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



Perceptions and Experiences from People inside Prison during the Pandemic

Executive Summary

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The John Howard Association of Illinois (JHA) is an independent citizen correctional oversight organization that goes into prisons to monitor conditions of confinement and treatment of people who are incarcerated; we fight for a fair and humane system and for government transparency and accountability. For 119 years we have been the eyes and ears of the public inside Illinois' prisons, reporting what we see, hear, and learn inside facilities and using this information to recommend policy and practice changes and advocate for system reform.

When JHA staff and volunteers prepared for planned prison monitoring visits March 3-5, 2020, we first consulted with an infectious disease specialist about the wisdom of this undertaking in light of the news about the novel coronavirus, COVID-19, which at the time was being discussed in the news in the United States primarily in relation to outbreaks on cruise ships. While community and governmental actors still were not publicly on high alert, we were told to take extra precautions on our visits including practicing good hand hygiene, as prisons are subject to extreme contagion risk due to crowded communal environments with cramped living spaces of cells and dorms and limited healthcare. At the same time, prisons present additional, heightened contagion risks because they are not fully self-contained; staff and others move back and forth between prisons and the larger community, entering and exiting multiple times a day.

Demonstrating just how quickly information on the virus was becoming known and available, just after these visits on March 10, 2020 JHA issued [a statement](#) calling for an urgent public health response to the threat of COVID-19 in prisons. On [March 14, 2020](#), visits within Illinois Department of Corrections (IDOC) were indefinitely suspended due to the pandemic.



JHA COVID-19 SURVEY OVERVIEW

In response to this, JHA initiated a system-wide survey inside Illinois' prisons in April 2020 to gain first-hand input about perceptions of IDOC's COVID-19 response. JHA received [survey responses](#) from **16,236 people incarcerated in 28 IDOC prisons**, and another 115 responses from people incarcerated in IDOC's four work release or Adult Transition Centers. This total represents **nearly half of IDOC's total population**.¹

JHA's COVID-19 surveys were voluntary and anonymous and could be returned to JHA in a sealed, prepaid envelope, thanks to the generous support of the John D. & Catherine T. MacArthur Foundation. The majority of the responses to these surveys were received in early May 2020, but a few responses continued to trickle in through July 2020.

¹ Prisoner COVID-19 survey results are available both cumulatively and by facility on [JHA's website](#); ATC survey results were not included in the cumulative report but are separately available. ATC-specific comments are also discussed in the Special Populations section of this report.

In addition, JHA made an online survey available to people who work in IDOC; we received [survey responses](#) from **261 people who work in 32 facilities**, as well as from people who work in administrative positions or parole or who chose not to identify their work location.

IDOC Population and COVID-19 Data

On March 15, 2020, the population of IDOC was 37,648. On March 29, the first person incarcerated in IDOC (at Stateville) died of COVID-19 at an outside hospital. IDOC began reporting positive cases on their [webpage](#). Initially, there were just a few diagnosed staff and prisoner cases at mostly northern facilities; almost all of the positive cases were at Stateville.

On April 24, when JHA's COVID-19 survey distribution launched, IDOC's population was 35,309. There were at that time about 150 staff and 150 prisoner COVID-19 cases diagnosed, with more than 70% of reported staff and prisoner cases occurring at Stateville, and many facilities not yet reporting any COVID-19 positive cases at that time. However, tests and results were not always available or timely.

On August 1, IDOC's population was down to 30,910, representing a more than **20% population reduction** within four and a half months. The factor that most impacted IDOC's population reduction was halting the intake of new prisoners from county jails by a March 26 [Executive Order](#) of the Illinois Governor, which JHA supported. However, intake was expected to resume due to a [July 27 Executive Order](#).

On September 1, population was 31,168,¹ and IDOC reported that 519 staff and 898 prisoners were positive for COVID-19, of which 381 staff and 595 prisoners were considered recovered. At this stage **every IDOC prison had been impacted** with Stateville at this point accounting for only about a third of the reported cases. [JHA cautioned](#) against resuming intake without the use of enhanced protocols to prioritize the health of prisoners, staff, and the public.

As of October 1, 2020, IDOC's population was 31,002. At that time, 842 staff and 1,798 prisoners were reported positive for COVID-19 by IDOC, of which 706 staff and 1,298 prisoners were considered recovered (presumably meaning that 636 cases among staff and the population still were considered active and not recovered on that date). By the end of the month, more than 1,100 staff and 2,300 prisoners had tested positive in IDOC.

As of the end of October 2020, by IDOC's count **at least 29 prisoners have died** as a result of the coronavirus.

JHA's COVID-19 survey was our organization's largest and most rapid deployment of information gathering that we have undertaken to date. The more than 16,000 COVID-19 surveys received over a few months from 32 facilities comprises one of the largest samples of contemporaneous feedback on COVID-19 within prisons received by any non-governmental organization. By way of comparison, in the course of our regular prison monitoring visits between April 2018 and May 2019, JHA received [12,780 survey responses](#) from surveys distributed to 21 facilities; and, in calendar year 2019, our Prisoner Response Unit received 5,019 letters from 2,327 incarcerated individuals as well as roughly 766 calls and emails from people on the outside regarding prison issues.

In the course of the past several months as the COVID-19 pandemic has exploded in prisons, it is safe to say we have reviewed more surveys and heard from more incarcerated people than in any year prior. In addition to the 16,351 completed prisoner survey responses from separate individuals, we reviewed at least [6,308 pages of handwritten comments](#) and other materials such as memos and grievances submitted by prisoners with their survey responses.

The thousands of pages of personal observations and survey comments from incarcerated individuals that JHA has reviewed and analyzed go beyond the scope and limitations of structured survey questions and add richness, essential context, and critical human dimension to our understanding of the issues. In addition, we also continue to review and record letters, calls, and emails as people continue to update us about conditions in prisons.

This report, **JHA's COVID-19 Prison Survey Comment Report: Perceptions and Experiences from People inside Prison during the Pandemic**, presents

information from the survey 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. The report includes this

Open Lines of Communication

Throughout the pandemic, JHA has continued to maintain open lines of communications with people in prison by fielding calls, emails, letters, and other contacts with prisoners and their families and loved ones. JHA has also continued communications with IDOC administrators.¹ Since IDOC began its response to COVID-19, JHA has sought additional input from our constituents, including circulating postings within IDOC both [before our survey launched](#) and [after it concluded](#) to inform people who are incarcerated what we have heard; maintaining a [COVID-19 section of our webpage](#); and issuing recommendations and policy statements. These recommendations and statements called for, among other things, increased release of prisoners, increased testing, increased information-sharing and improved conditions. JHA has also issued four communication bulletins based on non-survey-based information we heard from people initially in IDOC about COVID-19 conditions, with the last bulletin summarizing information through April 30, after surveys were distributed in prisons and before they began to be returned en masse. JHA's April 30 bulletin received a public [written response from IDOC May 14](#). JHA published prisoner survey facility-level and cumulative data reports, as well as a staff survey data report, IDOC publicly [responded on June 16](#) to JHA's cumulative prisoner survey data report. JHA has also continued to communicate with administrators about concerns shared with us in surveys and through letters, emails, and phone calls.

Executive Summary as well as the following sections to be published separately; all can be found on [JHA's website](#):

1. Ability to be Heard: Law Library, Grievance System, PREA Concerns, and Staff Conduct
2. Access to Information
3. Cleaning & Physical Plant
4. Commissary & Dietary
5. Communications
6. Hygiene
7. Medical
8. Programming & Early Release
9. Social Distancing
10. Special Populations
11. Use of Personal Protective Equipment
12. Yard & Out-of-Cell Time

JHA is indebted to our partners at St. Leonard's Ministries, friends, volunteers, and interns who helped us with this massive survey undertaking while adjusting to COVID-19 restrictions and pandemic conditions as well. While we are not able to respond to individual communications, we read every word and each fuels our advocacy.



THE USE OF SURVEYS CANNOT REPLACE IN-PERSON MONITORING

A handwritten note in black ink on a white background, enclosed in a black rectangular border. The text reads: "Thank you for at least caring about us. No one listens to us." Above the main text, there is some faint, partially legible text that appears to say "I.D.O.C. #1".

Thank you for at least caring about us. No one listens to us.

JHA understands that surveys capture limited point-in-time information and that the pandemic is an evolving, constantly changing phenomenon both inside and outside of prisons, making ongoing monitoring and information gathering of conditions inside the prisons critical. The pandemic presents a dynamic situation, with ever-changing information, guidelines and protocols, and the virus further underscores the need for oversight to be continuous in order to identify and address issues as they occur.

This survey project demonstrated the demand for and utility of having a free, anonymous, and accessible way for people to reach out to independent monitors from inside prisons. Through this project we were not limited to hearing just from people with the resources to know that they could reach out to us confidentially via [privileged mail](#) and who had the funds and access to commissary to buy a write-out. Again we saw, particularly during the pandemic, both the lack of funds and the inability to access commissary (or even at times lack of supply within commissaries) can be an insurmountable barrier to critical communications, not to mention access to other items that can make prison more bearable such as hygiene items, clothing, food, etc.

BUT, ASK AGAIN IN ANOTHER MONTH, THANKS FOR !!
ASKING!!

Since our COVID-19 survey, JHA continues to follow up on post-survey communications from prisons. We hope to soon resume monitoring visits with appropriate protections in place and initiate alternative monitoring mechanisms within facilities. We have made repeated and renewed requests for some sort of remote access and to resume in-person monitoring visits to both the Department and the Lieutenant Governor and as of the end of October discussions have begun.

JHA does not have legal authority to demand visits; others do, however, such as attorneys for prisoners, court monitors, legislators, judges, and other governmental officials. We continue to encourage those who have the authority and ability to safely visit prisons to do so and we also continue to ask for permission to resume our monitoring visits. It is critical that people independent of the system are inside prisons in order to see, hear, and witness what occurs there in person.

missed over a year. Please send some body
to come and walk through this place,
to see what I'm talking about.
Thank you and be blessed.



SURVEY COMMENTS PROVIDED PEOPLE WITH A DIRECT WAY TO TELL US ABOUT LIFE IN PRISON DURING THE PANDEMIC

In mid-March, with little information about the pandemic and the longevity of the virus' impact, emergency measures were put in place to limit exposure to COVID-19, which meant almost complete lockdowns inside prisons, including suspension of personal visits, as well as prison programs and activities that are conducted by people from the community. Now, seven months later, the pandemic rages on and there is no return to "normal." People in prison remain locked down, living in increased isolation and deprivation. It remains to be seen what IDOC's "new normal" will be.

The thing to watch is what IDOC does with its prisons moving forward. It's been my experience that when earned privileges that have been taken or revoked by IDOC for either disciplinary or non-disciplinary reasons (COVID-19) [privileges] are not restored. – Graham

We again advise IDOC to consider people's experiences of restrictions and improve communications, to continually reassess the ongoing necessity of restrictions, and to ease them to the extent possible, introducing normalcy and predictability where they can.

Such consideration and communication can make a big difference. For example, one person wrote that their experience during the pandemic was better than anticipated due to IDOC not being overly restrictive in their case, which was unexpected based on their past experiences:

I am very impressed with the precautions IDOC and [my facility] have been taking during the COVID-19 pandemic. The degree of transparency and humanity have been surprising in a good way. I feel certain that only a few years ago, quarantine would have consisted of a Level 1 security lockdown, no showers, no phone, etc. During the brief period [my facility] was on high-level quarantine, we still had access to phones and showers, and even during the lower-level restriction we get some daily yard. Overall, I feel extremely safe with the precautions that are being taken. My greatest concern is that the precautions will be loosened prematurely, particularly in regard to visits and guests. We simply cannot have people coming in from all over until the very tail of the pandemic curve has been reached. – Danville

Early in the pandemic, people could not imagine that restrictions could last into the next year. Maintaining outside connections is critical for people in prison. JHA again urges IDOC and other Illinois actors to improve communications for people within prisons and work to safely resume in-person visitation, while also enhancing alternatives to in-person visits, as is being done in numerous other jurisdictions. Eventually, allowing people to schedule in-person visits, while utilizing screening, social distancing, good cleaning and hygiene practices and PPE, will make this feasible. Indefinite restrictions on visitation and communication are simply not sustainable.

We were pleased and encouraged that, despite the hardships of the COVID-19 restrictions, some people took the opportunity in responding to the COVID-19 surveys to comment on aspects of IDOC's response that were good or better than expected, even during the early stages of the pandemic. This is a tribute to the hard work of many IDOC staff and administrators, and provides hope that with sustained attention and efforts, and improved communication and accountability, things can be better in Illinois' prisons.

As tiresome as this is getting, I actually think the staff is doing everything pretty well in order to keep us safe from COVID-19. – Logan

I honestly have no complaints, with the situation at hand. I think everyone is doing everything they possibly can, which is all we can do! We all have room to do more, however... positivity and patience, will get us to a better tomorrow. – Centralia

It has been nice seeing IDOC provide all offenders with soap weekly and also allowing all offenders to have at least some access to the telephone, video visits, and electronic messages, as well as commissary. If only they could allow us those small things all of the time! I know that a majority of the offenders are grateful for that, even if they won't admit it! – Lawrence

JHA hopes the Department will take this pandemic as an opportunity to reconsider some of its restrictive and punitive practices that are not productive or rehabilitative (and, in fact, are more damaging and counterproductive), and do better going forward. Where issues that have negative outcomes on humane living and working conditions are budgetary in nature, Illinois must have the courage to address them preemptively.

In survey comments, one person noted that the simple act of staff treating people kindly and humanely made all the difference:

First and foremost I'd like to commend the COs for their work during this pandemic. Especially one CO who comes around in the evening and asks if we are ok.
- Centralia

However, **almost all of the COVID-19 survey comments expressed concerns about harsh restrictions or the inadequacy of IDOC's response.** Many people also shared concerns regarding common, non-COVID-19-related IDOC practices and conditions that predate the pandemic. On different days or different shifts, or in different wings of the same housing unit, or for people on different security statuses within a prison, or for people in varying levels of quarantine or lockdown, experiences may vastly differ. We were heartened by the rare comments in COVID-19 surveys expressing that, at the moment, things were going relatively well. This demonstrates that things can be better throughout IDOC and that some people's good efforts are noticed and can make a difference. Some prisoners spoke positively when they felt administrators "*made the health and safety of the inmates and staff a top priority,*" and where they were "*open to inmate suggestions,*" or "*went beyond in some areas to keep us safe and give us some regular comforts that we are allowed.*" Such positive comments were notable, but in the minority, and in contrast to the majority of those received. **While some prisons did better than others in some regards, none were without need for some improvement in upholding safety, humane living conditions, or other quality of life issues.**

I have been incarcerated for [decades]. Most of those have been in places where the willful disregard for my mental and physical health was overt. This is the first time in my entire incarceration I know and feel like there have been meaningful discussions, decisions, and actions to ensure I am ok. Who specifically is to be applauded, I don't know, but someone or a group of people have done an excellent job. – Danville

We are in a cell 24 hours a day. I'm going stir crazy, at least gym for 30 mins or day room to breathe for 30 mins, something like that would be nice. – Illinois River

I sit in a cell all day and wonder is this my coffin, but were all in it together.
– Centralia



ONGOING TRANSPARENCY AND OPEN COMMUNICATIONS ARE CRITICAL

On April 8th, prior to JHA's COVID-19 surveys being distributed, JHA made several recommendations based on what we were already hearing from facilities and people concerned about conditions, as well as emerging public health and correctional best practices relevant to COVID-19. These recommendations reiterated that **IDOC has an obligation to provide for the healthcare and sanitation needs of everyone in prisons**, among other things. Responses to our surveys raised many concerns about whether IDOC was meeting these fundamental tasks. **About 35% of JHA COVID-19 survey respondents (~5,500 people) reported they did not have enough soap to regularly wash their hands in the last week.**

However, many people closest to this system, aware of pre-existing poor living conditions, past planning and budgeting failures, and ongoing litigation over constitutionally deficient standards of

treatment and care, expected even worse outcomes. The fact that there have not yet been deaths at a larger scale within Illinois' prisons alone is a testament to the efforts of staff, prisoners, administrators, governmental actors, the National Guard, healthcare providers, families, advocates, and others to minimize fatalities. But **counting COVID-19 deaths alone does not measure suffering or other ill-effects of the pandemic**. Further, seven months in, **there remains no evidence of adequate testing within IDOC to opine about the relative "success" in controlling the number of cases and level of contagion within our prisons**. Evolving understanding of asymptomatic cases and viral transmission make containment, identification of positive cases, and appropriate response all the more challenging.

Concerning COVID-19, truthfully speaking everything isn't going to be alright until they develop a vaccine. Until then, all we can hope for in prisons and in society is that inmates and citizens practice responsibility. Wearing face mask, covering their mouth, not gathering up of crowds more than 10. Social distancing. Our fate is pretty much intertwined with everyone else. – Graham

During this emergency, in IDOC as in the community, many things such as health care visits (which typically would be considered routine) were not occurring. Further, the job roles of many staff had to adapt to meet the immediate challenges of the pandemic, while supplies, including PPE, were difficult to acquire. **We recommended that IDOC collaborate and plan, including adjusting staffing (particularly that of healthcare) to meet emergent needs and ensure appropriate PPE. We also asked that IDOC be transparent about the challenges it faces and what is needed to effectively meet these challenges**. While IDOC has shared [some COVID-19 supply information](#), there is other important information that has not been shared that would shed light on why needs are going unmet, such as staffing or testing difficulties, information about unanswered work orders relating to physical plant maintenance problems, and vendor issues relating to lack of approvals for communications and poor service.

JHA believes that **ongoing transparency and open communications by IDOC are critical to managing the pandemic successfully**, even when feedback may be critical. Initial communication regarding the pandemic by IDOC with people inside prisons was better than anticipated but has since tapered off and left many people concerned and frustrated.

We urge IDOC to maintain constant and clear communication with people who are incarcerated so they have up to date information and a better understanding of policies and can adjust their expectations accordingly.

Prior to the pandemic, IDOC seemed poised to make many long-needed and often-recommended improvements, but the virus was a significant setback. We recognize the novelty and challenges of the situation presented by COVID-19 are significant and ongoing. Like everyone during the pandemic's onset, IDOC faced unavoidable difficulties due to both lack of clear public health guidance and supply concerns.

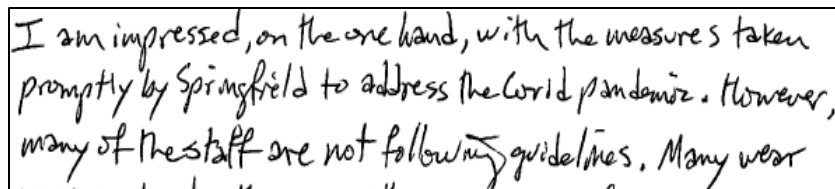
Still, at this time there is greater need for IDOC leadership to be clear and deliberate; where people see actions as secretive or arbitrary, it causes confusion and distress. As pandemic restrictions drag on more than half a year, people are fatigued and require more access to current information, communication of plans and things to look forward to. JHA's [April 8th recommendations](#) publicly detailed several specific areas where we felt IDOC should work on improving communications and explaining the reasons underlying restrictions to assuage mounting concern. Many of these recommendations remain unaddressed. While advocates

fought for IDOC to share more specific information publicly, JHA also found the level of communication internally inside facilities was both poor and characterized by repeated misinterpretations or misrepresentations.

For example, a March 19, 2020 memo from IDOC entitled "[COVID-19 Preventative Measures for Men and Women in Custody](#)," read, "For the safety of you and those around you, daily temperature checks of every person in quarantine or isolation will be mandatory..." without explaining what "quarantine" meant. However, people may have believed that because their facility was on "administrative quarantine," they should have their temperatures checked, but this did not occur at most facilities on administrative quarantine, only those on "medical quarantine." As a consequence, many incarcerated people saw the failure to perform daily temperature checks as an indication that staff did not care about their health. We believe IDOC meant to say that during "medical quarantine" temperatures would be checked in the area quarantined. However, as is common, in the absence of greater specificity and clarity, different practices and interpretations occurred at different facilities.

Again and again, people commented that they felt that IDOC did not care if they got sick, and miscommunications like the one regarding temperature monitoring set forth above likely fed that perception. In contrast, when temperatures were monitored at Hill (likely during a medical quarantine), someone commented instead, "*IDOC is doing their best by us. I appreciate their concern by taking our temperature every day.*"

Similarly, reports of staff lack of compliance with use of Personal Protective Equipment (PPE), e.g. not wearing masks or wearing them around their necks, prompted a huge number of concerns from nearly every facility.



I am impressed, on the one hand, with the measures taken promptly by Springfield to address the Covid pandemic. However, many of the staff are not following guidelines. Many wear

There did not appear to be a strong, consistent, and visible message put forth within IDOC that everyone was in the situation together, and that if one person became sick, this could potentially harm everyone, staff, and incarcerated people alike. In a prison environment where people are often focused on individual survival, things are made worse by scarcity and "us vs. them" conditioning.

Some people, including staff, reported that information that people needed to feel safe (including information about positive test results) at their facilities was kept secret, or that best practice guidance was not quickly or uniformly adapted, or that supplies were not distributed as stated; this fed rumors and paranoia. The message that IDOC is responsible for both care and custody of prisoners and that all people in the prison community are responsible for protecting themselves and people around them through hygiene and cleanliness practices was not always received or enforced. Early on in the pandemic response, many people including staff felt that appropriate supplies were not readily available to them, or were not made available to the incarcerated population as required by staff, or that social distancing measures were not being implemented, to promote community protection.

Without IDOC explaining intentions and reasons that specific practices are being used, people cannot reasonably be expected to understand Agency actions. Additionally, without modeling protective measures and demonstrating accountability for practices that, in fact, should not be occurring (for example, tolerating lackluster cleaning practices or staff non-compliance with proper use of face masks) people continued to be reasonably fearful and distrusting. Meanwhile, crowding within limited space and lack of access to out-of-cell time, showers, communication opportunities, cleaning and hygiene supplies, commissary, etc. for an unspecified and unending period of time during the COVID-19 crisis caused people added anxiety and created conflict for existing resources. IDOC must continue to work to build trust and gain legitimate authority with prisoners, staff, and the public.

Nobody responds, nor does anyone enforce any protocol if others refuse it.

– Western

It's a scary thing watching the way IDOC has handled this. Basically they just locked us up in our cells, took away all of our movement, and the guards and the people who would bring COVID-19 into the prison have maximized their contact with us while using protective gear when they feel like. It not on a steady day to day.

– Graham

I understand locking us down temporarily was IDOC's only option. However, this is NOT a healthy long-term solution. The mental and emotional strain that is being placed on us, being locked in these tiny cells, is going to be detrimental. – Illinois River

There is no way to be 6 feet away from anyone in here. That is impossible.

– Danville

Additionally, IDOC must communicate that there is hope and a way to safely ease restrictions in the future. At some facilities, there was some reason to believe conditions were perhaps improving. In comments, many people shared that the earliest phase of the COVID-19 response was the most restrictive and when they were most poorly supplied. For example, someone at the male maximum-security facility Pontiac commented, “*Response was slow at first, but improved.*” Many people commented about some improvements at their facilities coinciding with the timing of JHA’s survey distribution in late April, more than a month after the initial restrictions. While JHA was pleased to hear some positive feedback about some improved practices, there was still a devastating wave of people who commented about their ongoing experiences of frustration and deprivation during the COVID-19 response during this same time period.

Both incarcerated people and staff wrote of the anxiety of not know what was going on, concerns about sanitation and their abilities to follow health recommendations, and fears for their families. Prisoners wrote of going to bed hungry, being unwashed, not having clean clothes, or not having gone outside for more than a month. Many prisoners wondered how they could be treated so poorly since the virus was outside of their control. Many people reported inability to be tested for the virus. People at several prisons wrote of the pandemic lockdowns that they were treated punitively “*like it's our fault.*”

The staff is looking at me as if I did something wrong to them in the way they are treating us. Because of this COVID-19 and because they have to wear mask to be safe. – Graham

Not only do we feel unsafe and afraid, we feel like we're being punished. – Decatur

It's very difficult to stay humble and positive in these conditions. I feel like we are being punished. – Sheridan

They (staff) is treating us as if we are being punished for this COVID-19 They act as if we have COVID-19 and don't want to be around inmates. – Dixon

Staff are running it like we're being disciplined instead of being protected.
– Centralia

We are being treated as if we did something wrong, it's like they are trying to mentally stress us out. We are already worried about ourselves and our loved ones.
– Graham



MANY COVID-19 RESTRICTIONS ARE BEING VIEWED AS PUNITIVE RATHER THAN SIMPLY PROTECTIVE

One theme that clearly emerged was that many people felt that practices implemented during the pandemic that were supposed to protect people to limit exposure were experienced as punishment, such as restricted movement, which also necessarily limited communications and other “privileges.” With limited access to privileges or without them entirely, several people reported feeling that there were increased dangers both to mental and physical health because of the lack of consequences – positive or negative – for people’s actions. For example, at minimum-security facility Taylorville (which is typically considered one of the better facilities) someone wrote, *“Wing tensions are at a level I’ve never seen before in my [decade+ of] incarceration, and fights are a near-daily occurrence as people realize there will be no consequences for their actions.”* Perceptions of lack of early release and sentence credit awards also fed into these feelings that there was nothing to be gained or taken away based on good or bad conduct. Such concerns are more typical in high-security restrictive housing settings.

It is unsurprising that people experienced COVID-19 restrictions as punitive, as being arbitrarily placed in indefinite lockdown is one of the worst punishments people can endure in our prison system. Moreover, people’s access to in-person visitation is never completely restricted for ordinary discipline in recognition of its importance. Yet, under COVID-19 restrictions, all people in IDOC regardless of disciplinary status have now been deprived of non-attorney visits for more than half a year as of March 14. In addition, volunteers who bring positive activity and connection to the outside world have similarly been restricted. The feeling among nearly everyone in prison is that they have suddenly been wrongfully convicted and restricted for the crime of potentially carrying and spreading COVID-19 with no way to demonstrate their innocence.

The state of emergency has caused me a great deal of panic and stress. I'm developing a fear of all things outside of my control like food, showers, etc.
– Menard

Racial tension, cellmates' tension with each other it at an all-time high. My own fear of COVID-19 has me in full fear and panic every second of everyday I feel 100% scared for my life. – Graham

The increased loss of autonomy and heightened dependence on IDOC was difficult for many people. People wrote that they were afraid, angry, or in pain. As independent prison monitors, without being regularly inside IDOC to see and speak with people and learn more about conditions continually on an ongoing basis, we are significantly limited in our ability to follow up on and track people's concerns. We know we hold many pieces of the big picture or story of COVID-19 within IDOC, but our comprehensive view is also still too restricted and not immediate enough.

Without a doubt, the pandemic has shown that treatment and conditions that already posed grave dangers to prisoners' health and welfare before are potentially catastrophic during a pandemic. On a macro-scale, mass incarceration and crowding within prisons, including doubling capacity and double-celling people in small spaces, yields bad public health results. Prison overcrowding has strained resources for decades but during a pandemic, overcriminalization and overtaxing of custodial settings now imperils multitudes and forecloses the ability to execute an effective public health response. Even with the population of IDOC down to numbers not seen since the early 1990s, prisons are still crowded and cannot effectuate social distancing. Further, they are not appropriately resourced to provide programming, healthcare, reentry planning, etc. to this reduced population. Limited resources such as a phone or a shower are necessarily shared by an inappropriate, unsustainable number of people. Further, underestimating the true costs of mass incarceration in Illinois, and continuing to defer paying for physical plant and maintenance needs, cripples IDOC operations. Power outages, plumbing issues, and lack of appropriate and functional technology have all been huge, continuing, contributing problems during the pandemic

On the micro-scale, denying prisoners access to adequate soap, laundry detergent or cleaning supplies as has typically been the case is detrimental to prisoners' health and inhumane, but generally is not potentially fatal, as it is now during the pandemic. Likewise, staff suspicion of healthcare requests by prisoners and prisoners' distrust of staff are fairly common in prison environments. However, during the pandemic, these breakdowns in trust and communication can lead to undocumented, uncontrolled viral spread because cases may not be reported. It is axiomatic that prison health is directly connected to public health. However, during a pandemic, this axiom is all the more true, as the communities that prisoners return to and the communities that prisoners and staff live in and that will have to care for them all share their unacceptable health risk. Hospitals that serve prison communities must expect and plan for the worst.

There are opportunities in the pandemic to adapt and do better going forward. Changes to practices that have already begun during the pandemic could help; for example, in improving intergovernmental collaboration of IDOC with the Illinois Department of Public Health (IDPH). It is clear that COVID-19 restrictions and practices should be based on guidance of independent national, state, and local public health authorities, and such practices should be regularly reviewed. However, there are many prison-related public health issues that would benefit from closer inter-governmental planning and collaboration, and other agencies appreciating the realities and impact of prisons in the state. For years JHA has recommended governmental entities institute regular collaboration and, where appropriate, oversight, including that the appropriate external governmental entities conduct sanitation and safety inspections to improve practices in prisons. This alone would be a big step forward. It is one thing to collaborate on policy, but another to see that practices implementing policy and intent are put in place on the ground. Hence, we believe that onsite inspections and interviews with staff and people in custody are

essential to the work of oversight and should be occurring with appropriate safety measures in place.

During COVID-19, we are concerned to see some restrictive changes in prisons, like the return to using overbroad lockdowns. Such restrictions cannot be accepted or normalized long-term because they compound harms. JHA successfully advocated for IDOC to publicly share more information from monthly [Operations and Management Reports](#). These show that during the first two full months of the pandemic response period (April and May 2020) there were 273 and 191 days of lockdown in facilities, compared to 48 and 59 in those months in 2019. During the first two full months of the pandemic there were more lockdown days than in the prior nine months of the current 2020 fiscal year combined. This data shows that some facilities were locked down the entire month, as was also reflected in some peoples' survey responses. However, not all the restrictions we heard about from many people are reflected, and again we must wonder about uniformity in reporting across facilities.

IDOC cannot continue to use the pandemic health concerns to promote the idea that everyone is safer locked down for extended periods. The reality is that prisons are not a completely closed environment, as movement must take place inside prisons and in connection with the larger community, including staff coming and going and prisoners traveling to healthcare facilities outside prison for necessary visits. It will not be acceptable to suspend visits and outside people coming into facilities indefinitely. While it may be true that restricting movement is the easiest way to contain and control disease transmission, other factors must also be prioritized, recognizing the need for humane treatment and people's rights. Choosing indefinite lockdown and other restrictions is an incredibly shortsighted view of the public health implications of COVID-19 and the impact of incarceration. Appropriate preventative healthcare cannot occur with continual lockdown, and such lockdowns will predictably increase mental health needs. Months on, the virus has not disappeared, so we must continually ask, knowing this, what is the plan and what are the acceptable risks to have some measure of humanity and quality of life within prisons? The Federal Bureau of Prisons and some other custodial settings plan to return, or already have returned, to use of visitation with additional COVID-19 protections in place, such as use of non-contact visitation space or outside distanced visiting, while the [Pennsylvania Department of Corrections](#) continues to offer free video visitation.

IS there A END IN site any time soon



TO CHANGE OUR PRISONS, WE MUST SEE AND CONFRONT THEM EXACTLY AS THEY ARE NOW

JHA can only hope that IDOC and others will use information coming from within prison walls to continually improve practices moving forward. We ask everyone to consider what changes will we see in Illinois' prisons that will come from this upending historical moment? With a population that dipped below 31,000 (numbers not seen since the beginning of the 1990s), there is a lot of opportunity to start quickly doing better and planning for admissions to IDOC to resume and possible population increase. While there currently is a movement asking people to "re-imagine"

our criminal justice system and prisons, we believe that people must **first see and confront prisons exactly as they are now** and how they are experienced.

We ask you to look at Illinois spending [\\$1.6 Billion](#) on a system that cannot provide everyone soap. A system that is its own compounding stressor and powder keg. See cell after cell with two men, in a small space with bunks and a shared toilet where they cannot be 3 – let alone 6 – feet apart from one another. Here the open cell-front bars face a narrow gallery walkway where others pass that are also nowhere near wide enough to maintain proper distancing. Such double cells are stacked on top of each other in our [male maximum-security prisons](#) across the state.

1) WE ARE CONFINED IN THESE CAGES HERE AT STATEVILLE WITH 2 GROWN MEN IN A CAGE THAT IS TOO SMALL FOR 2 MEN. WE CAN'T EVEN BE ON THE FLOOR OF THE CELL AT THE SAME TIME WITHOUT RUBBING AGAINST EACH OTHER. EVEN THE ANIMALS IN ZOOS IS FEDERALLY ALLOTTED MORE SPACE FROM ONE ANOTHER. WE ARE PACKED ON TOP OF EACH OTHER JUST LIKE WE'RE IN SLAVE SHIPS, THIS CONDITION HAS TO CHANGE. PLEASE HELP US !!

Ventilation enters areas through dusty grates. Temperatures hit extremes. Picture also [large dorm rooms](#) with bunks maybe three feet apart.

We have 98 out of 100 bunks filled, there are only 6 toilets and 7 sinks. – Taylorville

We are never 6ft social distance EVER. If someone has or gets COVID-19 this whole prison is going to get it. We live so close to one another. We could never get it stopped from spreading. – Vandalia

In these settings, during a pandemic, imagine in-person visitation is suspended indefinitely and then you hear that you would get [a free phone call or a weekly video visit](#) with family whom you do not know if you will ever see again. Then, assuming you can get approvals, you do not have access to the phone or the video visit kiosk, or to commissary to buy phone minutes. Imagine being told everyone would at least get a free phone call but then IDOC took the funds for the call back off your account because you owed them restitution of \$5 for a lost or stolen ID card. Or imagine having the video visit canceled four times in a row, or finally getting a video visit and staring at a blank screen or seeing just a flash or having no sound. What if it had been 45 days since you were last able to go to the store, and then when you finally went you could not buy any soap, laundry detergent, or what you needed? Imagine not going outside for over a month and not being able to open a window. Or watching food and supplies be rationed or dwindle around you, while you are locked in a cell with another person. Imagine having to take food or medication from someone not wearing a mask or not changing their gloves when you know how the virus is spread.

We ask you to look at a system that is so broken that a pandemic response showed improvements over some standard practices, such as letting someone call their family for the first time in years. That people with nothing were at least given a hotel-sized bar of soap weekly.

I've been locked up for [decades] and never been taken care of like this. I can't complain. – Vienna

I have not used the phone since 2013... cause I'm in C-grade [a disciplinary status restricting privileges including phone calls] and I don't got money on the phone.

– Menard

Restricting outside communications can have negative effects on individuals' mental health, institutional behavior, and reentry success. JHA [again encourages](#) IDOC to take this moment to reconsider such excessive punitive restrictions going forward, and we note that thankfully phone restrictions were supposed to be lifted during the pandemic, although we remain concerned because many said they were not.

Menard CC is not allowing inmates in segregation status to use the phone once per week, and they refuse to provide inmates any information on all of the restrictions the director has lifted for those on some type of disciplinary restrictions. – Menard

Here is a system that holds so many vulnerable or ill people that you cannot reasonably prioritize by medical vulnerability for release. People over 50, which is considered elderly within prisons and who are more likely to have chronic health conditions, make up [a fifth of IDOC's population](#). Non-white people, who bear a [disparate negative impact of COVID-19](#), make up [68% of IDOC's population](#), compared to [23% of Illinois' population](#). Plaintiffs in [litigation about COVID-19 in IDOC](#) estimate there are **more than 12,000 prisoners in IDOC, or more than a third of the population, who are medically vulnerable** because of an underlying medical condition.

I am supposed to be getting out in July for drug charges and have other health issues, why should my life and my family's life be put in danger by keeping me for another 2 months? Let Us Go Home!!! – Taylorville

Here also are the “violent” prisoners who those in authority feel they could never release, but whom will be released anyway despite any of this political posturing in a matter of just hours, days, weeks, or months at the expiration of their sentence.

See parents and families break wondering why [another mother can leave prison early](#) due to COVID-19, but not all mothers, or fathers, or caretakers. Look at a society where, if you could figure out how to release someone particularly vulnerable to flee a pandemic in prison, they might have to stay because they have nowhere to go. Perhaps they will not be released because their mental health or physical needs are too great to be accommodated in the community, but meanwhile IDOC remains under court monitoring for insufficient [mental](#) and [general](#) healthcare and recent reports continue to question the Agency's ability to even staff facilities to provide necessary treatment. Imagine there are **more than 1,300 people** – enough to fill, or empty, a whole prison – who are door violated and remain in prison only because they cannot get an approved place to serve their parole time in the community. In Illinois we do not have to imagine; [it is happening now](#).

Hear a cacophony of coughing at Stateville where at least 13 men were silenced by COVID-19.

By the time we were placed on quarantine lockdown the whole building was almost complaining about not being able to taste or smell. You can also hear inmates and staff at night coughing literally sounding like some type of orchestra. – Stateville

We ask, given that this is it, the reality of the Illinois prison system, what are we doing in the immediate and how will we or can we do better? We challenge everyone to consider

the changes we want to see in Illinois' prisons coming from this upending historical moment and to fight for them to be made.



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