Riot at Tecumseh State Correctional Institution: Causes, Course, and Change

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On May 10, 2015, several hundred inmates seized control of the majority of the Tecumseh State Correctional Institution (TSCI), Nebraska Department of Corrections. For over ten hours, inmates held complete control of the main yard, two housing units and their adjacent miniyards, the gymnasium, and passively controlled other portions of the institution. They destroyed portions of housing units and the gymnasium, assaulted several prison staff, started fires of significance, and murdered two inmates. In four locations, staff were trapped by inmates, only to be rescued by tactical teams. This report seeks to explain the causes of the riot, and considers the agency's response to the disturbance. A detailed account of the riot's development over the ten hours is provided in the report by Critical Incident Review Team (CIRT).<sup>1</sup> Readers interested in those (important) details are referred to that comprehensive document. We differ however in matters of interpretation. We attribute the riot's causes to the pre-riot conditions, whereas the CIRT asserts that the riot happened as matter of chance. In the conclusion, based on identification of these conditions, we make recommendations.

## **Causes of the Riot**

The distinguishing feature of a prison riot is that significant numbers of inmates take control of a significant portion of the prison and hold it for a significant period of time. How did a crisis of control happen at this facility at this time?

One possibility is by chance. The riot occurred when and where it did because inmates "decided" to riot at a particular moment. The riot was issueless, that is, mayhem not in response to conditions or actions of state authorities. Evidence that supports this conclusion includes the absence of "traditional" indicators of disorder. For example, in the period leading up to the disturbance, there was no increase in commissary orders, staff absenteeism, or inmates declining to take meals.<sup>2</sup>

We see it differently. In our view, a conjuncture of several conditions primed the institution for rebellion. The prison was under stress; inmates were unsettled; the "barometric pressure" was high and rising. When the initial resistance took place, this stress permitted small acts of resistance to expand rapidly, first from the yard, then into two housing units and the

Facility under Stress. A conjuncture of five conditions unsettled the inmate population. First, the inmate population was a combination of Maximum and Medium Custody inmates. In

<sup>2</sup> Ibid., p. 28.

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<sup>&</sup>lt;sup>1</sup> Critical Incident Review Team, "Final Report: A Critical Incident Review of the Events Surrounding the Inmate

addition, pods of protective custody inmates were co-located next to maximum-security offenders in the same housing unit. This combination of populations made it extremely difficult to simultaneously: a) offer privileges to medium security inmates who had earned them by demonstrating better behavior than the maximum security population; b) increase supervision and security for maximum-security offenders, and; c) provide enhanced protection and equal privileges to protective custody offenders. In short, too many purposes were being served by one facility. This approach suggests neither safety nor accountability.

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Second, a significant portion of the inmate population (estimated to be about 47%) belonged to one of many Security Threat Groups (STGs), that is, gangs. Although rival STGs appeared to exist somewhat peacefully with each other at the prison, it is also apparent that they were somewhat unified in this disturbance against the administration. This is evidenced by what appears to be a coordinated multi-gang strategy. During the onset of the riot, the Blood gang and their associates controlled much of the activity in the main yard, while the Surenos and their affiliates controlled much of the activity within the housing units. During the riot, a staff their affiliates controlled much of the activity within the was cooperation among gangs. While hit-list was written on a unit wall, containing the "tagging" or marking by multiple gangs. While the evidence is not conclusive, it appears that minimally there was cooperation among gangs and, at most, there was coordination in opposition to prison authorities.

Third, in 2012, the facility implemented "controlled movement," a system of scheduled movement to and from different programs, work assignments, and recreational activities. The intent was to make program offerings equitable and limit the density of inmates in an activity area. While controlled movement is considered a "best practice" in corrections, inmates at SCI saw it negatively – a tightening of the screws. To help alleviate these concerns, a "wellness reague" was established in 2014. Inmates that were free from violations for a specific period of league" was established in 2014. Inmates that were free from violations for a specific period of ime were allowed, as a reward, additional time on the yard and participation in other activities within the facility. Many inmates found the establishment of the wellness league unfair. As one inmate stated, either all inmates should be allowed the additional exercise time or none should. Staff had their own objections. As they saw it, the system of controlled movement had been degraded, allowing movement on the yard to be relatively unregulated. There was a return to the open-yard rather than controlled movement philosophy.

Fourth, an ideology appears to have spread among inmates that supported rebellion. In postriot debriefings, a significant numbers of inmates (it is unclear how pervasive this claim was among the inmate population) stated that they believed that a disturbance would lead to massive staff resignations. This, in turn, would cause severe staff shortages. The riot would bring media attention to the "illegitimate" conditions in Nebraska prisons. The federal courts or bring media attention to the "illegitimate" conditions in Nebraska prison conditions violated Constitutional protections of inmates. The "bad" staff would be fired; amenities would improve. Regardless as to whether this ideology of federal intervention had any basis in principles of American government, inmates appeared to have believed that it did. Inmates

could point to federal intervention in recent high profile incidents of alleged police abuse for a supporting metaphor for intervention by the federal government in corrections.

Specifically, police – citizen encounters had come under scrutiny with claims of unjust treatment. Widely known events along these lines included those in Ferguson, Missouri, Baltimore, and New York City. These charges were given legitimacy by citizen protestors, by a critical press, and by intervention by the federal government in some cases. Prison inmates could easily enough reason that the legitimacy of defiance on the streets can be transferred to legitimacy of defiance behind bars. Inmates at TSCI, appear to have been aware of these broader events. For example, after an inmate was shot by an officer in a tower, those in the immediate area began to chant, "Hands up, don't shoot." This was an obvious reference to events at Ferguson, during which protestors chanted the same phrase.

Fifth, two events external to the prison had an unsettling effect. On May 9, the day before the riot, inmates at the Nebraska State Penitentiary engaged in several multi-man fights. Seven altercations involved 25 inmates. Two staff members were transported to an outside hospital due to injuries received. The prison was locked down and several of the perpetrators were moved to TSCI's secure housing unit. Defiance was in the air. This event came on the heels of negative press concerning sentence computation. In the fall of 2014, it was revealed that the agency had released hundreds of inmates before their actual discharge date. Some of those so released were arrested and re-incarcerated to serve their full term. A basic responsibility of a correctional agency is to release offenders when their sentence expires or they meet other conditions for release. We speculate that the failure to do this damaged the credibility of the agency for inmates as it ultimately meant that many would be serving more time than had been

In sum, these five conditions, in combination, primed the prison for a riot. The five conditions included those local to the situation, such as controversy over the control of inmate movement. They also included the broader political and social frameworks that impinged on the facility. This was the general belief that citizens have a right to defy local authorities if an injustice is present, and that the federal government will come to their assistance. Of course, from the point of view of prison authorities, it is dangerous for inmates to believe that through violent or disruptive acts they can change the security procedures of a prison.

## **Riot Initiation and Expansion**

The riot began when a group of inmates, released to receive medication, joined inmates from another housing unit. They refused to disperse when ordered by staff, and instead assaulted a staff member. From this confrontation, the disturbance spread facility-wide. (A detailed account of these events is provided in the report by the Critical Incident Review Team.) The transition from a single incident to a facility-wide riot can be attributed to several factors.

## Inmate Coordination

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A factor contributing to expansion is that the riot was coordinated to some degree. Almost immediately following the initial staff assault in the main yard, inmates began to refuse to lockdown in Unit 2 AB gallery and mini yard, and Unit 3 CD gallery and mini yard. The simultaneous nature of these disturbances suggests that the incidents were coordinated by time, by visual observation, or perhaps even by listening to the radio communications of staff. In addition it appears that the Blood STG had a dominant presence on the main yard and the Sureno STG had a dominant presence within the living units. Although this could be coincidence, the control demonstrated in different areas of the facility by different gangs strongly suggests a coordinated or planned event designed to overwhelm the staff and staff resources present on the day of the riot.

### Facility staffing

On the day of the riot the facility was understaffed by four, which the facility attempted to mitigate by closing four program areas. In addition, this particular shift, on this day of the week, at this particular time, had a high concentration of relatively new, inexperienced staff. Approximately 35% of the custody staff had less than 2 years of experience and 45% of the custody staff were hired on or after the year 2013. These factors limited the facility's ability to respond quickly and created lapses in security that might not have otherwise occurred. Despite the closure of four program areas, the presence of the four staff that should have been on duty that shift could have aided significantly in the initial response or perhaps could have assisted the new supervisor in understanding the operations of the yard. In either case, when movement was called immediately prior to the initiation of the riot, many more inmates were allowed to move to the yard than the controlled movement scheduled intended. At that point, with too many inmates in the yard and too few staff, the capacity to contain the initial assault diminished significantly. Once the disturbance started to grow and the need for additional staff was apparent, the facility had already maximized its response and exhausted staff resources. They were overwhelmed.

### Incident Commander

By agency policy, the on-site incident commander has responsibility to direct resources, approve tactical plans, establish strategies and coordinate broader system resources to include external agencies. The initial incident commander was the Acting Shift Supervisor, a sergeant serving as an acting Lieutenant. He had completed the Advanced Emergency Preparedness course, as is required to manage a shift. However, he did not use the emergency response plan to his advantage during the incident. While he demonstrated good command presence in a scenario that could have escalated even further, the response was somewhat disjointed. Many staff, especially the emergency teams and the respective team leaders were implementing independent actions at critical times to compensate for the lack of a coordinated response. As

an example, a decision was made to turn the inmate phones off while the Crisis Negotiations Team (CNT) was talking with offenders involved in the disturbance. This decision, made outside of incident command and without the input from or prior knowledge of the CNT, discredited the CNT as they were attempting to establish rapport.

# Emergency Operations Center

The EOC, located at the Nebraska Department of Correctional Service central office in Lincoln, was opened at approximately 4:00 pm on the initial day of the riot. Two Deputy Directors arrived first and the Department Emergency Coordinator and the Director arrived shortly after. Communications with TSCI was established and a 15-minute update routine from the emergency scene was requested. Recent changes in the NDCS administration may have contributed to a lack of organization and confusion in the delegation of duties. The Deputy Directors who arrived were both acting Deputy Directors and the Director had been in office only three months. The executive team had little experience in operating the Emergency Operations Center and the fact that new leadership had yet to receive formal training as to how to set up the command center and the assignment of specific responsibilities may have hampered those efforts. Yet, more fundamentally, it was evident from discussions with top administrators that the agency lacked clear consensus as to the purpose, goal or authority of the EOC. One top administrator indicated that that he believed that the role of the EOC was to supply support to local incident command and not to direct or approve response activities. At least one other senior administrator held a different opinion, believing that the EOC was also activated to provide command-level decisions. This lack of clarity may have contributed to confusion as to the role of the EOC at the local incident command post.

Furthermore, the EOC had not been activated at headquarters in the last three years. Big screen monitors and laptops had been purchased and deployed in 2010 with training designed to instruct staff as to how an EOC should function. Due to other priorities within the department, training and practice routines necessary to make use of the equipment did not occur in the last few years. Though staff was able to rely on the tried-and-true flip charts and markers to keep track of information received, valuable time was wasted in the attempt to utilize the recently acquired technology.

Most importantly, the EOC did not receive clear, real-time information on the events occurring in the facility. For instance, the EOC was not informed that the shift commander, not the warden, had continued to operate as the incident commander. To obtain information more directly, the Director and the Department's Emergency Coordinator left the EOC for the facility at approximately midnight. At that point, the EOC lost its key function of agency-wide coordination.

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#### Tactical Response

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The Special Operations Team (SORT) and the Correctional Emergency Response Team (CERT) had trained independently and jointly in response to different scenarios for riot type incidents.<sup>3</sup> It was evident, that the SORT and CERT were proficient on the basic skills of riot control formations and movement (for CERT) and tactical building entries and searches (for SORT). The teams completed assigned missions, from rescuing staff that had become isolated in inmatecontrolled areas to clearing the units and yards of inmate rioters. There were, however, avoidable risks taken.

A decision was made to move the tactical teams through the yard still scattered with approximately 45 inmates. It was assumed that with warnings and a show of force the movement from a secure area to a housing unit to rescue staff would happen with little inmate resistance. However an inmate charged the formation and was able to penetrate the team's formation and came within reach of lethal and less-then-lethal weapons. The teams had not trained for this direct challenge and therefore did not have a planned response that would have maintained appropriate stand-off distances. The tactical teams also deployed without an arrest team, which required some armed SORT members to apply restraints on the inmate. This made the team, already in a risky position, more vulnerable to other inmate attacks, as their security

was weakened.

During our interviews, staff often explained their decisions in terms of being "according to policy." In our judgment, they relied on rigid interpretation of policies rather than demonstrating an ability to interpret policy based on the dynamics of the incident as it developed. In any emergency, staff must act within the bounds of policy, but because no two emergencies are ever the same, staff should be able to understand the principles behind the policy and be nimble in their application based on the scenario at hand.

For example, the department has a policy that requires a process for transferring command from one person to another. This process is intended to give the relieving commander time to gain an awareness of the situation and the resolution strategy thus far employed. The policy requires that the incident commander must be on site before assuming command; that the situation should be stabilized; there should be a thorough briefing and a period of overlap; and the change of command should be announced to all the responders and facility staff. In this

<sup>3</sup> Special Operations Response Teams (SORT) are assembled from across the Department to handle the highest risk situations, such as hostage rescue. They are highly trained and fully equipped. Correctional Emergency Response Teams are associated with specific facilities, and can be deployed rapidly in response to dangerous situations or individual inmate non-compliance.

case, the word "stabilized" was interpreted to mean that this situation must be "controlled" or "isolated and contained" before a change of command from the Initial Commander (here, Acting Shift Supervisor) to the Ultimate Commander (typically, the Warden) could be initiated. As a result, Command was not transferred to the Warden until approximately six hours into the emergency, an unnecessary delay in moving command to a higher level.

# Conclusion: Lessons learned.

Prison riots are costly to all parties involved. This justifies an intense look at how riots are resolved, and how their "price" can be lowered through effective tactical responses. But they are also an opportunity for managed change. A riot may reveal how an agency can improve its operation, not only to avoid riots in the future, but also to better serve its mission. The Nebraska Department of Correctional Services commissioned a comprehensive Critical Incident Review to analyze the event and make specific recommendations for security practice improvements. The agency then commissioned this report, a broader look at the causal factors (living conditions and security practices) that led to this event and recommendations as to how to improve their correctional system.

### Security Practices

The Critical Incident Review Team made extensive recommendations to improve security practices. We add only a few additional recommendations specific to incident command.

#### Incident Command

The Emergency Operations Center is located in headquarters and provides critical decisionmaking as well as logistical support by mobilizing broader agency resources and coordinating resources external from the agency in support of the incident command. The agency should ensure that staff understand the role of the EOC and its functions. Activating the EOC for smaller scale events is an opportunity for the agency to practice the integration of EOC functions into the command structure.

With regard to the on-site Incident Command, policy and training should clarify when it is appropriate to change the level of command from the initial incident commander to (most often) the warden. The requirement that the situation be "stabilized" does not mandate a delay beyond that which is needed to inform the higher-ranked commander of the situation at hand and follow up on specific actions ordered. The Warden (or other ultimate commander) should be expected to ensure they are using the transition of command process as a way to reasonably accept responsibility of the emergency as quickly as time and circumstances will allow. More broadly, training should include multiple examples where staff can interpret and apply key policy principles to different scenarios.

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## The Safety Paradox

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The two fundamental goals of corrections -- safe and secure facilities and public safety improvement through inmate rehabilitation and reduced recidivism -- are co-dependent. The greater a prison's orientation toward rehabilitation through case management and programming, the safer it becomes. Giving inmates the opportunity to engage in activities that they find meaningful (e.g. treatment, education, vocational training) reduces idleness and incentivizes desistance from violent and disruptive behavior. Establishing appropriate custody placements and utilizing case management increases inmate engagement, creating system legitimacy from the perspective of inmates, a fundamental factor in avoiding prison disturbances. This also allows prison staff to develop a rapport with the inmate population, which will provide staff with better intelligence regarding tension and stressors occurring within facilities. TSCI was overburdened and under resourced in several regards.

### Classification System

Gradations in security routines and staffing ratios, as well as separate housing units for different custody levels, allows for tailored post orders and training, appropriate staffing levels and heightened staff awareness of the increased potential for violation behavior by higher custody inmates. It allows the department to provide more opportunities for programming and idleness-reduction activities for inmates who have demonstrated the ability to be safely managed in groups. These distinctions create an incentive for inmates to progress towards lower security levels where they will experience less institutional control, additional privileges, and more opportunities to participate in programming.

The department should implement a behavior-based security risk tool to assess every inmate upon committal. Factors such conviction and time-to-release may drive overrides but for the most part, an inmate's custody classification should be based on their security risk as defined by their behavior while in custody.

To make custody distinctions meaningful, the department must separate the physical space in which these inmates are housed, assigning supervision, staffing ratios, and security routines by distinct behavioral levels. With these systems in place, the department can then engage in expansion of programming. Rehabilitation cannot occur when inmates and staff are on high alert, fearing for their safety.

The department is in the early stages of understanding the scope and impact of gang affiliation and activity within its facilities. A modest investment in additional intelligence gathering and data collection will help it assess the degree in which STGs influence violent behavior behind the walls. Analyzing this data will allow the department to develop strategies to reduce their impact. As prison systems in other states have experienced in decades of tackling gang issues in prison, STGs cannot be eliminated. Rather, STGs require management and vigilance. Early

interventions can reduce violence and the costs associated with managing this violent subset, however overly aggressive system response is both costly and ineffective. Correctional systems that have primarily utilized a suppression-based strategy to address gang violence have driven up their administrative segregation population and unintentionally elevated the status of gang membership. In an effort to create a safer environment, they have created vulnerabilities.

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#### Staffing Balance

Case management staff is the visible representation to inmates of a correctional system's commitment to their betterment and well-being. Their primary purpose should be the management of individual inmate's case plans and to assist them when they have specific needs (e.g. death bed visits, emergency phone calls, special visits). The department has confused this role by deploying them as correctional officers with the title of case manager. The end result is that case managers are viewed more as rule enforcers by the inmate population rather than as caseworkers. This deserves reexamination with the goal of having an appropriate ratio of staff deployed with the primary purpose of comprehensive case planning.

This commitment should also be reflected in the organizational chart of the agency. Their current strategy subordinates the roles and quantity of case management and program staff to security staff. As an example, there is one Unit Administrator overseeing the Case Management Department as compared to the Security Department, which has a Security Administrator (Major) and three Captains. This pattern extends up to headquarters. This demonstrates a lack of equilibrium, that is, a greater emphasis on security than programming. This imbalance is noticed by both staff and offenders.

# Comprehensive Facility Mission Strategy

A prison is both a semi-autonomous community and a component of a larger system that functions as an interconnected web of resources. To maximize these resources, an agency, after determining the custody needs of its inmate population, should examine the more specialized needs of its population. It is in the alignment of the population needs with the characteristics of the specific facilities in its system that an agency develops a facility mission strategy. Fundamentally, there is a need for maximum, medium and minimum custody. Beyond this, an agency needs housing for inmates with mental and physical health issues, development disabilities, geriatric issues, protective custody and transition/reentry services. A comprehensive strategy would determine "safe harbors" and missioned housing that allow for appropriate staffing, programs and living conditions to meet these more specialized needs.

For example, TSCI houses an inmate population with diverse custody and specialized needs. In this case, the complexity of serving different populations put strain on the facility. Compounding this stress, the location of this facility (far from an urban center) is less desirable to more senior staff, resulting in less experienced staff dealing with a complicated mix of inmates. As part of a comprehensive strategy, the agency should consider changing the population of the facility. One option is to create a "safe harbor" for protective custody inmates 9 from throughout the prison system. Another is to use the facility to house lower custody inmates who would be better suited for supervision by more junior staff. The department should also consider geographic pay or other incentives for staff to work at this facility.

## Leadership Development

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Correctional leadership makes structural, training and operational decisions that impact the health and safety of both inmates and staff. Most of these leaders started as correctional officers, "growing up" with the fundamentals of security routines. These routines must be scrutinized on a regular basis and adjusted as the inmate population, staff, and outside factors change. Outside factors, be they political, legislative, court-imposed, or public opinion, require higher-level skill development in correctional leaders. Their work must include vigilance in maintaining and adapting security routines while also injecting new thinking and research into their department. With an ever increasing outside focus on what occurs in prisons, correctional leadership must be prepared to actively adapt their work.

A traditional approach is to send department leaders away to national trainings and events sponsored by organizations like the American Correctional Association and the National Institute of Corrections to expose them to advancements in the work. Another approach is to bring in outside guests such as correctional staff from other systems, academics and advocates to expose the department's leaders and future leaders to new thinking. There is value in exposure to information that is very specific to their work (e.g. evidence-based programs to reduce recidivism) and seemingly periphery information that nonetheless impacts their work (e.g. racial and ethnic disparity in the criminal justice system). This outside exposure will help develop a culture that encourages informed innovation and continual improvement. The department should continue to expand partnerships with national non-profits such as Vera Institute for Justice or Council for State Governments that are working in correctional systems to foster best practices and improve conditions for those who live and work in prisons. Likewise, collaborations with non-profit advocacy organizations and universities within Nebraska will also provide opportunities for staff and agency development.

The collection and analysis of data is one of the most powerful tools an agency can employ in understanding the areas of tension in its system. Not only does this assist in the prediction and response to significant events in prisons, but it also allows an agency to recognize and mitigate risk. This increases facility safety, reduces litigation, and reduces recidivism through better inmate outcomes. Nationally this has been an area of tremendous growth in the past two decades, as correctional agencies are engaging with researchers and academics as well as growing their internal capacity to collect and analyze data, to guide their decision-making and

Correctional administrators need access to performance data on everything from budget measures and institutional violence to the prevalence of the mental illness, to help them make the real-time decisions they are faced with every day. In all of the areas of recommendation above (classification, gang management, staffing, facility mission strategy, and leadership development) data is essential.

In sum, prisons are by nature coercive rather than collegial or democratic institutions. One side – prison authorities – decide policy and operational details for the other – prison inmates. Variation in the administration of this coercion can produce assent among the inmate population or it can lead to rebellion. The safety paradox holds that system commitment to case management and inmate engagement is the pathway to stability. The Nebraska Department of Correctional Services should use the breakdown of order at Tecumseh State Correctional Institution as an opportunity to rethink its strategies and policies. This is the way forward.

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