
**JHA COVID-19 Prison
Survey Comment
Report**



Perceptions and Experiences from People inside Prison during the Pandemic

Section: Access to Information

Overview

JHA's COVID-19 Prison Survey Comment Report presents information from comments shared in response to [JHA's COVID-19 survey](#), contextualized with survey data and other information. This survey was responded to by 16,351 people incarcerated in IDOC in late April and early May 2020.

This section of the report summarizes people's comments regarding access to information. This is one of 12 sections reflecting the comments JHA received from people in prisons; the report's Executive Summary and all other sections can be found on our website www.thejha.org.



Access to Information

We are stuck in cells without anything to do. We don't get to see mental health like we should be seeing them. They not giving us our TVs, MP3 player, or tablets so we would at least have something to do. Also to be able to know what's going on in the world/with our families. What are we supposed to be able to do, we are losing our minds. What we have to kill ourself, what we have to kill others, then kill ourselves. What we/us/inmates what do we have to do to receive some help, or something be done about the way we being treated? Some people are truly having a hard time dealing with what we are dealing with and the things we going through. – Menard (likely segregation)¹

*Getting information about the quarantine/lockdown and what is being offered/restricted has been like pulling teeth. There has been no written communications since ... 3/20. When asking COs they almost refuse to give answers and the only way to get updates/info on policies is to write grievances.
– Pontiac Medium Security Unit (MSU)*

Staff attitude is deteriorating. They started out polite and informative. The longer it goes on, the less we know and the snappier the staff becomes. – Illinois River

The staff shows little or no concern nor do they inform us whatsoever with information or updates about this current crisis and it is saddening and frustrating! – Graham

¹ People writing survey comments did not always indicate the part of the facility they were incarcerated in or report their relevant security status. Thus, someone housed at Menard may have been housed in maximum-security, protective custody, the reception and classification center (R&C), the medium security unit (MSU), segregation, administrative detention, etc. Some comments noted being housed in a particular area or security status. When JHA conducts surveys in conjunction with in-person prison monitoring visits we are able to note people's housing when surveys are collected by our staff and volunteers, but gathering this information was not feasible and could have compromised respondents' anonymity in the context of JHA's mail-in COVID-19 survey.

We only get good information on TV or calling your family. If I ask 10 COs, 7 are giving us a different answer. 3 will tell us the truth or say I don't really know.

– Sheridan

We have been asking questions about COVID-19 for some time now, and we never get any straight answers. Mind you, we are terrified. – Decatur

In contrast to the above quotes, people tended to express positive comments when they felt informed or involved with COVID-19 policies and practices. For example, at Pontiac someone wrote, *"The COs try and keep us informed on movement changes and our yard schedule is consistent, so I feel they're doing a good job with this situation. Also mental health staff have been active and helpful,"* and another commented, *"I have worked every day since Pontiac prison went on lockdown from the COVID-19 virus. I work outside every day and have seen and been a part of along with staff the action taken to prevent COVID-19 from entering this facility. Most of the inmates who have spent 23 hours a day in their cell since the lockdown have no idea what has been done at this facility to feed them and to protect from the virus."* At Pinckneyville, someone wrote at length about the importance of communication and transparency and stated: *"I've been locked up [decades] and have never felt the respect and concern from the IDOC administration that I am experiencing now,"* and another person wrote, *"Honestly, the prison is doing a pretty good job at keeping us informed about COVID-19. I was surprised about their transparency. The staff are taking this virus seriously."* However, positive comments about the level of transparency, and staff conduct and providing access to reliable information in general, were the exception, perhaps reflecting the level of restriction and lack involvement experienced by the vast majority.

Providing access to information is key to successful management, particularly during the pandemic. In [JHA's April 8th statement setting forth recommendations](#), we reiterated that IDOC should partake in ongoing transparent communication and information sharing vital to prisoners' health and successful pandemic response during this period. More particularly, we recommended IDOC provide people with information regarding current [Centers for Disease Control \(CDC\) guidance](#), as well as information to respond to people's common concerns about personal protective equipment (PPE) and cleaning supplies.

In partnership with outside public healthcare officials, we advised that IDOC should pay close attention to **ensure all people in facilities have what is currently recommended and communicate that this is occurring.**

In addition, we recommend that IDOC **provide information in an accessible and easily understandable format, with opportunity for people to ask questions.** People should be well-informed about what steps they can take to protect themselves and others and what the facility is doing to protect the population as a whole.

Nurses have an attitude when we ask a question about COVID-19 and the staff tells you to back off or you may to go to seg. – Jacksonville

As positive proactive measures, IDOC formed a Command Center to centralize and conform pandemic response throughout the Agency and has posted departmental memos on their [webpage](#). They also established a phone and email contact for people on the outside to reach out to IDOC with COVID-19 related concerns, but this was eliminated in July for unknown reasons. JHA requested that IDOC track and publicly share information about concerns received and responses updating their FAQs; but this has not yet occurred.

We don't know enough about COVID-19. We don't know if we're vulnerable or who is. We don't know what would happen to us if we got sick. – Decatur

*I wouldn't know what I know about COVID-19 if it wasn't for the local news and my MP3 because for weeks, there were not any bulletins posted anywhere.
– Southwestern*

The memos available on the IDOC COVID-19 webpage were to be printed and handed out or posted and shown on institutional television channels in facilities. This concerted initial communication effort seems to have been largely successful, as **only 6.8% of the JHA COVID-19 prisoner survey respondents reported they did not receive information about COVID-19 prevention from IDOC**. Nonetheless, this still represents **1,111 people who reported they were not informed**. The facilities with the highest percentages of people who reported they did not receive this information were Southwestern, 16.5% (57); Pontiac, 14.8% (77) and Logan, 13.7% (140). These facilities represent diverse carceral environments, including a minimum-security substance use disorder treatment male prison, a maximum-security male prison with a smaller medium-security unit, and a mixed security level female prison.

In conversation with IDOC facilities regarding survey feedback in which JHA shared prisoners' concerns, some administrators provided additional details of how communications were handled at their facilities. For example, Hill administrators reported in addition to posting information in common areas and on the institutional TV channel, information deemed high importance was printed and hand delivered to everyone in the population during 2nd shift count time at least four times. From Stateville, JHA received a copy of an institutional memo from a prisoner with his survey that was marked "Read then pass" suggesting that it was not printed for each prisoner and instead was handled by multiple people and not necessarily seen by everyone. We appreciate that prisons in Illinois are often short supplied due to budgeting issues, including for printing and paper, but have serious concerns about this method of distributing information.

Supposedly, a ... staff member tested positive on May 2nd or 3rd. We were not told anything by the institution. We only saw on the news that someone from the county had tested positive. – Western

A CO [Correctional Officer] tested positive for COVID-19. As of 4-27-20, they have not posted a memo out to us. They have it posted on a public website, so why haven't they told us anything? – Southwestern

This is making my mental state horribly bad. It would really help to have something done about this. Also I have no means to see what is going on out there except other inmates talking, but sometimes you still can't believe that. – Pontiac

In JHA survey comments, many people mentioned learning about COVID-19 from the news or family members. In many ways, access to information within prisons depends on communications with the outside world, which is discussed in the "Communications" part of this report and has been subject to prior [JHA reporting](#) due to ongoing problems. Some people wrote that information from IDOC lagged behind other sources or that they felt that the statements in the memos did not comport with practices they experienced at their facility. Lack of information or misinformation was causing anxiety. In particular, people at Stateville expressed significant concern that there were not public reports of early deaths at the facility and believed people on the outside were unaware.

Only get information thanks to my celly. Other than that I would be uninformed... I don't understand English. My celly helped me with everything. Also, thanks to him I was always informed daily. They should have info in Spanish. – Lawrence (translated)

I am a Mexican national and do not speak, read or write the English language. These words are being written by another individual who is bilingual. Some of us are not fortunate to have a bilingual individual around. We need these papers translated to Spanish and other languages. Though we understand a few things it is virtually impossible to fully know what's going on. – Danville

Like this [survey] and all bulletins, I have to have another inmate interpret for me because I do not speak or read English and have not been offered Spanish forms of information. – Shawnee

It was unclear that postings were made available in Spanish or how they were conveyed to people with low English proficiency or literacy. Typically in response to JHA's concerns regarding lack of translation, IDOC representatives often respond either that people actually do understand English (an assertion that is contradicted by JHA's own experiences in written and in-person communications with prisoners who have lacked the ability to communicate with us in English), or that staff will translate materials as needed, a questionable claim in terms of being regularly available at many facilities for situations other than healthcare, where translation phone lines are required. Relying on other incarcerated persons for translations, while likely necessary in some situations, is not appropriate for information that is critical to prisoners' health and welfare and is problematic when informal translators become unavailable, e.g. if the person gets a new cellmate who cannot translate.

For COVID-19 materials, based on survey responses, we question whether the limited information available was truly accessible to all prisoners or what measures were in place to ensure that everyone, including people with language or literacy issues, had the required information. Further, part of necessary information sharing requires that people be able to ask questions to better understand. At some facilities we have confidence that some administrators were accessible and spoke with at least some of the population and answered questions based on our survey feedback, but at others we have multiple reports that this was not the case. Many prisoners reported that line staff did not have answers to their questions which fed into tensions. Additionally, at several facilities people reported not having access to correctional counselors.

Dear JHA, I would like to bring to your attention that during this time a memo was put out during the beginning of this for supervisor staff (i.e. wardens, majors, etc.) to be more visible to inmates per the Director of IDOC and this have not happened.

– Graham

JHA believes that administrator and supervisor visibility is critical during a time of public health emergency. As one person at Hill expressed, it would be helpful for facility leadership to "come around to check the morale of the inmates, provide verbal support, or ask the needs of the inmates." Some facility administrators replied to JHA feedback from survey responses with facility specific concerns that supervisory rounds or tours are conducted as required and logged. However, in other jurisdictions facility leadership is required to provide updates to people at their facility weekly and some even provide weekly phone conferences for families and friends to also be provided with information.

The staff never tells us anything. The info channel is blurry and isn't kept current. It also flips before you can finish reading it, if you even can because it's out of focus. There is stuff on there from 2018, 2017. – Graham

People reported various other practical issues with available communications. Some commented about postings being put up on the housing unit, but they had no way to read them while being locked in their room or cell. Some wrote that the memos were not posted in dayrooms. Some reported that the notices were run too fast, the text was too small, or the postings were too blurry for them to read on the TV at some facilities utilizing the institutional TV channel to share postings. Overall, **37.7% of survey respondents (6,123 people) reported seeing information from IDOC about COVID-19 prevention on the institutional TV channel.** Someone commenting on the limits of institutional TV suggested that facilities air National Public Radio as additional background for the institutional memos on institutional TV to provide people with more information, as he reported was done at Pontiac, which seemed like a constructive suggestion.

Some people mentioned that they did not think their facility had an institutional TV channel or they did not have access, e.g. at Logan, where 13.7% of survey respondents reported not getting information, and some women reported first seeing memos about a week after they were dated. Logan administrators responded to JHA's questions regarding survey concerns that all applicable information was distributed to prisoners by room or individual (cell), that memos were distributed upon receipt/approval, and that Logan is currently in the process of repairing their TV network.

People at Logan, Stateville, and other facilities also reported various issues with TV cable services, such as non-functionality in certain areas. People also discussed their lack of access to certain news sources that they perceived as being more reliable or more pertinent to their own or their families' situations, e.g. PBS news, "African American channels," or Chicago-based news, as most facilities are located downstate while 56.6% of IDOC's population is from Cook or the Collar Counties, e.g. at Lawrence people reported most of the news is from Indiana and not Illinois-based as the facility is on the border.

What if you don't have enough money to buy a tv? Then you can't see the info channel. They should write down what they put on the channel, but they don't. No tv no info. – Big Muddy

Of course, not everyone in prison has a TV, particularly in segregation, where audiovisual privileges are typically restricted. Under [Illinois administrative law](#), people in disciplinary segregation status are demoted to "[C grade](#)" in which privileges are restricted. The impacts of such "privilege" restrictions during the pandemic also effect access to communications and commissary. Moreover, some people are housed in parts of IDOC facilities that lack electrical outlets in cells, in some but not all cases due to safety reasons. At some facilities, in recent years, some administrators have realized the benefits of allowing people to watch TV and have set up work arounds on the units lacking outlets. However, it is not unusual for parts of facilities, including segregation and reception units, to lack the necessary electrical wiring to allow someone to use their tv, or other items, like a fan, or these units may not be able to support a kiosk necessary to check email or have a video visit.

Deprivation of access to accurate, current information also led to other issues. Several people mentioned resorting to hunger strikes or other escalating actions in protest based on their inability to get information or responses to concerns about COVID-19 policies or health protections that were not being followed.

Some of us inmates went on hunger strikes, flooded cells, held trays, we protested and they still refuse to give us TVs and information and they gave all us tickets, cut our water off and gave us meal loafs. – Pontiac (JHA believes this comment likely came from someone in segregation)

They are trying to not give us our TVs so we can't watch the news to know what's going on with this virus and other things out there with the world. Not having a TV feels like you are going crazy. – Menard (segregation)

JHA's understanding from IDOC administration is that they have encouraged facilities to restore audio visual privileges including TV during the pandemic as JHA has recommended, in addition to waiving other disciplinary grade-based privilege restrictions as we also advised. However, we have also heard that there was delay in some facilities receiving and implementing administrative guidance to restore communication privileges, and that there may also be some vendor issues as this pertains to communications. JHA will continue to advocate for increased communication privileges and humane measures to help counter the harm of continual lockdown.

While JHA received many comments about limited Wi-Fi coverage and functionality, vendor GTL tablets also could have been better utilized as a tool to share more information at the department and facility level with those who have access to the tablets. JHA has requested data regarding the number of people in IDOC who have tablets but was not provided with it by time of publication. Some newsletters written by people at Kewanee were published on tablets during the pandemic. However, it was unclear what, if any, official guidance was also shared via tablets, and if IDOC had sought out any enhanced content given restrictions. This is discussed further in the "Communications" section of this report.

Another [IDOC memo](#) that reportedly caused confusion and concern stated that there would be a GTL suggestion box available to people in prisons on the tablets, but again it was unclear if this actually existed or what was done with the suggestions received. People commented in JHA surveys that they did not have access to this service, although it was advertised as being provided at several facilities. IDOC has not responded to our requests for clarification on this issue. Also, as discussed further in the "Communications" section of this report, IDOC stated they would provide people in custody with two free weekly phone calls and a free video visit, in addition to free services provided by GTL. However, people in survey comments overwhelmingly commented that they were unaware of this new policy or had no information about how to access and utilize these free services.

*If you all have anything on what we suppose to have and not can I please have a copy?
– Graham*

My family has waited on hold for hours calling here trying to find out our situations and still no one answers at all. – Danville

Some people in survey comments also discussed that their attorneys and families had not been able to get information when calling their facility; for example that people outside were put on hold or "could not reach anyone or could not receive answers if they did" get through, and several people reported that prisoners feared or faced retaliation when others reached out.

They said they will be fully transparent with us and were for the first month. But since mid-April we haven't heard anything about new cases, guidelines, inmate infections

etc. We're scared not knowing anything and feel we are being punished with this "quarantine." – Kewanee

Two or more conflicting bulletins. The first said 53 positive tests and 1 inmate death and 30 med. techs from National Guard to Stateville. All the rest said no sicknesses anywhere, everything is peachy keen. – Menard

As of late April, the info is infrequent and posted later and without any attention or explanation. – Taylorville

We received paper information on COVID-19 response from IDOC Director's office on April 15th when the response was dated for March 19th and March 25th so we received this information 21 day after it was released. – Graham

While JHA appreciates that IDOC provided some information via memos, more was clearly wanted. In mid-July, the last publicly available IDOC-wide memo with some COVID-19 information was issued to people on June 9th. Following the June 9th memo, the next memo was not put out until August 20; thus, updated COVID-19 memos were not being issued even monthly. Additionally, JHA has observed, as also was noted in the comments section above by a person incarcerated at Menard, that at times outdated postings remain in circulation far beyond their relevancy and create confusion. Several people at various facilities commented on delays in seeing memos later than they were dated.

The inmate channel has so many old irrelevant memos it takes a long time to see the new ones, so please delete old ones. – Southwestern

JHA has advised that minimally there should be weekly updates within facilities. Some staff also wrote in their survey comments about communications being "few and far between" and the need for updates regarding swiftly changing procedures. Many people commented that they felt staff did not have information to answer questions and some staff also reported they felt it was difficult for them to get needed information, particularly if they did not have email access without rollcall, which was sensibly stopped as most rollcalls require all staff to gather in a crowded room at the beginning of a shift. Some administrators responded to concerns raised by JHA from surveys regarding their methods of ensuring staff are informed. For example, Logan administrators reported that announcements are read over the institutional radio daily, all memos are placed in a binder provided to all zone Lieutenants daily, these binders are available to all staff on all shifts, and all memos are displayed in a central location for all staff to view. Similarly, at Hill, administrators reported that a COVID-19 Information Center at the main gate was used for staff communications allowing every person entering the facility to have access to the most updated information, while Lieutenants carried binders containing all communication and correspondence from both the facility and department level.

Rules change often and without being explained. Many staff treat inmates as the problem for getting COVID-19. Too many COs bitch about the complaints of inmates, attempt to punish those that speak out or ask questions. More of an effort to censor info than explain. – Taylorville

We repeatedly have encouraged IDOC both to make more information publicly available on their webpage and to increase communications with people inside facilities. Other correctional systems present better models of appropriate transparency and increased, often daily-updated,

information sharing.² As mentioned above, other systems are also offering regular public forums via calls or virtual meetings for family members and others to be informed by correctional officials and have an opportunity ask questions. While it may be too much to ask for this to occur at the facility level or on a weekly basis, we believe minimally **there should be some regular IDOC public forum for questions and responses that currently does not exist.** IDOC should adopt this practice going forward.

They also try to keep everything a secret. They won't tell you who is infected staff or inmates. – Pontiac

Interestingly, both staff and prisoners both described information being treated like it was a “secret.” People felt “kept in the dark.” One area that staff and prisoners both wanted more information about was testing and positive cases at their facilities. It seems that the limited chart information of positive and recovered staff and prisoner cases available and updated daily on the [IDOC webpage](#) by facility was not made available in facilities during the first many months of the pandemic. Some of the later memos from IDOC to the population contained some of the testing numbers; however, people sometimes saw them later or wondered why their particular facility was not explicitly mentioned. People distrust the information they see when it does not reflect the level of restrictions they are experiencing or where the numbers showed no cases at facilities where people were being restricted because of known or suspected cases.

They should be more transparent about how the virus is spreading across all of IDOC. The last count was weeks ago. – East Moline

I believe that IDOC could be more transparent and up-to-date with the actual number of inmates/staff that have tested positive for the coronavirus as well as how many people have passed away do to this virus. – Stateville

We were given bulletins on IDOC response to COVID-19, and one told of positive cases found in other facilities throughout the state. However these updates stopped. After seeing on local news that a staff member here tested positive, we were never informed of this. Over 1 month ago now, still no information. – Danville

Once the number of cases went up, they stopped giving out information. All the information I need to get from family. – Robinson

We have not been updated on amount of cases of COVID-19 in IDOC or what the department is doing to keep us safe or stop the spread of COVID-19 I would like to know how many cases in Illinois and in which facilities as well as the number of deaths. – Southwestern

JHA also has recommended that IDOC make additional information available (in addition to the number of positive cases at the facility), including testing information; information about which areas of facilities are under quarantine or isolation as it occurs; information about whether COVID-19 positive people who are incarcerated are housed at outside hospitals; and information about deaths. Additionally, we believe that demographic information should be shared for cases in IDOC and that having more public information would help promote appropriate epidemiological review and assist people to study and prevent future harmful disease spread within prisons. We also

² See e.g. Washington Department of Corrections including more comprehensive [COVID-19 reporting](#), including demographics, reopening plans, and timeline with memos, etc.

have asked IDOC to clarify their criteria for testing, hospitalization, and determination of recovery, as discussed further in the Medical section of this report. Given that COVID-19 presents a novel and evolving area of medicine, such determinations and terminology need to be better explained and defined.

JHA also has encouraged IDOC to provide clear expectations for new pandemic statuses. IDOC uses terms such as “administrative quarantine,” “medical quarantine,” “medical isolation,” and different levels of “lockdown,” without providing people with clear definitions of what these statuses mean. It appears most people do not know, nor do they have a good way to find out, what privileges they can expect under each type of quarantine. Lack of clarity surrounding pandemic practices and statuses may extend to facility administrators as well, as most could not provide satisfactory or uniform answers to JHA’s questions about practices and some of IDOC’s top level administrators’ responses have been equally nebulous, using ambiguous qualifiers like “it depends” or it “is determined as it happens.” More information about expected restrictions and privileges would be helpful for people on the outside to know as well. JHA has asked administrators to make all practices and protocols publicly known, as people do not know what to expect with the new pandemic regimen. As it stands, if a prisoner does not call home as expected, family may be left in a state of anxiety wondering whether the person has COVID-19, was sent to in segregation, or has perhaps suffered a different unfortunate fate. Lack of access to information needlessly increases everyone’s fears. IDOC must provide information about what steps will be taken if people get sick and how loved ones can find out about the status of their loved ones. Importantly, due to medical confidentiality laws, people who are incarcerated and want their loved ones to be informed of their health status likely need to fill out and submit medical information release [forms](#) as a prerequisite to permit IDOC sharing their medical information with others. JHA is unaware of any Departmental effort to inform people of this requirement, nor were IDOC representatives responsive to JHA’s request for guidance about how prisoners should be able to access and use medical information release forms to ensure families were informed. Some administrators stated in response to JHA’s queries that they would inform people’s emergency contacts should prisoners be unable to inform their emergency contacts themselves, as people often have anxiety about the prospect that people will not know what is happening to them in prison if they are unable to communicate. This did not appear to be a uniformly considered policy.

The main issue here in Sheridan to me seems to be absolutely zero communication between inmates and staff. When I try to ask questions or get any type of info concerning commissary, visits, or how long this facility will be under lockdown, nobody knows anything. – Sheridan

As discussed in this report, not knowing if and when people are allowed to shower, have yard, shop regular commissary, use the phone, or keep property if they are sick creates unnecessary uncertainties, anxieties, tension between staff and prisoners, and even bigger problems. In one example of such uncertainty, someone at Western wrote a comment asking JHA for Administrative Code sections addressing condition requirements specifically relating to cleaning supplies, shower cleaning, and food tray requirements such as temperature and amount; unfortunately, JHA commonly hears from prisoners that they [do not have access to the rules](#) governing their daily life, but Illinois law remains silent on such specific requirements.

JHA repeatedly has asked IDOC officials, what are the “standard” administrative quarantine expected practices and privileges (e.g. for yard, dayroom, law library, commissary, cleaning, access to communications)? We have received different answers and received evidence of different facility practices both preceding and postdating the pandemic suggesting that facilities often have different operational practices that affect quality of life issues. Without a baseline

understanding and recognition of applicable uniform standards, the efficacy and fairness of further pandemic restrictions cannot be compared or contextualized.

We also have requested information about “medical quarantine” and “medical isolation,” and the expected practices and privileges that these entail. IDOC leadership has responded to JHA’s concerns regarding the overbroad use of “medical quarantine” to restrict entire facilities, as opposed to medically quarantining isolated locations or portions of facilities, by stating that they create a plan with their medical officials, Office of Health Services (OHS), for each medical quarantine. However, better cohorting and planning could make medically quarantining responses more limited and reasonable, imposing less hardship on prisoners and staff. We believe **IDPH and IDOC should model various scenarios and share this information with the public**, as is done in other jurisdictions. To illustrate, such modeling could include presenting people with a scenario that if a CO worked the prior week on three different posts and tested positive for COVID-19, in that event all areas she was in contact with would be restricted for 14 days and daily temperature tests given, but privileges would continue in small groups with PPE usage. Ideally, however, more reliable and expedient testing could obviate the need to quarantine multiple populations by allowing for rapid identification of COVID-19 positive staff and prisoners and contact tracing in order to prevent multiple exposures in multiple areas of a prison. Or, as another example, if an incarcerated person has suspected COVID-19 it could be specified only that, under those circumstances, the person’s sphere of contacts would be restricted and tested, possibly just that person’s living unit depending upon contact tracing, or if the person had a work assignment, a larger group of contacts and segments of the population may need to be isolated and tested. In these examples, the harsh measure of quarantining and severely restricting entire facilities potentially could be avoided. Most importantly, IDOC and IDPH should be continually planning and preparing organized, reasonable responses for confronting a wide range of scenarios, identifying gaps in preparedness planning, and share examples and models of expected practices that will be used in varying situations so that people will better know what to expect. People currently do not understand why they are restricted, and while an initially highly restrictive response might be called for to control the spread of COVID-19 in a specified situation, the utility of maintaining harsh restrictions should be continually reexamined in relation to the threat of harm that is currently, actively presented or has since abated. In short, protecting people from COVID-19 should not look like unending lockdown or punitive.

People who were restricted wanted to know when movement would resume. We understand that COVID-19’s spread and effective suppression in a given situation is based on contingencies that are often too uncertain to provide reliable timetables and projections. However, IDOC or facility leadership could explain the criteria for imposing lockdown and what indicia and benchmarks need to be met for it to be lifted. Several other state correctional systems as well as the Illinois Department of Juvenile Justice have published phased reopening plans, some in collaboration with public health authorities, that mirror state reopening plans. For example, the Colorado Department of Corrections has stated that visitation will resume only after certain benchmarks are met, including having no staff or prisoner cases at a facility for four weeks. While these criteria may be indeterminate or far off in time before satisfied, people can better understand the reasoning for limiting visits if they are informed that administrators have a rational basis for prolonging restrictions until the virus no longer presents a threat of spreading, and there is a common goal for people to work towards and look forward to. JHA believes ideally public health authorities would be involved in these decisions and creating safety benchmarks that also consider quality of life issues.

There are inmates being released early but they don’t say the criteria. – Danville

Similarly, a lot of tension comes from lack of information about considerations for release, and this too can be better addressed by providing clear exclusion/inclusion information. For years, JHA has fielded a huge number of questions from prisoners and families related to the lack of clear guidance from IDOC regarding whom is eligible for “discretionary” sentencing credits. This issue becomes even more pressing during the pandemic when some people could be released early using this mechanism. Also, as discussed in the Programming section of this report, people reported having unclear information about programming availability and their ability to continue to earn such credits. Although IDOC represented that people would be able to continue programming via small groups or in-cell work packets, this did not appear to be universally experienced. In response to earlier JHA publications, IDOC has provided some additional information regarding their limited interpretation of use of medical furloughs on their [webpage](#), but many questions remain. JHA recommends that IDOC share the number of people who have been considered for medical furloughs and granted medical furloughs, and we continue to encourage the Department to consider and grant more releases. While IDOC has publicly reported information about releases since [March 1, 2020](#), as of September 1, 2020, **there were only 55 people listed as being on furloughs and only 14 of these were listed as medical releases.**

Lack of clear information causes confusion and tension. Many of the problems and issues people have experienced, as discussed in throughout this report, were exacerbated by lack of information and unclear expectations.



This report was written by JHA staff.
Media inquiries should be directed to JHA’s Executive Director Jennifer Vollen-Katz
at (312) 291-9555 x205 or jvollen@thejha.org.
Learn more about JHA at our website www.thejha.org.

This survey project was generously supported by the
John D. & Catherine T. MacArthur Foundation.