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Monitoring Visit to Menard Correctional Center 2012

Menard Correctional Center (Menard) is by far the largest of the three male maximum-security facilities within the Illinois Department of Corrections (IDOC). It is located about 2.5 hours south of Springfield, and almost 6 hours south of Chicago, in Menard, IL.

Vital Statistics:
Total Population: 3,666
Maximum-Security Population: 3,144
Maximum-Security Rated Capacity: 2,600
Average Annual Cost Per Inmate (FY 2011): $19,824
Average Age: 38
Population by Race: 62% Black, 26% White, and 12% Hispanic.
Committing offenses: 57% Murder, 24% Class X, 7% Class 1, 7% Class 2, 3% Class 3, and 3% Class 4 felonies.
Committed from Cook County: 50%.
Source IDOC 2/11/13

Key Observations:

- Opened in 1878, the facility has serious maintenance needs that will cost more than $12 million to address.

- Publicized incidents of staff assaults and recent inmate deaths have brought attention to high tensions at Menard, where physical plant issues, constant lockdowns, and allegations of unprofessional staff conduct and neglected inmate grievances are common.

- Staffing at Menard has been inadequate for many years. Influx of staff from other southern facilities closures should somewhat improve conditions.

- Inmates at Menard distrust the internal discipline and grievance procedures.

- Since JHA's 2011 monitoring visit, Menard has made several improvements including reducing its segregation population, notably of inmates suffering from mental illnesses; attempting to isolate and reduce lockdowns by housing inmates by aggression levels; and working with staff to strengthen communication and accountability.

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Executive Summary

Menard is one of the oldest prisons still in use in the country.[1] The facility houses more inmates than any other IDOC facility: 3,666 men, with 3,144 maximum-security inmates; 1,923 who have more than 20 years left on to serve on their sentences; 645 life term inmates; and 10 with indeterminate sentences. In addition to its maximum-security general population, Menard houses disciplinary segregation, administrative detention, and protective custody inmates.

Menard remains one of the most problematic facilities within IDOC, which has recently been the focus of news stories describing suspicious inmate deaths and staff assaults.[2] Many longstanding and challenging issues at Menard set out in the 2011 report persist, including frequent use of lockdowns, violence, ineffective grievance procedures, healthcare access, lack of programming, and physical plant issues.[3] It is critical that IDOC address these issues. Research on prisons suggests that these kinds of tensions produce greater gang violence, and that "there appears to be a strong correlation between reported levels of violence by staff against prisoners and violence among prisoners."[4]

Alongside these issues, Menard suffers from chronic understaffing. Administrators remarked that little more than 10 years ago the facility had at least 300 more staff and 200 fewer inmates. However, at the time of the visit, there was a critical need for clerical and healthcare staff, and supervisory security. JHA hopes that the influx of staff from the closures of other facilities will aid Menard leadership institute improvements.

Despite these ongoing problems, Menard must be commended for improving several weaknesses since JHA's 2011 report, such as reducing its use of segregation, introducing mental health programming, educating staff regarding the inappropriateness of corporal punishment, using security cameras to monitor inmates and staff, and expanding recreational and programming opportunities. JHA visitors also noted that the facility seemed well managed, considering its significant challenges. JHA heard many positive reports that the recent administration has made a concerted effort to better educate and communicate reasons behind policies to staff and has investigated not only inmate but staff misconduct.[5]

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[1] This report is based on a December 12, 2012 monitoring visit and communications with inmates and staff. The monitoring visit and this report address only the maximum security facility, except insofar as the staffing and some other aspects are shared with the Reception and Classification Center, where inmates enter IDOC from the southern parts of the state, and the Medium Security Unit (MSU), with a rated capacity of 400 and current population of 440.
[2] *See e.g.* "Another Menard inmate found dead," available at: http://thesouthern.com/news/local/communities/randolph/another-menard-inmate-found-dead/article_dfc9e02a-96fd-11e2-994a-001a4bcf887a.html.
[3] *See* JHA's 2011 report, available at: http://www.thejha.org/sites/default/files/Menard%20Report_2011.pdf.
[4] *See e.g.*, "Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons," p. 23, available at: http://www.vera.org/sites/default/files/resources/downloads/Confronting_Confinement.pdf.
[5] Since JHA's 2012 monitoring visit, Menard's warden has been promoted within IDOC and his Assistant Warden of Operations has taken over as the facility's chief administrative officer. Both had long histories at the facility and a background in intelligence and investigations.

This report addresses the following areas: Lockdowns, Inmate Grievances, Library, Disciplinary Segregation, Administrative Detention, Staffing, Healthcare, Mental Health, Physical Plant, Quality of Life, and Demographics.

Recommendations

- Insofar as staffing levels remain inadequate since the influx of new staff in early 2013, JHA recommends that IDOC prioritize filling senior security staff, clerical, correctional counselor, educator, leisure time services, and healthcare positions at Menard.

- JHA recommends that Menard and IDOC examine the causes of lockdowns at the facility and develop more limited or alternative responses that do not undercut efforts to improve security, operations, and quality of life.

- JHA recommends that Menard should institute a better system to convey timely lockdown information to visitors by adding a regularly updated recorded message on lockdown status that can be accessed from the institution's general phone line.

- To address inmates' issues with copying grievances, JHA recommends that IDOC use carbon copy forms, which it has used in the past.

- As JHA has previously recommended, IDOC needs to develop a plan for its aging population as Menard has considerable difficulty handling the substantial needs of older inmates.

- To ease anxiety and confusion of inmates housed in administrative detention, JHA recommends that Menard produce and distribute a detailed orientation manual that clearly explains why inmates are housed in detention and the steps they need to take to get out of it.

- JHA recommends that IDOC and Menard staff review permitted items, documentation for confiscated items, and professional conduct for shakedowns.

- Given that many of the physical plant issues cannot be easily resolved, Menard must closely monitor water, temperature, and ventilation issues, which could pose health and safety concerns.

- JHA recommends continued support for programming expansion and quality of life improvements at Menard.

Lockdowns

Menard's frequent use of lockdowns continues to disrupt the facility's operations, despite the administration's efforts. In 2012, Menard had been on some level of lockdown for 251 days, Level 1 being total facility lockdown to Level 4, which allows some privileges. It is not

uncommon for the facility to have a lockdown lasting a month or more at a time. While lockdowns play an important role in maintaining safety and security, their number and length threaten to undermine positive changes the administration hope to bring to the facility. As such, JHA recommends that Menard and IDOC examine the causes of lockdowns at the facility and develop more limited or alternative responses that address safety and security problems, but do not upend normal operations and programming.

As JHA's 2011 Menard report noted, lockdowns not only limit inmates' ability to access basic necessities, state pay, and programming, but they also frustrate and often prevent visitation.[6] When Menard is locked down, visits are suspended for 48 hours for all inmates. After 48 hours, limited visits can occur for inmates other than those housed in the cellhouse where the lockdown initiated. While some information about lockdowns is posted on the IDOC website, the information is not always timely or detailed enough to determine if visits are permitted for particular inmates during a lockdown. As research suggests that inmates' connections to their loved ones can play a key role in reducing prison violence and improving quality of life for inmates and conditions for staff, it is in Menard's interest to encourage and facilitate visitation.[7] As such, JHA recommends that there be a prompt on the main Menard phone line, where administration can record an update on current lockdowns. Administrators responded that they would attempt to adopt this suggestion as soon as possible.

Inmate Grievances

An inmate grievance system is a fundamental element of a well-functioning prison system.[8] As set out in JHA's 2012 report on prison healthcare, *Unasked Questions, Unintended Consequences*, we have found throughout our regular monitoring that IDOC's grievance system is flawed and unreliable.[9] Consistent with these findings, JHA found in our 2012 Menard visit

[6] Administrators clarified if a lockdown is for something other than an inmate action, such as inclement weather or a non-inmate initiated safety concern, inmates will receive pay. For Level 4 lockdown, inmates working their assignments are paid. Administrators stated that Menard's budget is not fully funded for 365 days a year of inmate state pay and the amount budgeted assumes lockdown days where there is no pay or only pay to workers. Administrators explained that if Menard is over budget, there are facilities across the state that are short and the money would be taken from the Menard appropriation and given to the facility with the shortfall.

[7] *See e.g.*, ibid. note 4, p. 35, "Strong connections to family and community can give hope to people in prison-that elusive element that a correctional facility alone cannot provide but can, if it is not vigilant, destroy. And hope, it turns out, is critical to avoiding violence. The storehouse of self-respect and pride that a person finds in family and community can ward off the shame and humiliation that lead one to violence while incarcerated."

[8] "When inmates view the system as credible, they can also serve as a source of intelligence to staff regarding potential security breaches in addition to excessive force or other staff misconduct. Not only should the grievance system be readily available and easily accessible to all inmates, it should also allow prisoners to file their grievances in a secure and confidential manner without threat of reprisal, and have them answered by staff that performs its responsibilities in a responsive and prompt manner."Ashley M. Belich, *Note: Dobbey v. Illinois Department of Corrections: A Small Piece of a Growing Policy Puzzle*, 5 Seventh Circuit Review 272 (2009), available at: http://www.kentlaw.iit.edu/Documents/Academic%20Programs/7CR/v5-1/belich.pdf.

[9] See Recommendation 14, available at: http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf.

that inmates reported distrust and dissatisfaction with the ability of the facility's grievance system to address their concerns. The following are common serious complaints JHA received.[10]

Potentially vulnerable inmates

Several older inmates reported that they had trouble with younger and aggressive cellmates.[11] Additionally, housing inmates with long-term sentences alongside inmates with short-term sentences can be problematic. This was the situation of the inmate who was allegedly murdered by his cellmate in January 2013.

Several inmates housed in Menard's protective custody (PC) unit exhibited considerable distress and fear.[12] Several PC inmates complained of the pressure to join a gang and the risk if they declined to do so, or were not wanted by a gang.[13] Inmates in PC complained correction officers antagonized them.

Administrators stressed that placement office staff endeavor to house inmates appropriately and match cell inmates based on age, size, and type of crime. Menard utilizes a double celling assessment instrument in segregation and PC to aid in the proper placement of inmates. Administrators stated that all inmates have the opportunity to request cell changes from their respective cellhouse security staff or counseling staff. JHA advises inmates with concerns to voice and document them.

Access to counselors

As at other IDOC facilities, Menard inmates report significant difficulty getting help from correctional counselors. This is not surprising given current staffing levels. At the time of the visit, there were only 14 counselors for over 3,600 inmates, making caseloads more than 250 inmates per counselor. Several inmates requested counselor contacts during the visit, but many inmates reported having no idea who their counselors were.

Administrators reported that in response to these complaints they have started taking counselors with them when they visit galleries and document contacts.[14] JHA encourages inmates to be mindful that counselor caseloads are significant and that other inmates may have pressing issues that have not been yet addressed. Where an issue is not resolved by a counselor to an inmate's

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[10] JHA received numerous complaints related to lockdown and lack of movement, library access, healthcare, housing status, physical plant, and quality of life issues. Given the pervasiveness of serious concerns, more typical complaints about food, including portion size, quality and access to special diets, cleanliness of cells, commissary issues, pests and rodents, and condition and availability of clothing and bedding are not detailed this report.

[11] *See* Recommendation 11 of JHA's 2012 healthcare report, available at: http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf.

[12] Menard's PC unit has capacity of 56 inmates and housed 47 at the time of the visit.

[13] JHA also received multiple complaints from inmates about the difficulty in renouncing prior gang involvement at Menard.

[14] When JHA requested investigation of a particular individual's request for counselor contact, we were pleased that administrators were able to reference documentation demonstrating that the inmate had been seen multiple times regarding the same issue. While this individual was clearly still distressed by his issue, it appeared this was not a case were counselor attention was a problem.

satisfaction, he should grieve the result. JHA appreciates inmates' considerable frustration with the grievance procedure. However, it is necessary that an inmate documents his issues and exhausts his administrative remedies.

Allegations of staff misconduct

Compared to other facilities, JHA received a substantially higher number of reports of staff being physically and verbally abusive, using racist language, falsifying allegations of misconduct against inmates, not calling inmate witnesses for discipline or staff misconduct investigations, or retaliating against inmates for filing grievances at Menard. A number of inmates also reported that some staff members tell inmates that they are immune from any consequences for misconduct.

Inmates reported that during cell searches for contraband some staff will intentionally destroy or take permitted items, such as items purchased at other IDOC maximum facilities, photographs, and food items. JHA recommends that IDOC and Menard staff review permitted items, documentation for confiscated items, and apply professional conduct during shakedowns.

Inmates reported that correctional officers interfered with grievances and legal mail. During lockdowns inmates reported they must put all mail and grievances "on their bars" and correctional officers can and do read and destroy items before they reach their intended destination. JHA also received reports that correctional officers read legal and privileged mail, including mail to and from our organization.

JHA received reports that inmates who spoke to JHA during our monitoring visit were retaliated against. However, despite inmate concerns regarding mail tampering, we were pleased to receive numerous letters shortly after the visit.

General issues with using the grievance system

Inmates reasonably request receipts for grievances to document their actions, but some stated that staff would not even provide them with the appropriate forms.[15] Inmates also claim they are unable to get copies from the law library of grievances and supporting materials. Lockdown can prevent library access, and inmates reported this has caused them to miss grievance-filing deadlines.[16] Some inmates resort to sending out their grievances to loved ones to make copies to return via mail; however, mail is unreliable and frequently delayed.[17] Inmates in some cellhouses requested drop-boxes so that they can drop grievances in a secure place, but Menard inmates in locations where there was a grievance officer drop-box reported trouble accessing it. To address inmates' issues with copying grievance, JHA has recommended that IDOC use carbon copy forms, which it has used in the past.

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[15] JHA reminds inmates that if they cannot get a form they should still attempt to document their grievances in as much detail as possible and attempt to file a regular piece of paper.
[16] *See* 22 Ill. Adm. Code 504.810, available at:
http://www.ilga.gov/commission/jcar/admincode/020/020005040F08100R.html.
[17] At the time of the visit, JHA heard reports from inmates and loved ones of 20 or more days for incoming mail. Administrators reported at the time of the visit a seven-day mail delay but stated that mail is now current.

Administration's response

To be clear, JHA cannot confirm or deny the truth or falsity of these reports of staff misconduct. However, the high number of complaints JHA received raise serious concerns. Further, these high numbers of reports are consistent with a pattern JHA previously reported on in 2011. At the very least, JHA believes the disproportionately high number of reports of staff misconduct at Menard points to a dysfunctional relationship between inmates and staff that is typified by deep distrust, tension, and aggression. This combination of conditions tends to produce unrest and institutional violence, which underscores the importance of having an effective, trustworthy grievance system to provide outlet to ease tension between inmates and staff and thereby reduce potential violence.[18]

After complaints regarding misconduct in relation to inmates' contacts with JHA, we requested that Menard leadership reiterate to staff that our role is to advocate for a better system and that retaliation is not an appropriate response to an inmate voicing a concern. Menard administrators stated that they have made JHA's mission clear to staff, as well as its benefits to corrections in general, and assured us that where we had allegations of misconduct with particular staff's identity they would welcome the opportunity to address it. JHA remains dedicated to monitoring the facility and working with all parties to improve conditions.

Menard's leadership agreed that staff needed to be more professional, to treat inmates with respect, and to avoid provoking inmates, in part for staff and facility safety and in part because it is the appropriate thing to do. Further the warden stated that when staff reacts appropriately, it has a long-term positive effect on the inmates. The warden assured JHA that he investigated allegations of staff misconduct; however, he noted that verbal harassment is particularly difficult to prove. The warden stated that where there are staff problems both the correctional officer involved and any supervisor will be held accountable. He stated that where there is evidence, he would pursue and has pursued prosecution and that he holds his staff to a higher standard than inmates. Additionally, in October 2012, IDOC's administration reported to JHA that it plans to perform to an internal audit of its grievance system in response to our findings and recommendations.

Library

Inmates' constitutional right of access to the courts requires prisons to "assist inmates in the preparation and filing of meaningful legal papers by providing prisoners with adequate law libraries or adequate assistance from person trained in law."[19] Over the past year, JHA has received many complaints about access to the Menard law library, as well as the new IDOC policy requiring confiscation of typewriters because parts were being weaponized.[20] Administrators stated that although courts rarely require submissions be typed, they were adding

[18] *See* ibid. note 4.
[19] *Bounds v. Smith*, 430 U.S. 817, 828 (1977).
[20] Some visitors opined that for inmates with demonstrated good behavior, taking typewriters they had used responsibly for many years seemed harsh. Inmates reported they received no compensation. Further, JHA heard reports that the typewriter manufacturer would be able to make appropriate safety modifications. The administration reported they had no knowledge of a manufacturer who can modify typewriters to comply with safety standards.

typewriters in the library, so that they will have 10-12 for use. Administrators also noted that they hope to soon have word processing capacity as part of planned improvements to the law library.

At the time of the visit, Menard was undergoing a library renovation to increase safety and eventually accommodate electronic law library resources.[21] There is no doubt that the library renovation has hindered inmates attempting legal research during the transition. Since the visit, the new library system has gone into effect. However, administrators reported that there has not yet been an update on a timeframe for implementing a computerized kiosk for legal research.[22] JHA will continue to monitor the implementation of the new system.

Disciplinary Segregation

In accord with prevailing research and expert opinions in the disciplines of corrections, criminology, psychiatry, sociology and medicine, JHA advocates that IDOC reduce use of segregation and that: (1) the use of long-term isolation be prohibited with respect inmates who have a history of mental illness because of its tendency to exacerbate mental illness; and (2) the use of long-term isolation be strictly circumscribed across the board, employed with caution for minimal periods of time, and only when required to preserve inmate and staff safety.[23]

In 2010, IDOC contracted with the Vera Institute of Justice (Vera) to help the agency find safe ways to reduce its reliance on disciplinary segregation. Vera focused in part on Menard's segregation population, using it to formulate case management strategies and policies.

Since JHA's 2011 visit, Menard's segregation count has declined, and administrators have made an effort to provide mental health treatment, especially for inmates with lower aggression.[24] About one-fifth of the segregation population, or 68 inmates, is on the mental health caseload, and 49 inmates are taking psychotropic medications.

Menard administrators have focused on reducing the segregation population on the front end by not sending as many inmates to segregation to begin with. Instead, administrators have used other sanctions and approaches, such as privilege reductions. Under the new initiative, minor tickets go before Menard's Program Team while major tickets will be reviewed by the Adjustment Committee. Inmates in the Long Term Segregation Incentive Program (LTSIP) are challenged to improve their behavior and to work towards goals resulting in awards like extra showers. If all goals are achieved, the inmate's time in segregation is reduced. However, inmates with more than six months of segregation will normally be sent to Pontiac Correctional Center (Pontiac). At the time of the visit, only three Menard inmates were participating in LTSIP.

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[21] Another change is that as of July 2012, hardback books are no longer permitted as personal property.
[22] *See* discussion of new technology contract in Quality of Life section below.
[23] *See* JHA's 2012 healthcare report, Recommendation 9, available at: http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf.
[24] Menard's disciplinary segregation has a capacity of 369 inmates. At the time of the visit, there were 311 inmates in disciplinary segregation, compared to the 2011 visit when there were 414.

Segregation inmates complained about cramped conditions of their cells, lack of movement or ability to exercise, property and commissary issues, inadequate access to showers, and staff misconduct. Some inmates complained of signs on their cells stating "staff assaulter, use of weapon" and having to wear black bands on their clothing marking them as a staff assaulter. Administrators reported that this practice was instituted in September 2012 to more closely monitor and easily identify such inmates for inmate and staff safety. JHA appreciates the need to closely monitor inmates who have assaulted staff and other inmates, but cautions administration in identifying these inmates in a way that might make them targets for retaliation.

Administrative Detention

At the time of the visit, 14 inmates were housed in administrative detention, which has a capacity of 28.[25] The administrative detention unit at Menard is isolated from other areas and the cellfronts are difficult to see and hear through. Inmates housed in administrative detention expressed significant anxiety. Several inmates stated they had no idea why they were there, or when and how they would get out, despite the warden stating that he had been trying to sit down with all of the individuals in administrative detention to explain what to expect. Administrators explained that Menard administrative detention has three phases and that inmates can earn their way out through 90-day reviews. However, rules for administrative detention are vague, as wardens are given significant discretion. Multiple inmates JHA spoke with expressed considerable confusion. To ease inmates' anxiety and confusion, JHA recommends that Menard produce and distribute a detailed orientation manual relating to administrative detention so they could get an explanation of why there were there or how they could get out.[26]

Staffing

JHA notes that at the time of the 2012 visit, staffing levels at Menard were even more depleted than at the time of our prior report.[27] Remaining staff worked under conditions of significant

[25] At the time of the visit, 13 of 14 former Tamms Correctional Center (Tamms) inmates who had been taking part in the step-down program, with six months at Pontiac and three months at Menard, had earned their way out of administrative detention at Menard to general population. Inmates who had participated in the step-down program were upset because instead of earning more privileges, they lost some when they moved between facilities. With the Tamms closure in February 2013, there is now no longer a step-down program and inmates are solely governed by the individual facility's rules. Inmates who had been participating within the rules of the step-down program felt they unjustly had to start at the beginning at each facility despite good behavior. JHA's 2012 report on Tamms is available at: http://thejha.org/sites/default/files/TammsReport.pdf.

[26] Inmates reported they have only been given a paper outlining that there are three phases corresponding to restricted privileges. This phase sheet does not inform inmates about how they may earn movement from one phase to the next. Other inmates expressed confusion about whether they were governed by the old or new phase rules.

[27] Healthcare staffing is discussed in the section below. At the time of the visit, Menard had 820 staff members. Staff Demographic makeup of was reported: 80% male and 20% female; 94% White, 4% Black; 1% Hispanic, and 1% Asian (with one Native American staff member). In total of 654 security positions, at the time of the visit, only about 565 security staff members were available. The facility had 21 unfilled authorized senior security positions, including 10 of 13 authorized majors, 31 of 39 lieutenants, and 51 of 59 sergeants, with leaves of absences for two sergeants and four lieutenants. Although the facility had more correctional officers than authorized (535 of 525), 42 were on leave. In addition, 28 security staff members were assigned to clerical and administrative duties to cover staff shortages in these areas. Menard had only 58 of 78 authorized clerical and administrative staff members and

overtime demands, constant stresses, overcrowding, and poor physical plant conditions at the facility. Inadequate staffing levels seriously impede the facility's ability to make necessary improvements. JHA is hopeful that the influx of staff from the closures of other facilities in 2013 will help Menard build a better institution.

At the time of the visit, administrators reported that clerical vacancies hindered efficiency of supervisors and many administrators were working without or with minimal clerical support. The areas most impacted were the healthcare unit, record office, and business office. The facility had particular need for entry level clerical staff, such as office associates and supply supervisors. The shortage of eight supply supervisors negatively affected the ability to run commissary. Now, administrators reported that they are being allowed to fill entry level positions. As mentioned above, at the time of the visit, there were 14 of the authorized 18 correctional counselors for more than 3,600 men, resulting in caseloads of more than 250 inmates. Administrators also reported a need for more senior security staff to provide cellhouse supervision and alleviate the need for overtime to fill mandatory posts.

Administrators also stated that they would like to increase the number of educators. At the time of the visit, there were only two, as well as an Education Facility Administrator (EFA) shared with Tamms Correctional Center (Tamms). Administrators also indicated that they needed a leisure time services position filled to further programming opportunities.

Since the monitoring visit, Menard gained about 70 new employees from the closures of Tamms and Illinois Youth Center (IYC) Murphysboro. Insofar as the staffing situations have not improved from the absorption of other facilities' staff, JHA recommends that IDOC prioritize filling staff positions, including senior security, clerical, correctional counseling, education, and leisure time service positions at Menard. As administrators observed, increased staffing was needed across the board at Menard, including notably in healthcare.

Healthcare

Medical, Dental & Eye Care

In JHA's 2011 report, we found Menard's healthcare staffing levels insufficient to meet the needs of the population.[28] This continues to be the case. At the time of our most recent visit, Menard had vacancies in many critical positions, including nursing supervisor, physician assistant/nurse practitioner, dentist, and phlebotomist. Out of total of 43 authorized nursing and corrections medical technician positions, only 35 were filled.

Physician staffing levels at Menard have declined while its population has grown.[29] Further, in line with national trends, the median age of Menard's inmates and the size of its elderly

there were three of the five authorized mailroom staff. However, administrators stated that at the time of the visit they had all of the authorized hours covered with overtime.

[28] See JHA's 2011 report, available at: http://www.thejha.org/sites/default/files/Menard%20Report_2011.pdf.

[29] In June 2011, Menard was staffed with five physicians for a total of 134 hours of physician coverage per week with Menard's population at 3,618. At the time of the most recent visit, this staffing level had decreased to three physicians for a total 120 hours of coverage per week, while Menard's population had risen to 3,666 inmates.

population, *i.e.* aged 50 and older, continues to increase.[30] According to IDOC, elderly inmates traditionally make up five to six percent of the inmate population.[31] At the time of JHA's 2012 visit, the average age of inmates at Menard was 38, and 17 percent of the facility's population was over the age of 50.

Although Menard is tasked with treating a growing elderly population, it lacks sufficient resources to do so. Further, Menard is an Americans with Disabilities Act (ADA) segregation placement facility. Yet its infirmary is poorly equipped to house long-term inmates with serious healthcare needs and disabilities. There are few wheelchairs, and the facility has only one electric bed to aid staff in lifting, turning, and caring for invalid and incapacitated inmates. Staff also reported difficulty getting basics like clean linens and appropriate cleaning supplies. Most healthcare staff lack intensive care training. Further, the number of medical staff is insufficient to provide the kind of one-on-one care demanded by acutely ill inmates.

On the date of JHA's visit, the healthcare unit appeared clean and well maintained. A total of 11 inmates were housed in the unit, which has the physical capacity to house 26 inmates. At current medical staffing levels, however, the healthcare unit is considered to be "full" at 17 inmates, as there is not enough staff to house 26 inmates at once. There were two terminally ill inmates in the healthcare unit at the time of JHA's visit. According to administration, one of these inmates had become so severely cognitively impaired that he no longer knew the reason he was imprisoned. Menard healthcare staff and administrators expressed support for compassionate release and prison hospice programs, and indicated that 7 of 11 inmates currently housed in the unit would be better served in a hospice facility.

As IDOC itself has expressly acknowledged, the escalating elderly prison population presents a serious situation that must be "carefully monitored," given that "older inmates will likely have increased health issues as they age."[32] At current medical staffing levels, however, Menard is ill prepared to confront this growing problem. Faced with crowding, chronic medical understaffing, and minimal resources, Menard struggles to provide timely, minimally adequate levels of medical care to inmates, both young and old, on a day-to-day basis.[33]

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[30] A consensus of correctional experts, criminologists, and medical experts, including the National Institute of Corrections, define prisoners age 50 or older as "elderly prisoners" because prisoners are physiologically older than persons in the general population, due to unhealthy living conditions prior to and during incarceration. *See* American Civil Liberties Union, *At America's Expense: The Mass Incarceration of the Elderly*, 1-98, p. v. (June 2012), available at: http://www.aclu.org/files/assets/elderlyprisonreport_20120613_1.pdf; U.S. Department of Justice, National Institute of Corrections, *Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill Inmates*, 1-162 (2004), available at: http://static.nicic.gov/Library/018735.pdf.

[31] *See* IDOC website, *Frequently Asked Questions*, available at, http://www2.illinois.gov/idoc/aboutus/pages/faq.aspx.

[32] *See* IDOC website, *Frequently Asked Questions*, available at, http://www2.illinois.gov/idoc/aboutus/pages/faq.aspx.

[33] As of November 30, 2012, Menard's administration reported that 40 inmates were waitlisted to receive treatment in chronic care clinics, 28 were on the waitlist to be seen by the optometrist, 23 were on the waitlist to obtain lab work, and 583 were on the waitlist for dental treatment (consisting of 476 waiting for tooth fillings, 106 awaiting dental impressions, and one waiting for a tooth extraction).

Compared to other IDOC facilities, JHA found the reported backlog of Menard inmates awaiting eye care to be uncommonly small.[34] In contrast, Menard continues to suffer enduring, ongoing problems with inadequate dental staffing and extensive waitlists for routine dental care, typical of most IDOC facilities.[35] Healthcare staffing at Menard, including dental staffing, is provided by a mixture of state employees and employees of Wexford Health Sources (Wexford), a private healthcare contractor. At the time of JHA's most recent visit, Menard was authorized to employ three dentists (consisting of two Wexford dentists, and one state employee dentist). However, as one of the Wexford dentist positions was vacant, the remaining two dentists were effectively responsible for providing care to more than 1,800 inmates apiece.

Inmates reported to JHA that timely, appropriate access to dental care is not provided.[36] For example, one inmate reported that although he had been diagnosed with a broken tooth five months prior, he had yet to receive treatment. Another inmate in segregation reported that he was in pain and had been unable to eat because of an infected abscessed tooth. He explained that while he had been seen by a nurse three times, his tooth pain continued to worsen as the recommended treatment was to gargle with salt water. This inmate indicated that he could not perform even this temporary pain relief remedy because he did not have any salt.

With regard to medical treatment, numerous inmates continue to cite the $5 medical co-pay as a barrier to medical care.[37] For the reasons set forth in prior reports, JHA, in agreement with the National Commission on Correctional Health Care (NCCHC), opposes fee-for-services inmate medical copayment program because we believe that it unduly restricts inmates' access to care. It disproportionately discourages indigent inmates from receiving necessary care, thereby jeopardizing the health of inmates, staff, and the public, ultimately increasing public healthcare costs long term.[38] Other inmates reported being denied treatment, having sick call requests ignored, or being provided with ineffectual treatment. For one example, a Menard inmate indicated that although he had suffered a stroke nine months prior and been treated at an outside hospital, Menard had yet to provide him with the follow up requisite treatment and physical therapy prescribed by the outside medical provider.

Apart from medical understaffing, Menard's frequent lockdowns also interfere with inmates' ability to timely access medical treatment. Healthcare staff reported backlogs due to lockdowns. During lockdowns, routine sick call is suspended, and medical care is provided on a triage basis

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[34] By way of comparison, on visits to Hill and Stateville Correctional Centers in 2011, JHA received reports of inmates waiting one to two years to be seen by an optometrist. *See* JHA's 2011 reports, available at: http://www.thejha.org/publications.

[35] *See* JHA's 2012 healthcare report, *Unasked Questions, Unintended Consequences: Fifteen Findings and Recommendations on Illinois' Prison Healthcare System*, available at: http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf; and JHA's 2011 Menard report, available at: http://www.thejha.org/sites/default/files/Menard%20Report_2011.pdf.

[36] Administrators reported that dental prosthetics were backlogged approximately one year, and fillings were backlogged approximately two years. In the preceding 12 months, 1206 extractions and 361 fillings (642 surfaces) were performed at Menard.

[37] At Menard, inmates reported that they are being charged the $5 copay to use nail clippers they purchased. Healthcare staff confirmed that this occurs.

[38] *See* JHA's 2012 healthcare report, Recommendation 5, available at: http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf.

depending on the level of urgency. Inmates further reported during lockdowns requests for healthcare are seen as attention seeking. Inmates stated that correctional staff sometimes actively prevents them from accessing medical care by refusing to allow inmates to go on sick call passes, or declining to summon medical staff or a crisis team for inmates in immediate need. A significant number of inmates also reported that healthcare staff deprived them of the information needed to make informed decisions about prescribed medications. The volume of inmate complaints that JHA received on this issue suggests there may be problems with Menard's informed consent procedures, warranting further investigation.

In October 2012, Menard's Reception and Classification unit began performing opt-out HIV testing. Staff reported that very few inmates had opted out of testing under the new regimen. Staff reported that two inmates had tested positive since the implementation of opt-out HIV testing. Positive results are reported to the Illinois Department of Public Health as required under mandatory reporting requirements.[40] Menard uses inmates as peer educators to teach other inmates about HIV, Hepatitis, and sexually transmitted diseases.

Number of Menard Inmates Diagnosed[39]	
Asthma	374
Cancer	8
Diabetes	164
Hepatitis C	1
HIV	32
Hypertension	796
MRSA	1
Seizure	61
Tuberculosis	0

Healthcare staff generally expressed satisfaction with the use of telemedicine in treating inmates with HIV and Hepatitis. A new electronic database at the facility allows Menard's healthcare staff to track chronic care patients and their treatment.[41] Wexford offers telephonic interpretation services for healthcare when needed and some Menard medical staff are bilingual. Administrators reported that medical forms will be verbalized for low literacy inmates.

Currently, medical records are all paper based. Wexford is required by contract to implement electronic medical records system by 2015. As JHA has previously noted, we recommend that IDOC "improve medical records and data collection and sharing to allow greater continuity of care between county and state correctional facilities, and promote the implementation of data-based correctional healthcare policies and planning."[42]

[39] Data provided by Menard administrators from December 2012.
[40] *See* 77 Ill. Adm. Code 693.30, available at: http://www.ilga.gov/commission/jcar/admincode/077/077006930000300r.html.
[41] At the time of the visit, specialized clinics included (by name and number of inmates participating): High Risk (32), Asthma (374), TB (3), General Medicine (161), Diabetes (164), Cardiac/Hypertension (796), and Seizures (61). Other chronic conditions diagnoses include, Anemia (4), BPH (20), Chronic Pain (11), Crohn's (2), GERD (8), Gout (2), MS (1), Parkinson's (2), Psoriasis (4), Neuropathy (4), Sarcoidosis (2), Sickle Cell (3), and Thyroid (24).
[42] *See* JHA's 2012 healthcare report, Recommendation 2, available at: http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf.

Mental Health

Administrators and healthcare staff expressed a need for more mental health workers and noted vacancies at the time of the visit. These included a psychologist and social worker, but staff said that these positions were not posted and they would not be hiring for them. The facility was staffed with two Wexford psychiatrists for 64 hours per week, one state and one Wexford psychologist for 80 hours a week, one state and three Wexford social workers for 160 hours per week, and 1 state psychiatric administrator. At the time of the visit, there were 643 inmates under psychiatric care and 582 on psychotropic medication. Of these, eight were involuntarily medicated, and four were involuntarily medicated in segregation. Average mental health caseloads were reported as 125 inmates. At the time of the visit, two inmates were on suicide watch. Menard had 147 inmates on suicide watch in the past year for an average length of 5 days.

Since JHA's 2011 report, Menard has initiated group therapy and created a mental health housing area within the North 2 cellhouse. Security staff were especially selected to work in this area based on their opinions on programming, patience, and flexibility. While some inmates had complaints about the programming, most inmates were positive about it, noting in particular that being single celled relieved their stress.

Part of Menard's segregation reduction efforts have focused on keeping inmates with mental health issues out of segregation, and at the time of the visit, 49 inmates in segregation were on psychotropic medications, while 68 were on mental health caseloads. Administrators stated this demonstrated about a 50 percent reduction in the number of mental health inmates in segregation. JHA commends Menard for these efforts and will continue to monitor progress.

Physical Plant

Menard has a significant need for physical plant improvements, which have been estimated to cost more than $12 million. Administrators reported that these needs include roof replacement, plumbing replacement, locking system rehabilitation, heating and ventilation rehabilitation, hot water supply/return piping replacement, upgrades to the energy management system, and new guard towers. Several of the central physical plant issues are safety concerns with regards to plumbing, temperature and ventilation, but local contractors are reportedly reluctant to work for the state with the likelihood of delayed payments.

The facility would also benefit from replacing the administrative building, as well as constructing an inmate kitchen and dining complex. This was estimated at a cost of an additional $15 million and $13.2 million respectively. A new administrative building would permit Menard to expand its physical and video visiting capacity as well as provide other needed space for programming. JHA visitors observed that the current visiting room is cramped and completely disproportionate to the size of the population. Accommodating visitors on weekends even with lockdowns is challenging in this space, which permits only about 20 visits at one time. Menard was anticipating expanding video visitation capacity; however, it is unclear how this will be accommodated in the existing visiting area. Currently there is a single video visitation seat, which is no longer in use. Implementation of more video visitation would be a cost saving benefit and avoid some of the hardship of lockdowns.

While JHA appreciates Illinois' dire fiscal state, there are necessary costs to incarcerating almost 50,000 inmates, which include paying for physical plant maintenance. Failing to address needed physical plant issues not only undercuts positive programming initiatives, but it also undermines the safety and security of inmates and staff, which leads to greater long-term costs.

Some physical plant problems, including cell size, are inflexible and problematic.[43] An average-sized person could touch one side of the cell with an elbow and the other side with their fingers in some of Menard's double cells that are 4 feet 8 inches wide. An inmate stated there is not enough space to do a pushup between the bed and toilet. Experts have noted double celling inmates who are confined to their cells for most of the day can cause a unique problem, where they experience the paradoxical detriment of both being crowded and simultaneously isolated.[44]

Extreme temperatures are a serious concern at Menard. Administrators reported being very concerned about temperature issues. They reported that they did everything they could to counter the confiscation of secondary inmate fans. This was based on policy issued by IDOC in June 2012, which prohibited secondary fans because parts were being weaponized, During the monitoring visit, administrators showed examples of shanks made from both fan and typewriter parts,[45] and said that these were the most common types of weapons discovered in shakedowns.

To address temperature problems, administrators reported that they educated staff and inmates on heat related issues and symptoms, installed new 24" fans on units, bought three new large ice machines and passed out ice and ice water twice a shift when temperatures were above 90. Several inmates confirmed that ice was distributed, but all said it was only about two cups per day. Administrators stated that they keep a shift report written log of ambient temperature from June through September. Administrators also reported that they have a fan loan program, and no inmate will go without a fan if he does not damage it. Inmates also reported that it is cold in the winter and several complained of windows being kept open. JHA recommends that administration and staff remains vigilant about monitoring temperatures and be mindful that temperatures in occupied double cells with closed fronts and upper decks will likely be hotter.

Plumbing is a known issue at Menard. Some inmates reported that water in their cells was undrinkable because it only ran hot, while other inmates reported that in their areas there was no hot water. One stated that where he was housed in segregation had no hot water from December 2011 to March 2012. Inmates housed in administrative detention reported at the time of the visit and in subsequent communications that they have no hot water. Some inmates reported that showers did not work, were dirty, and had clogged drains, or that they could only take cold showers. Other inmates had problems where the toilet would not flush. JHA observed cells with water constantly running in the sink, leaking toilets, where there were holes around the base of

[43] Cell dimensions for the East and West housing cells are 6'4" x 10'4" x 7'6" (width x length x height) and for North only 4'8" x 10'8" x 7'8".
[44] *See e.g. Madrid v. Gomez*, 889 F. Supp. 1146, 1229 -30 (N.D. Cal.1995) ("The combination of being in extremely close proximity with one other person, while other avenues for normal social interaction are virtually precluded, often makes any long-term, normal relationship with the cellmate impossible. Instead, two persons housed together in this type of forced, constant intimacy have an "enormously high risk of becoming paranoid, hostile, and potentially violent towards each other."")
[45] See discussion of typewriters in the Library section.

the toilet with water seeping through, and there was extensive water damage including sagging ceilings, peeling paint, and discoloration. Inmates also complained that the water tasted like dirt, and a JHA visitor who drank from the water fountain in the healthcare unit concurred. JHA recommended that drinking water be tested. Administrators reported that the issue was not with Menard's plumbing, but with the city of Chester's water supply and that particular issue has since been remedied.

Quality of Life

IDOC is in the process of contracting for services that will permit inmates not only to use video visitation, but also to have access to music available in MP3 format and electronic legal research capability. Menard administrators are still trying to figure out how such innovations can fit physically within their facility and with security concerns. Despite the challenges, administrators were excited and optimistic about these proposed technological improvements, as is JHA.

There are virtually no program opportunities for the more than 3,000 maximum-security inmates at Menard. Menard administrators have expressed a desire for more educators to most directly impact inmates and improve conditions for them. At the time of the visit, Menard had four teachers who taught two GED and two ABE classes, with 27 and 41 students enrolled, and 268 and 182 inmates on the waitlists respectively. Last year at Menard only 21 students obtained their ABE, and 41 obtained their GED. Enrollment is limited by the three teaching vacancies, with hiring decisions made at the state level. Menard also had one vocational class, Construction Occupations, with 13 maximum-security inmates enrolled.

Administrators reported that they are able to solicit volunteers for lectures and motivational speaking and had recently been working to gain volunteers from the Southern Illinois University (SIU) Carbondale community. Menard benefits from many religious volunteers. The warden mentioned in particular that he had been deeply moved by a recent spiritual retreat for 50 inmates. JHA commends Menard's chaplaincy department for its diverse offerings, which we were informed can accommodate up to 100 inmates. We hope that the recent reported incident of a staff assault in the chapel will not deter future offerings. Since the visit, the Menard has constructed a safety area for the chaplain.

Administrators reported that they would like to increase the number of work assignments for inmates. Currently there are 454 maximum-security inmates with assignments. Assignments typically last six months at Menard. Since our visit, Menard has added additional assignments for inmate workers to aid inmates who are elderly or disabled. While the vast majority of Menard inmates continue to lack work assignments, JHA commends the administration for these actions and encourages them to continue to increase the number of jobs for inmates.

One quality of life improvement since our last report was that Menard has rehabilitated the Randolph Hall, which is divided into thirds with a basketball court, about 15 dining tables, and a stage. North 2 general population inmates eat and recreate in this area, reducing traffic, and permitting more time for such activities. Administrators say that the current five-hour a week recreation restriction is in part related to space restrictions, which they hope to remedy by creating a new yard for North 2 inmates with a targeted completion date of the end of 2013.

Administrators stated at the time of the visit that substance abuse education and victim impact education were scheduled to begin in January 2013 for general population inmates. They also anticipated starting an art program using Randolph Hall. This program will be for 10 inmates at a time meeting up to three times a week to start, with a "steep" criteria for participation. Some inmates will participate as peer educators. Menard at the time of the visit was without a Leisure Time Specialist and the Assistant Warden of Programs was in charge of getting this program started. She planned to solicit contest entries over the common television station for artwork to be the new art room mural. JHA commends Menard on this initiative. One of the bright spots at the facility is a long veterans' mural painted by an inmate. The art program has not commenced as soon as expected due to the fact that since the time of the visit, the facility has been on nearly constant lockdown.

At the time of the visit, 117 inmates, or three percent of Menard's population, were reported to be veterans. Since the visit, administrators reported that a veterans' group has been approved, which will be facilitated by staff veterans and provide an opportunity for inmates who have served their nation to meet and discuss issues.

Administrators reiterated that they are still committed to beginning programs mentioned during the visit and have been able to move forward with all programs with the exception of the art program, where there are logistical delays. They believe they should be ready to move forward with the art program within six months.

JHA heard since our visit that Menard was broadcasting on the prison information television channel that they plan to start chess, wiffleball, and basketball tournaments. Additionally, West cellhouse may soon get gym time in addition to yard. JHA commends administrators on their efforts to have more positive activity for inmates. Menard is also to be commended for sustainability efforts at the facility.[46] We will continue to monitor and report on developments.

Demographics

At the time of the visit, population demographics at Menard were reported as approximately 62% Black, 26% White, and 12% Hispanic (with less than one percent reported as follows, three Native American, eight Asian, and one two or more races/other inmates). 50% of the inmates were convicted in Cook County.

Average lengths of sentences remaining were reported as approximately: 18% life, 53% more than 20 years/other, 6% eight to 20 years, 2% five to eight years, 5% two to five years 5% one to two years, 10% less than a year (with 10 indeterminate sentenced inmates). Committing offenses of the population are approximately: 57% Murder, 24% Class X, 7% Class 1, 7% Class 2, 3% Class 3, and 3% Class 4 felonies. 200 inmates were at Menard for technical parole violations and 257 for Mandatory Supervised Release (MSR) and parole violations due to a new charge.

[46] For more information see: http://www2.illinois.gov/idoc/aboutus/Pages/MenardCCSustainability.aspx.

The average age of inmates is 38. 621 inmates, or approximately 17%, are over 50 years old. Menard does not currently offer any special programming for this population. At the time of our visit, 117 inmates reported themselves as veterans.

Nearly 18% of Menard's population, or 656 inmates, are sex offenders; there is no special programming for them. At the time of our visit, 19 inmates had been approved for release from Menard but cannot be released due to not having appropriate placement.

There were 161 inmates held at Menard on Immigration Customs Enforcement (ICE) detainers. Three inmates were identified as non-English speaking. Menard reported that they offer a Spanish Orientation Manual and versions of inmate bulletins. Two Spanish speaking staff members (one nurse) and phone interpreter services are available.

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Since 1901, JHA has provided public oversight of Illinois' juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions.

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