeah - you are afraid, you're afraid because these are people who you know have done things that hurt others. These are a group of people who

make you uncomfortable because they are usually dressed differently, and it's ingrained in us to be more concerned about people who don't represent our subculture. You know, it all comes from a real place. Just be ok with that and do your job. Do your job. And that job is caring for that person who is hurt. If you're in a situation where you feel like you're unsafe, make yourself safe. Bring people with you, or be conscious of that. There's nothing wrong with being safe, there's nothing wrong with doing what you need to do to feel safe. Yeah, it may make the other person feel awkward or singled out, but that's gonna happen in life. And that's something they can ask themselves. Let's be honest, everyone is carrying their own sh*t. Carry it. Examine it and break it down.

Brian: Stop watching T.V! There's those programs about jail, and you build a stereotype. But how would you know. People that haven't been to prison don't understand. They think everyone that's in prison is a crazy psycho. That's a hard one to answer. I would still have her go in there, but just take somebody else with her, and I'm sure she'd get over her fear. It's the prison stigma. That's the catch-22 though, because if you let your guard down and something happens, then what? You gotta keep the guard up. It's like moving to a new town - you don't just go for a walk at night time.

International Rates of Incarceration per 100,000

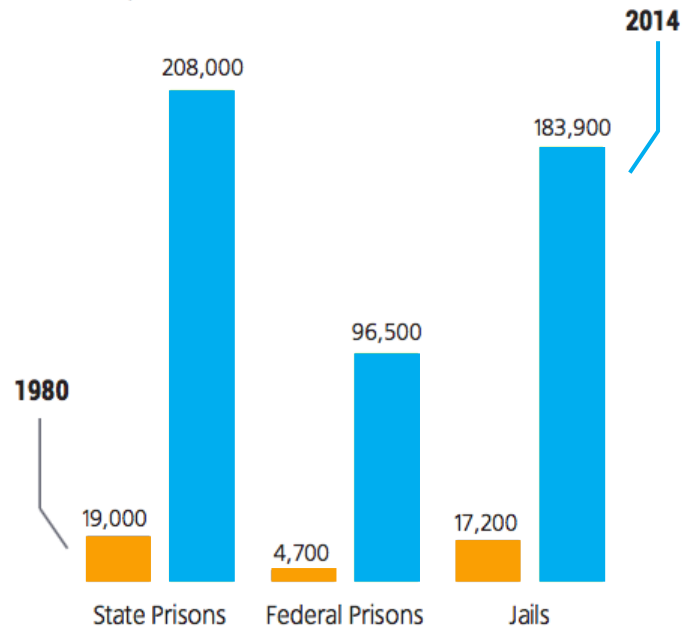


Source: Walmsley, R. (2015). *World Prison Brief*. London: Institute for Criminal Policy Research. Available online: <http://www.prison-studies.org/world-prison-brief>



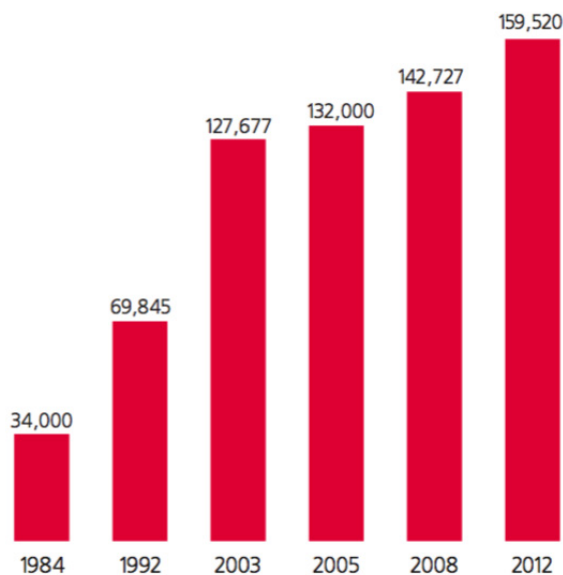
Number of People in Prisons and Jails for Drug Offenses, 1980 and 2014

1980: 40,900 individuals
2014: 488,400 individuals



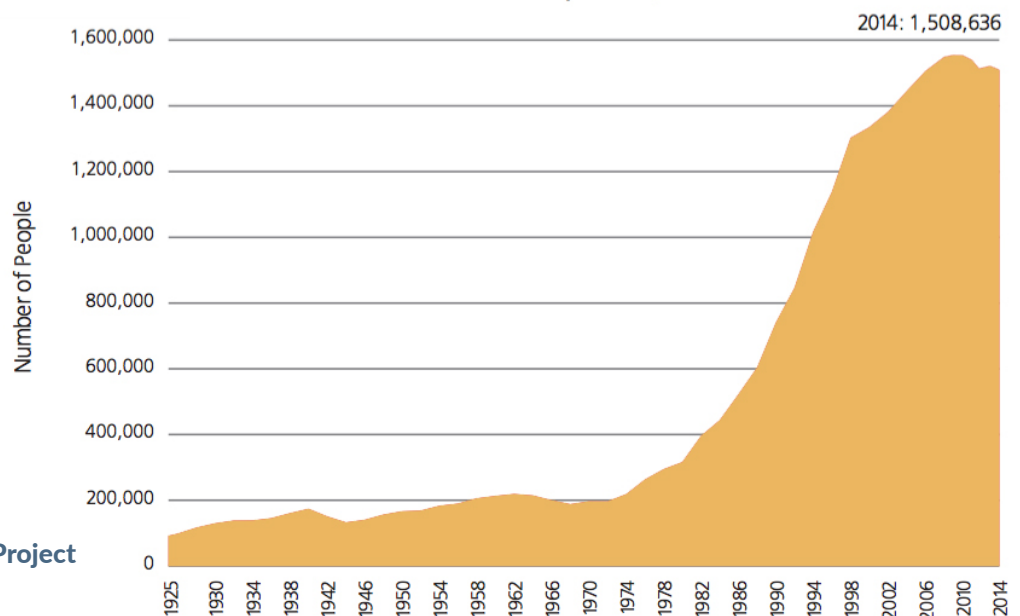
Sources: Carson, E.A. (2015). *Prisoners in 2014*. Washington, DC: Bureau of Justice Statistics; Mauer, M. and King, R. (2007). *A 25-Year Quagmire: The War on Drugs and its Impact on American Society*. Washington, DC: The Sentencing Project; Glaze, L. E. and Herberman, E.J. (2014). *Correctional Populations in the United States, 2013*. Washington, DC: Bureau of Justice Statistics.

Number of People Serving Life Sentences, 1984-2012



Source: Nellis, A. (2013). *Life Goes On: The Historic Rise in Life Sentences in America*. Washington, DC: The Sentencing Project.

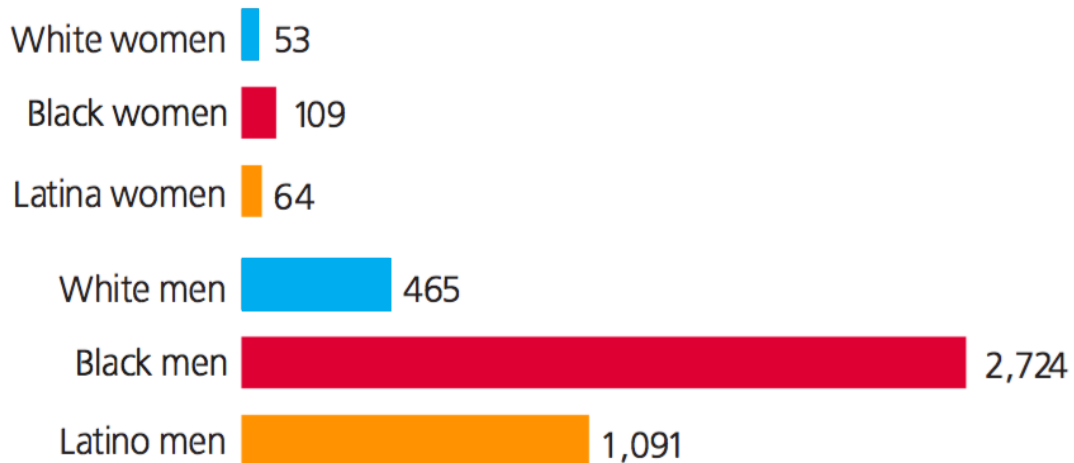
U.S. State and Federal Prison Population, 1925-2014



Source: Bureau of Justice Statistics *Prisoners Series*.

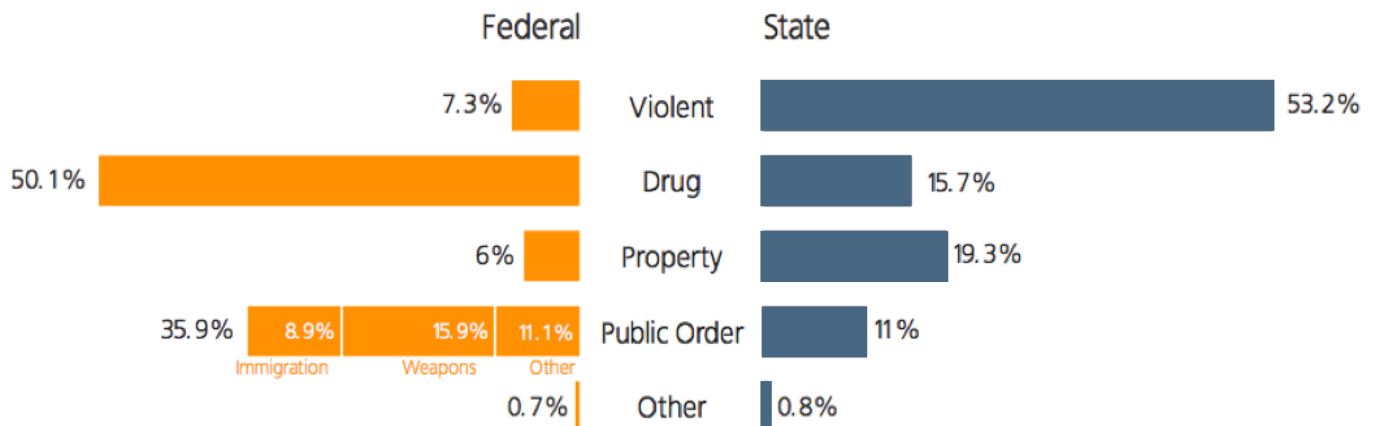
Graphics courtesy of The Sentencing Project

Rate of Imprisonment per 100,000, by Gender, Race, and Ethnicity, 2014



Source: Carson, E.A. (2015). *Prisoners in 2014*. Washington, D.C.: Bureau of Justice Statistics.

State & Federal Prison Population by Offense, 2014



Source: Carson, E.A. (2015). *Prisoners in 2014*. Washington, D.C.: Bureau of Justice Statistics.



**1 IN EVERY 10
BLACK MEN IN
HIS THIRTIES IS IN
PRISON OR JAIL ON
ANY GIVEN DAY**



STIGMA & STEREOTYPE



“Incarceration creates a host of collateral consequences that include restricted employment prospects, housing instability, family disruption, stigma, and disenfranchisement. These consequences set individuals back by imposing new punishments after prison” (Nellis, 2016).



Once a prisoner steps out into the free world they are faced with daily stigmatization from the community. This type of environment does not help individuals transition and successfully reintegrate into the community. Unfortunately, “offenders are one of the most stigmatized groups in society, yet the large body of research on stigma rarely considers offenders” (Moore, Stuewig & Tangney, 2013). Therefore, this section will describe a research study on the stigma that ex-convicts face once they are released from prison.

The definition of stigma is defined by Link and Phelan (2001) as “elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows the components of stigma to unfold.”

Public Perceptions of Offenders

- Qualitative research shows that people think negatively of “criminals” (Moore, et al., 2013)
- People often think of stereotypes such as low socioeconomic status and minority race when thinking of criminals (Madriz, 1997)
- People associate negative personality traits with the word criminal (MacLin & Herrera, 2006)
- 597 undergraduates at a large, diverse university answered that one of the most common words associated with the word criminal was “bad” (MacLin & Herrera, 2006)

How Offenders Perceive Stigma

- 450 male offenders were examined and they thought that people in society would react to the label of ex-con. Their biggest areas of reporting stigma was from employment and childcare (Winnick, Bodkin, 2008)
- 229 former prisoner’s perceived stigma toward ex-offenders as the highest level of stigma on items assessing society’s overall negative attitudes and discrimination against ex-offenders. (LeBel, 2012) LeBel (2012) revealed the correlation between more parole violations with ex-offenders experiencing and perceiving more stigma
- Caucasian prisoners were more likely to endorse secrecy as a strategy for coping with stigma when compared to African-American prisoners (Winnick and Bodkin, 2009)

“In sum, these studies show that many offenders agree that the public stigmatizes offenders as a group, which we know is linked with poor psychological health and social functioning in other stigmatized groups” (Moore et al., 2013).

“This one time, in high school, me and some of my buddies were hanging out at my friend’s mom’s house. This cop pulled up and got out of the car and he pointed to me and my friend and said, ‘You two aren’t going to make it to eighteen.’ That really freaked me out, you know.”

- Karl

Common Concerns of the Ex-Con from the Research

- Fear of being judged (Schnittker & John, 2007)
- “Forget it” attitude (Schnittker & John, 2007)
- Learned helplessness – initiating care is unfamiliar (Griel & Loeb, 2006; Mathis & Schoenly, 2008; Normal, 2010)
- Prison exacerbates non pro-social behavior (Morris et al., 2012)
- “Being tough” (Mathis & Schoenly, 2008)
- Got used to hearing “no” in prison
- Officers downplay medical needs; significant red-tape to receive medical care
- Prison subcultural notions of masculinity
- Less forthcoming – may have to ask more questions to illicit needed information
- Poor dental care in prison – may not be due to their personal neglect, but lack of treatment / education
- Skills learned in prison, which are maladaptive in community
- Had to align with groups that may not align with their personal values
- May be averse to medications perceived negatively in prison, but they won’t tell you directly; risk for non-compliance (Sweeney & Wagner, 2015)

PERMANENT DECISION

By Joshua

You get thrown in,
You hear the sound

The cold water consumes,
No air will be found

Their faces, you saw,
Have corrupted into frowns

Do you hear the old
Laughing, cruel clown?

It writes your conscience, repeating
these lines
"No more family, friends, house nor
town."

But I've heard The Crosses say,
"You were promised, someday, a
crown"

And only you can decide,
Today: To Drown

The empty black engulfs,
As you descend down

MY STORY

By Derrick

I was born in Cottonwood, Idaho. My mother was 16 when she became pregnant with me, and she was going to give me up for adoption, but my grandparents stepped in and wanted to take me so I stayed in the family. I grew up thinking they were my parents, and my mom was my sister. My grandpa was real abusive – spankings weren't enough for him. One time he threw me into a wall and kicked me in the face while I was down. When I was 8 I found out that they weren't my parents when we were at a town picnic and he started beating me in front of everyone. My mom, who I thought was my sister, couldn't take it anymore and grabbed my hand, crying, and took me away with her. She'd do her best to take care of me, but when life got tough for her she'd send me back to my grandparents.

When I was 15 I found out who my real dad was through a DNA test, and I went to Houston to live with him. At first it was great. I met some new family, I started working for his dad at a fabricating company, and was even enrolled in high school down there. Things were good, until one day he offered me a plate of coke, and things went downhill from there. The cops showed up one day, and raided the place and Dad said the drugs were mine. I almost got arrested.

I went back to Oregon to be with my mom. One day she told me about how she became pregnant with me, one night at a party, she went into a room and my dad followed her in there. She said she cried for help, but no one came in. At this moment, it all fell into place in my world; why she had so much resentment towards me. I've always been a dark reminder to her about what happened.

It's always been easy for me to connect with people that grew up tough or fostered. But this has also made me sensitive to people's stories in life, no matter how big or small it may be. I've always found the streets to be warier than the house. But it's made it hard for me to accept affection from people. One thing I've always known though, is that out there in the world, there are people that have still had it harder and colder than me; knowing that sometimes helps me stand taller and keep my chin up.

One foot in front of the other, never backwards.

THE BLIND WORM'S TALE

By Harry Olsen

See the blindworm crawl
from the depths of his lair,
his first breath of fresh air
expelled with a bawl
of confusion, of strife!

Then greeted his ear
the profusion of life
and the cry of a bird,
an incredible word
for a worm to hear.

The wingéd one spoke
to be heard of the worm,
an a most cruel stroke
an insidious germ
to one so blighted:

"Thine eyes go unused,
thy spirit's abused
by this life in a cave.
Shall I open thy grave?
Free the benighted?"

"O blasphemous thing!"
quoth the worm in his turn,
"This makes my blindworm's mind
to burn
And mine ears to ring!
For how might I see?
Mocking bird, thou surely be!

"But give me the chance
to witness Life's Dance,
thou could'st take all that's
mine
for one miniscule glance
at that Sign!"

So the bird fluttered down,
cocking his head, sporting a
frown.
He spoke one last time,
this most singular rhyme:

"'Tis only through giving
that life goes on living!"

Then attacked he with speed,
accepting the token,
ingesting indeed
the worm that had spoken!

And mounting his pyre
of incense and myrrh,
his movement's a-blur
he gazed toward the sun
before lighting the fire.

They then from the ashes
arose as one.
Thus the work of the
PHOENIX was done.
And begun.

WHAT ARE YOU GOING TO DO WITH YOUR LIFE

By Zeke

What are you doing to do with your life?
Get it right or stay stuck up under these bright lights where you can't even sleep at night?
When you look in the mirror all you see is a stranger.
Eyes full of hate and anger.
But who at? You're the one that put your freedom in danger.
Out there smoking weed and drinking Hennessey
Because that's the way your favorite rapper be.
My diagnosis: lunacy.
Where you need to be is stuck in those books
Cause dead or in jail is what comes to crooks.
You got to do that stretch, there ain't no second look.
Young brothers is who the system love to hook.
Black & Latinos fill this nation's penal institution segregation.
Our people stuck on parole & probation.
They say we worse than pollution.
Lock 'em up throw away the key is the solution.
It's time for choosing which road you want to travel.
The highway to heaven or the road bumpy as gravel.
Hear the gavel drop, feel the chains lock.
Put you in stripes in the quarry busting rocks until your eyes pop.
Yeah, I know a lot but I'm already stuck up behind the lock.
But you still have a shot
To choose or lose
Cause sooner or later you're going to lose.
So let me know when you start feelin' this groove.
I know how you're feelin'
When we get fed up we think of ways to come up makin' a fast buck.
Rollin on cheese and clockin' G's.
But where is your mama?
On her knees beggin' the Lord please
When is my baby going to see
It's time to turn over a new leaf
Start doing the things he supposed to do and stop doing the things he wants to do

You have a little boy that just turned 2
How's he going to end up like you
When he's a child always sad
When he's a teenager always mad
When he's an adult blame it on the fact that he never knew his dad
Make the system glad
They got another body to count
Another dollar goes into their bank account.
He'll get out without a doubt but
He'll be jaded and stout
No room for growing
Cause get on your bunk during count
That's all he's knowing.
You want to stop this ending
You got to start at the beginning
Teach your son about winning
Make him open his eyes and see
That A+, B+, & degrees
Is the real way to clock some G's
Forget about being an O.G.
Forget about being around people like me.
At least, the way I used to be
Cause in the penitentiary is where you'll be eventually
Now what are you going to do with your life?
Get it right or stay stuck up under these bright lights where you can't even sleep at night?

I grew up in St. Johns, North Portland. I am the oldest of three, so I had to play the big brother role. I never understood that because my mom and dad were in the house, so I felt that I did not need to be around my brother and sister. Other things were on my mind, like money, cars and women. High school was like a meeting place for me and all of our friends. After school was when the trouble started. We didn't care about the law or rules. We had older friends that should have told us the right things because we would have listened to them instead of our parents. We were easily influenced by the wrong people. I grew up watching my parents work but did not want that for myself. I wanted the easy way.

-Karl

WHAT NURSES CAN DO

Nurses are a patient's greatest advocate and champion. They are called to promote and protect the worth, dignity and human rights of all patients.

Through our research, interviews, intentional conversations, and time spent working with PHOENIX Rising Transitions, we have collected a variety of recommendations for nurses and nursing students. While cultural competency is a growing focus, the prison population is an incredibly diverse culture which cannot be distilled into one stereotypical patient. The primary goal of nursing care for the presently or formerly incarcerated population is to seek education on their particular health needs, work to reduce stigma associated with a criminal record, and strive to treat each patient as unique and in need of compassion and care.

Here we will present research on cultural competency as well as suggestions from the men we interviewed at the Columbia River Correctional Institution.

Current education programs offer limited attention towards the healthcare needs of minority groups.

- Receiving training in cultural competence promotes confidence in engaging colleagues with different cultural values and awareness of care for ethnic minority patients. (Pearson, et al., 2007). Training

enabled people to become more conscious of how their practice could enhance cultural competence.

Example: "I have become more conscious of stereotyping I am becoming more demanding and critical of how ethnic minorities are cared for . . . but I don't throw stones . . . I start with my practice and others in my team. I have been stimulated to re-evaluate some of the care which I provided as well as care by others from an ethnic minority standpoint . . . I cannot say I was that keen before the course" (Pearson, et al., 2007)

- Transference of knowledge to practice can occur after participating in training sessions on culturally competent practices. Example: "Now place more emphasis on cultural aspects in individual patient's care plan" (Pearson, et al., 2007)
- Healthcare professionals should undertake diversity training to assist with improving communication skills
- Training in cultural competence should include intercultural communication
- Flexibility and openness are necessary

attributes for effective intercultural communication

- Self-examination and reflection are required to communicate effectively with minority groups
- Verbal and nonverbal communication is important for caring for patient from culturally diverse groups
- Staff need to be given the opportunity to attend cultural sensitivity training
- Organizations need to be supportive of a culturally safe environment
- Diversity in the workforce should be encouraged by organizations

Knox (2013) provides us with five main effective patient centered communication roles that will benefit nurses while they are interacting with minority groups

- **An absence of assumptions**
- **Use of open-ended questions**
- **Active listening**
- **Expression of empathy**
- **Non-judgmental words and behavior**

WHAT WOULD YOU WANT YOUR NURSE TO KNOW ABOUT YOU? WHAT IF THEY FELT SCARED TO TAKE CARE OF A KNOWN “CRIMINAL”?

“Get someone to come to your class and talk to students about us, about what we’re really like. You gotta just sit down and get to know us.” -Anthony

“I want you to know that because of the crime people committed, everyone goes through different physical, emotional and mental experiences.” -Paul

“I want nurses to know that a lot of people in here have constant stress, PTSD from being in prison - sometimes guys can’t have people standing behind them, for example. They give us alternative pills due to the price of drugs. It feels like they do whatever is easiest for them.” -Joshua

“I was shot in the heart when I was 15. Since I have a family history of diabetes and heart disease, I want to make sure I take care of my heart. We don’t get preventative care in here.” -Zeke

“I think you should bring someone in the room with you if you feel scared. You know, it’s normal to be scared. **We love, we bleed, we are human.**” -Paul

WHAT'S THE FIRST MEAL YOU WANT TO EAT WHEN YOU GET OUT OF HERE?

"Real Fried chicken. Juicy, all over your face fried chicken." -Karl

"I'm a real breakfast guy. I want one of those unlimited breakfasts. All I want, whatever I want, as much as I want." -Anthony

"You know the Ringside restaurant? I'm gonna go and get a steak, and some lobster tail, and calamari." -Zeke

"Homemade belgian waffles with organic peanut butter and syrup. I want a tall glass of strawberry milk, and some greek yogurt." -Joshua

"I'm from Louisiana and I'm a gumbo fanatic. That's what I want. And Milky Way cake, like my mom used to make. She'd take a pound cake and melt Milky Ways and use it like frosting." -Paul

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REFERENCES

- Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T.D. (2007). Release from prison -- A high risk of death for former inmates. *New England Journal of Medicine*, 356(2), 157-165.
- Cloud, D. (2014). *On Life Support: Public health in the age of mass incarceration*. Retrieved from <https://www.vera.org/publications/on-life-support-public-health-in-the-age-of-mass-incarceration>
- Griel, L.C., & Loeb, S.J. (2009). Health issues faced by youth incarcerated in the justice system. *Journal of Forensic Nursing*, 5, 162-179.
- Knox, C., (2013, February 8). *Cultural competency* [Web log Post]. Retrieved from <https://www.essentialsofcorrectionalnursing.com/?s=cultural+com&submit=Search>
- LeBel, T. P. (2012). Invisible stripes? Formerly incarcerated persons' perceptions of stigma. *Deviant Behavior*, 33, 89-107.
- Legal Action Center. (2004) *After prison: Roadblocks to reentry a report on state legal barriers facing people with criminal records*. Retrieved from <https://www.lac.org/roadblocks-to-reentry/>
- Link, B., & Phelan, J. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363-385.
- MacLin, M. K., & Herrera, V. (2006). The criminal stereotype. *North American Journal of Psychology*, 8, 197-208.
- Madriz, E. I. (1997). Images of criminals: A study on women's fear and social control. *Gender and Society*, 11, 342-356.
- Mallik-Kane, K., Visher, C.A. (2008). *Health and prisoner reentry: How physical, mental, and substance abuse conditions shape the process of reintegration*. Retrieved from http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf
- Mathis, H., & Schoenly, L. (2008). Health care behind bars: what you need to know. *The Nurse Practitioner*, 33(7). 34-41.
- Meurer, K., & Olsen, H. (2007). *PHOENIX rising transitions*. Retrieved from <http://www.phoenix-rising-transitions.org>
- Moore, K., Stuewig, J., & Tangney, J. (2013). Jail inmates' perceived and anticipated stigma: Implications for post-release functioning. *Self and Identity*, 12(5), 527-547.
- Nellis, K. (2016). *The color of justice: Racial and ethnic disparity in state prisons*. Retrieved from <http://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>
- Pager, D., Western, B., & Bonikowski, B. (2009). Discrimination in a low-wage labor market: A field experiment. *American Sociological Review*, 74(5), 777-799.
- Pearson, A., Srivastava, R., Craig, D., Tucker, D., Grinspun, D., Bajnok, I., & Gi, A. (2007). Systematic review on embracing cultural diversity for developing and sustaining a healthy work environment in healthcare. *International Journal of Evidence-based Healthcare*, 5(1), 54-91.
- Pew Charitable Trust & MacArthur Foundation. (2014). *State prison health care spending*. Retrieved from <http://www.pewtrusts.org/~media/Assets/2014/07/StatePrisonHealthCareSpendingReport.pdf>
- Schnittker, J., & John, A. (2007). Enduring stigma: The long-term effects of incarceration on health. *Journal of Health and Social Behavior*, 48, 16.
- Sibler, R., Subramaniam, R., & Spotts, M. (2016, May) *Justice in review: New trends in state sentencing and corrections 2014-2015*. Retrieved from <https://www.vera.org/publications/justice-in-review-new-trends-in-state-sentencing-and-corrections-2014-2015>
- Sweeney, S., & Wagner, T. (2015) *The mission link in prison-to-community transition*. (PowerPoint Slides Hard Copy)
- The Sentencing Project. (2015, December). *Trends in U.S corrections* [Report]. Retrieved from <http://www.sentencingproject.org/publications/trends-in-u-s-corrections/>
- Tipple, M., (Photograph). (2012, June). *Dark paradise*. Retrieved from <http://www.marktipple.com/summer2012#0>
- U.S Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2016). *Correctional populations in the United States, 2014*. [Revised 2016]. Retrieved from <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5519>
- Wang, E., Zhu, G., Evans, L., Carroll-Scott, A., Desai, R., & Fiellin, L. (2013). A pilot study examining food insecurity and HIV risk behaviors among individuals recently released from prison. *AIDS Education and Prevention*, 25(2), 112-123.
- Waters, A., & Asbil, L. (2013). Reflections on cultural humility. *American Psychological Association*. Retrieved from <http://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility.aspx>
- Winnick, T. A., & Bodkin, M. (2008). Anticipated stigma and stigma management among those to be labeled "ex-con." *Deviant Behavior*, 29, 295-333.



THANK YOU to the men of
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