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### **Three state prison oversight during the COVID 19 Pandemic: the case for increased transparency, accountability, and monitoring**

**December 21, 2021:** Today, the John Howard Association of Illinois (JHA), the Correctional Association of New York (CANY), and the Pennsylvania Prison Society (the Society), the nation's only non-governmental organizations dedicated to monitoring conditions in state prisons, release a collaborative report comparing the responses of the prison systems in three states to the COVID-19 pandemic. Drawing on each organization's unique access to prisons, the report compares how state prisons in Illinois, New York, and Pennsylvania performed on measures to mitigate illness and death from COVID-19, including reducing prison populations, testing, use of face masks, operational adjustments, communication, and data transparency.

As this report is based on information collected in different ways from states that often took different approaches to fighting COVID-19, it does not always make like-for-like comparisons. Still, it finds demonstrable links between the different policies and results. For example, Pennsylvania's \$25 vaccination incentive for people in custody is linked to a vaccine uptake rate of 87% in August 2021, compared to a rate of 46% in New York in the same month. Similarly, despite roughly equivalent challenges and budgets, the rate of testing in Illinois far outstripped the other two states. In addition, the report shows how the Illinois Department of Corrections was able to distribute KN95 masks to each incarcerated person on weekly basis, while other states only sporadically distributed Department-manufactured cloth masks. (Note: find more Illinois specifics at the bottom of this press release.)

This three-state comparison has yielded multiple examples of practices that could be replicated by the other states to bolster their pandemic response. If comparable oversight bodies existed across all 50 states, then many more examples of good practice could have been rapidly and practically identified for replication. Unfortunately, there are desperately few such oversight bodies in the United States.

Despite the enormous challenges posed by the virus and obstacles in gaining access, the report represents a relentless determination across the three organizations to understand, analyze and draw attention to critical challenges and to make concrete recommendations to address them. While the development of the course of the pandemic is such that some of the issues are no longer directly relevant, the recommendations speak to the need for a broader cultural change. Evidence of the fundamental importance of transparency of prison practices and information, both to the public and to the incarcerated population, is the overriding theme of this report, explored in the "transparency case studies" and in the section on communication.

For more information on this report, our organizations, and the state of prison oversight in the US please contact:

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### Specifics on Illinois

From March 2020 until late March 2021, JHA was unable to monitor Illinois prisons in person due to COVID-19. During this time the organization pursued other ways of collecting information and gaining sight lines into facilities in order to better understand the realities inside our prisons and the lived experiences of people in state custody. While many of our requests to implement remote monitoring practices were denied by IDOC, we were able to find other ways to get data and to hear from people in prison. Notably, JHA was able to conduct a [system-wide survey](#) in spring of 2020, yielding over 16,000 responses and 6,000 pages of comments from people in prison. JHA was also able to establish regular, ongoing meetings with IDOC which has led to increased and expedited updates on policies, practices, and issues impacting population.

Oversight of IDOC during the pandemic has revealed the following information:

1. Of the three states in which the organizations work, the most accessible example of a DOC presenting data independently was in Illinois. [IDOC's website](#) includes quarterly reports with bimonthly population updates in addition to machine-readable population data sets which can be used by external actors.
2. After repeated requests from JHA, the IDOC COVID-19 dashboard clearly presents data on the number of tests of staff and incarcerated people, along with case numbers. The IDOC also has a clearly defined testing policy available on its [COVID-19 page](#); it appears that this policy and public sharing of it may have resulted in a higher rate of tests being carried out as a percentage of the population in comparison to the other two states.
3. As evidenced by ongoing conversations with JHA, the fact that the organization was able to undertake the first ever system-wide survey during the height of the pandemic in April 2020, and that IDOC responded to the survey in detail, IDOC has shown a willingness to engage with oversight during the pandemic.
4. Despite having ongoing communications with IDOC administrators, JHA has struggled to obtain adequate responses to some critical requests for information, including detailed COVID-19 protocols.