

1 MS. ELLIS: Yes.

2 MR. LEWIS: You can find a lot of this,  
3 find it on line, CDCR.com. There are recruitment  
4 posters everywhere, and each institution in the  
5 personnel office has correctional officers'  
6 applications.

7 MR. MCFARLAND: Thank you very much,  
8 Officer. Did I get your rank?

9 MR. LEWIS: Yes, I am a sergeant,  
10 Correctional Sgt. Wes Lewis. But I don't mind being  
11 called an officer. I have been called a lot worse.

12 I'm sorry.

13 MR. SEXTON: That is fine. Don't  
14 apologize.

15 MR. MCFARLAND: Ms. Viles, what is your  
16 rank?

17 MS. VILES: Correctional officer.

18 MR. MCFARLAND: Officer Viles, thank you  
19 for coming and thank you for your testimony. And I

20 understand we just received this morning a revised

21 version.

22 MS. VILES: Yes.

23 MR. MCFARLAND: The floor is yours.

24 MS. VILES: Good morning.

25 MR. MCFARLAND: Good morning.

1 MS. VILES: My name is Tami Viles. Thank  
2 you for allowing me to provide testimony on the  
3 subject of sexual violence in the California  
4 Department of Corrections and Rehabilitation system.

5 I have been a correctional officer at  
6 California State Prison Sacramento for seven and a  
7 half years of which I was a facility housing officer  
8 for three. Currently I am assigned to the  
9 Investigative Service Unit along with being the  
10 institutional evidence officer. My following  
11 opinions will be based on my experience with these  
12 two jobs.

13 What factors and environment are and are not  
14 conducive to deterrence of sexual assault in prison?

15 The factors and environments conducive to  
16 deterrence of sexual assault are as follows:  
17 Thorough screening of inmates for housing  
18 assignments; correctional officers and medical staff  
19 interaction with inmates on their routine rounds of

20 in-housing units; training for all staff to identify  
21 potential victims; institutional operating policy,  
22 OP 136, that keeps all victims confidential; medical  
23 call slips that are available to all inmates;  
24 institutional programs that allow inmates to have  
25 contact with a supervisor or mentor to report the

1 victimization to; professionalism of staff in  
2 handling the victim's complaints; strict  
3 accountability for the aggressor.

4           The factors and environments not conducive to  
5 the deterrence of sexual assault are as follows:  
6 Cuts in staffing; overcrowding; retaliation by the  
7 aggressor; blind spots and poor lighting in housing  
8 units as well as job assignments; allowing  
9 effeminate male inmates to double cell; allowing  
10 Level 4 inmates to work in dining hall.

11           MR. MCFARLAND: Officer Viles, would you  
12 mind scooting toward the microphone.

13           MS. VILES: Sure.

14           Which system protocols and policies requires  
15 examination?

16           Protocols and policies that require  
17 examination: housing and classification; work  
18 assignments. Medical staff should be trained to  
19 perform rape exams at the institution, eliminating

20 transports to outside hospitals. This would reduce  
21 escape risks and loss of evidence. The OP 136,  
22 institutional sexual policy; educate inmates on the  
23 many avenues available to them for reporting rape.

24 Which staff positions in such a system would  
25 be key witness?

1           The staff positions that would be key  
2 witnesses would be the following: Correctional  
3 officers that have contact with inmates on a daily  
4 basis; correctional counselors who are available to  
5 inmates in their housing units; staff, medical staff  
6 on call to inmate's emergency needs 24 hours a day;  
7 mental health staff are available to inmates.

8           How to scrutinize the training of correctional  
9 officers and medical staff?

10           We currently have extensive training on sexual  
11 assaults and PREA in our yearly in-service training.  
12 The in-service training emphasizes the importance of  
13 zero tolerance for sexual misconduct in its  
14 institutions; the training teaches correctional  
15 officers and other staff members the legal  
16 authority, policy, identifying the behavior  
17 prevention as staff responsibilities. This along  
18 with OP 136 sexual assaults procedure and check-off  
19 list of things to do if an assault occurs ensures

20 that the victim gets the care and treatment they

21 need.

22 CDCR track sexual assaults through incident

23 reports. The information from this tracking method

24 can be used to focus on institutions that might need

25 additional training for medical and/or correctional

1 officers. The sexual assault team should have more  
2 intensive training in investigative procedures,  
3 evidence of collection, exam procedure for medical  
4 staff and counseling. Because I have attended the  
5 U.C. Medical SART training and felt it was  
6 excellent, all medical staff and investigative staff  
7 would benefit from sexual assault forensic examiner  
8 training provided through U.C. Medical Center.

9           The sexual assault forensic examiner training  
10 includes: basic legal issues, sexual assault  
11 history, psychodynamics of rape, anatomy review,  
12 exam and evidence collection, skills stations,  
13 genital trauma, special problems and challenges,  
14 treatment and follow-up, assessment, and effective  
15 expert testimony.

16           What are the likely barriers to reporting,  
17 accurately investigating and deterring prison rape?

18           Barriers to reporting prison rape: fear of  
19 future violence, believability, he said-he said,

20 embarrassment.

21           Barriers to accurately investigate rape:

22 limited time due to staff workload, delayed

23 recording from victims, inmate's believability,

24 inmate's distrust in the prison system,

25 investigative training.

1           Barriers to deter prison rape: funding,  
2   staffing, overcrowding, lack of video cameras for  
3   monitoring and prevention.

4           This concludes my testimony.

5           Does the panel have any questions? And thank  
6   you for the opportunity for providing testimony.

7                   MR. MCFARLAND: As the institution's  
8   evidence officer, what are your responsibilities?

9                   MS. VILES: My responsibilities are to  
10   collect evidence that has been secured in an  
11   evidence locker. Each facility has a locker  
12   provided in a controlled area with an officer,  
13   manned 24 hours a day. They lock it up in the  
14   locker. I go and I pick it up, lock it and  
15   catalogue in a logbook and put it in the  
16   institution's evidence room where it stays till  
17   requested.

18                   MR. MCFARLAND: What related to sexual  
19   assault might be that locker?

20 MS. VILES: If a crime was committed and  
21 there was clothing removed or any evidence that was  
22 processed from the scene. These are the types of  
23 things that would have been in the locker. Most  
24 clothing that is on inmates would be removed from  
25 the scene by the examiner in the hospital. But

1 there is an avenue to preserve, secure and log the  
2 evidence at the institution.

3 MR. MCFARLAND: How many evidence officers  
4 are there in CSP-SAC?

5 MS. VILES: One.

6 MR. LEWIS: You are it.

7 MS. VILES: Yes.

8 MR. MCFARLAND: Are there multiple  
9 investigative service units?

10 MS. VILES: We have one service unit with  
11 approximately 12 members on a team who are available  
12 for investigating all types of crimes and rape as  
13 one of them.

14 MR. MCFARLAND: Would that include medical  
15 officers?

16 MS. VILES: Not in the Investigative  
17 Service Unit. Medical staff are separate.  
18 Additionally, we have two District Attorney  
19 investigators in the unit as well.

20 MR. MCFARLAND: Is that typical for the 33

21 institutions or is this something for CSP-SAC?

22 MS. VILES: I'm sorry, I have no knowledge

23 of the other institutions.

24 MR. MCFARLAND: When do the DAs get

25 involved in an alleged sexual assault?

1 MS. VILES: If on grounds, they could be  
2 involved from the very beginning.

3 MR. MCFARLAND: What is your understanding  
4 when they should be involved?

5 MS. VILES: They should be involved if  
6 Miranda Rights need to be issued. That is one of  
7 their duties they perform. If an officer feels a  
8 crime has been committed, at that point.

9 MR. MCFARLAND: Is your understanding of  
10 the protocol for sexual assault investigation  
11 limited to what you would have learned from Sgt.  
12 Lewis in his in-service training on that subject?

13 MS. VILES: I might have a little more  
14 knowledge of the sexual assault because I have read  
15 OP 136. All officers do have all the operating  
16 procedures available to them. However, their  
17 responsibility on a daily basis is very different  
18 than mine. They are focusing more on the housing  
19 and needs of inmates routinely on a daily basis.

20 MR. MCFARLAND: You're a line officer

21 currently, correct? Front-line officer?

22 MS. VILES: I am a front-line officer if

23 an emergency arises. However, my main duties

24 involve collecting evidence, processing evidence.

25 MR. SEXTON: How often does that happen?

1 MS. VILES: Incidents? Daily.

2 MR. SEXTON: You are talking about any  
3 incident?

4 MS. VILES: Any incident. Stabbing,  
5 mutual combat, staff assault, gassing.

6 MR. SEXTON: When a stabbing occurs, who  
7 investigates that?

8 MS. VILES: IS Unit, Investigative Service  
9 Unit investigates that as well. The 12 members of  
10 ISU Unit I mentioned are responsible for  
11 investigating all crimes.

12 MR. SEXTON: Why would the DA not  
13 investigate that?

14 MS. VILES: They are involved in Miranda  
15 Rights and are available upon request for any  
16 investigation.

17 MR. SEXTON: A sexual assault, the DA has  
18 to get involved?

19 MS. VILES: If after investigating through

20 the ISU Unit, if a crime has been proven, then it is  
21 referred to the DA for further investigating.

22 MR. SEXTON: A peace officer actually does  
23 the investigation of crime in the facility?

24 MS. VILES: The initial investigation.

25 MR. SEXTON: Then they turn that over to

1 the District Attorney? They keep referring to the  
2 District Attorney. Very quickly, that is what my  
3 question is.

4 MS. VILES: Maybe I didn't make myself  
5 clear. The District Attorney investigative  
6 employees on grounds do assist in investigating the  
7 crime. If there is a crime, then it's turned over  
8 to the District Attorney to prosecute.

9 MR. SEXTON: Would they investigate the  
10 same stabbing you referred to?

11 MS. VILES: They could.

12 MR. MCFARLAND: Is there any written  
13 policy or protocol or procedure that would specify  
14 when the DA is to be notified and get involved in an  
15 alleged sexual assault?

16 MS. VILES: Once a crime has -- there is  
17 evidence that there has been a crime committed, then  
18 it could be referred to the District Attorney. That  
19 would be after the initial institution

20 investigation.

21 MR. MCFARLAND: Your understanding is

22 based on what?

23 MS. VILES: Protocol.

24 MR. MCFARLAND: What protocol is OP 136

25 or --

1 MS. VILES: Excuse me for one moment.

2 MR. MCFARLAND: Take your time. My  
3 understanding is that it is.

4 MS. VILES: My understanding is that it is  
5 after there is evidence sustaining a rape that it is  
6 turned over to the District Attorney.

7 MR. MCFARLAND: After evidence?

8 MS. VILES: Sustaining a rape, that there  
9 has been a rape.

10 MR. MCFARLAND: That would be determined  
11 by the ISU?

12 MS. VILES: Yes.

13 MS. ELLIS: Officer Viles, my question has  
14 to do with the investigation itself. To your  
15 knowledge, how soon or perhaps we could even talk  
16 about it typically, does the investigating officer  
17 meet with the victim?

18 MS. VILES: Personally, I have not been  
19 involved in any investigation of a rape. I have

20 knowledge of one incident that has occurred in the  
21 last year. However, the investigative officer, if  
22 on grounds, could be seeing the victim immediately.  
23 The first course of action is to get the inmate to  
24 medical staff and make sure that his needs are met  
25 and treatment, that he be --

1                   MR. SEXTON:  What hours do the  
2  investigators work here?

3                   MS. VILES:  Typically, our hours are six  
4  to three, and we are all on call 24 hours a day,  
5  however.

6                   MR. SEXTON:  Most rapes occur on a second  
7  or third shift.  So it may take a little time for  
8  them to see this investigator?

9                   MS. VILES:  Correct.

10                  MR. SEXTON:  Call one in.  How long have  
11  you been the evidence officer for the Investigative  
12  Service Unit?

13                  MS. VILES:  Two months.

14                  MR. MCFARLAND:  Who heads the ISU?

15                  MS. VILES:  The ISU has two lieutenants  
16  overseen by the Associate Warden.

17                  MR. MCFARLAND:  But the medical staff are  
18  not ISU?

19                  MS. VILES:  No, they are not.

20                   MR. MCFARLAND:  If I understand, the DA is  
21  only called if the ISU decides there has been a  
22  crime committed, but the ISU is working without the  
23  benefit of a medical examiner; is that correct?

24                   MS. VILES:  We have medical staff on  
25  grounds and the inmate is afforded immediate medical

1 attention. Any recommendation from medical staff  
2 would be reported through a report given to the ISU  
3 lieutenant, and that is compiled with all the other  
4 evidence which would be turned over to the District  
5 Attorney if a crime had been committed.

6 MR. MCFARLAND: The prisoner would need to  
7 ask to see a doctor?

8 MS. VILES: No. A prisoner is immediately  
9 afforded medical treatment at the time of report  
10 before even being transported to the U.C. Medical  
11 Center. Medical staff are on staff 24 hours.

12 MS. ELLIS: Officer Viles, you indicated  
13 that you attended SART training and listed the  
14 courses. To your knowledge, do the investigators  
15 also receive this SART training?

16 MS. VILES: To my knowledge, we are. All  
17 the team members are going to be receiving training.  
18 This has been discussed in the last couple of  
19 meetings that we have had, so, yes.

20 MS. ELLIS: You have been the only one to

21 date?

22 MS. VILES: To date.

23 MS. ELLIS: To attend SART training?

24 MS. VILES: Correct.

25 MR. MCFARLAND: What is your understanding

1 of procedures if the allegation of sexual assault is  
2 directed at an officer?

3 MS. VILES: If it is a staff complaint,  
4 the Office of Internal Affairs are immediately  
5 notified, and they handle the investigation, keeping  
6 it separate from the Investigative Service Unit.

7 MR. SEXTON: Do you ever call an outside  
8 experience on an investigation? Do you ever call in  
9 state investigators or Sacramento sheriff, or does  
10 anybody else, does anybody ever offer forensic  
11 expertise or abilities, or do you have mutual aid  
12 that comes here and helps you on investigations?

13 MS. VILES: As I stated before, as  
14 evidence officer I have not been an investigator.  
15 However, any outside agency available through the  
16 District Attorney investigators off shore would be  
17 used through our other investigators. But to my  
18 knowledge, no, they don't come on ground.

19 MR. MCFARLAND: I am sorry, I thought you

20 were part of ISU.

21 MS. VILES: I am.

22 MR. MCFARLAND: You are not an

23 investigator?

24 MS. VILES: No. We have separate,

25 different divisions. I am on the core

1 prosecution.

2 MR. MCFARLAND: I was just confused by  
3 your written testimony. Currently I am assigned to  
4 Investigative Service Unit along with being the  
5 institutions evidence officer. So I guess I am not  
6 clear. Who are the investigators among the 12  
7 members of the ISU who are the noninvestigators?

8 MS. VILES: The two members of the ISU  
9 Unit which, myself, our main duty is process  
10 evidence, collect, secure. One other officer, his  
11 responsibilities include compiling the evidence  
12 reports and referring them to the District Attorney  
13 if need be. The other ten would be on the  
14 investigative team.

15 MR. MCFARLAND: In your testimony you have  
16 listed factors and environments conducive to  
17 deterrents, and I wonder if I can ask you to  
18 elaborate a little bit on some of these. For  
19 example, number one, you say thorough screening of

20 inmates for housing assignments. What kind of  
21 screening do you think would be helpful in this  
22 report? What kind of questions should be asked and  
23 of who in making housing assignments to deter sexual  
24 assault?

25 MS. VILES: I have not had experience in

1 the screening process. There is a special -- the  
2 watch commanders do the screening as the inmates  
3 come into the institutions. However, sometimes they  
4 get a busload of inmates, 40, 50, at a time. In a  
5 short period of time they have to decide what  
6 housing they need.

7 When I say thorough screening, I just meant  
8 more time to look into the backgrounds, see if  
9 potential victims.

10 MR. MCFARLAND: Do you have experience of  
11 making any of those housing assignments?

12 MS. VILES: As housing officer, yes. I  
13 would have inmates ask to change cellies, to see if  
14 they could make separate living arrangements and  
15 move with homey or more compatible cell mate.

16 MR. MCFARLAND: What makes a cell mate  
17 more compatible?

18 MS. VILES: Inmates from same areas, same  
19 interests, closer in age.

20 MR. SEXTON: Sexual preference ever play a

21 role there?

22 MS. VILES: If it was, it was never

23 brought forward. As an officer I assumed inmates

24 could have had other alternatives for why they

25 wanted certain cell mates, but nothing I could prove

1 or disprove.

2 MS. ELLIS: What about crime similarity?

3 MS. VILES: Yes, that could be one of the  
4 common denominators to make them want to be a cell  
5 mate.

6 MS. ELLIS: Following on, factors not  
7 conducive.

8 MR. MCFARLAND: I am not quite done with  
9 this one. Number two, you talk about COs, medical  
10 staff interaction with inmates on their routine  
11 rounds in housing units.

12 Would that interaction with medical staff  
13 occur -- when you're talking about the rounds,  
14 routine rounds, would that occur while the prisoner  
15 is incarcerated within earshot of other prisoners?

16 MS. VILES: They would be in housing  
17 units. Their cell doors are shut. This would be  
18 MTAs on the tier passing out medications several  
19 times a day. I imagine if they didn't want everyone

20 to hear, I think they could talk quietly. There is  
21 a slight little bit of privacy or they can pass them  
22 a medical ducat to request being seen in privacy.

23 MR. MCFARLAND: They would have to ask for  
24 the ducat?

25 MS. VILES: Medical call slips are

1 available in the housing units, on the yard, the  
2 watch office. Each block has a tier tender that  
3 helps pass out different things with the officer.  
4 If they needed something, they could alert the  
5 officer they needed a call slip.

6 MR. MCFARLAND: Help me with just how it  
7 would actually work. If a prisoner was raped by his  
8 cellie one night, the next morning before he's gone  
9 out on the yard, he is not going to have access to  
10 that ducat, he is going to have to ask the trustee  
11 for the form?

12 MS. VILES: No. He could alert the  
13 officer that would be on the tier during count.  
14 They have several counts daily, approximately five  
15 to seven depending on levels and where they are at.  
16 He could just let them know. You do not need a  
17 ducat if you are raped. If they wanted privacy or  
18 if they were wanting a way down to the doctor's  
19 office, they could use a call slip method.

20 MR. SEXTON: Let's talk about privacy.

21 How much privacy is there in a prison?

22 MS. VILES: None.

23 MR. SEXTON: Thank you.

24 MR. MCFARLAND: On Item 6 you say

25 institutional programs allow inmates to have contact

1 with a supervisor or mentor. Who is the mentor? Is  
2 this an outside volunteer?

3 MS. VILES: They do have volunteers come  
4 in with different programs. AA. They have music  
5 instructors come in. Men groups, chaplains.

6 MR. MCFARLAND: Your point is that that  
7 would be another occasion when they could  
8 potentially get the word to them they have been  
9 assaulted?

10 MS. VILES: Correct.

11 MR. MCFARLAND: By institutional programs,  
12 supervisors, you are talking about GED classes and  
13 so forth?

14 MS. VILES: Yes. Or their workplace  
15 supervisor as well.

16 MR. SEXTON: Mr. Chairman, I would like to  
17 ask Mr. Lewis a quick question. Is PREA putting, in  
18 your opinion, and you have been a line officer and  
19 training instructor, is PREA putting the basic

20 functions of the institution in conflict? My  
21 question would be privacy. For example, there is  
22 mention of privacy. There is no privacy in prisons.  
23 Prisons are built for observation.

24 In your experience are we putting -- is PREA  
25 putting some strains in regards to implementing

1 privacy into a prison?

2 MR. LEWIS: I don't see it that way. You  
3 know, if I could just piggyback on one of the  
4 questions that Officer Viles was asked. That is  
5 regarding medical slips and ducats. If he doesn't  
6 have one available. Most inmates stockpile a  
7 variety of forms in their cells, number one.

8 Number two, he can write it on a piece of  
9 paper, I need out of the cell. I need intervention.  
10 I need this. He writes it on a piece of paper and  
11 slides it out the cell. He is not announcing to the  
12 tier he's been raped.

13 Officers would act upon that immediately.  
14 They are not going to sit him down and then call out  
15 or say, "Well, we'll get to you in two or three  
16 days." There are areas of prisons that are designed  
17 for interviews, interview area, where they can have  
18 one-on-one. Do we commonly trust them for routine  
19 medical appointments? No. But are they available,

20 if necessary? Yes, they are. But is privacy a big

21 issue? There is not that lot of it.

22 But the PREA program isn't putting any real

23 constraints on us that I see. I try to stay on task

24 with the elimination of prison rape.

25 MR. MCFARLAND: Officer Viles, have you --

1 are you aware of any officer being disciplined for  
2 violation of sexual misconduct in your seven and a  
3 half years?

4 MS. VILES: No, I am not aware of it.

5 MS. ELLIS: Under the factors that you  
6 list as nonconducive, I would like to have you  
7 elaborate a little bit on number four, blind spots  
8 and poor lighting as well as job assignments. Help  
9 me understand that.

10 MS. VILES: Well, there are few job  
11 assignments that are -- prove to have more security  
12 risks than others and one mainly being the dining  
13 hall. They have taken steps to improve the dining  
14 hall area. However, there are back areas where they  
15 wash the plates, the dishes, freezer lockers,  
16 storage areas and the pantry areas which our  
17 visibility is not great.

18 There is some blind spots in work centers,  
19 main kitchen areas, they have some cameras, but not

20 all areas are able to be monitored.

21 MS. ELLIS: How about Number 5?

22 MS. VILES: Some of the effeminate inmates

23 can prove to be potential victims on a yard with

24 predators and aggressors. Their needs -- they might

25 address the housing need and put them in sensitive

1 need jobs.

2 MR. MCFARLAND: Are Level 4 inmates  
3 allowed to work in the dining hall?

4 MS. VILES: To my knowledge, they are.

5 MR. MCFARLAND: Are you aware of, looking  
6 at Item 3, retaliation by aggressor? Has there ever  
7 been an instance in your knowledge where the alleged  
8 aggressor has been sent to ad seg to keep him away  
9 from the victim as opposed to the victim going to ad  
10 seg?

11 MS. VILES: No. That would be the policy  
12 if it occurred, the aggressor would be sent to ad  
13 seg. I am not aware of anyone being -- aggressor  
14 taken retaliation.

15 MR. MCFARLAND: Who would be the most  
16 knowledgeable person in CSP-SAC on that?

17 MS. VILES: It could be the lieutenants of  
18 each facility that arrange to have the inmates  
19 transferred to ad seg.

20 MR. MCFARLAND: What is your understanding  
21 of the usual protocol if there is an alleged sexual  
22 assault, do both victim and aggressor get sent to ad  
23 seg or just one?

24 MS. VILES: The aggressor gets sent to ad  
25 seg and the victim is provided with alternative

1 housing needs, possibly a sister institution or  
2 sensitive needs yard. In the past they might have  
3 referred them to ad seg, but now they are looking at  
4 the alternatives, sort of making them feel like they  
5 have been victimized the second time.

6 MR. MCFARLAND: Have you seen a change in  
7 the handling of sexual assaults in the course of the  
8 seven and a half years of your service?

9 MS. VILES: I haven't had that much  
10 experience in sexual assault. I have noticed a big  
11 change in the last year of awareness of sexual  
12 assault, how important it is to have zero tolerance,  
13 how it will improve the safety and security of the  
14 institution.

15 MR. MCFARLAND: Is there a lot of joking  
16 among front-line staff of a sexual nature?

17 MS. VILES: No, I have not experienced  
18 that at all.

19 MR. SEXTON: Have you been sexually

20 harassed?

21 MS. VILES: No.

22 MR. MCFARLAND: How many man-hours, so to

23 speak, how many correctional officer hours are

24 involved in having to escort a victim to U.C. Davis

25 Medical Center for an examination?

1 MS. VILES: I would say from the time they  
2 left the institution to bringing the inmate back to  
3 the institution, it would probably be approximately  
4 eight to 12 hours, and on a transport there would be  
5 two officers, and depending on the inmate, possibly  
6 a sergeant.

7 MS. ELLIS: Or support person?

8 MS. VILES: And possibly now a support  
9 person.

10 MR. MCFARLAND: Does the support person  
11 now have an officer?

12 MS. VILES: It depends upon what the  
13 support person, if it is an inmate.

14 MR. MCFARLAND: If it is an inmate, a  
15 support person?

16 MS. VILES: I can't comment on that.

17 MR. SEXTON: Officer Viles, have inmates  
18 ever made an improper comment to you?

19 MS. VILES: Inmate? Yes.

20 MR. SEXTON: Was it of a sexual nature?

21 MS. VILES: Yes.

22 MR. SEXTON: Thank you.

23 MR. MCFARLAND: Was the staff's attitude

24 towards -- just your opinion. You can't speak for

25 all, but what is the staff's attitude towards all

1 this PREA stuff? You have seen a marked change in  
2 the last year. Is general banter that you hear that  
3 it is a pain in the neck and it is overreaction and  
4 kind of overlawyering or is it -- what is the  
5 attitude?

6 MS. VILES: As a whole, the attitude is  
7 professional. This is just one more tool that we  
8 are given to provide a safe environment for the  
9 inmate as well as ourselves. We like it to be safer  
10 and secure, less violence, less crime, less  
11 opportunities for an officer to get hurt.

12 MR. SEXTON: Does that happen?

13 MS. VILES: Happens daily.

14 MR. MCFARLAND: Assaults on officers?

15 MS. VILES: Yes.

16 MR. MCFARLAND: You would be the recipient  
17 of the evidence?

18 MS. VILES: Correct.

19 MR. LEWIS: You are in a position to know

20 that?

21 MS. VILES: Correct.

22 MR. MCFARLAND: Well, I want to thank you

23 both.

24 Are there any follow-up answers that either of

25 you thought of that you wanted to share or anything

1 that you wanted to change or modify about your  
2 testimony?

3 MS. VILES: No.

4 MR. LEWIS: No, thank you.

5 MR. MCFARLAND: We really appreciate your  
6 time and all the effort you put into it.

7 We will be adjourned for 15 minutes.

8 (Panel 5 concluded at 10:33 a.m.)

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