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



Perceptions and Experiences from People inside Prison during the Pandemic

Section: Medical

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 medical. 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.



Medical

JHA surveys asked only two questions specifically regarding COVID-19 medical response: (1) Would you report symptoms? and (2) Did you? People's comments on COVID-19 medical response expanded far beyond these issues. This section details people's reports of their experiences of medical responses to COVID-19, including their concerns regarding lack of temperature monitoring and testing. This section also discusses mental health and general healthcare concerns that many felt were neglected as IDOC directed resources to COVID-19 response.

As in our prior recommendations, JHA continues to recommend IDOC increase access to information; provide appropriate personal protective equipment; implement social distancing (which, of necessity, requires population reduction, increasing use of single-celling, etc.); use, and inform people about the use of, cohorting and quarantine measures to isolate persons and groups of people to limit wider contact and virus transmission, including increasing precautions and protections for incarcerated workers and high-risk prisoners; and explain how and when people will be medically quarantined or medically isolated to set expectations and ease anxieties. People also should be more clearly informed of when temperatures will be monitored and the expected responses when people report symptoms. In medical quarantine and medical isolation, people should have continuous access to communications, showers, property, commissary etc., with additional precautions in place. Testing for staff and prisoners should be increased and more public information shared. IDOC should communicate their methods for determination of "recovery" for staff and prisoners to people at facilities and explain that current guidance suggests this does not mean immunity for future re-infection. Mental health needs of both staff and prisoners should be attended to and general healthcare, including preventative care, cannot be indefinitely postponed.

This section of the report has the following subsections:

- Temperature Monitoring
- Reporting Systems
- Lack of Testing
- Experiences of "Medical Quarantine" and "Medical Isolation"
- Recovery

- Mental Health
- General Healthcare



TEMPERATURE MONITORING

We have not even been asked if we are alright. Someone came through twice over a two-month period, took our temperatures, and kept going. – Menard

Staff temperatures are to be checked upon their coming into facilities. A few staff reported early concerns regarding consistency and accuracy of temperature readings in staff surveys and JHA was informed that some staff even took initiative to buy better equipment.

As noted in the Executive Summary of this report, there was a lot of confusion within IDOC about expectations and guidelines for temperature monitoring for people incarcerated. Many people reported that they did not have temperature checks or that they were sporadic, even at facilities with early outbreaks, such as Sheridan. At Lincoln some people reported temperatures were not taken until April 27, 2020.

Healthcare isn't doing proper assessments. It says on our TV about daily temperature checks, but no one has been doing that. – Robinson

Started temperature checks, but stopped after two weeks. – Lawrence

I have not ever been checked for a temperature here at all. Shouldn't if we are on lockdown for quarantine be given a temperature test daily or at least 1 time per week? – Pontiac

We were supposed to see the nurse every day to check our temps, however, they have been through only one time. – Menard

We were told medical would come by daily to check on us and daily check our temperature. This happened once and only once since that bulletin was announced over a month ago, and it only happened on the day of the announcement. – Danville

At several facilities, some people reported abnormally low temperature readings, including some staff. In other jurisdictions, such as the Washington Department of Corrections, people's temperatures must be read and registered at above 97 degrees for quality assurance. Some quality assurance based on particular instruments and usage should be established within IDOC in consultation with public health officials and made public.

Nurses are going around taking temps of inmate workers, but the thermometer was very inaccurate. My temp read as low as 93.9 and never once did it read above 97. All the other inmates I've talked to said theirs was only reading way too low. – Hill

Some people commented that the National Guard, at facilities where they were present, checked temperatures daily, which occurred during a medical quarantine due to diagnosed cases.

Other people reported that temperature checks were optional, putting others at risk from people who do not want to be moved if they had a temperature.

It's guys refusing the nurses and the national guards, and my celly is one. Guys here has life in prison, so they don't care about getting this virus, nor spreading. They speaks on spreading it. – Stateville

Several people expressed concerns about how temperature checks were conducted. As noted in the Personal Protective Equipment (PPE) section of this report, people reported that not everyone, including healthcare staff, had PPE, or was following best practices. Some other people reported that thermometers were not being properly cleaned between uses.

They have been doing daily temperature checks with an oral thermometer. Now, that doesn't sound dangerous until you consider they used the same glove to check a whole housing unit... I watched them do the other side of the wing and never observed him change gloves or sanitize his gloves. – Hill

They were taking our temp for fevers...The woman administering this check was not cleaning and sanitizing the device between inmates. A couple of us got her to but only after arguing with her and refusing to be tested with it. – Taylorville

There also were some reports of lack of appropriate response to temperature readings or that staff told people that temperatures had to be 104 degrees or above to trigger response. Again, IDOC should have uniform and public policy regarding when medical response should be triggered and what this will consist of.

One day, about 3½ weeks ago, they came around to check temps, and my temp was 102.3. The medical staff said she'd be back, never came back. – Menard

JHA's understanding is that IDOC believes daily temperature checks should occur during medical quarantines, but this has not been made clear to the population, and many people assumed they are not being properly monitored. It also was unclear if people always were made aware when they were under a medical quarantine. JHA also has recommended incarcerated workers be temperature checked before all shifts like staff.

Some people who felt staff were conducting appropriate temperature monitoring and testing wrote positive comments.

I was put in isolation due to 104 degree fever and tested for COVID. It came back negative, so I'd say they are on top of it. I sent my request slip, and they came the next day. – Vienna



REPORTING SYMPTOMS

I have been sick for about 2 weeks! My English speaking is not good. I get no help. My family is in Mexico - I have no one to help me. – Centralia

Many people in Sheridan IDOC are not coming forward and admitting that they are sick because, once someone does it, the staff treats you as if you are being punished. – Sheridan

They tell us, 'if you're not dying, don't ask for medical attention, or we will write you a ticket and take days from you.' – Southwestern

I try not to ask medical or security about any type of medical situation because of negative responses and experiences, so I try to stay healthy. – Menard

We are forced to live with people who are not cleaning/washing hands, who are sick, and don't want to seek medical attention. Even when we notify staff, nothing is being done. – Western

A statement was said to me by staff that I'm always faking it just to get some kind of medicine, and I was also called a liar. – Robinson

I don't believe many would tell staff [if sick], because of the threat of being sent to quarantine unit. Inmates are already being mistreated in population, so you know it can't be good in quarantine unit.

– Dixon

I'd be afraid to report it in fear of how much worse it would make our living conditions. – Decatur

I was one who had COVID-19 before anyone here and all nurse staff would say is you watch too much TV but yet I had all the symptoms, high temp 104°, no taste, no smell, body ache, cold/hot sweats, for weeks. Staff didn't take serious, then 2 inmates in my close living area got it and died. – Stateville

In JHA's April 8 recommendations, we reiterated that IDOC should communicate plans for how people who are symptomatic and sick will be cared for to people in facilities and the public and allow for family notification on request when people are diagnosed.

It is vital to the containment of COVID-19 that people seek treatment and are identified as possibly sick as soon as possible to prevent virus spread. In survey responses, 83.1% of people reported they would tell IDOC staff if they were sick because of COVID-19, while 8.4% reported they would not. JHA is pleased that most people would reach out for care.

We have seen in past surveys many people felt deterred from seeking care due to the \$5 medical co-pay, which was eliminated in the beginning of 2020 due to legislative advocacy efforts of JHA and others. Of the 12,780 people in 21 facilities who responded to JHA surveys preceding both this legislative change and COVID-19 between April 2018 and May 2019, 64% of people reported that they avoided healthcare to avoid the \$5 copay. In other jurisdictions, one of the major steps to getting people appropriate care during COVID-19 was suspending correctional copays. In IDOC public reporting, it appears that with the elimination of the copay in January 2020 there was a small increase in sick call requests from about 43,000 in December 2019 to about 50,500, although this may also reflect other yearend scheduling factors. However, it also appears that sick calls doubled to nearly 95,500 and 103,000 for April and May 2020 during COVID-19, likely reflecting people increasingly reaching out for care.

Generally, there is concern regarding healthcare provision in IDOC, as this is the subject of numerous individual and class action lawsuits. Of the 12,780 people who responded to prior JHA surveys at 21 facilities between April 2018 and May 2019, 65% expressed dissatisfaction with medical care in IDOC.

In COVID-19 survey comments, some people reported they would not seek medical help because of prior bad experiences with healthcare or because they were afraid of being isolated without their property. JHA continues to recommend that IDOC straightforwardly address these concerns by informing people what will occur if they are isolated and permitting retention of privileges. This is critical to be able to contain the virus. There has to be trust that IDOC will respond appropriately to ensure that people report symptoms.

Most concerning, 13% of respondents (2,044 people) reported they had sought healthcare because of COVID-19 in the prior week and had not received a response, while 2.8% (436 people) reported they sought care and received a response. At Stateville, the first COVID-19 hotspot within IDOC, more than one-fifth of the survey respondents (22%) reported they had not received a response to their healthcare concerns in the last week.

In comments, several people reported that when they had symptoms of COVID-19 such as loss of sense of taste and smell, they had difficulty getting further screening for the virus. Someone at Stateville wrote regarding the additional danger posed by these symptoms, "there was a fire set in the cellhouse. I couldn't smell it, by the time I realized there was smoke everywhere, I had become dizzy and nauseous. I can't smell my food to ensure that it's not spoiled." As medical understanding of the virus advances, it is clear that cases do not present in a uniform manner and more testing is required.

I had symptoms of COVID-19. I had the hot and cold symptoms. I had the sweats. I had the coughing. I had mucus in my lungs which I have COPD. I'm a diabetic. I have asthma and I have high blood pressure. I told medical staff about my symptoms but it took them 10 days before they brought me any medication ... I am [60+]. – Pontiac

When I thought I was sick with a cold it was something more, so I put in for sick call and was never treated. I stayed sick for 7 weeks. I had all the symptoms of COVID-19 but was never treated. – Shawnee

Healthcare had a spike of inmates coughing and throwing up nonstop. I was one of those inmates. I threw up 4 times within 6 hours. I also had a nonstop cough for two and a half weeks, 90% of the dorm was coughing. I have never experienced this kind of sickness. I had shortness of breath and a high fever. The nurse was giving everyone generic stomach tablets and a brown pill packet for the coughing. The dorm I was in had 7 inmates throwing up at the same time, and we were not quarantined. I have been in prison years and never seen anything like that. This prison is lazy and doesn't want to quarantine because they don't want to deliver trays of food. – East Moline

I went to sick call about 2 weeks ago with 3 of the COVID-19 symptoms – fatigue, shortness of breath, and dry cough – I informed them that I do take medication for hypertension and [previously had] cancer. I was told to sign up for sick call again if symptoms persist – and that is the extent of the treatment that I received. – Graham

I put in sick call about 2-3 weeks ago, saying I needed medical attention because I was having symptoms of corona, and they didn't check my temp or test me for corona. They brought me minor cold medicine. – Menard

I have turned in, on two separate occasions, requests to be called to sick call, listing symptoms identical to COVID-19, to date, no response. – Menard

My cellmate had gone into the health care unit with all the symptoms of COVID-19 except having a fever. Instead of holding him in the health care unit for mandated days, health care sent him back, we'll see and monitor him as non-professional healthcare personnel/ourselves as inmates.

– Vandalia (segregation)

I tried to get medical care because of COVID-19 in the last week. I checked the box: yes, but no response from the staff. I had a light fever, nausea, and a sore throat. I wanted to get tested, yet they didn't call me to the HCU [healthcare unit] at the very least to treat the current issues. – Western

I woke up twice during the night with shortness of breath, coughing, sweating, and dizziness. The emergency button doesn't work. When I got a hold of staff, they told me to drink water, breathe, and lay down. And they left. I filled out grievances but no response. – Western

I wrote them and told them I was having problems breathing. It took them 2 weeks to check on me and I have asthma. Then told me my breathing request was not COVID related. – Sheridan

I was denied medical attention because my temperature was not high enough, although I showed signs of shortness of breath, extremely bad headache, and I couldn't smell or taste. I had to ball up under my covers and pray to the higher power I survive. I thank him that I did. – Sheridan

I've been telling these people here in Pinckneyville that I think I got the corona virus and they're not doing what they're supposed to do. They're not checking me out for it or anything. They're just being perfunctory about it by giving me cold pills when I feel ill. I've been super, super dizzy and lightheaded for four weeks now. I get so dizzy and lightheaded I feel like I'm going to pass out. I know my body and something isn't right. I go home [soon] and I don't want to die in prison. I want to be tested for COVID-19. – Pinckneyville

Many people detailed the negative outcomes they felt would result if they reported symptoms. For example, at Danville people explained that staff will take all your property like a punishment if you are sick and quarantined; at Jacksonville someone reported his living unit had been on medical quarantine for nearly a month after two people went to the nurse sick call for cold and allergy pills and that people are scared to admit if they have symptoms because of the possibility of restrictions on hot food and showers.

The practice of separating ill people began well after the worst was over and when the National Guard got here people who had COVID-19-like symptoms were reluctant to say anything because the tactical team was sent in to forcibly take

people away without their property: changes of clothes, toiletries, commissary, electronics, etc. Also we hate being separated from our living unit and cellie because we may have been cellies for years. – Stateville

As for COVID-19, this is a death trap for anyone that gets sick. They just going to throw you in a cell somewhere and put on your cell door “quarantine,” basically contaminated and let you die, some of these guys that might be sick is most likely scared to say anything. – Pontiac

[Would not report COVID-19 symptoms] because they’re really poor on their job, you might think that I’m making this up but I’m not. I’ve seen guys tell them and all the COs do is keep em in the same cellhouse till they come to check and they put them on 1 gallery like it is a clean place to put people in there where they had used to have mental people in the cell playing with piss and waste, blood, I mean is not a good place the cellhouse is a cellhouse not a healthcare or a hospital, ... and if they complain that they can’t breathe because is a cell with thick plastic so they get treated bogus ... Is bad people be coughing bad or can’t breathe in here is like if I complain... let’s say I let them know that I don’t feel good. What they do is deadlock me and my cellie in the same cell and my neighbors and leave us there for like 2 weeks when that’s bad if I would have had that stuff, so we don’t get a fast response from nurses or staff. – Pontiac

The reason I said I won’t tell CO or staff if I feel sick cuz they’ll lock us in a cell with nothing no TV. No food and we don’t want to live like that. We should be able to have our things with us. – Centralia

We dare not tell or try to go to medical for anything because if we do get sick they take our property and put us in segregation and treat us like a dog and only get one shower a week. – Centralia

If an inmate had a high temperature his housing unit was put on quarantine and not allowed outside. During these times of quarantine inmates spread rumors, blamed the sick and strongly discourage each other from going to sick call or calling attention to any health issues. – Taylorville

People are scared to report if they are ill because they stick them in a segregation cell for 7-8 days with no property or privileges. – Jacksonville

I don’t want to be responsible for getting my entire wing placed on a 14-day quarantine for a false alarm. That’s the reason why I’m unsure about seeking out medical attention. – Jacksonville

IDOC staff treat people bad here when provided with any information of symptoms, if 2 people are isolated due to symptoms they are quarantined and the cells next to them that are not sick are also punished with quarantine and then they separate both inmates to different walls spreading this symptoms and putting more people at risk. – Lawrence

I would not tell a staff member if I was sick because they would treat you inhumanely, and your sickness would be treated like a punishment. Not to mention,

they would tell other inmates you were the reason they were locked down on quarantine. – Lawrence

If you get sick you will be locked up in your cell with no help. They just come check your temp every day. – Lawrence

When we were on quarantine, one cell had a temp of 100+. They tested for flu and for COVID-19, both were negative. Because of the one high temp they extended the quarantine 14 days. One nurse even said that she thought it may have been a bad read. Because of how staff handled this, no one will tell them if they are sick. – Lawrence

I would not tell IDOC if I was sick because of COVID-19 because I would be locked down in a cell with absolutely nothing and feel punished for something that wasn't my fault. Just like how I kind of feel now with this 'lockdown' without proper care I deserve. – Graham

The way these people treat guys that might be sick discourages others from speaking up. They isolate guys in cells with no property of any kind. Who wants to willingly submit themselves to a punishment? – Menard

I will not tell IDOC staff if I am sick. When I had the flu in early March, they isolated me in a cell for days without any books, magazines, or writing material. All I had was a wall to stare at. I was treated more like a cancer that needed to be cut out than a patient. – Menard

Nobody would tell staff about a need for medication if we thought it might be COVID-19 related or perceived. Call it what you like, but it's an automatic 2 weeks segregation. No TV, commissary, nothing. – Menard

I would not tell staff if I was sick. Their way of dealing with this is to send you to the maximum security (the pit) in the segregation unit (isolation). Further, if you're a worker, you may lose your job as retaliation. – Menard MSU

The reason I put unsure about telling them if I have symptoms is because of how they are housing the ladies that have COVID-19. They are in a unit that has no ventilation. The windows don't open and the same nurses that take care of them (the infected) come over to us and pass meds and take temps. – Logan

I don't know if I would say anything if I thought I had COVID-19 because I believe it will take me out of the program I'm currently in that gives me days off my sentence. – Logan

Inmates are afraid to let anyone know they are sick because this place, Sheridan, will send you to seg. Treat it as punishment... take your TV. – Sheridan

I was sick at middle to end of March, but intimidated to tell anyone for fear of punishment. At least 2 weeks sick. – Sheridan

I was sick for two weeks, with no smell or sense of taste and didn't tell them because they were taking those who were sick to segregation. – Sheridan

If staff hear an inmate coughing or sneezing, they threaten to take that inmate to seg, to cover up the sickness here at Sheridan. Staff are very reckless when it comes to the safety of inmates. – Sheridan

Logan administrators responded to people's concerns that COVID-19 positive people were housed in the healthcare unit (HCU) in a negative air pressure "isolation" room. Once they met the required isolation time, they were moved to a housing unit set up with proper donning and doffing stations for staff PPE usage and single-celled in spaces where windows could be opened, and proper PPE was issued to staff and prisoners based on risk of infection level. Further, Logan administrators stated that all programming contracts were honored, and that sentencing credit days were awarded during this crisis for program participation. They stated that in-cell homework was being issued weekly to program participants, and that a medical illness is not an event that would remove someone from a program.

Again, it is essential for virus containment that people be identified when ill and feel comfortable that they will not face unduly harsh consequences that feel punitive if they are identified as being sick. Privileges should be maintained to the extent possible and people should understand what steps are being taken to protect them and others. Someone at Lawrence reported he would tell staff if he had symptoms "because I don't want to die," but went on to explain, "I can understand why someone wouldn't. They would move you and put you on a severe quarantine... No one likes being moved around." It is critical that IDOC make clear why and when movement to alternate housing and restrictions are necessary for people's protection and ensure that the restrictions used are necessary and not inordinately severe.

Again, people must have trust that IDOC will provide appropriate care for them in order to encourage people to report symptoms and seek care as needed. However, someone at Lincoln reported that a healthcare staff member told him he would "die in here if I catch COVID-19 while here - They aren't equipped to take care of us."

Would I tell them if I'm maybe sick, I don't know cause they don't care about us down here nor have the right equipment like we are already looked down upon because of the fact we are incarcerated felons to them it would matter if we die or get sick it's sad cause we can't get properly treated if we were sick until we are in society. – Danville

People also were concerned about their access to outside treatment if needed, e.g. someone wrote, "We've written so many letters asking if we get sick here, will the local hospitals take us in if we need a ventilator. No one has responded to any of those kites."

IDOC must ensure people know that they will be cared for when sick at the facility and in the community hospitals when needed, or they must work with other governmental entities to identify and remove barriers to care.

People wanted to know if their families would be informed if they got sick. Again, as stated in the Access to Information section of this report, people likely need to fill out and submit medical information release forms to permit IDOC sharing their medical information with others. JHA recommends IDOC clarify its policy and inform people of what they should do to ensure this occurs if they become sick.



LACK OF TESTING

I think we all had COVID-19 here but no testing has been done. Everyone is scared to report illness. Everyone was sick but nobody told staff. – Centralia

*If you ask to get tested for COVID-19, they will deny you and threaten you.
– Southwestern*

My celly and I both had 101 temp for 3 days in a row. The nurse said “I’ll see what the doctor wants to do.” This place has not tested no body for the virus. – Graham

My concerns are that they have not done any testing for COVID. They haven’t checked anyone’s temps, and if we are supposed to be on a lockdown status, why do they keep moving inmates around from unit to unit? – Vienna

*Personally speaking I’m scared, because here at Pontiac they haven’t offered any test for said virus. ... Long story short this joint is a death trap, and once they start testing you’ll understand why I said what I said. I hope and pray you guys demand that they give everyone a test and mask at least offer. Real talk I’m for forced testing.
– Pontiac*

People in prisons wanted to know about the availability and criteria for testing. JHA and other advocates continually have encouraged IDOC to conduct more testing and make such information public. Many people, including staff, commented that there was need for more testing. While testing initially also was very limited in the community, as testing becomes quicker and more useful, and as novel ways of testing for outbreaks, such as monitoring of wastewater, develop, IDOC and IDPH should take advantage of critical advances in infection control and make public their strategy and outcomes. People felt that without testing, nothing was being done to protect them, which is a valid concern given current understanding of how the virus may be transmitted asymptotically and via aerosols.

Several people responding to JHA COVID-19 surveys commented that their facility was not testing any prisoners or staff despite people within the facility being visibly sick. Others believed testing was unavailable to them. People were particularly anxious at facilities with known cases of staff testing positive for COVID-19 where others were not able to be tested. Additionally, people reported not being tested even when they had been celled with or housed close to someone else who tested positive. If these people were being presumptively quarantined and monitored in such cases, they seemed unaware, and at times reported new people were introduced to their housing unit, despite a person in their unit having tested positive, which does not suggest they were appropriately isolated or cohorted.

I think somebody got it down here, but they are not testing the inmates or employees. A lot of correctional officers walk around coughing all the time and still come back to work the next day. – East Moline

They won’t test anyone here for COVID-19, but everyone is sick. They said they’re not going to test here until someone dies from COVID-19. – Western

We were told by healthcare staff and IDOC staff that inmates won't be tested unless symptoms are shown. The few inmates who showed symptoms were still denied testing. – Robinson

I was very sick during the COVID-19, and for weeks, me and several other inmates have been very sick. They would not test us. All they would prescribe at first for weeks was allergy pills. – Lincoln

I was on a unit that an inmate had tested positive for COVID-19. They stayed on the same unit same cell, did not get moved, used the same phone, showers and visiting area as everybody. I became sick, wrote at least 5 medical slips which was ignored every time. I have asthma, which immediately became a problem. I could not breathe and it took at least 30 to 40 mins before I seen a CO then another 30 mins till the RN came and took my vitals and never gave me a test to see if I was exposed to COVID. Still till this day I'm having problems with breathing, running nose, coughing, like I really believe I have COVID-19 till this day ... I fear I won't make it home due to lack of medical assistance. – Pontiac

Prisoners commented about being told their symptoms were minor and not serious enough to get tested. In some cases people reported that they were given flu tests, but some people reported issues with getting even flu test results.

I was just in health care unit for 2 weeks because I have the flu. They told me I have the flu, but they never let me see anything written on paper. I have been asking for my medical records for the last month. Nobody responds. – Danville

Many people wrote of having illnesses suspected to be COVID-19 prior to IDOC's COVID-19 response beginning in mid-March and several facilities had large “flu” outbreaks earlier in the year. For example, someone at Centralia wrote that he was sick back in February and was told that about 100 others had similar symptoms.

I had severe upper chest pain and could not eat or get out of bed for days. I got antibiotics. I also had cough and felt helpless. Prior I had ... the chills for days ... A month later, nobody cared on ongoing cough and sore throat. X-rays came back negative, yet my cough and throat still issues. – Joliet

Pertaining to medical treatment, they have not offered to test us for Covid-19. It is very possible that a lot of us already had it and that it was just treated like influenza prior to the lockdown. – Illinois River

Several people reported that they believe that they have had COVID-19 without being diagnosed, and some stated they would like to be tested for antibodies. Someone at Stateville stated he wanted to give back to society by donating plasma.

Why is it that IDOC does not give us testing for the COVID-19? Also testing for the antibodies, because we were all so very sick a couple of months ago when they began the quarantine lockdown, there is a strong possibility that we had it and IDOC did not tell us, nor did they test us, some of us might have antibodies. – Pontiac

They haven't come by asking if anyone would like to be tested. They never tested any of the guys they moved [after a prisoner in their area reportedly tested positive]. My neighbor said he was sick, but they didn't test him. 2 days after they moved all those guys I got sick with something then my cellie got sick. It could have been COVID-19 maybe not. We both have recovered from whatever it was. Mine lasted for roughly 2 weeks. It started with headache then a sore throat and a cough. I had slight breathing trouble and muscle aches. We both have high blood pressure. I believe I had COVID-19 personally, so maybe I have the antibodies in my system. The staff here think it's all a joke don't take it seriously. – Pontiac MSU

People, including staff, expressed significant concern about safety of resuming intake without mass testing. Some staff reported they wanted to be able to be tested onsite.



EXPERIENCES OF “MEDICAL QUARANTINE” AND “MEDICAL ISOLATION”

The procedure of separating symptomatic and asymptomatic people wasn't followed. Instead, people who were sick – couldn't breathe very well – were returned to their cell. – Stateville

There is no such thing as quarantine here in prison. Locking us in cells yet allowing inmate workers around the same staff that brings the virus in is ridiculous – no tests are being done. It's like they want us to catch this infection. – Pontiac

Quarantine guidelines here I think are very poor - more unclear than anything. One guard's opinion might differ from a nurse's. Some try to follow, others don't. – Lawrence

A few weeks ago my neighbor had symptoms with 100+ degree temperature and flu-like symptoms. So because I am in the neighboring cell, they put me in quarantine even though they took the individual out of the building. The problem was that in those 14 days of quarantine they didn't allow us to clean our cells, take showers or use the phone. You would of thought if we were at risk of COVID-19 we would be the first to sanitize our cells. So I wrote a grievance. This process is extremely fearful. – Sheridan

As set out in the Access to Information section of this report, people did not have a good understanding of their status as being in “administrative quarantine,” “medical quarantine,” or “medical isolation” and IDOC did not articulate standards for privileges to maintain for each status. This Medical section discusses people’s impressions of their experiences of people being quarantined or isolated for suspicion of COVID-19, exposure to other COVID-19 positive people, or after testing positive for COVID-19. JHA uses the terms “quarantine” and “isolation” as reported. Without testing, many people have no way of knowing if they had COVID-19 or just had symptoms that triggered a response. People also did not know what IDOC would or could do to help people who did have the virus; someone asked, “If you have COVID-19 what can you do about it, if anything?”

Some prisoners commented about people being moved (presumably to quarantine them after exposure to others who had tested positive) and lack of appropriate quarantine housing areas away from others. For example, at Lawrence, people expressed concern that people who tested for COVID-19 were placed in the healthcare unit (HCU) around people who were extremely vulnerable.

We had an inmate test positive for COVID-19 then all the people around him got moved at 11pm to 1 am they got moved everywhere some into condemned cells no toilet no hot water toilet leaks when they flush. – Pontiac

They took me and one other inmate over to Bldg 4 and housed us with an inmate who tested positive for COVID-19. We were tested and were negative, but the exposure occurred and we have not been tested since. ... They informed us if we refused the COVID-19 and influenza test that they would hold us down and make us take the test without a court order. – Logan

Logan administrators responded that people who were quarantined were single-celled and that no one was forced to submit to testing. IDOC should explain what counts as “exposure” to those who test positive for COVID-19 so as to trigger contact testing, as well as the use of negative pressure rooms. Given that most facilities have only a few such isolation rooms and some facilities have more than a hundred cases of COVID-19, IDOC should clarify other housing that may need to be used to thwart transmission of the virus.

I don't trust nobody here. I'm afraid for my life here. – Sheridan (COVID-19+)

At Sheridan some people who had been isolated reported poor conditions including not having clothing changes or being allowed to shower for more than a week, and not seeing healthcare or mental health staff. In one case, someone who tested positive said it took more than a week for a healthcare provider to speak with him about it, and he believed that only happened because of his family's intervention expressing concern.

At Stateville people reported various quarantine practices, including leaving people celled with COVID-19 positive cellmates, as well as moving positive people to other housing. Some people, who had been housed in temporary quarantine locations at Stateville, reported poor conditions. For example, someone reported, "The bathroom was nasty and dirty, it was only 1 shower 2 sinks and 3 toilets for 20 something inmates."

There were several reports that quarantine living conditions were subpar and that privileges were restricted. At Lawrence, someone who had been in a wing that was quarantined wrote that people went on hunger strike and called crisis so that they could get some access to phones and showers.

I had no problem with being quarantined. My problem is with how we were treated during the quarantine. No one let us know why we were quarantined, we were given no opportunity to contact our loved ones, we were not given a shower until 8 days into the quarantine, we were given no cleaning supplies, and we were not allowed to wash our clothes. Fortunately, no one had COVID-19 but if any one of us would have and the worst happened my wife, children, and mom would not have known anything in the beginning, nor would I have been able to speak with them had I died. – Lawrence

During 14-day quarantine never allowed to shower or have laundry done or use phone for 14 days. Didn't have yard for over 30 days. – Graham

I was thrown inside a filthy cell with piss stained mattress and pillow and nothing else but the clothes I had on when I was quarantined for having a 99.7 temperature. The sink water only dripped out, the food sucked, and I was treated as though I was being punished for having a bit of a temperature. – Menard

A few weeks ago, I got the flu, and they put me in quarantine. They gave me a dirty mattress and one washcloth that I had to use to clean my body and wash the floor with. They tell us to stay clean, and they made me do that. – Menard

I was in quarantine for 5 days with possible COVID-19 and wasn't able to call family and let them know. – Logan

Women who had tested positive for COVID-19 while on work release at Fox Valley and who were returned to Logan also reported poor conditions in the area where they were quarantined and that they had to wait for phone and mail access, as well as for clean clothing. Logan administrators responded to these concerns stating that people with positive results were required to be quarantined for a period of 14 days per departmental direction, that isolation rooms in the healthcare unit were used, that clothing changes were issued, that staff facilitated phone calls and that mail is picked up daily.

There were some reports from various facilities that when individuals were showing symptoms or had potentially been exposed, they were put in segregation for quarantine. In some facilities, segregation cells may be the best available option for someone to be physically separated from others. For example, at some facilities, segregation cells may be more likely to have solid cell-fronts or be more contained than other housing options. However, the experience of medical quarantine or isolation should not be akin to disciplinary segregation and IDOC should ensure humane conditions and explain that quarantine is not equivalent to punishment.

I went on a medical writ and was quarantined in the segregation unit for 14 days after temping. The cell that I was placed in was dirty as hell and had no ventilation (behind a steel door). – Menard

Around 90 of us were really sick in March. They never tested any of us. I and everyone else were put in the segregation unit. In my cell, the cold water did not work. I truly thought I was going to die, I could not breathe. I was there for 5 days and then got better. – Menard

I was quarantined in the N2 Cell house (seg building)... We were placed in isolation - tested for COVID, and released once it came back negative. Right now, in my own cell, I am blessed, but that up-rooting us and placing us in harm's way wasn't good mentally or physically. We were placed in really filthy cells, given the worst mattress, so please look into the living conditions in N2 Cell house. – Menard

If you're sick, they'll send you to segregation and treat you like you're in segregation, can't have electronics or your clothes. You get to send mail after 14-20 days of being there and no phone calls. – Menard

JHA notes that mail should never be restricted; IDOC cannot hold people incommunicado. It is unclear when or if some facilities improved their quarantine and isolation responses. Some staff reported that they did not believe their facilities were using segregation for quarantine as of September. JHA again urges IDOC to make public its plans for medical isolation and quarantine and the rights and privileges that attend these statuses.

Several people commented that medical quarantine did not separate people from others, i.e. they were not quarantined appropriately to prevent spread. This is of particular concern given emerging evidence that the virus can be spread through the air.

There are 2 inmates on the gallery coughing non-stop for more than a month. Staff said they were quarantined in their cell, so no danger from contamination. – Pontiac

Here they have sick residents on the same gallery as residents non-sick just on different sides of a door. – Pontiac

The guys that get sick or quarantine are still coming out with us and using the phone. – Hill

A food supervisor tested positive for COVID-19, and yet kitchen workers were still being called to work. One kitchen worker contracted COVID-19 and still all kitchen workers were being called. – Hill

We have a gentleman on our wing who was quarantined last night, but was not taken off to Health Care or the Quarantine Unit that we have here. Instead they locked the wing down and quarantined all of us. No one has a fever or symptoms of coronavirus. This is punishment not quarantine. – Lawrence

I don't think that my facility handled the confirmed cases well at all. In fact they did the worst thing they could of ever did. [A prisoner] was tested supposedly and it came back positive. So they moved everyone that was on his wing and had been around him/in contact with him. They moved those guys to the other dorms basically wherever they could even in condemned cells, by doing that they put everyone in the facility at risk. They moved his 2 neighbors right next door to me and 2 others on my wing ... We protested this, but were told that we just had to deal with it. We filed grievances but that is a joke and pointless. – Pontiac MSU

JHA did receive a few positive reports of treatment of people who experienced medical responses for COVID-19 in survey comments. Someone at Stateville, who reported he was in segregation with COVID-19, reported that he felt nurses did a good job.

I believe my facility did everything they could to prevent the spread. I was put under proper quarantine, checked, and monitored regularly. The staff were both professional and good natured towards me. I believe they did everything by the book and feel they should be commended on that. – Menard

To be really truthful about how the staff deal with this Coronavirus situation with us inmates and among themselves, I would give them a 10 on a scale of 1 to 10. I have COVID-19, and medical staff and officers have and are taking good care of me and the other inmates. – Hill

Hill administrators reported during medical quarantine that temperature and well-being checks were conducted daily at cell-fronts and prisoners who displayed signs or symptoms of sickness were moved to the Isolation Wing in Housing Unit 1. They remained there until they were fever and symptom free for 14 days before being moved to the Step-down wing in Orientation, where they remained for another 3 days before returning to general population. Hill administrators did not provide requested information regarding expected privileges for various statuses.

It is critical that people do not perceive medical quarantine and medical isolation as punishment. Privileges should be continued to the extent possible and communications should not be restricted.



RECOVERY

I tested positive for coronavirus and I was placed in isolation for 15 days and then placed back into general population with very little information about the virus. – Stateville

Workers that have been quarantined are being allowed to come out and work to pass out trays of food. NOT Good. – Stateville

My cellmate was tested for COVID-19 and he tested positive. He was taken from the cell I occupied with him and moved him to a tent with other inmates in the gym. This same gym had 3 other tents with positive inmates, 8 inmates to a tent and they all interacted with one another. He was there for 4 days and sent back to my same cell, he just left, before he left I tested negative. These people don't care if we live or die cause they put a positive inmate back in the cell with a negative inmates. – Stateville

Due to COVID-19, I was quarantined then returned to the cell with my previous celly who never tested positive. I assumed that I would be returned to a cell with someone that had also tested positive for COVID-19 and quarantined. – Stateville

They have a memo allowing officers to return to work even if they are tested positive for COVID-19 as long as they're asymptomatic (no symptoms) got this info from staff! It's a memo signed by the warden! – Graham

JHA again recommends that IDOC clarify their policies for when people are considered to be “recovered” from COVID-19 and communicate this to people at facilities, as there were concerns regarding people who had been COVID-19 positive being back at work or in population. For example, at Sheridan people expressed concern that COVID-19 positive staff were only out for a week, that dietary workers were not quarantined for the recommended two weeks, or that others were only quarantined one week.

Some people who had been COVID-19 positive, or suspected, commented regarding their concerns about loss of healthcare privacy after medical quarantine and isolation and felt that others were discriminating against them. Several people reported being uncomfortable being celled with people who had been quarantined.

People also wanted to know what, having had COVID-19, meant for them going forward in terms of immunity. Someone asked, “Is it possible to be reinfected after being COVID+ once?” Current science suggests that people may be able to be reinfected and that they should continue to take precautions.



MENTAL HEALTH

Mental health needs to do more, help us! - Shawnee

The anxiety of this pandemic is taking a toll on me mentally and emotionally.
– Lincoln

I have not been able to receive the mental help that I need. – Jacksonville

I did not receive any emotional help or support. – Decatur

I'm constantly starting being worried and paranoid out of my mind, unable to sleep at all for days on end! Etc. Etc. I have subscriptions for all mandatory medications, but they will not administer. – Lawrence

Being on lockdown, it's very hard on us mentally. We need ways to get better help with our mental health. – Pontiac

I'm going crazy in cell 24 hours a day, a month straight. I have mental health problems. Bad dreams now, can't sleep, anxiety, PTSD, depression. – Sheridan

No mental health. No checks or rounds. Nothing! – Graham

Some people particularly chose to comment that they were feeling stressed, depressed, and anxious, or scared, and many tied these feelings to being in a cell all day or not getting outdoors, or lack of contact with loved ones. Many of these people felt that they had no control over their fate and that staff was not taking their concerns seriously.

I fear for my health and safety every single day and it's terrifying to know that if I do get sick this place won't take me seriously and that I could be left to die. It's such a scary and stressful situation and I know my family is scared and worries about my well-being too. It's sickening to know that we're stuck and don't have a voice. – Decatur

This quarantine has my chronic depression worse than usual. The psych is taking me off of my antidepressant because it's not a formally approved medication. – Lawrence

Some people reported difficulty getting mental health contacts. JHA heard this concern even from people in mental health treatment housing.

The wing MHP [Mental Health Professional] counselor not even see us in 2 weeks. They don't care. – Joliet

Mental health issues were ignored when I reported problems I was having and was told to wait a whole month to see psych while having bad withdrawal symptoms. – Vandalia

The counselors/mental health counselors only made 1 walk through since these 2 months of quarantine lockdowns. – Illinois River

We are not being provided correct mental health support and counselor support. They do not do weekly walk throughs. – Pontiac

We are not being seen when we need to talk by mental health because staff is either lazy or don't seem to understand that we are locked in cells and they close in on you. – Pontiac

I have a very bad anxiety panic attacks I have put in to get moved to another unit but it seems like they just don't care about my mental problems. I have been ignored many times. – Pontiac MSU

The MHP for my unit never announces when she is on the clock. If we are not in the dayroom, standing by our own door or hear her voice, we're unaware that she's on the clock. – Lawrence

While being on lockdown because of what's going on, we did not get to talk to the counselor or mental health. – Lawrence

No attention has been given to how the stress is affecting individuals receiving mental health services. No weekly mental health wellness checks are being done for individuals on caseloads or the population in general. – Lawrence

I am overwhelmed with fear. They don't do mental health rounds. I am SMI [identified as Seriously Mentally Ill], and they have my meds all messed up, and I have not seen a psych doctor in over 2 months. I have been suffering with my mental illnesses. – Menard

Mental health does not check in with inmates who are severely mentally ill (SMI). – Danville

They are not trying to help people that have bipolar and anger management problems; they're just packing us up in receiving waiting to put us in segregation. You can never talk to a mental health specialist because the COs say they're never here. – Shawnee

At Sheridan, a man on the mental health caseload reported receiving no response for five days to his mental health request and, when he eventually was seen, "The mental health guy said he was the only one for over 1600 inmates at that time."

Some people reported difficulties with their mental health medications that were not being addressed.

Since the COVID-19, they still have people here that have severe health and mental health problems that can't have the proper meds here like they can at home. I myself am one of those people with severe mental health, and they have taken away all my meds but two of them. But, my important ones I've been on for more than [X] years that really help me and are the best for me, I cannot have. – Decatur

A few people reported some lack of professionalism by mental health staff; for example, someone at Decatur reported seeking help due to a family member's COVID-19 death and being told "you're always in some kind of crisis" by mental health staff.

Although mental health groups were supposed to continue, some people reported they did not, or were infrequent. For example, at Centralia, people reported that they were not receiving the required mental health group time in segregation, or that mental health staff "stopped by" but did not spend much time with them. Someone at Lawrence, who said he is identified as SMI, wrote about the lack of group time and "suffering greatly from isolation." At Dixon, someone commented that all groups and individual therapy had been discontinued, yet the need for mental health services is greatest during this period of time.

My big thing is mental health. We are not coming out of our cells period! They was running group outside but they only did it for three days then they shut it down because somebody complain about it. They are not trying to do any work whatsoever. – Pontiac

We are not getting our 20 hour a week [out-of-cell time required for people under certain circumstances under the Rasha settlement agreement, which includes structured group mental health treatment], before the COVID-19 staff and everybody getting what they have coming but us seg people their excuse is short staff and mental health too. – Pontiac

One question you should have asked is about mental health services. COVID-19 is being used as a cop-out for denying groups, offering 1 or 2 groups a week or none. Mental health staff only do check-ins on Monday, Wednesday, Friday but not regularly and always after 2:30 lock-up so they have the excuse that they are leaving soon and often don't follow up or follow through with concerns. – Joliet

I'm currently housed in X House, segregation/restrictive housing. I did test positive for COVID-19. I feel more could have been done for us seg inmates, especially SMI "Seriously Mentally Ill" inmates, where they stopped our mental health groups, no yard, no showers, absolutely nothing! Located in our Departmental Rules 504s, Mental health can give us (seg) inmates our televisions IF they find that it would be therapeutic, but fails to to this day. Something to occupy our minds, especially not even getting groups! Also it took staff a long time to finally allow us seg inmates phone time to check in with our family because mail had come to almost a complete stop. – Stateville (segregation)

People also reported lack of appropriate response to requests for crisis care. For example, at Sheridan people reported both staff inattention to mental health crisis and refusing to call the crisis team member.

When an inmate asks for a crisis team, you are talked out of it or threatened to go straight to the naked room, so you never get a chance to solve your crisis at that moment, which could be dangerous to a person and others. – Western

I asked for a crisis team 2 weeks ago and still haven't been able to get mental health treatment. – Pontiac

IDOC also is not allowing inmates to call for a crisis team member. – Pontiac

We ask for a crisis team, and guards tell us yeah I'll get one when I have time, and never do or won't get an Lt. or Majors for us when issues arise. – Hill

Hill administrators responded to JHA's survey concerns that all staff members including officers can refer people for Mental Health Services or the Crisis Team and that it is not necessary to speak with a Lieutenant or Major.

Some people reported lack of mental health response was causing people to act out.

This lockdown is denying us ... mental health treatment with no alternative that inmates increase flooding galleries and throwing feces and urine everywhere. – Pontiac

Many people reported lack of access to information and communications made their mental health issues worse.

No money was placed on the phone for me to make a "free call." No video visits. Being mental health, maybe we should get our tv because we have to stay inside the cell so much. I think about cutting myself a lot when I'm inside this cell. – Pontiac

Some people/inmates don't even have money on the phone to call home or anything. This really makes me want to kill myself. There's no point to live life here in this facility. – Lawrence

JHA again states that we oppose communication restrictions for disciplinary issues and support restoring audio visual privileges, as we have been told IDOC is doing during the pandemic.

JHA recommends increased mental health visibility and treatment.

Also in relation to mental health programming and behavioral management, there were a few comments suggesting that segregation reduction, privilege restoration, and Good Time sentencing credit restoration were not being conducted at some facilities, although it was unclear if these comments were in relation to COVID-19 or in general. We again strongly advocate for IDOC to make policies uniform and automated across facilities

There were also some concerns regarding the lack of privacy for mental health treatment.



GENERAL HEALTHCARE

If you don't have a fever, medical staff will not listen to any complaints. So why bother? – Menard

Medical staff gave me no medication and told me I would be referred to a nurse practitioner or doctor. It has been weeks. I found out that no one is seeing a doctor or nurse practitioner until the COVID-19 is eliminated. – Western

I have very bad heart problems and acid reflux, took forever to get my pills. Nurses when they would come would say 'we have bigger problems now so you're out of luck.' – Graham

During this current crisis I was told by two different nurses that neither the doctor nor the nurse practitioner are seeing patients. There are no known covid cases here so I'm not sure of the logic of not seeing patients. – Illinois River

Finally, after a year I was scheduled for an appointment with an outside specialist for a consult in March. It was cancelled. My symptoms continue to worsen, but as was explained to me by health care staff, if I have to die to keep 1,000 prisoners safe from coronavirus, then I just have to accept it. They say it's basic triage. – Jacksonville

There were many COVID-19 survey comments that people had no access to healthcare due to COVID-19 outside of emergency. Many people reported not getting seen for sick call requests, including for breathing difficulties, and many reported issues relating to lack of follow-up for healthcare. Some people noted that sick call was being conducted on housing units to limit movement and maintain cohorting.

As noted above, in JHA's prior surveys before the pandemic, the majority of respondents expressed dissatisfaction with healthcare in IDOC. During COVID-19 response, many people reported that non-COVID-19 medical issues were not being addressed, including chronic issues. Some people with chronic issues also reported they were frightened to seek care because of possible risk of infection. At Taylorville someone shared that the insulin schedule was unpredictable and that testing of blood sugar levels was not done consistently in relation to meals.

Some people reported being told that healthcare was not seeing anyone. Others felt staff were dismissive of their health concerns. People reported cancelled appointments, that medications were not being refilled in a timely manner, that they could not get needed dental care, or were not being provided with their medical information. People reported lack of treatment for special needs, including issues related to disability accommodation governed by the Americans with Disabilities Act. Some administrators, such as at Hill, clarified that during lockdowns, the only movement was for medical emergencies, showers, and phones.

JHA again encourages IDOC to clarify what medical care is currently available and can be expected to be available during the various quarantine statuses within IDOC and make this information public. In addition, we continue to recommend that IDOC publicize staffing challenges so that recruitment or vendor issues can be known and addressed. Where appropriate, expansion of telehealth may be helpful to ensure people have contacts without risk involved with movement during COVID-19.

People again expressed concerns regarding lack of appropriate medical privacy.

Sick call is not being run correctly here at Illinois River. We do not get called out individually to see the nurse in the sick call room. The nurses have been lazy so they make us talk in front of our celly and members at the front of our cell. The CO is also standing there so that makes me embarrassed. I should be given privacy to talk about medical procedures. – Illinois River

Security staff violate medical privacy every time you see medical staff security staff are all in the room listening to your private medical problems and medical staff allow this. Even though you are handcuffed, chained and padlocked to a seat with leg irons on. So it's not a threat to security and safety and if you speak on it... you don't want security to be in your medical business, they physically remove you like you did something wrong. – Pontiac

In addition to privacy issues, there were several concerns regarding security staff improperly acting as gatekeepers to care, e.g. at Pontiac, someone wrote, "Security will refuse to let you see medical and put you down as refused and send you back."

During nurse sick calls officers are present and often ridicule inmates for their complaints, making people not want to see anyone for their health concerns. – Graham

A few people made comments to the effect that medical rounds were not being conducted.

No one from healthcare walks the galleries to check basic things with us (inmates). – Pontiac

Several people described what sounded like serious symptoms, including having blood in vomit, stool, or urine, or signs of heart failure, and reported they were not being seen. Additionally, people reported inattention for asthma, which many be particularly dangerous. At East Moline, someone with kidney stones reported he was told that nothing would be done. At Logan, some women reported lack of follow up for cancer concerns, among other issues. Logan administrators reported they followed all protocol issued by the IDOC Office of Health Services (OHS), which includes triage care of medical issues in order to reduce exposure risk, that outside medical providers also have triaged their appointments and procedures, and that these types of appointments are being made as the outside provider allows.

Medical staff have not been doing their jobs before Covid-19 and it got worst since the pandemic hit. For example, I signed up for sick call because I was puking up blood and the nurse told me she doesn't 'believe me' because I had 'no proof' I was puking blood. She also said that it's acid reflux and gave me some generic tums and said I'll be fine and that was the end of that. – Illinois River

My cellmate had a kidney stone he kept trying to get medical attention for but they kept telling him nothing was wrong with him. For 3 days he was crying all night, so I was yelling out my door for the COs to do something. They came to my cell and told me if I yell out the door again I was going to get a ticket for false information. – Shawnee

At a few facilities, people specifically commented on the manner in which healthcare was provided.

I take meds at 3-3:30am and 8-10pm every day and night. If I don't stay awake for my am med the nurse will pass me by. I just can't get enough sleep. – Pontiac

There were comments regarding lack of ADA accommodation and treatment. For example, people reported delays in getting hearing tests and aids, or medical permits from IDOC allowing them to be housed on a lower level or have a bottom bunk to accommodate a disability.

They won't even abide by the Holmes v. Baldwin settlement and give me accommodations of: vibrating watch, over the ear headphones, placard on my door, and hearing impaired on my ID. – Lawrence

My right leg is amputated below the knee, I have asked [healthcare staff] to give me a walking permit, so I can walk on the gallery for 30 mins a day, as another handicapped inmate is allowed to do. She actually told me there is no need for me to walk/exercise daily as I am not truly handicapped, only slightly disabled. – Pontiac

Many people commented on inability to see healthcare and dental staff. Some of these situations pre-dated the pandemic.

I need a dentist. I've been scheduled for tooth removal since Nov. 19 in pain. Was told I would receive no help. – Southwestern

I have been needing some teeth pulled for months now. Y is it we can walk over to medical now to get your pills and to see the dentist but they can't pull your teeth. – Graham

I get doctor passes, then they get cancelled by staff. I had to pull my own wisdom teeth. They found a lump on my lungs and won't send me out to see if it's cancer. They just told me it might be. – Menard

There were many comments relating to inability to get follow-up care, particularly with outside providers. In the community many healthcare providers limited or restricted visits. JHA has been informed that more outside medical appointments for people in IDOC are now able to be scheduled with additional precautions in place. People reported they were not able to get on-site treatment in prison for things including stitches and physical therapy.

Some people reported not getting medication refills or that medication errors were occurring.

The nurses have given me the wrong meds 3 times and got angry that I pointed it out. That doesn't bode well for our safety. – Decatur

This morning they brought to much of one med trying to double it being it was 3am I'm glad I noticed the extra pill. – Graham R&C

Did not get a prescription refill since March 1 for Prilosec. My acid reflux is getting to me! – Lawrence

*I have asthma and they have not come around to check on me or to check my breathing. My inhaler has been empty for two months, and I put in a sick call slip to refill my pump but did not receive it.
– Danville*

I tried for three weeks straight to get medical care without a response. The nurses refuse to accept our requests for sick call or medication refills. – Shawnee

I truly wish they would monitor such issues and take the preventative steps to ensure everyone is getting their said meds continually without procrastination! – Stateville

As discussed in other sections of this report there were some concerns regarding healthcare staff's use of PPE, cleanliness of healthcare areas and equipment, and concern about lack of social distancing with healthcare and people mixing from various housing units in healthcare.

*For Diabetic people, they are giving them a shot in a very dirty area, not sanitary.
– Lawrence*

Several people expressed concerns that there was no attempt at proactive isolation of people who would be medically vulnerable.

Some healthcare staff were also described being dismissive of people's concerns, such as "laughing at" someone and telling someone if they "want better healthcare, don't come to prison." There also were some reports of lack of timely response by staff to emergency requests for assistance at some facilities, including for breathing issues. Staff response times should be spot-checked.

Some people also expressed increased concern about use of pepper spray in locations where people may already be having respiratory issues.

Some people also reported issues getting needed eyecare.

I have been out of my way trying to get eyeglasses. They took my glasses in [NRC in January]. I can't read my mail, and that's not right. – Lincoln

There were also a few exceptional positive comments about healthcare.

Staff have been very accommodating to make sure I got the medical attention I needed. – Western

I do want to commend the Health care workers. – Graham

I do commend the nurses in the efforts from early on. It was hectic here and they continued to step up and do their jobs as best they could. – Stateville

At facilities with National Guard assistance, some people also noted their appreciation for that.



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