

Commission on Safety and Abuse in America's Prisons

Testimony of

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Mr. Chairman and members of the Committee, it is a pleasure to be here today and thank you for inviting me. My name is Gary Harkins and I am now in my 25th year at the maximum security Oregon State Penitentiary in Salem, Oregon. During my career as a Corrections Officer, Correctional Corporal and now Correctional Sergeant, I have worked every uniformed position at the Pen. Also in my 25 year career, I have worked in the Oregon Department of Corrections (ODOC) Training Section revising staff curriculum, obtained a Bachelor of Science in Corrections Administration and a Minor in Business Administration. I currently sit as the only Correctional Line Staff representative on the 11 member Oregon Department of Public Safety Standards and Training's Corrections Policy Committee. Until a year and a half ago, I served 3 terms as President of the Association of Oregon Corrections Employees, an independent union representing 750 corrections employees at the Penitentiary and 3 other facilities. Lastly, for the past 8 years, I have been the Recording Secretary for Corrections USA, a national organization representing approximately 43 corrections organizations and 120,000 correctional officers.

First off, I would like to say that this commission is long over due. What we do and what happens behind the walls or fences of our correctional institutions has long been a mystery to the general public and legislative bodies. Often what is perceived to occur in our prisons is obtained either from a distorted view via Hollywood or from prison administrators wanting to look good. One reason for the public's distorted view is that the uniformed line staff are either forbidden to talk by the prison administration or we are just not media savvy. Another reason is that often the general public doesn't really want to know what is going on. They have this "lock 'em up and throw away the key" attitude and once the "bad guy" is out of sight, they are out of mind.

So what is the truth about what is happening in our prisons? Across the country, both inmates and staff are being assaulted on a daily basis and sometimes the result is death. For the year of 2002, according to the Corrections Yearbook, over 33,000 correctional staff were assaulted. That averages out to over 90 staff assaulted each and every day. In the past five years, 47 correctional staff did not go home to their loved ones. However, we will not know the whole story because these figures are only for the publicly run prisons. Privately operated prisons, which held over 173,000 state and federal inmates in June of 2004, are not required by state or federal statutes to report their staff and inmate assault rates and other operations-related statistics. For the past 10 years, Corrections USA has been compiling reports and other documents on private prisons. Professor James Austin, of George Washington University, places the rate of assaults on private prison staff at 49% higher than public facilities and inmate on inmate assaults are 66% higher in these privately run

institutions. Just a few years ago, the Federal government stepped in and closed down the privately run Tallulah juvenile facility in Louisiana and transferred operations to the State. Unless HR 1806, the “Private Prison Information Act” is enacted by Congress, I believe that we will never know the full story on safety and abuse in America’s prisons.

Inmates are living in cramped, overflowing facilities, supervised by too few correctional staff to properly perform their duties in a safe manner. State and federal budgets are extremely tight so sacrifices have to be made in inmate programs, staffing levels, training and equipment, facility maintenance and medical care. Our prison systems have become more and more dangerous due to the increase of HIV, Hepatitis C, gangs, the mentally ill and overcrowding due to the increased number of crimes with mandatory sentences. Policy makers have to choose between spending their precious resources on K-12 education or housing convicted felons. In Oregon, the two largest state agency budgets are the education and corrections budgets. It’s very hard to say no to a bus load of school children when you have to choose who gets adequate funding and who doesn’t.

OSP History

The Oregon State Penitentiary was the first of the Oregon Department of Corrections' current 13 institutions. It was built in 1866 on 26 acres next to Mill Creek in the state capital, Salem. A 25 foot concrete wall that has 9 gun towers was added a few years later. Up until the 1950s, the creek actually entered the institution's grounds. OSP is the state’s only maximum security institution which houses inmates classified as either minimum, medium, close or maximum custody. The institution consists of 4 cell blocks, one dorm, a disciplinary segregation unit, an intensive management unit which houses death row, and a psychiatric security unit. While OSP was originally designed for 1,380 inmates, it now houses approximately 2,050, down from a high of over 2,200 inmates a few years ago. In 1968, we had a major riot in which fires gutted two cell blocks, the internal control center was destroyed and many other areas damaged. There were a few inmate deaths and numerous injuries to inmates and staff. In 1980, there was a take over of the honor block with the unit sergeant taken hostage. That incident lasted only a few hours when armed staff rushed the block and freed the hostage. We have had two other staff hostage incidents, the last one occurring just a few months ago. Since OSP’s inception, we have had 8 staff members killed in the line of duty, the last one being Lt. Robert Geer in 1972. Since 1986, we have had 4 inmates murdered at the Penitentiary.

Staffing

For the past few years, we have undergone a change in our staffing profile. Until recently, the vast majority of correctional officer staff at OSP were veterans of the Department, having over 5 years of seniority. Today, over 63% of the correctional officer classification have under 5 years of experience, with 20% having 18 months or less. A large contributor to this is the adverse changes

to our PERS retirement system and staff left before they were implemented. The breakdown of the OSP uniformed staff is 12% female, 2% African American, 3% Hispanic, 2% Asian and 1% Native American. The Department overall has 20% of the uniform staff being female and 13% of staff are of color.

All uniformed staff are issued one pair of handcuffs, a radio and a whistle. Radios for all staff have been the norm for about 10 years now. Prior to that, non-uniformed staff were not allowed to carry radios, but that changed after a food service person was assaulted in an isolated area. A problem still exists with the radio coverage inside the institution. We have some weak zones where the coverage needs to be improved. Just recently, 2 of the 7 yard staff were allowed by management to carry one 1.5 oz. canister of Capstan and an extra pair of handcuffs. Also, the senior staff members in the 4 cell blocks are allowed to carry one 1.5 oz. canister of Capstan. Initially, the Capstan came in a 3 oz. canister but it was reduced to the current 1.5 oz. size canister. I believe all staff should be issued Capstan to reduce the potential staff and inmate injuries that can occur when breaking up a physical altercation.

About 6 years ago, we tried to obtain stab-resistant vests for staff using the Federal purchase program. The pilot program that was initiated was discontinued after 6 months when staff complained about the bulkiness, the heat and, frankly, some staff felt they were not needed due to the infrequency of serious staff assaults in the institution.

The Penitentiary and most of the Department's other institutions operates on the direct supervision model where staff readily mixes with the inmates. As of May of this year, the overall uniformed line staff to inmate ratio in the Oregon Department of Corrections was 1 to 25. At the Penitentiary 330 uniformed staff supervise 2,00 inmates.

Overall Staff to Inmate Ratio - 1: 27

Weekday Day Shift Ratio	1: 21.5	Weekend Day Shift Ratio	1: 32.4
Weekday Swing Shift Ratio	1: 31.75	Weekend Swing Shift Ratio	1: 35.1
Weekday Graveyard Ratio	1: 80	Weekend Graveyard Ratio	1: 80

Compare these ratios to the Department's management to line staff ratio of 1 to 7 during the week-days. The line staff must be harder to manage than the inmates!

In the 99-01 Biennium, the ODOC had over 400 uniformed staff vacancies so the Department could use the funds for something besides staff. On 3/31/01, there were 340 vacant positions in the Department with most of these being held open due to the need to balance our budget and to pay for positions that the State legislature refused to fund in the Department's budget. As of today, the Penitentiary has over 30 uniform staff vacancies as reported by the ODOC. However, line staff believe that we could use an additional 30 staff to fill out areas where we are running thin. This would greatly increase the safety of staff and inmates in these areas.

One result of this staff shortage is the Penitentiary's overtime budget being over \$1 million

dollars a month. This large amount of overtime leads to mandatory assignments after a staff's regular shift is over. We had to place language in the labor agreement to stop staff from working mandatory overtimes on their Fridays, just prior to a scheduled doctor's appointment, if they had worked an overtime already that day or on the day before a scheduled vacation. This language was necessary after staff suffered monetary losses due to missed plane flights or hotel and other travel cancellation penalties. We also had a couple instances where staff worked 32 hours straight!

Another result of this shortage of staff is the inability to have our 15 minute rest breaks per the national and state labor rules. We do not receive compensation for these missed breaks. As a result of missed breaks, some staff sneak out for them when they can but it can have unfortunate consequences. One position I work each week, the main Control Floor, is a two man post. One day, about 8 months ago, I was relieved by another C/O for lunch. There is constant inmate traffic at this time of day moving in various directions across the floor. I was gone for about a minute when my relief asked my partner if he could leave for a quick smoke break. Two minutes after he left the floor, a lieutenant was walking across the floor when an inmate came out of the crowd and stabbed him three times in the back. My partner was stabbed and assaulted in the process of trying to restrain the inmate before other staff could arrive to help. If we were adequately staffed to allow a staff member to take a proper break, it is quite possible that the injuries suffered by these two staff would have been lessened.

As a result of our direct supervision philosophy, we do not have "gun walks" or observation platforms to watch inmates or other staff. The only exception is the towers overlooking the yard to back up the yard staff. The architectural design of the Penitentiary also dictates this direct supervision approach. The cell arrangement is such that you can not see into all of the cells from any one vantage point. Therefore, the C/O must walk the tiers on a regular basis in order to make wellness checks. The C/O's supervise inmate orderlies who clean almost all areas within the institution and distribute supplies. Under direct supervision, at OSP, it is not uncommon during the summer to have 7 staff mingling among 1,500 inmates on the Recreation Yard. This equates to 1 staff for every 214 inmates. Granted there are 5 gun towers overlooking the Recreation Yard but they can not see into the recreational building that can hold about 500 inmates. There is one isolated Dorm housing 88 inmates with only one uniformed staff working the floor. After 4 p.m. and prior to 5:30 a.m., their nearest responding back up is about 100 yards away. I want to point out that about 20 years ago we did have a staff member stabbed in the Dorm. We did not know it happened until he staggered out of the front door and one of the tower C/O's saw him collapsed on the ground. During the meals, 5 staff supervise a Dining Room that holds approximately 350 inmates and 50 inmate food workers. In the 2 large cell blocks, we have one staff member for every 160 inmates, the small block has 1 staff for 120 inmates and the honor block has 1 staff for 220 inmates.

We strongly encourage staff to talk to inmates and vice a versa. This close interpersonal

contact humanizes the individuals and lowers tensions. We recently had a female uniformed staff member taken hostage, our first hostage incident in 20 years. Afterwards, a vast majority of the inmates were asking how she was after her brief ordeal. This interaction allows us to obtain information that has proven to be beneficial to the community. One example of this is our liaison with police gang investigators. We often learn information inside our institutions that helps solve on going criminal investigations. As a result of this interpersonal contact, the vast majority of problems and situations are handled at the lowest possible level. I believe this reduces the threat of violence and makes for a safer institution for both inmates and staff.

This belief is shown in the assault rates on both staff and inmates. At the Penitentiary, in the period from April 2004 to March of 2005, the following chart shows the Penitentiary's assault rate and the Department's rate.

	2,000 Inmates/330 Staff		12,521 Inmates/2,263 Staff	
	OSP	Monthly Ave.	DOC	Monthly Ave.
Class 1 Assault on Staff	9	0.82	38	3.45
Class 1 Substance on Staff	24	2.18	37	3.36
Class 2 Assault on Staff	9	0.82	41	3.73
Assaults Requiring Medical	2	0.18	29	2.64
Assaults on Inmates	42	3.82	301	27.36
Inmate/Inmate Fights	63	5.73	402	36.55
Assaults Requiring Medical	22	2.00	131	11.91

I think that this chart shows that under a direct supervision model, we run fairly safe institutions in Oregon.

Training

When I started with the Department in 1980, our training consisted of 2 weeks of Department New Employee Orientation before we ever set foot inside an institution. Almost 25% of it was devoted to such important topics as insurance coverage, retirement strategies, and the composition of state government. The rest of the time we heard all of this information about the institutions, but because we had not been inside yet, it was all Greek to us. After these two weeks, we then were sent in to work, often with inmates showing us what to do. Soon after I started, I learned that the county jails sent their staff to a 4 week training class at the state-run Police and Corrections Academy. Attendance was mandated by state law for city and county jails staff. State corrections officers did not attend. In 1984, I asked if I could attend the Academy if I paid for it. I was granted permission. For 6 years, I, and other staff, fought with the state to make it mandatory for state corrections officers to attend as well. When we received a new ODOC Director from the state's most populous county in 1990, he had state law changed making it mandatory for state C/O's to attend the academy.

Today the Academy training lasts for 5 weeks with the staff staying in dormitories on the site. Topics include 2 hours for communicable diseases, 22 hours for physical security and self-defense, 1 hour for discretionary decision making, 8 hours on inmate mental health and suicide prevention, and 24 hours for firearms. There are courses on legal issues, supervising inmates and report writing. There is 1 hour set aside for human relations and 6 hours is spent on health and fitness and alcoholism for staff. This is supplemented by one week of institution specific training. Normally the Academy training occurs about 3 or 4 months into their probation period. During the staff's one year probation period, they have a training manual covering all areas of the institution. This manual must be signed off by the Training Sergeants before the year is over with. While this training is adequate, it could be better. A few years ago, at the urging of Corrections USA, the U.S. Department of Labor issued their recommendation of 520 hours of academy training for a C/O prior to working in an institution. I believe only a couple of states come close to this Federal standard. Even after these recommendations were issued, there are some states that fall way short. I believe Wyoming only has a 40 hour training program followed by 40 hours of in-service sometime later on.

Unfortunately, in Oregon, there is not any consistent follow up to self-defense, legal, and other academy training. For some staff the followup is 2 or 3 hours per year. You can not remain proficient with only this amount of practice time. Many staff who are around inmates are not required to have self-defense training at all. The State of Oregon does not require its staff to maintain any minimum physical fitness standards. They do not even require many of its uniformed staff to remain proficient in firearms! Most staff may receive an hour or two in mental health updates every other year in in-service training. However this is only a recent change from no mental health training at all after the Academy. In the psychiatric unit, the line staff are required by ODOC policy to have a minimum of 40 hours annual training in mental health. The Department has failed to meet their own requirements for many years.

The non-uniformed staff who supervise inmates only receive two weeks of general New Employee Orientation. They do not receive any training in self-defense, working with the mentally ill, verbal judo, health and fitness, and other important training that the uniformed staff receive. The non-uniformed staff are not allowed to carry handcuffs or Capstan. They only carry a radio and whistle but suffer approximately 10% of the injuries caused by inmates. Just a couple of weeks ago, for example, a maintenance worker suddenly found himself in his shop with a mentally ill inmate threatening him. This maintenance worker has not had any self-defense or defusing threatening situations training and is not allowed to carry handcuffs. He called out on his radio and only one other staff member, out of 75, heard his call for assistance. As this inmate was being escorted out of the area, he attempted to assault the responding C/O. The inmate was quickly subdued without any injuries to staff and only a slight cut to one of the inmate's fingers.

Inmates

In the Department, the ethnic break down is approximately 85% white, 6% Hispanic, 6% African American, 2 % Native American and 1% Asian. As with all institutions around the country we have seen a rapid increase in gang members and gang activity inside our facilities. We have also seen a rise in HIV, Hepatitis C and TB infections. Along with the staff dynamics in seniority changing, so too is the inmate population. In the past we had a lot of senior cons. The youngsters were kept in control by the older ones because they did not want their routine disrupted. Now with all of the young gang bangers coming into the system, the older ones have lost control. For instance, the old president of the Lifers Club, who had that position for over 20 years, was recently voted out by the young lifers and replaced with a 25 year old. Along with the change in the Lifer's leadership came a challenge to institution policies. The inmates at the Penitentiary have taken to boycotting certain things or areas in protest to an administrative policy or rule change. Prior to 2004, I can only recall 3 boycotts by inmates in my tenure. Now we have had three or four in the past year. The inmates enforce their boycotts by physical force. For instance, two weeks ago, the inmates were boycotting the use of the inmate phone system in response to the removal of razors from the Canteen and over the high cost of all Canteen items in general. Every inmate who tried to use the phones was assaulted by receiving a fist in the eye. The razors are being pulled in October because the contract is running out. Many believe that management should have kept quiet and worked to obtain a new contract so there is a seamless transition from one razor to another. Instead, management put out a notice that lead all to believe that the razors would not be replaced at all.

Along with occasional miscommunication between the administration and the inmates, I think part of the issue is frustration and idleness among the inmates.

Inmate Work/Education Programs

When I first started at the Oregon State Penitentiary 25 years ago, inmates had a wide range of educational and vocational programs. Inmates had the ability to earn their GED and continue all the way up to obtaining a doctorate degree. Over the years, with citizen complaints about free college degrees and the shrinking of available funds, we have evolved to where we do not have any teachers on staff or even offer a GED program for the inmates at the Penitentiary. We do offer cognitive skills programs on a limited basis and an ESL class for the Hispanics. In the Department, we offer Breaking Barriers, Parenting, Thinking for A Change, Alcoholics Anonymous and Narcotics Anonymous and Women In Community Service. The Pathfinders program was recently discontinued due to studies showing that it was not an effective program.

The Oregon system is fortunate in that we have a whole host of volunteers willing to come into our institutions and work with the inmates. At the Penitentiary, we have a roster of over 500 on our volunteer list. They help with all types of religious programs, AA, NA, ESL, and in the dental area, we have students come in to help at times.

Currently, in the entire thirteen facility Oregon Department of Corrections system, we offer only 5 Work Based Educational Programs: Automotive Technologies, Computer Technologies, Construction Technology, Eyeglass Recycling and Hair Design. In the past, just at the Penitentiary alone, in addition to the Automotive Shop we used to have Motorcycle Technologies, Computer Technologies, Carpentry Shop, Small Engine Repair, Metal Shop, Drafting, Barber College, and Building Maintenance programs. Along with those programs, we also had a prison industries program consisting of an Upholstery Shop, Furniture Factory, and Laundry. Also, about 20 inmates were given the opportunity to learn vocational skills in electrical, plumbing and general plant maintenance. Today at the Penitentiary, only the Laundry and Furniture Factory survive alongside the Auto Shop. The physical plant maintenance has been reduced to about a dozen inmates, everything else having been eliminated.

During this drastic reduction in inmate programs, the citizens of Oregon passed Ballot Measure 17, the Inmate Work Act in 1994. This act requires that the ODOC must engage inmates in full-time work or on-the-job training. Here an activity counts towards compliance if it involves work, training, education, or treatment for drug or alcohol abuse, although no more than 20 hours of treatment or education can count towards the 40 hour per week requirement. There are exemptions for those inmates involved in the intake, transfer or release process, medically restricted, or are a special security inmate. What has evolved is what once were privileges or incentives have now become regular jobs to help meet the requirement. For instance, the inmates have social clubs such as Indians, Uhuru, Veterans, Lifers, Toastmasters and a few others. At one point, the officers of the club and those in administrative capacities were unpaid volunteers. Now these inmates are paid and the positions are considered jobs. Now that these are jobs under Measure 17, it is very difficult to close a club down for rules violations by its members due to the DOC potentially failing to meet the constitutionally mandated job quotas. We have taken menial jobs that would normally employ 10 inmates and now use 25 to perform the tasks of those 10 inmates. Some see this as a waste of state tax resources in paying these inmate salaries.

Mental Health

For the past decade in Oregon, we have seen the closing or downsizing of mental health institutions and facilities. Currently there is discussion about closing down the Oregon State Hospital due to its dilapidated condition. This closure will eliminate the only outlet the Department of Corrections has for severely mentally handicapped inmates. For many years, our Psychiatric Department was supervised by a person not licensed to practice in the United States. Today, he oversees the entire Department's Mental Health program. For the general population, the Penitentiary has 4 mental health counselors, 1 psychologist, 1 coordinator of behavioral services, 1 behavioral specialist. In the psychiatric unit there are 2 mental health specialists, 1 mental health director and 1 psychiatrist. They are supplemented by another 6 part time contract employees. So

we have 11 full time staff and 6 part time staff, who all work Monday through Friday, 8 to 4, to handle 2,000 inmates. There is no mental health treatment in the 6 minimum custody institutions. If an inmate acts out there, they are simply transferred to a larger institution that has treatment staff.

At least 40% of the inmates are on some type of psychotropic medication. The psychiatric unit has 54 cells with 5 staff on day shift along with the 4 treatment staff. On nights and weekends, it is staffed with only three uniformed staff. Treatment staff are only available by pager. The unit's primary purpose is to stabilize a mentally ill inmate so they can be treated back in general population. We have converted one half of a tier in a cell block to house 40 mental health inmates attempting to transition from the psychiatric unit into general population. At least one mental health counselor is supposed to visit this tier on a daily basis. However, this rarely happens. Inside the institution, the mentally ill inmates are subject to being victimized by the other inmates. They can be charged protection fees paid in canteen items or sexual favors. They can be made unwitting accomplices in rule violations by packing drugs or other contraband around the institution. The general population inmates can also be subjected to the actions of a mentally ill inmate who acts out either verbally or physically. The uniformed staff working this general population tier have not received the specialized training needed to effectively work with these mentally ill inmates. This creates frustration for both the staff and inmates.

About 10 years ago, the Oregon Legislature passed a Urine and Feces Assault Bill which provides for a mandatory sentence of 5 years upon conviction. After a few prosecutions, the frequency of staff being assaulted by these substances dropped to almost zero from a high of 50 or 60 per year. However, the physical assaults continued. So 6 years ago, we added physical assaults to the bill. This had a similar effect in reducing the number of assaults on staff. However, our mental health staff had the Administrative Rule on Inmate Discipline changed. The new language now allows mental health workers to determine if an inmate was "mentally incompetent" at the time of the assault and therefore not responsible for his actions. This has caused an uproar among staff. Now inmates are being found innocent for causing serious injuries to staff because they are "insane". Staff are beginning to question, if the inmate was found sane when sentenced to the Department of Corrections, is there something we are doing to make them become insane after they are committed to our care? In Oregon, normally only a Circuit Court Judge can make this mental determination. Now a mental health worker with minimum qualifications and a ODOC Hearings Officer are making these determinations. It is getting to the point where staff are considering filing suit in State Court to try and overturn these determinations.

Segregation

At OSP, we have a 120 bed Disciplinary Segregation Unit (DSU) to handle those inmates who have committed a serious violation of the institution's rules. Sentences in DSU are anywhere from 7

days to 180 days. These sentences are based on a matrix which takes into account the type of rule infraction, the inmate's past behavior, where the violation occurred, severity of injuries, if any, and any other mitigating or aggravating circumstances. This matrix system gave everyone an understanding of what the penalties were going to be for each specific rule violation. It brought about uniformity in sentencing inmates and took away any claims of bias. The staff assigned to segregation and the intensive management units are there for a 2 year rotation. Staff must work in general population for at least 6 months before they are allowed to return to these units.

Today, it is not unusual to have up to one half of the segregation beds occupied by mentally ill inmates. We also have to contend with gangs and how we can house inmates from rival factions. This can be a tricky balancing act. In the segregation office, we have a large board that shows the cell number, inmates' name, the inmates' state identification number, gang affiliation (if any), any identified conflicts with another particular inmate, and if they are on someone's mental health case load. In segregation we double bunk 30 cells, so we really have to make sure that the two cellmates are compatible with each other. Sometimes, even after assurances from the inmates themselves, we end up with fights between cellmates. In the past, sometimes we would place a potential suicide threat into a double bunk cell with the idea that the cellmate would help alert us to an attempted suicide. This practice ended when an inmate successfully committed suicide and the cellmate did not intervene. This resulted in the State Police investigating a potential homicide. The inmate's death was eventually ruled a suicide.

In segregation, we have 5 isolation cells, or "black boxes," that can be used for further segregating those who act out within segregation. These cells have a concrete bunk, plastic mattress, sink and toilet. The inmates are monitored by Close Circuit TV and regular rounds every 15 minutes. There are two doors to this cell, one inner door of an open bar design and a solid outer door. Normally, the outer door remains open. If the behavior warrants it, we will close the outer door to isolate the inmate and reduce the effect their outbursts have on the rest of the unit. If necessary, the mattress and bedding will be removed and the water can be shut off. Due to a court order many years ago, the lighting is on during normal hours. At night, the lighting throughout the unit is reduced to allow for sleeping.

When I started with the Department, we did not have any protective equipment, per se, to use for a cell extraction of an unruly inmate. Often, the inmates would block the drains and flood the tiers so there would be about a foot of water covering the floor. There would be debris from the inmates cells and food trays, paperback books, clothing and bedding, and urine and feces in the water on the tier. Back then, we would find the biggest staff members on duty, take off our watches, remove our pens and I.D. tag, put on slick rubber boots, wrap a towel around our neck for protection and go in and wrestle the inmate and place restraints on him. Two man cells were especially hazardous if the inmates refused to back up to the bars to be handcuffed. Imagine how crowded it got in a 6 by 10 foot cell with two inmates, six staff, a double bunk, table, sink and toilet. Injuries to

staff and inmates were not uncommon in a cell extraction. We did have tear gas and a Plexiglas shield. Today, the drainage system has been altered to where the most water on a tier will be only an inch or so. Also today, we have riot suits and helmets, Capstan, shields (both electric and non-electric), protective padding, stab-resistant vests, TASERS, water hoses, video cameras, pepper balls, stun grenades, and other pieces of equipment. Now staff injuries are only a slight fraction of what they were and inmate injuries have been greatly reduced as well. This is usually because, seeing how well protected staff are and how unprotected they are, 98% of the inmates usually back up to be restrained in handcuffs without incident.

Those segregated inmates who are on a mental health case load are seen regularly by their case manager in the unit. Each visit is documented in a unit log and in the individual's chart. The case manager will interview the staff supervising the inmate to get an assessment of their behavior while in segregation. If necessary, the inmate may be removed from the segregation unit and housed in the psychiatric unit until they are stabilized and can be returned back to segregation to finish their sanction. Again, the uniformed staff working this unit have not received the specialized mental health training needed to effectively work with these inmates in an isolation setting. We sort of learn it on the job on a catch-as-catch-can basis.

The Intensive Management Unit was built in the early 1990s and is designed for maximum custody inmates. This unit also houses Oregon's Death Row inmates. The 196 cell building has four housing pods with 49 cells in each pod. The pods are separated into two 16 cell sections and one 17 cell section. Each section is 2 tiers high and a central control center is positioned so a single staff member can see into every cell in the pod. One negative aspect about the building is that it is very noisy. There is no sound deadening material to soften sounds when the inmates are feeling active and being vocal. The use of noise is a tool military psy-ops uses against an opponent. We have seen that after a while the excessive noise can affect both staff and inmates. Experienced staff wear ear plugs and the inmates will fashion their's out of toilet paper to combat very noisy times in the unit. We have one staff member who is currently working on a medical retirement based on a significant loss of hearing from working in this building.

Inmates are classified into the Management Unit by demonstrating behaviors that can not be controlled in other housing, shown by their high severity or chronic misconduct sanctions. They can also be assigned based on escape activity, or gang or security threat group activities which cause management serious concerns. There are four levels of privileges in the Management Unit and each level is determined by the inmate's behavior while in the Unit. Each inmate is locked down for 23 hours and 20 minutes a day, regardless of level, and is only allowed out of their cell daily for a forty minute exercise period. In addition to the forty minute exercise period, level 2 inmates are allowed two 1 hour visits a month, level 3 is allowed three 1 hour visits and level 4 is allowed four 1 hour visits a month. Only one visit per week is allowed, however.

Within 30 days of admittance, the inmate receives a psychological interview and assessment.

After the initial assessment, their status is reviewed every 30 days until discharged from the Unit. The inmates are expected to participate in a number of Anger Management, Cage Your Rage, and Stress Reduction classes. Successful participation is one criteria necessary to advance to the higher levels of privileges. Inmates are only discharged from the Intensive Management Unit when they reach and maintain level 4 for at least 30 days and the review committee recommends discharge, or they complete their ODOC incarceration sentence.

There is very little staff interaction with the inmates. This new pod-type design makes for a more indirect approach and allows for fewer staff to work an area. While this leads to lower operating costs, I believe this leads to a dehumanizing effect and leads to a more adversarial relationship. Tier walks are often not necessary due to the line of sight into each cell from one vantage point behind a wall of glass. Staff are only on the tier when they have to feed, issue supplies or take an inmate to an appointment. This lack of interaction creates or maintains an “us versus them” mentality on both sides. These inmates are already here for major rule violations, usually involving assaultive behavior. Consequently, these inmates tend to cause most of the assaults against staff inside the institution. Recently, inmates started copying the inmates in California institutions by shooting darts soaked in body fluids at our staff. In a two day period, three staff were hit by these darts, one right between the eyes. The darts were fashioned from the end of a coaxial cable provided to the inmates so they can use their state-issued radio when they reach a level 3 designation. Management feels that the radios are a good behavioral management tool in this maximum security housing unit. However, they are providing inmates weapons to harm staff. As a result, some staff have taken to wearing riot helmets with face shields when on the tier. I believe this reinforces the adversarial relationship, but staff need to protect themselves.

Medical Services

At the Penitentiary, we have a total of 1 full time doctor, 2 on contract, 23 nurses and 3 support staff. We have 1 dentist and 3 assistants for an inmate population of 2,000. Sick Call is handled Monday through Friday (excluding holidays) between 7 and 9 am. If inmates have a medical concern they must fill out an inmate communication (or “kite”) and send it to Health Services. These “kites” are supposed to be read the next day by a nurse and who then schedules the inmate for a Sick Call appointment. Depending on the illness, these appointments can take place anywhere from 3 days after the “kite” submission to a couple weeks out. The inmate handbook states that if an inmate simply wants his teeth cleaned by the Dental Department, it will be scheduled at least 4 months after the receipt of the “kite.”

If the inmate has what staff perceive to be an immediate health need, the medical department is contacted, a nurse listens to the uniformed staff’s evaluation and the inmate is usually sent up to be treated at that time. This doesn’t always work, often frustrating the uniformed staff and the inmate involved.

We also have a nationally recognized Hospice program. This program evolved after legislation was passed to curtail early releases for terminally ill inmates. In the past we would release an inmate to their family in the last couple of months of their life. Now, with no early release possible, specially selected volunteer inmates care for the dying patient and relatives are able to visit for extended periods of time in the infirmary. Quite often there is a memorial service in the Chapel for the inmates. We have recently implemented the Sexual Assault Reporting Law. The inmates have a toll free number they can call to report confidentially any sexual assault. They can also report any other type of perceived abuse. We have a strong Internal Affairs program that investigates these allegations. If necessary, they can turn over their investigations to the State Police for criminal prosecution.

The recently passed HIPPA Act has a negative effect on staff and inmates in the institutions. If we are assaulted, our medical department will not tell the affected staff if the inmate is infected with a communicable disease. So in every assault where there is an exposure to a bodily fluid, the staff member is tested and treated for HIV and Hepatitis. While the response is that we should treat all inmates as contagious and use proper precautions, it is impossible for a staff member to say, "Stop, wait until I suit up before you assault me." Consequently, staff and their families are tortured by not knowing if they have been exposed to a deadly disease. Also the State spends vast amounts of resources that need not be spent if we had access to an inmate's medical file. Inmates are not told if their attacker was infected or not and often they are not given the preventive treatment for these life threatening diseases due to the cost involved. There has been a recent lawsuit settled regarding the Department's actions in treating Hepatitis C. Many inmates felt that the department failed to treat them adequately and that they are now suffering poor health because of it. The state says that the incidence of HIV and Hepatitis C in the facilities is no greater than what is found in the community. However, they do not test every inmate so I view those statistics with some skepticism.

Conclusion

All in all, I believe the Oregon system where we use direct supervision is a good one. It allows us to run safe and secure institutions by using interpersonal interactions between staff and inmates. I am pleased to say that in my 25 year career I only know of one incident of abuse involving three staff in the mid-1990s. Granted, one incident is one too many, but I think it speaks to how we treat inmates with respect and direct supervision plays an important role in this. Unfortunately, new prisons are being built to minimize the number of staff, both in architectural design and by using technologies such as remote cameras and sensor systems. This dehumanizes the inmates and staff alike. I also believe that you need to take the effort of actually walking among the inmates and engaging them in idle conversations. I believe this helps in the rehabilitation of the inmate and better prepares them to reenter society. Unfortunately, with the drastic cutbacks in educational and vocational programs we are currently experiencing, this is becoming a harder task. With the huge

influx of the mentally ill into our institutions, and staff not properly trained to work with these individuals, the stated purpose of our institutions is being challenged. Are we a correctional institution or are we a mental health treatment facility? I am not sure those two areas are truly compatible with each other.

The correctional staff have a vital role in society. Sometimes, when the public learns of our profession, they say “you must have an interesting job.” Often, however, we are viewed with disdain, like we work with lepers or other societal outcasts (I do not wish to demean those who do work with them) but we and our families are treated like we are the inmates as well. We want safe and secure institutions where inmates can learn to be better, productive citizens and the Correctional Officers can come home to their loved ones each day. We are not knuckle dragging guards working in smelly dungeons and we do not deserve that reputation. Unfortunately, the media reinforces that image every time they use the phrase “guard.” It is my hope that this commission will help dispel this negative image of correctional officers. I want to thank you for holding these hearings and for the invitation and allowing me to participate. I thank you for both you and your staff’s hard work.