



BEYOND
THESE
WALLS

TO: Oregon State House Health Committee, Sub-committee on COVID 19
FR: Beyond These Walls, Biff Chaplow, Executive Director
DA: February 3, 2021
RE: Informational Hearing:
Experience of Oregon Adults in State Custody during the COVID-19 Pandemic

Chair Dexter, Vice Chair Hayden and Members of the Committee:

My name is Biff Chaplow and I am testifying on behalf of Beyond These Walls. BTW is a non-profit organization formed in 2011 providing direct services and advocacy for LGBTQ Adults in Custody. We believe in an LGBTQ+ community where every person is better than the worst decision they have ever made.

Shortly after the COVID pandemic began, BTW embarked on creating a “COVID HOTLINE” for AICs and their families to call regarding conditions inside the prisons. We compiled several reports over the past year. I have some highlights that are illustrative of the COVID challenges experienced by AICs. The challenges faced by AICs can be broken down into a few different categories.

Environmental

Environmental issues primarily focus on AIC housing. These issues include the inability of most, if not all, AICs being able to practice social distancing, improper cleaning and sanitizing practices for common spaces, and too much movement of correctional officers going from one unit to another in the same day. An example of this is the recent outbreak at Columbia River Correctional Institution. The AICs are housed in a dorm, sleeping on bunk beds within arms reach of each other. In a situation like this, an outbreak is inevitable. Once covid emerged in the unit, there was little DOC could do to prevent a rapid spread of the virus. **Over 85% of callers to our hotline reported serious concerns that their environment was not safe and there was little being done to protect them.**

Another environmental challenge is the inability to better quarantine people infected with COVID. In almost every facility outbreak, the process of quarantining someone was so haphazard that conditions in these units were untenable. The COVID HOTLINE received numerous reports of AICs having limited or no access to showers, AICs being given nothing more than tylenol to relieve their symptoms, and the inability of AICs to contact loved ones or even their lawyers while in quarantine. **We received calls and reports from 285 people that had tested positive for covid and 96% reported at least one of the aforementioned issues.** Quarantine in many cases meant being put into solitary confinement. **As a result, 81 people contacting the COVID HOTLINE**

reported AICs had symptoms of covid but did not want to disclose they were sick for fear of being put in quarantine.

COVID Safe Practices

COVID safe practices include mask wearing, testing and movement/transfers between units. Masks were not available to AICs for nearly 6 weeks after the pandemic started. In addition to a shortage of masks, mask compliance has been another issue--especially on the part of corrections officers and other staff. **Of the 1,000 calls we received, 53% reported that correctional officers or other prison staff were not wearing masks or wearing them improperly (around their chin).** We were receiving a large number of these reports up until December of 2020.

Testing was another issue we heard a lot about. Most AICs were not able to request a test when they felt they needed one and large scale testing simply did not happen as quickly or often as it was needed. We noticed that most testing seemed to be reactionary after there had been an outbreak rather than proactive in order to prevent outbreaks.

There did not appear to be enough structure and policies in place to restrict movement within most DOC facilities. This meant that correctional officers and other prison staff were often moving from one unit to another on the same day. We got several reports of AICs whose job it was to clean other units which were not their own. AICs were also used to clean quarantine units without separating the people cleaning those units from the rest of the population. **Of our 1,000 reports, over half reported issues related to movement.**

DOC Communication with Stakeholders and Families

The flow of information to AICs and community partners (like us) was very limited or non-existent. For example, ODOC had been doing community partner calls to update interested parties on the covid situation in prisons. Unfortunately, they stopped doing the calls mid pandemic and that really left a void for members of the public to have an opportunity to engage with the DOC about their clients or loved ones. **Additionally, we constantly heard from AICs that they were left in the dark about procedures, testing and policies related to COVID.** We often heard reports that AICs grievances and inquiries went totally unresponded to for weeks at a time. A plan to provide information to AICs and the public has been severely lacking for the past year.

Over time, ODOC did improve in some areas and were, for a time, addressing outbreaks more quickly and effectively. However, the numbers of infected AICs is now so high that even the improvements they did make can no longer keep up with the case count. Our experience has been that the vast majority of prison staff genuinely wanted to protect each other and AICs and were not given proper resources or guidance to make that happen. We have a deep respect and appreciation for the staff in ODOC facilities as they have also been in an impossible situation throughout the pandemic.

Through all of this we have been amazed at the resiliency of AICs across the state. Our hotline continues to receive calls from folks across the state who are committed to fighting for their right to be safe and healthy. We are so grateful that you are willing to listen to their voices.

In conclusion, AICs and the prison workforce should be prioritized for vaccine distribution. Yesterday, a TRO was issued addressing vaccine access for AICs. I urge Members of the Committee to advocate to the Governor and the Attorney General to act swiftly to comply with the TRO and to prioritize AICs sleeping in dorm settings and who have underlying health issues that make them more medically vulnerable. In addition, masks, cleaning and sanitation, early release for low level offenders and decreasing cross contamination via facility access protocols should be vastly improved until universal vaccination can be achieved. It is never too late to ensure ODOC fulfills its responsibilities.

Thank you for hosting a hearing on this topic and giving me the opportunity to testify.