

A detailed illustration of a hand breaking through a metal grate, with the hand positioned as if it has just punched through or is about to. The hand is rendered in a textured, metallic style, matching the background.

IN A BOX

THE CRISIS OF CONSTANT PRISON LOCKDOWNS



HELL IN AN BOX

THE CRISIS OF CONSTANT PRISON LOCKDOWNS



November 2024 | By Sarah Bieri, J.D. | Edited by Julia Yoshimoto, M.S.W. J.D.

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“This forced isolation and inactivity is counterproductive to any notion of ‘rehabilitation,’ instead leaving inmates frustrated, anxious, and angry.”

— Man formerly incarcerated at Oregon State Correctional Institution

“People are yelling out the doors, having panic attacks. It’s extremely stressful. People are pounding on doors and screaming to be let out.”

— Woman incarcerated in Coffee Creek Correctional Facility

INTRODUCTION

SINCE THE PANDEMIC began in 2020 and into the present, people confined in prisons in Oregon and across the country have become trapped in endless cycles of lockdowns. A lockdown is a restriction on daily operations that requires adults in custody (AICs) to remain confined inside their cells or housing dorms for extended periods of time, and limits or eliminates their access to shared/open areas, beneficial activities and services, and time outdoors. Lockdowns were once a relatively rare occurrence reserved for emergencies, but recent accounts from Oregon AICs reveal a crisis of constant lockdowns that is causing immense harm. Quietly and out of public view, Oregon’s prisons have become harsher environments in recent years, as lockdowns have been increasingly normalized as part of regular operations.

This report is informed primarily by the accounts shared with us by AICs and former AICs about lockdowns in Oregon Department of Corrections facilities. Our goal is to convey the serious impacts that lockdowns are creating for people inside prison, and the negative implications for AICs’ ability to plan for successful reentry, and to encourage stakeholders to take meaningful action to end excessive lockdowns. We also include contextual information to help explain how this crisis came about, our recommendations

to address the problem, and examples of lockdown reforms in other jurisdictions.

Note: the quotes throughout this report are from people who are currently or were formerly incarcerated in ODOC prisons.

“Oregon DOC facilities are mental illness and substance abuse factories. They exacerbate it where it exists and where it does not, they create it. Lockdowns contribute to that. The less you are treated as a human being, the less likely you are going to respect the rights and needs of others. The more you are treated as a person, the less likely you will come back to prison. We seem to be deeply challenged in recognizing this.”

WHAT IS A “LOCKDOWN”?

“The worst thing about lockdown is the stress of being in a confined space all the time. Basically, it’s like a small bathroom that you’re locked inside with another person. A lot of guys struggle with the lack of opportunity to do meaningful things. There’s a lot of boredom, you’re just stuck doing nothing.”

IN THE MOST general terms, lockdowns require prisoners to spend more time locked in their cells. They reduce opportunities to go outside, to spend time in day rooms (open common areas), and to engage in programs, recreation, and exercise. Lockdowns vary in length, severity, and purpose. Historically, the traditional use of lockdowns is to respond to emergencies or for disciplinary purposes. Extreme and rare situations, such as an escape attempt, a murder, or a power outage, for example, are scenarios that would typically cause a lockdown of an entire prison facility.¹ In such lockdowns, people remain locked in their cells until the threat or emergency is resolved. Disciplinary lockdowns, more often referred to as “cell-ins,” for defined periods of anywhere from 4 to 72 hours, are another traditional type of lockdown. These

uses of lockdowns, although they certainly can be hardships, are relatively short-term measures, and may be made somewhat more bearable because AICs can expect to return to usual routines.

“Twenty years ago, the lockdowns were not excessive – we were locked down maybe 5-10 times a year. They had legitimate reasons, serious emergencies like people escaping. We weren’t locked down if there was a fight. And because they were not excessive, you knew you were going to get out.”

In contrast, the lockdowns happening in Oregon prisons that are the focus of this report are being imposed on a near-daily basis in some facilities. The specific duration, frequency, and intensity of restrictions can vary. The most common reason cited for lockdowns

¹ Criminon Int’l, *What Are Lockdowns and Why Are They Used?*, Jan. 25, 2024, <https://www.criminon.org/who-we-are/groups/criminon-international/what-are-prison-lockdowns-and-why-are-they-used/>.

is insufficient staff; other lockdowns are attributed to incidents like fights, assaults on staff, self-harm, or medical emergencies. Negative or abusive attitudes of certain staff towards AICs, and harmful viewpoints that some staff display about lockdowns, can dictate the harshness and the frequency of lockdowns. Poor communication from staff to AICs about why lockdowns are occurring, how long the lockdown will last, or when the next lockdown will come, adds to the stress AICs experience. Lockdowns often occur multiple times a week for weeks on end, and they may last for a few hours, for half a day, an entire day, or even consecutive days. Often, they require AICs to remain in cell for 23+ hours per day, except that those assigned to work are generally still required to work. Depending on the officer in charge, AICs may be permitted to take short breaks out of cell to use day rooms, but not reliably. These restrictions interfere with AICs' ability to establish reliable daily routines and impede a range of essential activities such as exercise, showering, educational programs, phone calls, and more.

The result of these conditions is that prison sentences are a significantly harsher punishment than what prison is like under “normal” operations. The lockdowns described by Oregon AICs echo reports of excessive lockdowns in prisons all over the country.²

2 See, e.g., Silja J.A. Talvi, *Prison Lockdowns Are Becoming More Frequent and More Brutal Across the US*, Truthout, Feb. 6, 2024, <https://truthout.org/articles/prison-lockdowns-are-becoming-more-frequent-and-more-brutal-across-the-us/>. (“Throughout modern American carceral history, lockdowns have been reserved for major disruptive events that ostensibly threatened the lives of staff, prisoners or the surrounding community. Justifications for full lockdowns would typically only include prisoner escapes, murders of staff or prisoners, and large-scale violent prison riots, and they typically ended within days or a few weeks at most. Even then, they would almost always be contained to one unit or prison, not across an entire state or the whole nation. Those days are gone. Lockdowns are now issued for almost any reason Prison lockdowns have intensified in both duration and levels of abuse and deprivation over the years.”)

CONTEXT FOR THE NORMALIZATION OF CONSTANT LOCKDOWNS

“The real issue isn’t inmate misbehavior or staff shortages. It is the culture the department creates and foments. That is, it views its main function as warehousing people.”

FREQUENT LOCKDOWNS have become increasingly normalized in U.S. prisons.³ In Oregon and elsewhere, lack of security staff is often blamed for frequent lockdowns, and staffing problems are undoubtedly a factor. However, the problem does not start and end there. The current crisis reflects a longstanding proclivity within the U.S. carceral system to run prisons as places to warehouse and punish.⁴ It is part of the longer tradition within U.S. prisons of placing a premium on control and administrative ease,

while devaluing the safety, humanity, and basic needs of people confined in prisons. Some important highlights of the history of using extreme restrictions and isolation to manage prison operations, leading up to this moment, include the persistent prevalence of solitary confinement despite overwhelming evidence of its harm; the normalization of long-term isolation through the advent of “supermax” facilities; and the unprecedented widespread expansion of lockdowns during the COVID-19 pandemic.

3 See *id.* A recent investigation by the nonprofit news organization Truthout revealed that “at least 33 U.S. state prison systems and the majority of federal medium-, high- and maximum-security prisons have placed general population (‘gen pop’) adults under *nondisciplinary* lockdown at least once (but more often repeatedly or for a prolonged period) from 2016-2023. While most lockdowns are intermittent (lasting from a few days to several weeks), an increasing number of state and federal prisons keep prisoners locked down for most or even all of the year.”

4 *Id.*

HISTORICAL BACKGROUND OF ISOLATION IN U.S. PRISONS

Solitary confinement of prisoners in the U.S. became prominent in the 1850s, when religious advocates of the practice believed that long periods of isolation would lead to self-reflection and spiritual redemption. Devastating harms were documented.⁵ A century later, during the Cold War, the U.S. government conducted research on solitary confinement as a tool for behavior modification and control. This research directly influenced prison policy in the 1960s and 1970s,⁶ when solitary confinement was used to “break” prisoners “for their own good” and “turn them into productive members of society,” and to suppress political movements in prisons.⁷ The 1980s saw a “third wave” of solitary confinement, “led by prison administrators who sought less to redeem or rehabilitate criminal subjects than to isolate and control prison populations in ways that best suited the needs of wardens, prison staff, legislators, planners, and other stakeholders in the political economy of crime and incarceration.”⁸ Increasing numbers of prisoners were held in “permanent lockdown” in highly controlled special housing units and in “supermax” facilities. The supermax movement further entrenched the

use of isolation and intense restrictions as an acceptable method to manage and control incarcerated people.⁹ Isolation units “became increasingly normalized as part of the prison environment, and they began to proliferate throughout the system.”¹⁰ As supermax conditions became more common, isolation became a permanent condition for increasing numbers of AICs.¹¹

These frameworks of normalization of solitary confinement helped lay the foundation for frequent lockdowns of AICs to be imposed with little oversight and little regard for the negative consequences of isolation and intense restrictions.

POST-COVID NORMALIZATION OF LOCKDOWNS

The COVID-19 pandemic led to a vast increase in prison lockdowns. In prisons across the globe, countless people were locked down for extended periods, and according to experts, “the widespread use of such restrictions [was] extraordinary, in scale and in length.”¹² Prior to the pandemic, “50,000–80,000 prisoners in the United States were held in solitary on a given day. During the pandemic, this increased

5 See, e.g., Margaret Charleroy & Hilary Marland, *Prisoners of Solitude: Bringing History to Bear on Prison Health Policy*, 40(3) *Endeavor* 141 (2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5053369/#:~:text=Less%20than%20a%20decade%20after%20Eastern%20State,the%20Prison%20Discipline%20Society%2C%20The%20Journal%20of>.

6 Lisa Guenther, *Solitary Confinement: Social Death and Its Afterlives* (2013).

7 *Id.*; see also Rachel Kamel & Bonnie Kerness, Amer. Friends Svc. Committee, *The Prison Inside the Prison: Control Units, Supermax Prisons, and Devices of Torture* 3 (2003), available at <https://www.prisonlegalnews.org/media/publications/afsc,%20prison%20inside%20prison-control%20units,%20supermax,%20torture,%202003.pdf>.

8 Guenther, *supra* note 6.

9 Kamel & Kerness, *supra* note 7.

10 *Id.*

11 *Id.*; see also Christopher Zoukis, *The New Gulag: The Modern Expansion of 24-Hour Lockdown Prisons in America*, Aug. 30, 2013, <https://federalcriminaldefenseattorney.com/new-gulag-modern-expansion-24-hour-lockdown-prisons-america/>.

12 Keri Blakinger, *What Happens When More Than 300,000 Prisoners are Locked Down?*, Marshall Project, Apr. 15, 2020, <https://www.themarshallproject.org/2020/04/15/what-happens-when-more-than-300-000-prisoners-are-locked-down>.

by 500 percent to 300,000.”¹³ Citing the threat of COVID-19, prisons widely adopted the use of isolation and harsh restrictions. Staffing shortages related to the pandemic also contributed to increased lockdowns.¹⁴ Although some prison systems also released AICs to mitigate the spread of the virus inside crowded facilities, the prevailing response was essentially a “massive social experiment in prolonged solitary confinement.”¹⁵ Prisons were “radically transformed” for the worse by the pandemic, namely through a “regression to their most basic state of pure punishment and social isolation.”¹⁶

“It was 23 hours in, and one hour out. You were by yourself with no human interaction, isolated in cell for ten days. They’d bring you food, and you had one hour to make phone calls, take showers, or go outside.”

— Woman describing her first ten days incarcerated in CCCF during the pandemic

During the height of the pandemic, some experts worried that COVID-era lockdowns would lead to a renewed acceptance of solitary confinement and lockdown as an institutional norm,¹⁷ and that fear appears to have become reality. It did not take long for the intense and unprecedented pandemic-era conditions to become the “new normal.” As the dangers of COVID-19 lessened, prison environments have remained harsh and restrictive. Prisons continue to routinely impose lockdowns as a “catch-all”

tactic to address problems and to ease operational burdens.¹⁸ The pandemic allowed prisons to shift operations into a state of constant lockdown without gathering much public attention or concern.¹⁹ It gave prisons cover to “double down on punitive measures and then to keep them going.”²⁰

“I think it’s like so many other things. The excuse of COVID worked. We liked how easy things were, our lives were very easy when we caged up the animals. I think it’s a really handy excuse.”

The resurgent, post-COVID normalization of lockdowns urgently needs to be addressed. Ongoing lockdowns since the pandemic are having profound negative impacts, with research suggesting that “long-term effects will be shouldered by communities over the next decade.”²¹ The immense harm that is being caused by ongoing lockdowns is explained in the following section.

13 Shadd Maruna, Gillian McNaull, & Nina O’Neill, *The Covid-19 Pandemic and the Future of the Prison*, 51 *Crime & Just.* 59, 77 (2022).

14 *Id.* at 79.

15 *Id.* at 62-63.

16 *Id.* at 63.

17 Blakinger, *supra* note 12 (paraphrasing expert/author Keramet Reiter).

18 Criminon Int’l, *supra* note 1 (“studies of individual prisons reveal prison wardens have been locking down their prisons with increasing frequency”); Taylor Majewski, “We Went from Almost No Lockdowns to Daily Lockdowns”: *The Mental Health Crisis Inside California Women’s Prisons*, Stat, Apr. 28, 2023, <https://www.statnews.com/2023/04/28/lockdowns-prisons-mental-health/>.

19 Talvi, *supra* note 2.

20 Silja J.A. Talvi, *Inside the High-Security “Black Site” Where Leonard Peltier is Incarcerated*, Truthout, Sept. 28, 2023 (quoting expert/author Victoria Law), <https://truthout.org/articles/inside-the-high-security-black-site-where-leonard-peltier-is-incarcerated/>.

21 Majewski, *supra* note 18.

FREQUENT LOCKDOWNS ARE CAUSING IMMENSE HARM TO PEOPLE IN ODOC PRISONS

STUDIES AT INDIVIDUAL prisons around the U.S., and reports from Oregon AICs, demonstrate that constant, repetitive lockdowns cause serious negative consequences. Lockdowns have been documented to be traumatic and highly counterproductive, as they impede meaningful positive activity, and stoke tension and aggression.²² They increase the punishment aspect of prison to a significant

degree, and can seriously undercut the efforts of AICs to heal from past trauma and addiction and prepare themselves for healthy futures in the community.²³

Incarceration itself is a highly stressful and psychologically painful experience. The “chronic activation of the stress response” that occurs during incarceration “has been associated with poor physical and

²² Criminon Int'l, *supra* note 1.

²³ Maruna et al., *supra* note 13 at 80 (summarizing a 2021 study which found that “[t]he experience of lockdown was both traumatising and punitive for people who were already marginalised and subject to criminal justice control In effect, the severity of sentences for people completing custodial sentences and community sentences increased. Crucially, both people in prison and people under supervision suffered extension to and exacerbation of the ways in which punishment suspends and disrupts their lives; their efforts to progress towards a life beyond punishment were often frustrated and stalled.”)

mental health outcomes.”²⁴ For example, pre-pandemic studies indicate that being incarcerated “is associated with a 45 percent increase in the odds of suffering major depression.”²⁵

The increased prevalence of frequent lockdowns has quietly introduced a drastic intensification of the typical “pains of incarceration.” This has alarming implications for the well-being of people held in prisons and for the health of our wider communities.

Impacts of Frequent Lockdowns Include:

- Mental health problems, self-harm, and suicide.
- Increased tensions, aggression, and violence.
- Isolation from family and social ties in the community.
- Increased substance abuse and relapse in addiction.
- Impeded access to rehabilitative programs.
- Impeded access to legal assistance.
- Interferes with release planning.
- Physical health problems from restricted movement

The disruption of basic human needs that occurs during lockdowns is significant. Lockdowns deprive AICs of the things that

most people would consider the minimum daily requirements for health: adequate physical movement, natural light, fresh air, stimulating activity, and socializing. Lockdowns reduce communication with the outside world and can limit visitation with loved ones, “which research has long shown can negatively affect the likelihood of successful reintegration after an inmate is released.”²⁶ Even the ability to maintain hygiene is compromised; AICs report that access to showers and bathrooms is limited during lockdowns.

“Some officers only allow one person at a time to use the bathroom during lockdowns. It’s 120 people with eight bathroom stalls. So you have shouting for hours of, ‘Can I go to the restroom?’ I never asked to go to the bathroom. I refused to ask for a basic human necessity. I would just walk to the bathroom – this was the last shred of humanity I felt like I had.”

Lockdowns are documented to have devastating impacts on mental health.²⁷ Depriving access to social interaction, programs, exercise, and other forms of daily enrichment causes significant and lasting harm to AICs.²⁸ According to AICs and research studies, frequent lockdowns are akin to solitary confinement in terms of the harm they inflict. Solitary confinement is characterized by

24 Jennifer E. James, Leslie Riddle & Giselle Perez-Aguilar, “Prison Life is Very Hard and it’s Made Harder if You’re Isolated”: COVID-19 Risk Mitigation Strategies and the Mental Health of Incarcerated Women in California, 19(1) Int’l J. Prisoner Health 95 (2023) (internal citations omitted), <https://www.emerald.com/insight/content/doi/10.1108/IJPH-09-2021-0093/full/pdf?title=prison-life-is-very-hard-and-its-made-harder-if-youre-isolated-covid-19-risk-mitigation-strategies-and-the-mental-health-of-incarcerated-women-in-california>.

25 Maruna et al., *supra* note 13 (internal citations omitted).

26 Mario Koran, *Inside a “Nightmare” Lockdown at a Wisconsin Prison*, N.Y. Times, Aug. 19, 2023, <https://www.nytimes.com/2023/08/19/us/wisconsin-prison-lockdown.html> (citing U.S. Dep’t of Just., *Inmate Social Ties and the Transition to Society: Does Visitation Reduce Recidivism?* (2008), <https://www.ojp.gov/ncjrs/virtual-library/abstracts/inmate-social-ties-and-transition-society-does-visitation-reduce>. See also, e.g., Maruna et al., *supra* note 13 at 81 (“The cessation of visits from outside is also likely to undermine the precarious mental health of imprisoned people. Research since the early 1990s suggests positive effects of family visits on a variety of outcomes for prisoners. Research findings consistently show positive effects of visits on reduced symptoms of depression in female and adolescent prisoners and positive associations between visits and reduced rule-breaking behavior, reduced recidivism, and improved chances for survival in the community after release.”) (internal citations omitted).

27 Russell Webster, *Devastating Impact of Lockdown on Prisoner Mental Health*, Feb. 16, 2021, <https://www.russellwebster.com/impact-of-lockdown-on-prisoner-mental-health-devastating/>.

28 James et al., *supra* note 24.

“social isolation, physical idleness, and sensory deprivation”²⁹ and has been found to produce “devastating psychological consequences,”³⁰ long-term health problems, and often results in self-harm and suicide, even after relatively short periods of time. One recent study found that people who had experienced solitary confinement during their incarceration were nearly ten times more likely to die within five years of release than those in who had not been subjected to solitary confinement.³¹

“It is basically like being in solitary confinement. The only difference is it’s a shorter duration. But as far as the mental and emotional aspect of it? It’s the same. You get to a point where you’re like, I have to get out of this cell.”

Emerging research on the impact that the COVID-19 pandemic had on prison conditions is further confirmation of the harm caused by frequent lockdowns.³² Studies indicate that extended lockdowns during the pandemic led to generally worse outcomes for incarcerated people; caused an increase in violence;³³ and likely had “enormous adverse effects on the mental health and well-being” of AICs.³⁴

“It just crushes you.”

“It’s a cell with a desk and two seats, and a toilet. You literally have that little space to move around in. It’s that stir crazy thing. It would be like living in your bathroom.”

According to reports from former and current Oregon AICs, consistent with the research, frequent lockdowns in ODOC prisons are causing widespread psychological strain and suffering. Common themes expressed by AICs about lockdowns include extreme frustration, lack of motivation, a sense of hopelessness, and feeling cut off from loved ones on the outside. AICs report that while lockdowns are difficult for everyone, people with preexisting mental health conditions, young AICs, and those who are new to prison often have a particularly hard time coping with these conditions.

MENTAL HEALTH EFFECTS, SELF-HARM, SUICIDE

Frequent lockdowns are reportedly leading to devastating impacts on the mental health of AICs, including increased incidents of self-harm, “mental breakdowns,” impulsive and/or aggressive behavior, suicide attempts, and

29 David H. Cloud et al., *Medical Isolation and Solitary Confinement: Balancing Health and Humanity in US Jails and Prisons During COVID-19*, 35(9) J. Gen. Intern. Med. 2738. See also, e.g., Antonia Sorge et al., “Fear Can Hold You, Hope Can Set You Free.” *Analysis of Italian Prisoner Narrative Experience of the COVID-19 Pandemic*, 17(3) Int’l J. Prisoner Health 406, 408 (2021), <https://www.emerald.com/insight/content/doi/10.1108/IJPH-07-2020-0051/full/html> (“[e]ven short periods in solitary confinement are associated with psychological consequences, including anger, depression, anxiety, paranoia, psychosis and exacerbation of underlying mental illness”) (internal citations omitted). (2020)

30 Maruna et al., *supra* note 13.

31 Christopher Wildeman & Lars H. Andersen, *Solitary Confinement Placement and Post-Release Mortality Risk Among Formerly Incarcerated Individuals: A Population-Based Study*, 5(2) Lancet Pub. Health 107 (2020), <https://pubmed.ncbi.nlm.nih.gov/32032555/>.

32 Blakinger, *supra* note 12.

33 Russell Webster, *The Impact of Prison Lockdown on Mental Health*, Mar. 22, 2021, <https://www.russellwebster.com/the-impact-of-prison-lockdown-on-mental-health/>.

34 Maruna et al., *supra* note 13, at 62-63. For example, a study of incarcerated women found that pandemic-era lockdowns “for 23 hours per day or more in such tight quarters had profound effects on the physical and mental health” of participants, who “described a clear link between the isolation, lack of control over their physical health, and their mental health.” James et al., *supra* note 24. Another study, which looked at 19 prisons and over 2,000 individuals in the United Kingdom, documented the impacts of COVID lockdowns to include mental health deterioration, aggression, self-harm, anxiety, paranoia, and “catastrophic thinking.” The groups in the study at highest risk for mental health problems were women and young people under age 21. Russell Webster, *supra* note 33.

completed suicide. The intense confinement, inactivity, and stress of lockdowns reportedly amplifies negative thoughts and feelings, causes people to turn to self-destructive coping mechanisms, and can drive people to states of desperation and despair. AICs also report that people struggling with their mental health due to lockdowns, and those with serious mental health conditions that are exacerbated by lockdowns, are often unable to access the care they need, and may receive punitive or abusive treatment from staff.

“The girls are screaming and crying for BHS [Behavioral Health Services] and beating on the doors, it’s insane. It’s because they don’t get out. When they’re crying to see their BHS worker, [officers] are supposed to call someone, and they don’t.”

“People who suffer from serious mental health issues suffer the most. Putting people in a cell most of the time is really fucking horrible. Everybody’s mental health is impacted.”

“We have a mental health unit and guys with serious diagnoses, and they are stuck in their cell all the time. Staff are called to respond to crises all the time.”

“The cutting is out of control. Girls are cutting themselves and they’re putting them in the hole. This one girl, she slit her wrist, they took her to the hole. She came back and she slit her other wrist.”

“When new intakes see lifers get upset, they panic. They think, if they can’t do it, how can I do it?”

“Being locked in your cell is solitary, just in smaller doses. The same impacts exist. So those with less resources internally are the canaries in the coal mine who feel it most acutely, most quickly. For guys who are thinking about killing themselves, being locked in your cell like that is just feeding that [thought] over and over again. That isolation aspect – especially if you have a cell partner that you are not comfortable with. You might find yourself feeling that you need to get away from it, and you can’t.”

“There was a girl whose daughter passed away. It was during a lockdown. She got called down to the chaplain’s office. She goes down there and gets the news. And then they say, okay, go back to your bunk! All she wants is a safe space to grieve, and this is not a safe space. Furthermore, we can’t even hug her. I can’t even hug someone who lost her child. Then she has to sit there [in the dorm] with a hundred sets of eyes on her while she is trying to hold it together.”

“BHS is documenting when they cancel yard and [indoor recreation] because they believe it is related to incidents of self-harm. The BHS worker said today that they are concerned that it is getting really bad. It’s gotten really bad in the last year.”

LACK OF ACCESS TO BASIC NEEDS (DRINKING WATER, EXERCISE, SHOWERS, MEDICAL CARE, ETC.)

AICs report that they are often unable to access basic needs like adequate exercise, adequate showers, and fresh drinking water during lockdowns. (The only water available within cells comes from a sink on top of the toilet and is reported to be warm and taste foul and metallic.) AICs also report that there are not enough showers to accommodate everyone who needs them during the times they are out of cell, and that people often must go without showering for the day or even for multiple days in a row.

AICs with existing health conditions, such as high blood pressure, reported negative health impacts and weight gain from forced inactivity and not being able to go for walks after meals. AICs said that medical and dental appointments are cancelled due to lockdowns, and that “we wait for these appointments for months to begin with.”

“We were locked down every day for a couple of weeks. We couldn’t get out even for water.”

“Don’t gaslight me and tell me ‘you have water.’ They say, ‘It’s a privilege [to have fresh drinking water], not a right.’ They say that all the time.”

“I’d get home from gardening [work], and they’d say no shower. I was covered in dirt. I’d say, ‘I don’t want to sit on my bed.’ You have to be touching your bed [during “count,” when COs count each AIC], but you weren’t permitted to shower. There are some officers who have a little bit more compassion.”

“I told him [the CO], ‘I’m an orderly, I should be able to take a shower [after work].’ He said, ‘You have to finish working and then get back in your cell.’”

These deprivations can be brutal during the summer, when reportedly it often feels at least ten degrees hotter inside cells than the outdoor temperature.

“One day for six hours straight I had no opportunity to get any ice or water. Some officers will open things up once every half hour but this guy would not open the door. You’re in there sweating for six hours saying, ‘I wish I just had some ice water,’ and are told, ‘no, there’s no day room.’ I was so offended. They know it’s inhumane. People actually need things to cool down. I don’t wish for people to die of heat stroke to prove it to them.”

“It’s not a healthy condition for me because of my health [problems]. When it’s hot it’s miserable. An officer said we will be on lockdown like this for the rest of the summer because of staff shortages.”

“We’re on lockdown all the time. We were on lockdown last week three different times. We’re stuck sitting on the bed with zero air conditioning. There are a lot more arguments, people’s nerves are shot, because it’s hot. You’re not sleeping well because it’s hot, so everyone’s tempers are a little more flared.”

IDLENESS, LOSS OF MOTIVATION, FRUSTRATION

Lockdowns can be mentally, physically, and emotionally debilitating, sapping one’s energy, motivation, and sense of purpose. When trapped in a small space with little stimulation, “there’s a hopelessness that comes on people when lockdowns are happening every day,” as one formerly incarcerated woman shared. Sleeping all day is a common coping mechanism. For others who try to stick to a daily routine, monotony and frustration make it very difficult to maintain enough energy for productive activity.

“It leaves you empty to just be sitting in a cell.”

“It steals your motivation because you’re in this confined space. You might read a book, watch tv, or have a project, but you lose energy really fast because you’re so contained. That’s what I found difficult – you’re so stuck, it puts a damper on your mindframe. You start feeling pointless, like what’s the point. That feeling of stuckness becomes really large.”

“It begins to affect your mind. Small things become frustrating, and the boredom is debilitating.”

“You’re so isolated, and you feel like a caged animal. I’ll never visit the zoo again, because I know how they feel. You’re just pacing, because you’re miserable.”

TENSION, AGGRESSION AND HEIGHTENED STRESS

During lockdowns, tension, aggression, and interpersonal conflict tends to mount. AICs report that it can be extremely aggravating to spend extended periods of time in close confinement with a cellmate, especially if the other person is struggling to cope or difficult to get along with. Lockdowns can cause AICs

who are confined in cells to feel suffocated by a lack of privacy, because there are fewer opportunities for them to be alone in the cell. Lack of privacy during lockdowns is also a problem for people housed in open dorms (large rooms with rows of bunk beds). AICs report that people on dorms become agitated during lockdowns “because you’re constantly listening to people talking or laughing” for hours or days without reprieve.

The sense of heightened tension continues once the lockdown is over. People are on edge and scrambling to take care of their needs—showers, phone calls, exercise, fresh water, microwaving a snack-- before the next lockdown. There have been reports of AICs fighting over who can use the phone or shower and of increased assaults on staff due to lockdown-induced aggravation. An AIC from one of the men’s prisons reported that when it is announced that yard or other common areas will be shut down, people often start kicking on the cell doors in frustration.

“Imagine that you get to pick your cellmate and you like them – that’s still an ugly day [under lockdown]. You’re sharing a toilet. You never get to be alone on a toilet and be at peace with your body. Sometimes that’s really embarrassing. Now imagine being stuck in a cell with someone that you don’t like, or someone who is angry, or volatile or extremely depressed, or who doesn’t like to bathe--that’s when lockdown becomes extremely challenging just to stay sane. That’s hell in an 8x10.”

“People that normally get along are edgy. You need fresh air and sunshine. People aren’t meant to live inside like this.”

“We’ve been locked down straight for two weeks. No yard, hardly any day room. They said they were short 67 people. Sometimes Level 3 incentives get yard, but not this week. There’s so many fights. Mentally, it’s affecting us. It makes everyone lose their patience.”

“Stress levels rise and fights become more frequent. Cellie disagreements become common place and move requests quadruple.”

“It seems like every day there’s a 911 call. Obviously tensions are high. You keep people locked down, they’re going to get more aggressive.”

MORE DISCIPLINE REPORTS, MORE PUNITIVE ENVIRONMENT

Lockdowns reportedly lead to more discipline of AICs. This can result from people arguing with officers, from being perceived as disrespectful when asking to be let out, or from having outbursts of frustration, for example. Reportedly, AICs are disciplined with cell-ins, even when they are already locked down. Beyond specific discipline, AICs say they feel as though they are being continuously punished through the lockdowns themselves.

“Even if an AIC has years of clear conduct and lives in Incentive Housing, they are punished regularly through lockdowns.”

“If we ask to use the dayroom, they will say, ‘What part of lockdown don’t you understand? This is becoming a disciplinary issue’ and they’ll threaten us.”

“We feel like we’re in SEG [disciplinary segregation]. But at least when you’re in SEG, you have a tablet and can make phone calls. That’s better than GP [general population] right now. In GP you have to pick if you want to shower, make a phone call, get water, etc.”

“Discipline [sanctions] will follow the people who are acting out. People who have anger issues are going to suffer consequences, and get harmed the most by lockdowns.”

FROM CELL TO WORK AND BACK AGAIN

During a lockdown, people are typically required to attend work assignments. However, AICs report that going to work does little to alleviate the stress of lockdown, and in some cases, it can add insult to injury. The contradiction of claiming that shutting down the yard is necessary, but work attendance is fine, reinforces the widespread belief among AICs that lockdowns are imposed for convenience rather than safety, and that their basic needs are unimportant to staff. The routine of going from one's cell to work and back, without time outside or in recreational spaces, is reported to be demoralizing and exhausting. Workers who do not go outside at all for work duties suffer even more.

“I get really, deeply challenged. Fortunately, I go outside almost every day to get to my job. Sometimes I will just take a long time to walk there.”

“When lockdowns go on day after day or are frequent you begin to feel like a slave to the state. They will let you go out to work and go to medical for an appointment but other than that you are locked in your cell.”

“When they lock us down it's to prevent us from doing things like recreation or things to help our mental health. But we'll be at work no matter what. That's another slap in the face. It calls into question whether it's really necessary to lock us down.”

“This heavy impact on people is even with getting out for work. Who wants to work an 8-hour kitchen shift and then go back to your cell?”

“The reality is they need us to be working so they have no problem staffing those areas. Those are huge areas and they are supervised. If they viewed recreation, yard, as a priority, then they would be staffed.”

DRUG USE

Using substances is reportedly a common way to cope with lockdowns. AICs also report that the stressful environment created by frequent lockdowns makes it more difficult for people to stick with addiction recovery programs and to use healthy coping skills instead of substances. There are fewer opportunities to connect with other AICs in recovery for support, and the stressors of lockdown can become a trigger for relapse.

“Drug usage increases as sleeping away the time becomes more appealing.”

“Lockdowns promote drug use. When you're bored and ruminating and miserable because you're locked in a cage, you're much more likely to use and abuse substances.”

“It stymies people's healing process while you're incarcerated because you're just stuck. Even when you are allowed to go to your program, there's all the time that you're in the cell. Programs are meant to be worked in a social atmosphere with other people.”

REDUCES CONTACT WITH FAMILY AND SUPPORTS ON THE OUTSIDE

AICs report that access to phones and tablets can be extremely limited during and after lockdowns, and that lockdowns sometimes cause cancellation of in-person visiting. Lockdown restrictions can be highly isolating, making it more difficult for AICs to maintain and repair family relationships, to maintain essential ties to their communities, and to plan for successful release.

“My kids had planned to come see me that day. We were on lockdown [and] they were just turning families away at the gate. There was a family that was there from California that was

turned away. My children's guardians had to drive in from Salem, and that's gas money that they don't have."

"The worst thing about lockdowns is that you're not allowed to have contact with people in your life outside of prison."

"The release planning process is a joke when you're having excessive lockdowns."

"It's so frustrating when you can't call your children to say good night. That relationship is already so strained. For mothers who are trying to build integrity with their families and their children, if I say I'm going to call at this time and I don't, they say, 'she's unreliable.' A child doesn't understand when I say, 'sorry, we were on lockdown.' They just think: 'Mom didn't call.'"

"You have these limited windows of time when you can get out. Once you come off of lockdown, everybody runs to the phones, and those are limited resources by design, I think to keep us at odds [with one another]. There are ten phones for about 200 guys on my unit. You probably won't get a phone call before you're locked in again."

The next section will look at what rules and policies are in place regarding lockdowns in Oregon prisons, and discuss how lockdowns are imposed in practice, based on accounts from former and current AICs.

LOCKDOWN RULES, POLICIES, AND PRACTICES IN ODOC PRISONS

GUIDELINES FOR LOCKDOWNS are currently solely addressed in ODOC internal policy. Oregon statutes and agency regulations do not specifically address lockdowns. The actual ODOC practices related to lockdowns are revealed through the accounts of those with lived experience.

ODOC AGENCY-WIDE POLICY FOR “EMERGENCY MANAGEMENT”

The ODOC addresses lockdowns in its policy for “Emergency Management.” The policy describes how facilities must respond to emergencies, aka “incidents.”³⁵ It instructs

facilities to assess the need for lockdowns specifically in situations where backup assistance is needed to resolve an incident. In such cases, a backup team is supposed to be assembled upon announcement of a lockdown. The policy requires facilities to consider certain “tactical priorities” when responding to incidents; one of these priorities is to “resolve the incident and return the institution to normal operations.”³⁶ The policy outlines several goals of emergency management. Among the goals: maintaining a “safe and humane environment for the public, its employees and inmates”; “returning the facility to normal operation”; and to “maintain and restore humane and professional conditions of incarceration as quickly and safely as possible.”³⁷

35 Oregon Dep’t of Corrections Policy 10.3.1, Emergency Management, eff. 11-22-2017. The emergency management policy defines an “incident” as “Any incident or event outside the ordinary and routine, or that may require additional resources or redeployment of resources.” See *id.* at 3.

36 *Id.* at 6.

37 *Id.* at 9.

This is the only ODOC agency-wide internal policy that addresses lockdowns. The use of lockdowns expressed in this policy, as a temporary measure to address emergencies, and the goal of returning to humane conditions as quickly as possible, is a far cry from what is happening with lockdowns in practice.

According to ODOC's initial response to a public records request, individual ODOC facilities have their own internal policies for lockdowns. We requested the lockdown policies of three ODOC facilities in July 2024, but that records request has not yet been fulfilled at the time of publication of this report.

ODOC LOCKDOWN PRACTICES: THEMES REPORTED BY AICS

AICs from different facilities report that frequent lockdowns have become "the norm." The intensity of the problem can vary among facilities and at different times of the year. For example, at Oregon State Correctional Institution (OSCI), it was reported that lockdowns have been more routinely imposed since the pandemic, but during the summer of 2024, they became noticeably more frequent. By contrast, at Coffee Creek Correctional Facility (CCCF), the facility for women, reports of incessant lockdowns have been consistently high during the last several years.

Below are common themes and examples shared by AICs about ODOC practices for lockdowns.

LOCKDOWNS ARE VERY FREQUENT, UNPREDICTABLE AND CAN LAST FOR CONSECUTIVE DAYS

During 2024, AICs have been reporting lockdowns ranging from 3-4 times a week, up to daily for stretches of two weeks or longer. We received several reports from CCCF, for example, that lockdowns had been happening

every day for a week or two weeks. AICs in CCCF reported in March that they were locked down about a third of the days that month. In the summer, closures of the yard, dayrooms, or both, became even worse in more than one facility, with more staff calling in on nice weather days. AICs reported eating in cells routinely. In some cases, COs will make efforts to let people out, for example, by allowing small groups of people to take turns using the day room for 30 minutes. But, it was reported that this is not a standard practice but a question of the CO's discretion.

AICs reported poor communication from staff about the reason for lockdowns and that staff admonish AICs for asking for clarification about lockdown status. Often, AICs are told that a lockdown is occurring due to inadequate staff. Other times, the reason for a lockdown, or whether a lockdown will be imposed that day or not, is not made clear.

"The worst part is the unknown. I can accept anything if I know why it's happening. I don't have to like it, but I can accept it. If you had the decency to say, 'we don't have enough people to run the facility' it would be easier to accept. Instead, some COs say, 'It's not your business. You don't get to know that. You don't get to question. If you don't like it, don't come to prison.'"

"This is worse than COVID. This summer has been the worst that I've ever seen it, because at least during COVID we got to go outside. There were about 4-5 weeks straight in June/July when we didn't go outside."

"Some weeks it might be all week long, some weeks it might be a couple days a week. It has increased in frequency in the last few months. We've been stuck in our cell all weekend long for the last month. And there is no end in sight that we can tell."

"It's insane. It's been daily. It's affecting us drastically. We also have to be around the staff who are burned out. We're all [AICs]

and staff” burnt out as human beings. It’s a nightmare.”

“We’ve been stuck in our cell all weekend long for the last month. It’s nice out and officers are taking days off. And they’re doing [lockdowns] when administrators are not here.”

“Excluding my unit where we can walk around the unit, every other unit is in cell for around 23 hours per day, with time out for maybe a shower or a phone call, and meals.”

“Cancelling yard is happening more often than not. Last month out of 62 yard sessions, we probably had yard 15 times.”

OFFICER DISCRETION DICTATES FREQUENCY AND HARSHNESS OF LOCKDOWNS

“Why is it only on those [certain officers] shifts when we’re getting locked down?”

“Last Saturday I didn’t get to take a shower. They did not let us out at all because the officer didn’t know how to open the (cell) doors.”

“A lot of times the officer in charge will prefer that people are locked down because they just don’t want to deal with stuff.”

“Sometimes during med line [times out of cell during lockdowns to pick up medications], the officer will let you get a cup of water while you’re out, check the tablet, or use the microwave; sometimes not.”

“Lockdowns have increased, and we are seeing staff movement to get us out a little at a time. However, it depends very much on who the OIC [officer in charge] is. Certain COs will put us on lockdown and not even try to get us out. Other COs do try. It is very much staff-specific.”

“Some staff will mark you in for work [when lockdowns close work] so you still get paid; some did not. It’s not my doing, this is outside my control. I am physically unable to go to my job. So you’re missing out on money because

they can’t keep staff. And you’re already so limited on money.”

“[One CO] would shut down the facility at night because it was ‘too loud.’ She would say it’s a security risk but for her, it’s really about power and control. It is pretty ridiculous.”

“Not being able to shower after work--there are officers who make exceptions. One officer wouldn’t even let fire crew shower.”

STAFF CULTURE AND INDIFFERENCE TOWARDS AICS PLAYS A ROLE

“While there appears to be some kind of rationale for lockdowns as far as the administration is concerned, I believe that staff are more than willing to lock inmates in for any reason, real or imagined.”

“Among the several jobs I maintained throughout the 25 years on the inside, one of them was officer station orderly for over ten years. It was during these times that I often heard, ‘If it were up to us, you all would be locked down 24-7.’”

“During times of full lockdown, staff is required to feed inmates in their cells. On occasion I was let out of my cell to help this endeavor with staff stating, ‘It is time to feed the animals.’”

“They laughed at us [women] and said, ‘the men don’t get locked down, ‘cause they’ll riot.’”

“The power hungry, it seems to make them giddy, they just really enjoy it. One officer -- he’s the worst. He would come in, and he’s very loud when he comes in and wants everyone to know he’s there because he likes the attention – he’d always say something mocking about how nice it is outside, and how we’re all just sitting in there on lockdown.”

“I heard once after our time out [of cell] – [the CO] said, ‘It’s time to kennel up, kitties.’ It was very difficult for me to walk to my cell after that. The person inside me who knows how wrong that is just wanted to rear up, but I couldn’t. You’re just not in a position to do that.”

LOCKDOWNS FOR STAFF PARTIES CAN BE ESPECIALLY CHALLENGING

“Some of the hardest lockdowns to endure are the ones during a retirement party or during corrections [appreciation] week. Corrections week can be especially painful.”

“It was irritating to know that we were locked down to celebrate COs and that they got to have a party every day for a whole week.”

LOCKDOWNS OFTEN APPEAR UNNECESSARY

“With the departure of even a single staff member to accompany an inmate to the hospital, that leads to a lockdown.”

“We were locked down for the solar eclipse. Why? The entire institution was locked down, as if it was going to be ‘all hell breaks loose.’ It’s a lazy way of not wanting to handle the population.”

“There’s been times when there was a medical emergency at 2pm and we’re locked down the rest of the night. The argument they’ll make is that it’s for security reasons.”

“Generally the whole facility [C C C F] will be locked down for an incident anywhere in the facility [including the separate men’s intake unit].”

“Any time there’s a medical trip, losing one staff member is enough to shut everything down. That’s just normal operating procedure around here these days. They always say ‘we had a med trip’ – it’s all bullshit. There’s a lot of things like that that became normalized during the pandemic. When they don’t run yard, they get to go play in the breakroom.”

CERTAIN UNITS ARE TREATED MORE HARSHLY

According to AICs, lockdown practices can be harsher or more lenient among different housing units. For example, in CCCF, it is reported that C and D units have less yard

time than other units during lockdowns because those units cannot use the yard at the same time. As a result, “days go by when either unit gets no yard at all.” This practice of separating the units is reportedly based on the assertion that AICs on C unit will pass razor blades to D unit, which houses AICs who are deemed to suffer from mental health conditions. AICs say this policy is counterproductive and only increases the hardships of people who are struggling with mental health difficulties. One AIC explained, “People with a cutting disorder will find a way to cut. They use pencils, staples, or even paper. They are struggling. They aren’t getting enough outside time.”

Meanwhile at OSCI, some units reportedly have more freedom during lockdowns, while others are more restrictive. One AIC explained, “There’s no reason for it. It’s just the guards choose to make [a certain unit] a punishment unit. At lunchtime there would be a sign-up list for showers and a sign-up for phones. A guard may or may not let them out.”

These accounts are compelling evidence that frequent lockdowns are a problem that urgently needs to be addressed. Below are a few examples of how other jurisdictions have addressed the overuse of lockdowns.

EXAMPLES OF REFORM EFFORTS IN OTHER JURISDICTIONS

DISTRICT OF COLUMBIA: A proposed bill would have provided eight hours of guaranteed out of cell time each day.³⁸

FEDERAL BUREAU OF PRISONS: In July 2024, President Joe Biden signed into law the Federal Prison Oversight Act.³⁹ The Act requires the DOJ inspector general to conduct inspections of all 122 federal prison facilities and establishes an independent ombudsman position to address complaints. The inspections will include assessments of the frequency and duration of lockdowns.⁴⁰

CONNECTICUT: The PROTECT Act was signed into law in May 2022. It “ensures minimum wellness standards in isolated confinement, including two hours out of cell and access to basic necessities.” Under the law, “all incarcerated people, other than those in disciplinary statuses, must have a minimum of four hours out of cell per day” and “all incarcerated people in general population must have at least five hours out of cell per day.”⁴¹

WISCONSIN: In December 2023, a package of 17 bills aimed at improving conditions of confinement was introduced. Among other things, the legislation would have established minimum time outdoors and recreational opportunities.⁴²

38 Sara Vogel, *Texas Lockdowns on Statewide Lockdown...And Other News on Solitary Confinement This Week*, Solitary Watch, Sept. 13, 2023, <https://solitarywatch.org/2023/09/13/texas-prisons-on-statewide-lockdownand-other-news-on-solitary-confinement-this-week/>.

39 Michael R. Sisak & Michael Balsamo, *Biden Signs Bill Strengthening Oversight of Crisis-Plagued US Bureau of Prisons After AP Reporting*, July 25, 2024, AP News, <https://apnews.com/article/federal-prisons-congress-oversight-abuse-transparency-biden-397d95d00d507a95c58dc0f78ada0407>.

40 S. 1401, Federal Prison Oversight Act, 118th Congress (2023-2024), <https://www.congress.gov/bill/118th-congress/senate-bill/1401/text>.

41 Stop Solitary CT: Unlock Humanity One-Pager, The PROTECT Act 2022, <https://stopsolitaryct.org/legislative-advocacy> (accessed Oct. 17, 2024).

42 “Conditions of Confinement” Package Bill List, Nov. 2, 2023, <https://drive.google.com/file/d/1p9ku9If3pfFGfbwzm-KloDLLhP9iHvAwA/view> (accessed Oct. 17, 2024); Darrielle Fair, *Wisconsin Lawmakers Introduce Legislation to Require Department of Corrections to Notify Public on Status of Lockdowns and Solitary Confinement*, WKOW, Dec. 14, 2023, https://www.wkow.com/news/wisconsin-lawmakers-introduce-legislation-to-require-department-of-corrections-to-notify-public-on-status-of/article_b62f03fa-9ae1-11ee-945b-d7999ff9844b.html.

RECOMMENDATIONS

- **REDUCE THE PRISON POPULATION** (e.g. increase opportunities for compassionate release, sentencing reform, increase alternatives to incarceration, etc.).
- **ENACT LAWS TO LIMIT** the frequency and duration of lockdowns; to require true emergencies and approval by a facility's superintendent or assistant superintendent prior to imposition of lockdowns; and to hold ODOC staff accountable for violations of laws restraining the use and duration of lockdowns.
- **ENACT MINIMUM STANDARDS** for time out of cell and time outside. For example, a minimum of eight hours out of cell, and at least one hour outside. If weather prevents opening the yard, AICs should have at least one hour to use indoor recreational spaces.
- **REQUIRE ODOC TO TRACK AND REPORT** lockdowns, in real-time, to an electronic database, and publish to a public-facing dashboard showing the number of lockdowns, the reasons for lockdowns, and their duration.
- **REQUIRE ODOC TO ENSURE ADEQUATE ACCESS** to telephones, tablets, in-person visiting, showers, fresh drinking water, hot water, ice, and other necessities of daily life.
- **ODOC SHOULD MOVE THE MEN'S INTAKE UNIT** out of CCCF (and/or stop imposing lockdowns across the facility any time an incident occurs on men's intake unit).

CONCLUSION

LIFE UNDER CONSTANT LOCKDOWN has become the new normal, causing incredible harm and intense suffering to people incarcerated in Oregon's prisons. The conditions created by lockdowns are not only inhumane; they are incredibly counterproductive. Lockdowns are associated with worse outcomes for people who are incarcerated and can have lasting negative impacts. These conditions interfere with rehabilitation; they strain connections to crucial community and family relationships; and they generally diminish AICs' ability to prepare for successful reentry. While this problem is significant, it has not been acknowledged as such by the public and state leaders. We encourage stakeholders to look more closely at the reality of daily life inside ODOC facilities and take meaningful action to stop excessive lockdowns.



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