
Facility Report



Visits to Lincoln & Graham Correctional Centers March 2021

JHA's first COVID-19 prison monitoring visits

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Introduction

The John Howard of Association of Illinois (JHA) cautiously resumed onsite prison monitoring on March 30th and 31st of 2021 after a year not being physically present inside Illinois prisons due to the COVID-19 pandemic. Over the last year we have done our best to collect information, amplify the voices and concerns of people within prisons and [advocate for their well-being](#). JHA has had ongoing communications with Illinois Department of Corrections (IDOC) administrators about concerns and need for increased information availability. However, at our organization's core is the premise that **independent outsider presence and review of correctional settings, policies and practices is essential for appropriate oversight, transparency, and accountability**. JHA believes that it is critical for the public to have eyes and ears inside places of incarceration, and that respect for human rights and dignity relies on citizens and stakeholders having a view inside closed systems.

We are grateful to everyone who made these visits possible and who shared their experiences with us. Moreover, we are thankful for people's dedication and persistence throughout what we were repeatedly told has been "**the most challenging time in corrections**," and we acknowledge all those who tirelessly carried out essential difficult duties in service of others.

Executive Summary

JHA decided to attempt to reenter prisons when we were both permitted and felt that we could do so reasonably safely. Given vaccine availability within prisons (which advocates fought for prioritization of), the decrease in number of COVID-19 cases, and the fact that IDOC was beginning to reopen, we felt the timing was at last appropriate. For these first visits, we limited our visitors to one JHA staff member and one experienced citizen volunteer who is a healthcare professional, both of whom had been fully vaccinated. IDOC had specified only that our visitors needed updated background clearances approved and to be masked but limited our site selection for resumption of monitoring to prisons that were not holding mass vaccinations on the visit date and were not on medical quarantine, a more restricted status than the standard COVID-19 administrative quarantine which has been in place since March 2020. JHA requested to be able to be present and observe the vaccination process but this was denied. The week before our visits we received some information from IDOC indicating that at that time 11 prisons were on medical

quarantine and thus could not be considered for our visits. Additionally, as prisons could be placed on medical quarantine at any time, we needed to remain flexible until the last-minute regarding site selection. **JHA is an independent citizen correctional oversight organization and does not have mandated access or authority to enter prisons;** we work with IDOC to schedule monitoring visits and understood in this instance that health and virus contagion were paramount considerations for site selection for our return to in-person monitoring.

IDOC does not make information regarding which facilities are under medical quarantine or the parameters of when a facility will be put on medical quarantine publicly available. **JHA has made repeated requests over the last year for IDOC to share their COVID-19 protocols, including definitions and expectations relating to medical quarantine, to permit greater understanding of what is occurring within prisons.** People who are incarcerated also still commonly report that they do not have a good understanding of, or access to, these policies and they continue to request them. We were informed that medical quarantine status is determined in consultation with IDOC Office of Health Services (OHS) and that number of COVID-19 cases at the facility is not the only factor considered. Additionally, we were told that once a facility is on medical quarantine, it will stay on that status for 14 days. Sometimes only certain housing units and not the entire prison are considered to be on medical quarantine, and only the particular housing units will have greater restrictions for a 14-day period. We were told that for facilities on medical quarantine full personal protective equipment (PPE) donning and doffing would be required for entering each housing area. Again, we request transparency about quarantine policies and statuses, as well as updates as best practices are revised during this novel time. As one example, changes may be appropriate as the [CDC modifies recommendations for quarantining](#), which now are different and less restrictive for people who are fully vaccinated or who have had COVID-19 within the last three months. Although IDOC may feel that people have some medical privacy interest regarding their COVID-19 history or vaccination status, the fact is that within congregate and healthcare settings – such as prisons – people can be and are restricted when they present higher health risk to themselves or others. Much of this landscape is yet to be fully analyzed or litigated. **While being more cautious may be a reasonable approach, sharing publicly some standards and reasoning would likely improve compliance and negate some feelings of punitive or arbitrariness of restrictions within the prisons.**

Upon resuming visits, JHA aimed to see different security levels and housing styles to gain a better appreciation of pandemic operations and to observe living conditions under COVID-19 with the intention of scaling up our visits after seeing what was feasible. In addition to the restriction on prison selection for monitoring visits based on quarantine status, another difference with these pandemic JHA visits was that a representative from the IDOC Director's office accompanied JHA visitors onsite, which has not been standard practice. While this was in some ways helpful to facilitate the visits and ongoing dialogues at the Agency level, staff also wanted to have the opportunity to interface with and perhaps impress this visitor which led to a more sizable and possibly more intimidating group for moving throughout the prisons for parts of the visits. Nonetheless, JHA's impression was that most people did not feel censored and were eager to see fresh faces and people who might be able to address some of their questions.

We anticipated on these pilot visits that we would not be able to speak with or hear from as many incarcerated people or staff as we would typically interact with on monitoring visits in part due to the limited size of our group and in part due to the limitations of number of people allowed at once in certain areas. Additionally, we did not conduct mass surveys of prisoners or staff in conjunction with these visits as has been our recent practice and which we will resume sometime in the future.

However, we were able to visit most of the areas requested within the prisons and speak privately with a smaller sample of prisoners and staff. JHA visitors were not permitted to speak with people who were COVID-19 positive and in medical isolation or to view these housing areas on these visits. At the time of the visits, only two men incarcerated at Graham were COVID-19 positive and in medical isolation, and there were no positive cases in the population reported at Lincoln. Historically JHA staff have been permitted access to view all areas of prisons and speak with anyone who wished to speak with us while being respectful of medical concerns and privacy. On future visits JHA will request to view areas used for medical isolation (while donning proper additional PPE) and request that people be asked if they would like to speak to us while isolated.

Another pre-visit concern was that it might be too difficult to communicate with people while everyone wore masks and physical distanced as prisons can be very loud environments and we at times have to speak with people over other noises or through cell doors, where it is nearly impossible to converse. However, on these visits our ability to communicate while masked and even through segregation and reception center solid doors went better than anticipated, with only a few instances occurring where some staff (who are also subject to hearing loss due to exposure

to such environments) were unable to hear clearly enough upon first attempt or needed to move closer to the speaker or have things repeated.

JHA was unsure how we would be received by people in prisons given the restrictions regarding outside visitors in place over the entire last year and fear of introduction of the virus from outside in correctional settings. Overall, we found that while people were certainly COVID-19 wary and weary from the restrictions and it was obvious that the pandemic has scared and stressed people, it seemed that the stress was easing. Further, **environments were not as tense as anticipated and were even positive, and there was a sense of new hope from the vaccination efforts, the possibility of restrictions easing, and news of the plan for visitation resuming** after being suspended for over a year. Signs of spring with flowering trees and plants on grounds were cheering as was the promise of more time outside with night yards potentially opening. Administrators mentioned that people may be resuming work in the gardens and had plans for facility beautification, as well as increased positive messaging and programming activity as soon as things felt safer. Graham administrators noted they had started a bakery apprenticeship program prior to the pandemic. However, they stressed that **health and safety were their #1 priority** throughout the last year and the focus during COVID-19. It was clear that administrators felt a great sense of personal responsibility for the lives of people at their prisons. Staff were eager to have an opportunity to share their struggles and efforts in maintaining safety during an unprecedented period. Incarcerated people had many questions and concerns they wanted to discuss. People at both prisons reported restrictions had eased somewhat around the time of JHA's visit. Given everyday prison living and work condition realities, people were demonstrating incredible resilience during the pandemic.

There is no other way to describe prisons than **frighteningly crowded congregate settings**. These environments just do not make much sense with the pandemic rules we have been asked to follow. Clearly the best way to increase pandemic safety within prisons is depopulation. While population is down, it still in no way permitted the physical distancing advised. However, lower population permitted some necessary single-celling and emptied housing areas at both prisons visited allowing for better use of cohorting of suspected and positive COVID-19 cases. It was not difficult to imagine how much worse conditions would have been during the height of the pandemic if IDOC's population had been at the record highs seen within the last ten years.

To give people a better sense of this and all of the work and precautions in place, JHA had prior to these visits again requested the ability to have photos taken during the visits (as is used by other monitoring entities in facility reporting, such as [from the Washington Office of Correctional Ombuds](#)) which was denied. However, we hope that IDOC will continue to consider this for future visits. While crowding is obvious, other changes and even positive developments over time remain difficult to convey without visual documentation. Allowing photography would also enable JHA visitors to better focus on conversations as opposed to having to also record notes of physical conditions observations during very limited time in areas.

We provided a draft of this report to IDOC officials approximately a week prior to publication; the Agency acknowledged receipt and declined to provide a response.

Lincoln & Graham

We were able to visit Lincoln (a minimum-security male prison with dorm housing) on the day they came off of a medical quarantine, which enabled us to see and hear about the differences in status as experienced at that facility. People at Lincoln reported not having movement for school or meals during quarantines and other restrictions. JHA was able to observe the plastic sheeting over the entry to the housing units and area where staff would don PPE prior to entering a housing area on a medical quarantine. We were also told that movement of staff on and off of quarantined housing units would be one-directional so that people would don full PPE and enter the housing area and exit through another exit typically at the opposite end of a wing and doff the PPE.

At Lincoln, as of March 23, 2021, 3,712 staff COVID-19 tests and 3,832 prisoner COVID-19 tests (out of 151,792 and 442,787 total in IDOC respectively) had been conducted since the beginning of the pandemic. Most of the testing has occurred since late 2020. Prior to the March 2021 visit, 88 Lincoln staff had tested positive with four staff considered still active cases (out of 4,180 total positive and 83 active staff cases in IDOC); 275 prisoners had tested positive, and all were designated recovered (out of 10,815 positive and 47 active prisoner cases in IDOC). Vaccination numbers are discussed in below in the *Vaccinations* section of this report. It was reported that two men who had been incarcerated at Lincoln had died of COVID-19. Staff stated that the men

who died had underlying health conditions, and that for one they did not know he was COVID-19 positive until after his death.

JHA generally hears less frequently from minimum-security prisons, or put another way, we hear far more from the larger, higher security prisons. In 2020, JHA received about 100 communications about Lincoln (out of about 4,000 total), in addition to [400 COVID-19 prisoner survey responses](#) and [staff COVID surveys](#) from that prison regarding the early stages of the pandemic response. Comments from all prison surveys, including Lincoln, are included throughout the [COVID-19 Prison Survey Comment Report: Perceptions and Experiences from People inside Prison during the Pandemic](#) consisting of an Executive Summary and 12 subject matter sections addressing Ability to be Heard: Law Library, Grievance System, PREA Concerns, and Staff Conduct; Access to Information; Cleaning & Physical Plant; Commissary & Dietary; Communications; Hygiene; Medical; Programming & Early Release; Social Distancing; Special Populations (including segregation and reception and classification centers); Use of Personal Protective Equipment; and Yard & Out-of-Cell Time. In addition, JHA has published several [communications bulletins](#) discussing concerns received from IDOC prisons since the beginning of the pandemic, most recently an update regarding communications received in early 2021 published in March.

Next, we visited Graham, a medium-security male celled prison that operates the central region Reception and Classification Center (R&C) for people entering IDOC. Graham was not on medical quarantine at the time of the visit despite having two positive COVID-19 cases in the population. In 2020, JHA received more than 210 communications about Graham in addition to [900 COVID prisoner survey responses](#) and [staff COVID surveys](#) from that prison. Many people reported particularly about conditions in Graham's R&C while stays were extended due to pandemic restrictions on transfers. At Graham, as of March 23, 2021, 4,442 staff and 12,323 prisoner COVID-19 tests had been conducted; 182 Graham staff had tested positive with one considered still active; 708 prisoners had tested positive and all but one were designated recovered. During the Graham visit, staff estimated about half of their population has comorbidities and described how at one point they had five housing units simultaneously on medical isolation and had to triage hundreds of cases. They noted that they were fortunate that they did not have to call in staff from

other prisons for coverage. Three men who had been incarcerated at Graham had died of COVID-19; one of these men was in his 40s.

A total of 87 people who were incarcerated throughout IDOC and one staff member at Vienna had reportedly died of COVID-19 as of March 23, 2021. At Graham, staff shared their grief regarding the recent COVID-19 death of the area union representative. This man had a long IDOC career and at the time of his passing still worked with people at the facility on behalf of staff but was employed by the union, not IDOC. A union social media post regarding this loss notes that he had been scheduled to be vaccinated shortly after his death. There is no easy way to count or truly know the loss and extent of contagion spread between corrections and their communities. **COVID-19 has laid plain that everyone within prisons, prisoners, staff, and their communities have intertwined health and safety.** JHA continues to fight to improve prison conditions for everyone's benefit. We extend our deepest condolences to all who have lost someone.

Communications JHA had received regarding Lincoln and Graham so far in 2021 have included a broad spectrum of issues, such as general concerns regarding COVID-19 as JHA has [reported on](#) since the start of the pandemic, including reports of improper PPE usage, lack of cleaning supplies, other concerns that some staff are not taking the pandemic seriously, lack of cohorting (e.g. moving new people onto units), and restricted movement and activities. These are in addition to concerns about lack of rehabilitative opportunities, desire for early release (via sentencing credits or clemency), questions about [stimulus payments](#) and restitution, concerns about mail delays, issues with discipline and grievances, worries about not having an approvable host site to live post-release (particularly from people with sex offense convictions), questions about civil commitment, problems with obtaining identification documents, curiosity about the [omnibus criminal justice reform bill](#), requests for IDOC policies, and interest in vaccination. In 2021, JHA is still receiving communications from people incarcerated in these IDOC prisons asking for basic information such as the [CDC guidelines](#) related to quarantining people in prison who are COVID-19 positive and information on how to protect yourself from catching COVID. JHA also continues to hear from families expressing concern for their loved one's health and well-being or wanting early release; for one example, a loved one reported they submitted several requests with no response from the Governor for a prisoner with good institutional behavior, including working for the industry program at Graham and having a clean disciplinary record, but who is likely not going to be granted relief based on offense.

IDOC provided JHA with some information regarding practices within prisons during quarantine through our ongoing discussions. This information was not complete or consistently reported across prisons, so is of limited utility compared to seeing and hearing about actual practices on the ground. As of January 14, 2021, it was reported that there were 527 people incarcerated at Lincoln. This minimum-security prison consists of dorm style housing with two wings of up to 100 people per side, or 200 people on a housing unit, with five housing units. Dorms house up to 20 people per room in bunk beds. Each wing, housing up to 100 people, had access to six shower heads during dayroom time. As this is a minimum-security prison, typically dayrooms are open most of the day (reportedly roughly 6am-9pm, likely with exceptions during count times); however, during the pandemic access has been limited to smaller groups and briefer periods. It was represented that people were given two bars of soap weekly and could purchase additional hygiene items. Lincoln had recently had additional phones installed prior to JHA's March visit, increasing the number available per living unit substantially from just five per 100 people, which was reported in January.

Lincoln benefited from having patio areas located adjacent to living units in addition to a main yard available for outdoor time in small groups. Reportedly Lincoln prisoners were allowed outside for an hour per day in January. Lincoln was allowing commissary shopping of up to \$200 a week (not counting towards the spending limit) of the following: clothing, contract items (electronics), vendor Securus phone time, vendor GTL units for emails and tablet usage, or write outs (stamped envelopes). This commissary spending limit had been increased from \$75 as reported in November 2020. During the visit, JHA spoke to a prisoner who worked in commissary who noted that this had made a lot more volume for workers fulfilling orders, especially as he noted many people had extra funds from the COVID governmental economic impact payments, so people were *"giving back the stimulus payment."*

As of JHA's visit to Lincoln on March 30th, 2021, it was reported there were about 480 people incarcerated at the facility. There was one empty housing unit and another that was able to be used for medical isolation for confirmed cases on one side and housing of people awaiting test results on the other. Intakes or people newly transferred into the facility are housed for two weeks apart from general population. Population at Lincoln was less than half of what it was pre-pandemic in March 2020, when it was approximately 980. Dorms in use still appeared to be used at prior capacity with bunkbeds placed close together. During the visit, JHA asked if anything had

been done to try to increase spacing between people in sleeping areas and staff explained that they had just instituted alternating people sleeping head to foot as had been advised by the [CDC](#) and others, and that was the only modification made for the dorm sleeping area.

Prison lore is that at some point in the past when IDOC wanted to increase capacity at dorm facilities they just brought in more bunk beds. Thus, facilities that housed 500 people could suddenly accommodate twice as many people without consideration of common areas, fixtures, programming, etc. JHA has continued to call for an objective comprehensive reevaluation of reasonable use, capacity, and conditions of Illinois prisons, particularly during this opportune time when population is at a 30-year low. IDOC reports as of April 2021 they are currently contracting for a “Master Planning Initiative” that will conduct such an assessment beginning this summer.

As of January 14, 2021, at Graham there were 1,444 people incarcerated with 151 housed in the X-house, which is used for the central district reception and classification center (R&C). The X-house holds up to 448 people or 112 per wing. As of JHA’s visit on March 31st, 2021, it was reported there were 1,362 people incarcerated at Graham, with 97 housed in R&C. Population at Graham a year prior pre-pandemic in March 2020 was approximately 1,770 with 330 in R&C. JHA had last visited Graham in April 2019 when population was approximately 1,900.

The medium-security prison consists of 17 general population celled housing units with four wings and a segregation building. Each general population wing reportedly had access to four shower heads during daily dayroom time. Those in the X-house were reportedly allowed to shower every three days. It was represented that people were given three 1.5-ounce bars of soap weekly. General population housing reportedly had eight phones per housing area with access during daily two-hour dayroom, while those in the X-house had once weekly access to phones on units and access to phones on yard when they could go. People who are in reception status also sometimes must wait to receive a Personal Identification Number (PIN) or for phone list approvals prior to being able to use vendor Securus’ phone services. Graham has an X-house yard, a segregation yard, and three general population yards. It was reported that pre-COVID-19 general population had yard time five times a week but that **during medical quarantines or isolation, yard time would be limited to just one hour a week**. Outside time for those in the X-house was not specified, other than stating that there was **no out-of-cell time for the first two weeks for people transferring into the facility**, referred to as intakes.

In January it was reported that Graham was allowing commissary shopping up to the statewide spending limits up to once a week for general population when not on medical quarantine. Commissary frequency had increased from what was reported in November 2020. JHA has received some concerns about storage issues and excess property being confiscated as commissary frequency and spending limits are increased and advises that there be communication of reminders about property limits. JHA appreciates that at Graham there has been a historic practice of offering “amnesty” or allowing people to turn in excess property or “nuisance contraband” without fear of disciplinary sanctions prior to some shakedowns.

During medical quarantine Graham reported that food purchases were limited to \$30 and electronics, write outs and hygiene. For people in the X-house some limited clothing, food, hygiene and write out purchases were reportedly being allowed monthly. Administrators noted that when they had increased shopping allowances during the pandemic for people in R&C those individuals just wanted and expected more and to be treated like general population, which administrators did not think was appropriate. However, some people were staying for months in reception.

VECTORS & PPE

“Staff don’t always wear their masks over their nose and mouth, but if we do that, we get in trouble.” – Lincoln

“Prisoners, officers, and medical staff who work with and around prisoners obviously do not always properly use their PPE ... as they come and go from the prison collecting the deadly COVID virus, and redistributing it ...” – Graham

Concern regarding lack of staff mask compliance was frequently raised. JHA was disappointed to also observe a few staff, as well as incarcerated individuals, not wearing their masks appropriately (e.g., below their noses). This was particularly concerning as we would expect staff to be on notice and on best behavior in front of outside visitors. We also observed that facial hair in some cases made masks ill-fitting and less effective. Most of the non-compliance was observed in the entry area at Lincoln, where hopefully these staff would not be directly interacting with many prisoners (e.g., those with outside grounds work clearances); however, this

created a poor first impression and we recommend review and retraining prior to visitation resuming to improve safety practices. Also, Lincoln in general lacks exterior clear signage indicating things like visitor parking areas, entrance, or rules. We appreciate that people's practice in the community is also not always compliant but were surprised to also see a commercial delivery person walk into Lincoln's entry area without wearing a mask while we waited for administrators to meet us to begin the visit.

Additionally, JHA visitors were not appropriately screened at either facility with no questions asked regarding COVID-19 exposure or mandatory temperature screening conducted. While we understand that our visit involved special arrangements, it would seem that no one should be permitted to get around rules in place for the safety of the facility. It was unclear whether we were supposed to use the handheld (Lincoln) or wall mounted (Graham) thermometer and if it would be self-reported or set off an alarm if it read too high. (After the missed screening opportunities JHA visitors did later take our temperatures and they were normal.) After the visit we were informed by an administrator that while temperatures are expected to be taken for everyone entering the prisons, temperatures for staff were no longer required to be logged. Thankfully, IDOC's [plan for resumption of visitation](#) contains explicit instruction for how visitors are to be processed. Outside of the few noticeable outlier staff who seemed to have little awareness of the situation, we appreciated that nearly all other staff observed appeared to be taking safety precautions seriously, particularly administrators.

During a visit, one staff member explained that outside of work he would wear a mask if other people were, but if others were not masked, he would go with the culture of the location, such as at a restaurant or store. Such bending to cultural or regional norms makes it all the more important for there to be strict compliance enforced within prisons.

While we were told by staff that getting people who are incarcerated to comply with masking was not difficult because they wanted to be able to access good things or other areas that they were not permitted to go without being masked, staff did not address repeated attempted inquiries from JHA about issues getting staff to comply with mask requirements. We have been told that some progressive staff discipline is possible for improper PPE usage but have not been provided with any support that this is used or effective. During the Lincoln visit we observed staff remind incarcerated people that they needed to wear their masks whenever they were not on their bunks

in dorms. However, we also observed an incarcerated worker and his staff supervisor with questionable mask compliance practices in use during their labor. Prisoners often want to maintain jobs in order to earn even some meager income, engage in activity and due to the potential for positive reviews, so they are particularly vulnerable and may not feel comfortable critiquing supervisor actions. Additionally, workers often interact with many people and move throughout facilities, so it is particularly important that their health is protected and they are screened to protect others.

The KN95 masks used by prisoners can be hot and harder to breathe through than surgical or cloth masks. Some incarcerated people at Lincoln wondered why they had to wear these masks while staff could wear the more comfortable surgical masks. Administrators clarified that they felt the population was being provided with a more protective mask and that certain prisoners were issued surgical masks for medical reasons if they had difficulty with the KN95s. However, another significant concern regarding use of KN95s for the incarcerated population was the lack of proper fit given that the nose wires were removed due to security concerns. During the visit we were able to see firsthand how this created gaps and caused masks to fall down on some people's faces. In other jurisdictions people in prisons are permitted to have masks with wires as a general rule with exceptions made for individuals or populations known to potentially self-harm or create security issues. Certainly, in the minimum-security crowded dorm environment at Lincoln the rule restricting mask wires seemed overly inclusive and that the trade-off between proper fit to better protect against the virus vs. security seemed like it should maybe go the other way. Understanding that early in the pandemic decisions needed to be made quickly and with little guidance and information regarding PPE usage, certainly now more than a year on in the pandemic, it would be helpful if more research or explanation of PPE selection and usage were made available. Better fitting properly protective cloth masks might actually be preferable to ill-fitting KN95s. Understanding of decision-making regarding choice of PPE might also make people more confident and compliant.

Some prisoners shared that they believed that COVID-19 was introduced in their prison by staff and staff being too close to them and spreading the virus. For example, one prisoner at Lincoln explained that he preferred it during medical quarantine when staff would not sit on the housing unit wing with them because he felt every time they came off medical quarantine and this practice resumed there would be some exposure from staff and they would have to be restricted and quarantined again based on staff having been on the unit for more than the time in passing making

required ~30 minute interval rounds (the CDC generally considers exposure necessitating quarantine as close contact of within six feet for more than 15 minutes). Administrators confirmed that the medical quarantine that ended after 14 days on the Lincoln visit date had been implemented due to staff who had prisoner contact testing positive and stated that they had not had a prisoner test positive since December. At Graham, JHA received a concern regarding cell compliance checks (which involve staff handling people's belongings) that had resumed before people had had a chance to be vaccinated. Staff stressed that compliance checks are necessary for prison safety.

Although JHA was only able to speak with a more limited sample of people than is usual for our visits, we were impressed at Lincoln that we did not receive reports of issues with staff other than general concern about improper PPE usage and general concern about staff being the contagion vector for the people who are incarcerated. On both visits there were no individual staff names raised to our attention for a negative reason, which is unusual in our experience. Several staff were observed during the visits to have constructive, respectful, and responsive interactions with people who were incarcerated, and some particular staff people were called out for being helpful by several people.

At Graham in addition to the possible introduction from staff who move in and out of the community, administrators felt that the Reception and Classification Center (R&C) and resumption of intake from county jails in August 2020 was a primary vector for introducing COVID-19 to their population. At the time of the visit, one of the two current positive cases was found in the R&C.

QUARANTINE RESTRICTIONS ON EXERCISE & FRESH AIR

At both facilities JHA asked staff to estimate how many months out of the past year the entire facility had been under a medical quarantine. At Graham, staff estimated four to five months or more than **a third of the year**. At Lincoln, staff guessed they had had about three periods of full-facility medical quarantine lasting in total three to four months or 25%-33% of the past year. This did not count times when just one area of the facility had been quarantined, so it is we think fair to understand that prisoners have endured significant periods of "safety restrictions" or "lockdowns" depending on one's viewpoint. Interestingly, in publicly available [Operations & Management](#) data, Graham realistically reported being on institutional administrative-based

lockdowns for much of the past year, whereas other prisons who likely were similarly restricted during the pandemic do not. Again, over the last year JHA has repeatedly requested that IDOC make information regarding restricted statuses and related policies publicly available.

As noted above, access to patio areas adjacent to housing at Lincoln enabled people to have more outside time during medical quarantines than at other facilities. Several men at Lincoln stated that the medical quarantine restrictions had been very difficult for them but added that they knew they had it better off than most people who are celled throughout IDOC, in particular because they had patio access. It did appear that efforts were being made to increase outdoor time and improve ventilation on the Lincoln housing units. Windows on the housing units do not open (this prison unlike most has air conditioning) so staff stated that they would open unit doors to promote more fresh air and circulation. Likely this was considered a possibility due to this being a lower security facility. Also, staff explained that in order to permit more people to be out on patios at the same time while preventing housing units mixing, they had erected “Do Not Cross” signs and boundaries next to fences so that more than one housing unit could be outside on their housing unit’s patio area at the same time. Lincoln’s gym remained closed for recreation. The Warden indicated they had requested permission from OHS to resume use of the area for staff rollcall.

Several people at both prisons expressed that the hardest part of the last year was the lack of ability to exercise and noted that exercise is a way to reduce stress, which had been intense. At Graham during the visit one man explained that they were only getting an hour of yard a week on medical quarantine and they cannot work out on their housing unit. Many incarcerated people and staff do not like that access to weights has been restricted. Again, JHA does not understand why weights would be considered more dangerous than any other shared surface and they are easily cleaned. Further, surface transmission is now considered much less likely than initially feared, particularly outside and with proper use of masks. **Some staff agreed that the weights restriction did not**

In February 2021, JHA received a letter from someone at Graham reporting that he was at that time on day 17 of a medical quarantine and were supposed to get 30 minutes out-of-cell for phone or shower (“*No video visits are being allowed.*”) He reported concerns related to lack of cleaning supplies and PPE, information (“*No updates to what’s going on*”), access to staff (“*No access to chaplains, counselors, mental health staff*”), and exercise.

make sense to them and explained that while they may be charged with rule enforcement, they are not involved in creation of rules nor understand the reasoning, so they cannot explain it to others. We were told administrators are required to submit proposals to modify any quarantine restrictions to OHS. Whether they are provided with feedback or reasoning from OHS regarding requests other than being granted or denied was not clear.

At Graham the Warden had recently issued a memo (which a prisoner showed JHA on his tablet) that explained that some restrictions were being eased and outside time being increased because things were improving, which he also credited to people being vaccinated. JHA has received several concerns from this prison about lack of facility-specific timely information such as case numbers, so we were glad to see this effort. **Administrators explained that they were reimplementing everything they could based on new cases and recoveries.** The number of people who could be on dayroom had been increased from 10 to 25, permitting more hours out (we believe what was reported was that people got two hours out when allowed out 10 at a time but with 25 out at once people could now be out on dayroom for six hours). Likewise, yard time could be increased as they were now letting 50 people go at once. Administrators shared that they felt for the most part the population understood that the restrictions were put in place for their safety, but some people still did not like it. The Warden explained that they try to treat the population as grown men who can handle responsibility and communicate with them during inspection tours as well as through memos on tablets, TVs, and postings. Administrators noted that violence indicators such as assaults were down and explained that they tried to communicate that during COVID-19 everyone was responsible for saving lives and there was not time for petty fights. Lockdowns also likely contributed to decrease in opportunity for fights, other than between cellmates.

OUTSIDE COMMUNICATIONS & NORMALCY

"I wish every inmate incarcerated had a tablet. What I would really like to see on them is the telephone app." – Graham

Tablets were clearly beneficial to those who had the resources to have both them and connectivity functionality in prisons. Memos had been shared through the tablets as well as on kiosks on housing units and in paper form. Administrators stated that they get information out to the units quickly and JHA was pleased to talk to several prisoners who reported they were informed. At

Lincoln JHA received reports that tablets did not work in some of the dorms so that people could only use them during their dayroom access, which was limited during medical and administrative quarantines.

Prisoners, staff, and administrators all stated that they would like to see both the ability to use the phone app on tablets and everyone have access to a tablet. Some incarcerated people again reported their frustration seeing that the tablets had the potential to be used for other things, but this functionality was not enabled. Many issues at facilities arise because of shared phones, as [previously reported](#). **IDOC represented in April 2021 that getting a contract in place to get everyone a free tablet with greater communication (e.g., messaging, phone, video visitation) and other capacities is a “high priority.”** Graham administrators estimated that getting phones on tablets would reduce most of their population’s issues, cut disciplinary tickets in half, and eliminate having to deal with phone maintenance issues. In the meantime, they would like to have more phones, particularly as they are increasing the number of people who can be in dayrooms where they have four phones for up to 50 people during non-COVID times. They note that it is difficult to give consequences for phone misuse and there is a lot of bullying related to phones. At Graham, some men reported that phone limitations implemented during medical quarantine were a hardship.

JHA was pleased to see phones that were not in use or crowded by people waiting for phone time during the Lincoln visit, which is unusual and due to the new installations; however, access to phones was still being limited to smaller cohorts in dayroom at one time so if all 100 men were allowed access to the common area at once there would likely still be competition. In addition, at Lincoln, people reported disappointment that the TV movie channel sometimes did not work, which is something that staff noted was funded by the Inmate Benefit Fund (IBF, which are funds from commissary sales). **We believe that information on how IBF funds are being used should be made public so that all stakeholders can have greater oversight and input.**

Some people mentioned that they would like to be allowed longer video visits than 15 minutes and said that they would like to get call passes for them because sometimes they do not get notice of the start times and then by the time the person is located and notified, they have missed some of their already brief visit. At Graham, people stressed they did not get video visits during medical quarantines. At Lincoln some incarcerated people commented that visit list approvals were slow.


Visitors have to be on an approved list to use video visits as well. Staff explained that the staff member who processed these lists had been out with COVID-19.

“The mailroom here at Graham C.C. has been extremely behind and lacking, of course this was blamed on COVID and other staff here say the mailroom is/was short staffed.” – Graham

JHA had advised early in the pandemic that IDOC focus resources on communications, knowing they would be critical for well-being during the pandemic when in person visitation was restricted. It is unclear why certain positions are not being covered by other staff when people are out, as such circumstances are predictable.

IDOC has established “normalcy” committee work involving staff at the prison and Agency levels with the goal of making facilities more “normal,” like the outside world, or considered less punitively restricted. It was unclear what tools and resources these committees could work with or how expenditures would be approved and from what funding source, for example if they could use the IBF. Additionally, it was unclear if people in custody could have any input on this work. We were pleased to hear at Lincoln that part of the normalcy work involved allowing people to have photos of themselves to send their families, which we believe the incarcerated person would still pay for like photos taken on visits. In addition, staff on the committee shared that they had come up with some outside patio activities for people to enjoy. At Graham, we were told that the normalcy work had input on increasing the number of people and time allowed out-of-cell. JHA has requested more information and to sit in on statewide normalcy work to try to better understand the goals; thus far this request has not been granted. Lincoln staff noted that some of the volunteers and church groups would be providing Easter gift bags to improve morale, and that they had volunteers who were looking forward to returning to the facility. At Graham we were pleased to see that the barber shop had reopened.

COVID-19 TESTING, POSITIVE CASES & MEDICAL ISOLATION

JB Pritzker Governor		Rob Jeffreys Acting Director
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The Illinois Department of Corrections

Graham Correctional Center
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MEMORANDUM

DATE: December 16, 2020 **Warden's Bulletin:** 2020-297

TO: Offender Population

FROM: Glen Austin, Warden
Graham Correctional Center

SUBJECT: COVID-19 Testing for Offender Population

Gentlemen, IDOC Office of Health Services, in consultation with the Illinois Department of Public Health and infectious disease experts, has developed an evidence-based, on-site COVID-19 testing plan for men and women incarcerated in Illinois. The main objective of the plan is to protect the health and safety of offenders, staff and their families.

Effective Wednesday, December 23, 2020, all offenders who have not tested positive for COVID-19 in the past 90 days will undergo this testing. After initial testing is completed, offenders will be tested every three days until no new cases are identified for 14 days.

Offenders who test positive will be placed in the designated isolation unit until asymptomatic for 14 days. Offenders who test negative and do not have symptoms, may continue to reside in their current housing unit.

Graham employees will undergo this testing as well and will be expected to follow all IDOC guidelines.

Glen Austin Digitally signed by Glen Austin
Date: 2020.12.16 15:02:33
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Glen Austin, Warden
Graham Correctional Center

GA/ajp
CC: AWO, AWP, Majors

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
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Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

Example memo regarding testing, sent to JHA.

At both Lincoln and Graham staff expressed pride that they had gone several months early in the pandemic without COVID-19 cases; however, testing was not being used aggressively throughout IDOC until the end of 2020 when mass surveillance testing was begun. At Graham at the time of the visit, COVID-19 testing was being conducted on Tuesdays and Fridays for staff and on Fridays for prisoners due to the reduction in cases in the population. It was not clear how quickly results were returned. JHA noticed that the Tuesday after our visit the positive prisoner cases reported at the facility had increased from two to three, suggesting a few days to update the webpage after Friday testing, but the prison was likely provided results more quickly.

At Lincoln, we were told that if people are symptomatic, they would be removed from their dorm and tested. Due to population reductions an empty housing unit at Lincoln is able to be used for isolating suspected and positive cases on separate wings. Earlier in the pandemic when there were more cases, overflow of suspected cases (or symptomatic people) were housed in the gym in four tents cohorted by housing unit while they were awaiting their COVID-19 test results. We were told at most about 12 people had been housed there at one time for a maximum of maybe up to three days. Staff noted that it was taking longer to get test results at that time compared to now. JHA heard concern regarding the gym being cold. Staff stated they did not think that was the case and stressed that people had only been housed there temporarily.

JHA asked how families were informed about their loved one's hospitalization and were told that next of kin was notified by the prison. Contact info was then provided to the hospital so that the surrogate decisionmaker could enact medical decisions. Several prisoners had required intensive care unit (ICU) care involving intubation and ventilator usage. Some staff described being on calls with families of people who were hospitalized and who had to decide whether to remove life support and being there with them "praying on it." Administrators stated that visits and phone calls had been permitted at the hospital. Earlier in the pandemic, JHA received a few concerns from family members with loved ones at other prisons about communications when their loved one was hospitalized, which we raised and discussed with IDOC administrators.

At Graham, people who were COVID-19 positive at the time of the JHA visit were housed on a segregation wing. Generally, creating the impression of punitive housing for people with COVID-19 is a concern as it may discourage reporting. However, administrators stated that they had taken some measures to make the environment more comfortable and that there was wiring for cable in the area (unlike some other disciplinary housing) as they noted that they had a live-in

porter, or incarcerated worker, for the area. The segregation housing unit consists of wings that have negative airflow and exhaust capacity that reportedly can decrease risk of cross contamination. As noted above, JHA was not permitted to visit the medical isolation area, so we cannot report on conditions or what property people were permitted.

The entry area of the Graham segregation and medical isolation building smelled extremely strongly of bleach. In order to visit people held in disciplinary segregation, additional PPE of N95 masks and face shields were required as the entry way is shared by the area where people in medical isolation were held. The plastic face shields required great patience to assemble. JHA did not inquire regarding staffing for this area, but it seemed that personnel should not care for both those in the medical isolation wing and non-COVID-19 positive individuals. The segregation wing was exited through the rear door with used PPE discarded in biohazard receptacles. Given the demand for N95s and possibility for safe reuse with decontamination, discarding masks and face shields after brief use felt both extremely cautious and indulgent. Again, greater guidance regarding the reasons around PPE use and best practice would be instructive. During the Lincoln visit, we were shown where PPE supply is kept under lock in the healthcare unit. JHA has received some inquiries from the public regarding where funds for COVID-19 precautions including testing is coming from, and concerns that if this is coming from IDOC's budget other necessary things might be further cut. We believe there are designated governmental special COVID-19 funds; however, this is an area where a fuller public accounting would be helpful.

SEGREGATION

At Graham, one wing in the segregation building was still being used for disciplinary segregation housing, but only about six people were on the wing in that status. [Use of disciplinary segregation](#) is down throughout IDOC. Graham administrators stressed that use at the prison had been greatly reduced since the time before the pandemic. On the segregation wing there was a radio on, presumably in an attempt to improve the environment. One person reported that he had been allowed his electronics to pass the time on the wing when he was held there in investigative status prior to receiving his ticket. This man was designated seriously mentally ill and reported he had been ticketed for "threatening" his cellmate while hearing voices, but his disciplinary hearing had not yet occurred. He requested assistance getting some of his medications, including an inhaler. Staff explained that he would not be allowed to have his medications on his person once he was

ticketed, but it was not clear this reasoning had been explained to him. No one was in segregation at Lincoln at the time of the visit, and staff also indicated that use was very rare as were disciplinary transfers from the facility. Lincoln staff and administrators explained how they had been using the progressive discipline and segregation cuts both at Lincoln and at other facilities long before [IDOC's new restrictive housing administrative directive \(AD\)](#) that was implemented in November 2020. People in IDOC continue to request access to the new restrictive housing AD and say that it has not been made available to them. **JHA again strongly recommends that IDOC share this via the same channels as other communications, i.e., postings, institutional TV channels, tablets, etc., as well as making it available in facility libraries as required. Policies should be made available publicly, particularly for those who are tasked with acting and behaving in compliance with them.**

Among many positive changes in this AD is a requirement that everyone (not just for those who are designated seriously mentally ill (SMI)) in restrictive housing status for more than 29 days (which should rarely occur) will have 10 hours of structured and 10 hours of unstructured out-of-cell time per week, although there is a possible exception to this during institutional lockdowns or emergencies including pandemics for those who are not designated mentally ill. Providing 20 hours out-of-cell a week equals spending on average less than 22 hours per day confined, which is generally considered to be the threshold length of time in cell for “isolation” or restrictive housing in adult prisons. JHA [again urges](#) IDOC push beyond minimum standards and create greater out-of-cell opportunity for all incarcerated people, and cautions against creating unintended consequences where people have greater outside time in a disciplinary status than in general population. For example, as noted above, **people in Graham had an expectation of getting outside just an hour per week during medical quarantine** and someone at Big Muddy River wrote JHA in March 2021, *“We have not been to yard since October 2020 ... If you want some fresh air you need to go to Seg so you can go to yard 2 hours a day 6 days a week. So during a pandemic it does not pay to stay out of trouble.”*

At Graham, the Warden expressed that he would like to have a C Grade housing unit area for people with that [grade disciplinary restriction](#), which during non-pandemic times completely restricts phone calls, reduces commissary allowances, and restricts other privileges. During the pandemic, people on C Grade were supposed to be allowed at least two phone calls a month. Housing people on C Grade together ensures that privileges are totally restricted and people cannot rely on others to get around the restrictions, e.g., borrowing things from a cellmate who is

not restricted. **JHA continues to oppose total restrictions on phone calls and recommends thoughtful reconsideration of all disciplinary sanctions as the new restrictive housing rules are implemented. We continue to have some concerns regarding instances of excessive use of prolonged grade restrictions.**

VACCINATIONS

"There is so many staff that doesn't believe how powerful COVID really is, and criticize inmates because we are worried inside of these prisons because we don't get adequate medical attention." – Graham

At a legislative hearing on April 8, 2021, IDOC represented that after the final site of round two of COVID-19 vaccinations to take place that day at Menard, it was projected that **69% of the incarcerated population and 35% of staff would have opted to be vaccinated** through the Agency's mass vaccination efforts. Some staff had elected to receive vaccinations in the community which IDOC was not able not track, but this information is requested to be self-reported.

JHA applauds IDOC's effort and productive partnership with community stakeholders in providing vaccination education to the population. Much of this material is publicly available on [IDOC's COVID-19 webpage](#) and on their social media sites. Additionally, IDOC used peer educators as "vaccine ambassadors" to try to best inform the population and address questions and concerns. **JHA believes this trial run of explaining why things were occurring under COVID-19 and permitting people the opportunity to ask questions, including people who were disinclined to be vaccinated, was both productive and a model for better practice and communication going forward.**

At Graham, JHA and the IDOC Director's office representative were able to meet with and personally thank the vaccine ambassadors for their work. Using technology for the ambassadors' education which allowed them to ask questions and simultaneously having video feeds in many facilities was a new Agency innovation. Some of these men had already been healthcare peer educators but some were recruited for this effort. **We appreciated the frankness of one man who shared that he had signed up "to get out of my cell."** However, he also said that when

they circulated with staff who were surveying people to gauge their interest in vaccination, he was able to take questions and was proud he got some people to consider being vaccinated. Others also shared that it had been meaningful to get to speak with people and educate them so that they had *“buy-in”* and felt comfortable being vaccinated. One man had been incarcerated nearly two decades and it was his first exposure to using video conferencing. **Someone else expressed that he never expected to *“have this much positive influence while I was in prison.”*** They described the *“disconnect”* between IDOC and inmates that JHA has commonly observed. We hope that this communication and empowerment campaign is the beginning of more such efforts.

Notably, more facilities report that they are now having “town halls” or councils made up of incarcerated representatives from different housing units. However, the purpose or charge for these groups was not yet totally clear. It could be a way of communicating concerns to administrators, as at Lincoln the council had the opportunity to meet with the Warden. Lincoln staff shared that they had had some difficulty getting volunteers for the effort, with just five of the seven representative positions filled. This may be a function of COVID-19, could be that people have shorter stays and are not as invested, or might be that they do not yet know about the effort or trust it. JHA looks forward to learning more about these groups and having the opportunity to meet with them.

During March visits, JHA spoke with many incarcerated people and staff at Lincoln and Graham who had chosen to receive vaccines. Several people expressed that they wanted the vaccine to *“get off lockdown.”* This is certainly how people in the community feel, but for those in prison this is literal. Some staff shared that they got it because they enjoy traveling. Some staff implied that they had been given a hard time or teased by some of their colleagues for choosing to be vaccinated. Several staff self-reported that they had been vaccinated without JHA asking and shared their experiences with being stressed or their scares with being sick throughout the last year. JHA is sympathetic to the intensity of the exposure and attendant worry everyone who works and lives inside correctional systems has experienced during the pandemic.

At the time of the visits, Graham had been through two rounds of vaccinations and the second round of immunizations was scheduled at Lincoln for April 5th. The Johnson & Johnson vaccine had been made available to people who had not yet received their first vaccine dose during the second round of vaccinations and was expected to be more available allowing people to just need

one shot. (After these visits, on April 13th the [CDC and FDA recommended a pause on use of the Johnson & Johnson vaccine](#).)

Lincoln staff showed us how an empty housing unit had been able to be used for vaccinations for the population conducted by the National Guard. It appeared to be a well thought out and coordinated effort making use of available space due to population reductions. Staff proudly reported on the first day that they had been able to facilitate about 300 incarcerated people getting vaccinated (representing 60%+ of the population) starting at 6:30am and ending before 8am. On the first vaccination day at Lincoln about 80 staff were vaccinated onsite, representing about 34% (using facility total staff numbers as publicly reported for [February 2021](#)). Staff would not speculate as to why their peers were not opting-in other than it was for personal reasons. At Graham, the second round of vaccination had occurred a week prior to JHA's visit, and reportedly about 970 prisoners (nearly 70%) and about 100 staff (equaling about 20%) had been vaccinated.

JHA visitors received no complaints regarding how vaccinations were conducted at either prison. This was impressive given that people continued to express general medical healthcare concerns and distrust. For example, we were even told by one group of incarcerated men who were fairly positive about the vaccination that they believed other medical documents were being forged and supposedly signed by a doctor who had previously retired. We have received just a few comments regarding feeling pressured to be vaccinated or inappropriate staff conduct in relation to vaccination from some other prisons.

Although people still seemed positive about having taken the vaccine, several staff and prisoners **reported having significant side effects** from the Moderna vaccine, including the first dose, whereas it seems on the outside more common that people experience some milder side effects or effects only after the second. There is at this time only anecdotal evidence that people who have had COVID-19 have stronger reactions to the vaccines. Some people who were able to have the single dose Johnson & Johnson vaccine were very happy about that. One man who had had bad side effects with the Moderna vaccine said jokingly he was *"not going to take another one"* after his second shot, but then we talked about the possibility of the need for a booster. Input from people on these visits suggests that people perhaps should be provided with more information about the possible negative reactions to the vaccine, but that this does not mean that anything is necessarily wrong or unexpected and it is a natural reaction.

JHA was informed that county health officials will advise staff who have had COVID-19 exposure to quarantine and not report to work. Given that the CDC now advises that people who have been vaccinated (or had COVID-19 within the last three months) do not need to quarantine, there seems to be some potential of reverse inappropriate incentive in paid time off to not be vaccinated. Offering incentives to staff who choose to be vaccinated and better protect themselves and others has been utilized in [other states](#), which may have administrative and health benefits.

VISITATION AREAS

Some prisoners shared that the hardest part of the last year had been not having visits. Sadly, some people shared that not having visits was not personally an issue for them as they did not get visitors, but that they knew it was hard for others who did get visits.

Several people who were incarcerated seemed to know of the IDOC plan to resume visits published March 26th and had questions about the new visitation rules. For example, someone wondered why they would have to still wear masks if they would be separated by Plexiglas from their visitors. This person was probably imagining a non-contact visitation room as is common in jails where the person in custody is sometimes sealed away from the visitor, whereas IDOC is likely to erect free standing barriers between people where air will flow around the area. But understandably it will be hard not to see a loved one's face or touch as visits resume. However, being especially cautious about introduction of COVID-19 is still reasonable as many transmission questions remain.

At the time of our Lincoln visit the visitation area was still set up for staff vaccinations but staff explained how it would be modified for visitation resuming with the new rules and precautions. Lincoln also has a very nice covered outside visitation area that was expected to be utilized. The Graham visitation room looked close to ready for use for the new non-contact visits with Plexiglas dividers built and placed on top of tables to accommodate this. The facility did not have an outside visitation area. Graham administrators described plans for creation of a more family and child friendly visitation area for the future. **While visitation will be limited, JHA is glad that IDOC has had to consider allowing people to schedule visits and will hold visitation across more hours and staff shifts, which should be instructive for better understanding visitation demand and usage going forward.**

MEDICAL & MENTAL HEALTH CARE

“The medical attention here is really bad. For example, ... with the medication they gave me, I was poisoned and suffered side effects ... They refused to help my suffering until the moment I filed a grievance, then they started to care.” – Lincoln (translated from Spanish)

As is detailed in the [Lippert](#) healthcare class action litigation, with the third annual court-appointed monitor report published in February 2021 there are many areas in need of improvement with healthcare provision within IDOC, particularly relating to staffing. The limitations and demands during the COVID-19 pandemic have further stressed the system.

JHA raised medical issues that were brought to our attention during visits to staff. Access to specialist care, follow up care, and communications were concerns, as was worn or lack of equipment and staffing. Administrators felt some of the issues brought to their attention could be addressed.

We felt that particular healthcare staff we spoke with were dedicated and open about the challenges they faced including being extremely short-staffed. Lincoln for example had a nurse practitioner vacancy, and only three registered nurses (RNs) to provide 24/7 coverage (out of a reported six authorized RN positions with one on a leave of absence and two vacancies), with assistance from licensed practical nurses (LPNs, 6 of 10 positions filled, with another staff person soon going on a maternity leave) and certified nursing assistants (CNAs) for non-nursing tasks. **JHA has heard from staff at several facilities that having CNAs has been helpful and that these positions are much easier to fill.** While population is down significantly at Lincoln, there is still a question of adequate coverage. Healthcare professionals remain in high demand also in the community.

Graham is one of the only IDOC prisons that has dialysis care onsite through a contractual vendor. Dialysis patients are particularly vulnerable for COVID-19. Staff shared that several dialysis patients had gotten COVID-19 and been hospitalized but all had survived, and that it seemed likely that they had been exposed through an asymptomatic healthcare provider.

"I am a person who has never had a problem with mental health but this pandemic brings about fears and anxiety that I never thought was possible." – Graham

Mental health staff confirmed that they had seen increased demand for their services and crisis calls due to grief, loss, and isolation. At Graham, staff shared that mental health caseload has **increased** as a percentage of population, but some of the unusual indicators such as suicide watches likely decreased. Staff indicated that mental health programming has continued throughout the pandemic. At Graham we were told that mental health groups were limited to cohorts by unit wing and during medical quarantine people were seen one-on-one in offices on the unit and were able to have tele-psychology visits on units via a laptop.

At Lincoln we spoke to some people who spoke of their mental health difficulty of being housed in a dorm with many other men, particularly after living in a cell. It is common for this transition from a higher-level celled environment to a crowded, louder, and more chaotic dorm to be difficult for some people, not to mention the additional concern of being around a lot of people during a pandemic. One man expressed that he thought it was difficult to get needed mental health support at Lincoln compared to the medium-security facility from which he had transferred.

Several incarcerated people disclosed to JHA that they had lost relatives to COVID-19 over the last year. People cited loved ones' deaths as reasons why they chose to be vaccinated or how they knew COVID-19 was real. One man spoke of an aunt who died who had been a support during his incarceration.

In Graham's R&C some people were under a mental health crisis watch in designated cells. People on crisis watch informed JHA that they did not have things they would like to have such as socks or a blanket and were cold, that they had no pillow, or clothing other than a suicide smock, or had not been allowed to shower in four days or had for days been without a toothbrush and toothpaste. These concerns were shared with administrators with the individuals' consent. Mental health staff must be consulted regarding the property and privileges of people under watches. Security staff are required to observe people more regularly in this status to protect them from opportunity to self-harm. While mental health staff is reportedly assigned to the area, it did not seem there was appropriate communication. One individual reported he had been approved to have a jumpsuit instead of a suicide smock while on watch, and he reported he had not met

with mental health staff during the four days he had been on a watch. While we cannot confirm the specifics of this experience, it was concerning. While we were at Lincoln, we saw someone on a watch in the healthcare unit who appeared to be receiving appropriate attention and was being permitted movement to a shower but JHA did not have the opportunity to speak with him.

Several people reported that they were under a mental health watch due to issues with their housing or cellmates. Being locked down for an extended period with someone will unsurprisingly lead to issues. Often people report they feel the only way to get attention or moved within a prison is by calling for a crisis watch, which staff are required to respond to. It seems quite possible that this leads to the overuse of crisis to address all issues that staff may be otherwise inattentive to, in turn causing staff to treat people in this status harshly as a disincentive. In the mental health class action litigation [Rasho](#), the monitor has advised that IDOC security staff cannot act as “gatekeepers” to mental health and must have appropriate crisis team staff members respond. However, someone who is not getting along with a cellmate does not necessarily need mental health attention or all the precautions taken for individuals who are actively suicidal. Further, JHA continues to hear of people being held on this status longer than appears to be necessary. While IDOC does [publicly report](#) the number of watches, there is no regular public reporting regarding length of stay or ability to place people in more intensive mental health treatment settings as needed.

PROGRAMMING, SENTENCING CREDITS & RELEASE

We were told at both facilities that programming recently resumed in-person which included school, vocational education, substance abuse classes and library reopening. Communications about the opening of these activities were reportedly disseminated via IDOC bulletin postings, institutional TV channels, and tablets.

JHA spoke with educational staff at Lincoln who explained that they are holding in-person classes cohorted by housing unit once per week for each unit when not on medical quarantine and that class size was limited. When students are on medical quarantine, they are sent packet work to complete on housing units. Staff at Graham shared that they hoped to be able to offer night classes, as is done at some other prisons, so that people with daytime work assignments could

attend and because with limited class sizes it would permit more sections of classroom time. Educators shared that it is much harder to get to know students when they do not have them present in classrooms, but they did their best. Additionally, over the past year at Lincoln, incarcerated individuals had not been able to have work assignments as teaching assistants when classes were not taking place and there were no formal tutors to help people with packet work on housing units. With in-person classes resuming, some classes can finally conduct the lab portions of their curriculum. Educational staff had reportedly been able to use the past year to develop their courses and standardize assessments. While video conference technology may have been used to coordinate between educational staff over the course of the pandemic when people were not onsite, unfortunately it did not seem that there had been exploration or advancement for using this with students. Because of inability to do some testing which had to be conducted in person, there had not been graduations despite people having been in school. In particular, educators stated that they had not been able to administer the Test of Adult Basic Education (TABE), which is used for placing people in educational programming, but this was now starting back up. We also spoke with an individual who was waiting to be tested to be able to be in programming to be able to earn sentencing credit. One man at Lincoln expressed his excitement to get off medical quarantine so he could get back to his vocational class.

At Lincoln the law library had two law clerks, which was reportedly all the small library space could accommodate with social distancing guidelines. Good efforts had been made to get reading materials out to the units; for example, magazines were distributed to the housing units with instructions to exchange them on the unit only, thus reducing any possibility of transmitting COVID-19. Additionally, the librarian was reportedly starting a book club and has asked administration for the ability to place books on tablets. A typewriter was available for check-out as people could not come to the law library to use it.

Substance use disorder treatment provided by vendor Westcare at Lincoln was occurring in-person, but we were told remote video conferencing classes had been held earlier on in the pandemic. Only 50 individuals can be enrolled in this treatment program and earn contract sentencing credits at a time, although up to 100 men could be housed on the wing where the program is offered. Graham has treatment provided by vendor Geo Group.

People were seeking information about the criminal justice information omnibus bill, the [SAFE-T Act](#), and there were rumors about people getting out early due to reforms included in the new

laws. While there are many positive reforms within that Act, the changes to sentencing credits it contains are limited and not required to take place immediately. It is also likely that there will be population reduction benefits from shorter Mandatory Supervised Release terms in the future.

Many incarcerated people asked about their eligibility for sentencing credit and the recent [COVID-19 litigation settlement](#), which was widely reported in the press to mean that 1,000 or more people would be released. The release mechanism for most would be Earned Discretionary Sentencing Credit (EDSC), which is a common area of inquiry from people trying to determine when they may be released. This settlement terms state in part:

“In connection with efforts to reduce the risk of COVID-19 in Illinois prisons, Defendants have been and will continue to cause the IDOC to identify and evaluate medically vulnerable prisoners for release through legally available mechanisms.” Additionally, for people in custody within nine months of their release date and who are statutorily eligible for earned discretionary sentencing credit (EDSC), [footnote: Illinois State Law and Administrative Directives set forth the eligibility requirements for EDSC. See [730 ILCS 5/3-6-3](#)] the IDOC will award 60 days of EDSC to those with a low risk level and 30 days of EDSC credit to those with a medium risk level. The IDOC will use its best efforts to process these awards within the next thirty days.

This is somewhat confusing because IDOC already has the ability under law to award **up to 180 days** of EDSC for good conduct. Administrators stated they were still working out the interpretation of this settlement. JHA hopes that they will feel empowered to be more generous in EDSC awards and use this as the population management tool it was intended to be. Moreover, because the potential of awards of EDSC makes people’s outdates unpredictable and this uncertainty with reentry is very difficult to people, it seems **a better model would be to presume eligibility and restrict awards based on negative conduct**. Many people who wanted to know about their eligibility were still too far out from their outdate to be looked at under the terms of the settlement.

JHA has some concern that the settlement intending to expeditiously release people ties sentence credit awards to risk assessment. While IDOC appears to have finally settled on a workable tool, the Ohio Risk Assessment System (ORAS), it is unclear how many people in IDOC have been assessed or how long this assessment will take. We were told that the time to do the assessment was unpredictable depending on how much information there was for an individual, but that the interview alone could take hours. Also, JHA knows that IDOC has historically had some trouble

filling staff positions for assessors. Lastly, staff have shared that the technology that they use can be very slow and clunky making completing assessments quickly difficult. Staff continue to request newer computers. However, some staff involved in these assessments did say that over the course of the pandemic eligibility for EDSC has widened and that they are giving people additional looks for awards due to the settlement, although they also acknowledged that people who were considered eligible had in some cases already been awarded more days than required by the settlement terms.

"Speaking freely one of my biggest concerns is why in the age of COVID, is it that only the elderly or short time inmates are getting help... I'm nonviolent with a history of medical issues and I can't get help in trying to get free ... I keep getting overlooked because I don't fit in a category. Those are the types of things that's discouraging to me. COVID is killing kids, middle aged people, and the elderly! I want a chance to see my family again as well." - Graham

Expansion of eligibility for sentence credit application, despite offense of conviction and specific sentence, would have myriad benefits and continues to be something sought after by those who are currently per se ineligible. Staff shared with us that since population is down and people have increasingly been given EDSC during the pandemic, it can be hard for them to fill programming and assignments because there are fewer people with sentence credit eligibility and lower-level offenses who would traditionally been given these opportunities. JHA hopes that as IDOC rethinks how the Department can provide more rehabilitation and that these restrictions will also be reconsidered, as long recommended.

"Also is there anything you can tell me about people doing 85% or 100% of their time? Does the state have anything on the table? We know of the bills that keep coming up short for truth in sentence." – Graham

Incarcerated people continue to eagerly ask if there have been any changes to Truth in Sentencing (TIS) laws or things that make them potential eligible to earn good time or sentencing credits. As one man stated, they have been *"in here for COVID too"* in expressing his disappointment that by limiting the release mechanism of the COVID-19 settlement to EDSC, which many people are statutorily ineligible for, this means these people will not get any relief despite enduring the same conditions and displaying the same good behavior. For another example, people with sex offense convictions cannot earn programming contractual sentencing

credit unless they also complete sex offender treatment, which is only offered at a couple prisons despite people with sex offense convictions making up nearly 20% of the IDOC population.

“Since being incarcerated, I have studied as much as they allow me to. I have completed four contracts. I have worked wherever they’ve put me, but they tell me that there is a sex offender treatment course. I want to know if someone, maybe a psychologist, can mail me information or come to the institution to offer us such treatment.” – Lincoln

JHA yet again strongly recommends IDOC waive the sex offender treatment requirement to obtain earned programming sentencing credit where the treatment is widely unavailable.

This is within their discretion under the law which states “prisoners who are waiting to receive treatment, but who are unable to do so due solely to the lack of resources on the part of the Department, may, at the Director's sole discretion, be awarded sentence credit at a rate as the Director shall determine.”

“I'm basically sitting and doing dead time because I don't have a parole site. I don't have any family and these counselors aren't trying to help my situation at all. If I get a parole site I'm deemed immediate release.” – Graham

In addition, many of the letters JHA receives from these prisons discuss people’s inability to be released due to lack of approved host site, including someone at Lincoln who reports that he believes his juvenile sex offense conviction has led to a host site denial resulting in him being “door violated,” or considered to have violated his parole without leaving the facility because he lacks an approved host site. Another person at Graham reported he was door violated in the middle of the pandemic and has no family and no place to go and so remains incarcerated. People also inquire as to whether there have been any changes in law or litigation progress in these areas resulting in increased housing possibilities.

RECEPTION & CLASSIFICATION (R&C)

At the time of the visit there were only 97 people housed in Graham’s R&C. We were also told that they were supposed to move nearly all of these people out of R&C status into general population status at parent prisons, but that the discovery of a positive COVID-19 case in the building had put this on hold for another 14 days. The pandemic has greatly impacted transfers.

County jails remain eager to transfer people who have been sentenced to IDOC to prison, but there is need to be very cautious with possibly introducing new cases and new [guidelines](#) are in place.

All people who are transferred into IDOC facilities are quarantined for two weeks. One of Graham's R&C's four wings was empty, one was being used for new intakes who were quarantined for two weeks, one was quarantined due to someone on that wing having recently tested positive, and one housed people who had been in the R&C for more than two weeks and some people who were on crisis watches. At Graham's R&C someone mentioned that while he was quarantined when he was first reincarcerated on a parole violation people in that area had been given phone privileges daily, whereas once he was moved into regular R&C status, he was not permitted phone calls.

The [Prisoner Review Board](#) (PRB), which decides whether people can be released after parole violations, had been conducting hearings via video conferencing. JHA spoke with someone who had been told by the PRB that he could be released but who was concerned because he did not believe anyone had his host site address so that this could get approved and he could be released. **We commonly speak with people who are upset while held in R&Cs because they interpret the PRB as saying they will be released immediately and believe that IDOC has forgotten about them. We believe the parole site review and release process should be better explained by both the PRB and IDOC, and that there should be greater communication to address this needless anxiety.**

Staff at Graham's R&C purport that there is a rule that people do not get phone privileges for the first 60 days they are incarcerated. JHA believes this is false and knows that it is not the practice at other IDOC R&Cs, and has repeatedly recommended it be reconsidered as it is inhumane and counterproductive. Administrators stated that people in R&Cs must be treated as high-risk because when they enter IDOC their risk levels are unknown. While JHA understands why people in R&C status cannot be intermingled with general population, use of monitored phones is not a particularly dangerous activity. **Moreover, people newly entering IDOC have great need to communicate with outside supports. For example, people back on parole violations might need to be able to talk to people outside to secure an appropriate host site or may just need to check in on their families and let them know where they are, what they need, and**

if they are doing okay. Not having the ability to do so creates tremendous unnecessary stress and anxiety. R&C can be restrictive and controlled without being excessively cruel.

JHA has also repeatedly noted the problem of extended time in cell for people in R&Cs, which is often worse than that endured by people in disciplinary segregation. Someone in Graham's R&C reported yard was offered for the first time the day before our visit. During our visit yard was being run on the wing we visited. People in R&C typically have no access to electronics and little access to information. Someone reported he had not received an orientation manual. Administrators expressed that they were willing to consider improving access to communications and other things critical to people's well-being for people in R&C status. JHA will do our best to hold them to this.

At Lincoln, several people reported negative experiences with excessive wait time in the Stateville Northern Reception and Classification Center (NRC) prior to being transferred to Lincoln. One person stated he had spent 90 days there. R&Cs are not set up to support long-term stays, and conditions are akin to solitary confinement/restrictive housing/disciplinary segregation.

JHA spoke with one young man who reported that he had been incarcerated several times in Illinois Department of Juvenile Justice (IDJJ) prisons who stated that his time isolated in R&C status at Graham and the intense restrictiveness of IDOC during COVID-19 had made him sure he would try to never come back. While JHA questions whether someone can be "scared straight," we appreciate that this must have been a profoundly jarring experience and hope that it is one no one will have to experience again. He also contrasted his IDOC experience with IDJJ's out-of-cell activity and other positives such as access to the Independent Ombudsman for the Juvenile Justice System. We appreciate his sharing with us the specific differences in IDJJ that he deemed to be helpful or humanizing so that perhaps some of those features, such as increased programming and an Ombudsman, can be imported to the adult system.

DIETARY

At Lincoln JHA was able to speak with workers in dietary and observe conditions. We saw that bananas were being offered with lunch trays. Many prisons are reluctant to give fresh fruit because it can be fermented into alcohol or "hooch," which had reportedly occurred at Lincoln, but staff did not seem overly alarmed about it, as has been the case in the past at other facilities. JHA was pleased to observe that lunch lines seemed to be running at reasonable times and were

still being run hours into our visit. In the past at other prisons, we have observed and received complaints regarding dietary lines being run too fast for people to comfortably eat because of the size of the population and rushing to get through feeding all of the housing units. This appears to be another benefit of the COVID-19 population reduction. Staff stated that with two empty housing units they could take their time, which made this a more humane environment.

Since Lincoln had come off medical quarantine, that day people were able to go to the dietary in groups of 50 and we were told fried chicken was being served, which is typically a popular option. JHA had not visited Lincoln in several years, so we were pleased that the condition of the dishwashing area had been greatly improved since our last visit with no obvious visible mold and we received no complaints, unlike on our prior visit. Staff stated that having a budget allowing them to fix things was a critical difference. Some missing tiles were observed.

At Graham dietary workers were especially lauded by administrators as doing a great job, sometimes working double shifts, reportedly voluntarily. There had reportedly been no positive cases among the dietary workers' unit. JHA has heard concerns regarding contagion through dietary and involuntary and excessive worker shifts from some other prisons.

CLOTHING & BEDDING

During the visits and particularly at Graham, JHA noted some incarcerated people wearing clothing that was old or stained. We commonly receive reports that people are not able to exchange clothing annually for clothing in better repair, which was at least at some point the practice within IDOC. **We again recommend prisons review and communicate their practices for clothing and bedding exchanges, as the excuse of not having a budget or funds to replace things should no longer be the case and with population reductions items kept in circulation should be in better repair.** During the Graham visit, a prisoner was returning a pillow and mattress he had been issued to the property room for poor condition. It appeared that administrators were being responsive to this concern at the time of the visit.

STAFF UNIFORMS

JHA continued to observe on visits that staff polo uniform shirts rarely had people's names embroidered on them. Staff confirmed that this was also a big issue for them because sometimes they could not tell who they were working with, particularly with masking. The issue seemed to be that if they sent shirts out to be embroidered with their names as intended, they had no idea when the shirts would be returned and might not have what they needed to wear. It seemed that staff would be on their own for the expense and hassle this may cause. JHA regularly receives reports from prisoners that they do not know staff names. **JHA yet again advises that IDOC needs to address the issue of staff not having clearly visible identification and issue a public response regarding a plan and timeline for this being corrected.**



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

Incarcerated individuals can send privileged mail to report concerns and issues to the John Howard Association, P.O. Box 10042, Chicago, IL 60610-0042. JHA staff are reading every letter and tracking this information to monitor what is occurring behind prison walls and to advocate for humane policies and practices. Family and friends can contact JHA via our website www.thejha.org or by leaving a message at 312.291.9183 x208.

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. JHA humbly thanks all the persons who agreed to be interviewed for this report and who graciously shared their experiences and insights with us.



The John Howard Association was the proud recipient of the 2015 MacArthur Award for Creative and Effective Institutions