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Beating the Odds

Item Type	Prose
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Publisher	eScholarship@UMassChan
Rights	Copyright © 2023 Warren Ferguson;Attribution-NonCommercial 4.0 International
Download date	2026-03-13 23:52:53
Item License	http://creativecommons.org/licenses/by-nc/4.0/
Link to Item	https://hdl.handle.net/20.500.14038/52523



Family Medicine Moments

June 8, 2023

Introduction: This week we continue to celebrate the past writing of Warren Ferguson for the Thursday Morning Memo/Family Medicine Moments.

Warren has long been an advocate for justice-involved individuals and correctional medicine. He reminds all of us that <95% of inmates in state prisons and ~100% of those in local jails will return to the community. We will be the ones to care for them. Correctional health becomes our primary care. We need to understand this issue as well as we understand Veterans health, LGBTQ+ health, and so many other unique aspects of care. This story is one of his success stories, yet a story of many hurdles and setbacks. This story is the story of many.

Beating the Odds

By Warren Ferguson

Introduction January 9, 2014

Since beginning my work in Correctional Health this year I have been struck with the adversity that inmates have faced in their lives - hurdles that span across all spectrums of their lives that deeply affect their health and well-being. This week, Warren Ferguson, Vice Chair for the Department, addresses this topic directly. Warren has played

important administrative roles for prison health in the past and in this story reflects on how a criminal record affected a particular patient of his from FHCW. As Jeff Baxter wrote a few months ago - sometimes we have to stand back and simply be in awe of our most challenged patients when they dig deep and overcome obstacles that so many of us will never face. Our care for these patients is deepened when we can show them our respect and congratulate them on these life successes. And as Warren shows - this level of respect can lead to an extra helping hand with our "doctorly" influence that just might give a person the boost they need to level the playing field. Enjoy!

Beating the Odds

Sitting before me was a middle-aged Latino male who looked like an NFL linebacker. His shoulders were huge, with deltoids that looked like bowling balls. Tattoos were everywhere and his hair was in dreads. I was intimidated by his physical presence. A quick chart review reminded me that my next patient had recently finished a prison sentence. My first impression: "Wow, he really fits the stereotype." He's a middle-aged man, is a person of color and he looks like he could kill me in a matter of seconds with his bare hands.

After the usual introductions, we sized each other up. He clearly wanted to make a good impression. He wanted no part of the drug scene anymore. Drugs led him to prison; he had done 20 and never wanted to return. Exercise had become his passion in prison. He was committed to taking care of his mom, now chronically ill with emphysema and heart disease.

I clearly wanted him to know of my familiarity with the Massachusetts prison system. I asked him where he did his time. He was surprised that I knew that Walpole was Cedar Junction (CJ), and that I knew of some of what led to doing time at CJ and furthermore that I knew the prison medical staff by name. We had a very positive outcome for a first visit, and I felt a sense of mutual respect.

Jorge (not his real name) is disabled due to severe ADHD. He never finished school despite considerable intelligence, and he channeled his talents into the drug trade. He developed a heroin addiction. We never have discussed his crimes leading to incarceration, but I would bet more than a few dollars that violent crime was involved, perhaps armed robbery, assault or worse. He made it clear that he was at CJ because he demanded respect from the inmates and the correctional officers (COs), no matter what it took. This undoubtedly translated to 20 years of enough bad behavior to keep him in a maximum-security prison.

Over the last few years, Jorge has been clear on his problems and his needs. Generally, I follow his lead to keep the trust, but my antennae are always tuned in to the potential for manipulation during our encounters. He developed symptoms of asthma,

disproportionate to his findings. In the back of my mind, I wondered about secondary gain. He has remained faithful to exercise, pumping iron and running. A back injury while lifting seemed to take too long to get better and there were too many requests for narcotic pain medication. I set a limit.

On one occasion, Jorge showed up at my door and he was angry, suspicious, untrusting and edgy. It was a side that I had not seen. Life challenges had led to cravings to pick up his habit again. Suboxone became the answer for a period of time, but he made a decision to stop it when the demons died down.

His trust in me was cemented when my advocacy moved a mountain for him. Last winter, he spent the winter in his truck. He and his girlfriend, who had serious mental illness and with whom he had lived, had broken up and he became officially homeless. His criminal background made it impossible for him to get public housing. He would pull into his mother's parking lot, pull thick blankets over him, sleep in the truck until the early morning hours and then sneak up to his mother's apartment to crash on the couch until 6:00 AM, when he'd leave. I wrote him two very strong letters of recommendation to Worcester Housing, and he was ecstatic when hope became a new dimension to his life. He was accepted and put on the list for public housing. He is nearly at the top of the list and won't spend another cold winter in his car. This would never have happened if it were not for my rather paltry effort.

There have been other terrible speed bumps. He could not get his license because all former offenders until recently needed to pay \$500.00 to retest and have their licenses reinstated. He was able to do some work on the side and now has his license. His cherished dog attacked someone and had to be put down. He grieved heavily, weeping like a baby in my arms. To pull the dog off, he inserted his hand in the dog's mouth and his thumb was shattered by the powerful bite. He had surgery to pin his thumb and was sent home in a cast, with ibuprofen for pain rather than narcotic analgesics because the surgeon didn't like how he looked. Recovery was slow given the grief and PTSD of the experience.

Several months ago, he came into my office, and I congratulated him. Three-year recidivism rates are 50% for former offenders in Massachusetts. He has beaten the odds. He has harnessed the strength to avoid the drug scene and to maintain his focus on his goals.

The punishment for crime is supposed to end when you finish your time, but it never ends there. CORI checks prevent employment, rules block access to housing and bureaucracies even prevent lawful use of a motor vehicle. If you had the opportunity to talk to him, he would tell you that he considers me his brother. Consider that for a moment. Earning such an honorable privilege took so little: respect, trust, listening,

empathy and a couple of letters. This speaks volumes about the power of what we do to save lives that others think are not worth saving.

Keywords: doctor-patient relationship, correctional health, substance use disorder