
Facility Report



Visit to Stateville & IDOC's Northern Reception Center April 2021

JHA's third COVID-19 prison monitoring visit

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Introduction

The John Howard of Association of Illinois (JHA) cautiously first resumed onsite prison monitoring in late March 2021 with visits to [Lincoln and Graham](#) after a year not being physically present inside Illinois prisons due to the COVID-19 pandemic. Over the first year of the pandemic, JHA collected information and amplified the voices and concerns of people within prisons while [advocating for their well-being](#); however, we were not able to be physically present in the prisons until vaccines were available. On Monday April 26, 2021, JHA was able to conduct our third post-pandemic site visit to the Stateville maximum-security prison (Max) as well as an abbreviated visit to the Stateville Northern Reception and Classification Center (NRC).

Executive Summary

IDOC administrators reported that they had closed the COVID-19 command center just the Friday prior to our Monday Stateville visits. The command center was used during the pandemic emergency response and had operated for 409 days. While pandemic conditions were clearly improving, we were also informed that even in late April, due to an uptick in cases, there were still a few prisons under medical quarantine which IDOC did not want JHA to visit at that time. IDOC has not made 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 since the start of the pandemic for IDOC to increase information availability and to share their COVID-19 protocols, including definitions and expectations relating to medical quarantine and prison operations.**

For JHA's first post-pandemic visits to Lincoln and Graham in late March 2021, vaccine availability in the community was still very limited and only one JHA staff member had been fully vaccinated. By late April for the Stateville visits, JHA limited the size of our visitor group to just two JHA staff members and two JHA board members, all of whom had been vaccinated. All visitors wore masks throughout the visits. As with our first visits, JHA visitors were not screened with any questions or temperature check by IDOC staff at Stateville Max at the beginning of our visit, despite pointing this out on our prior visits. We again recommend IDOC review and make public their COVID-19 protocols.

JHA was also accompanied on these visits by a representative of the Lieutenant Governor's office who had been facilitating some communication between IDOC and JHA throughout the pandemic, as well as a representative from the IDOC's Director's office. Although JHA visitors were able to speak with people without interference or being overheard by staff, some people incarcerated at Stateville who are used to seeing JHA visitors commented on the fact that we were escorted by more IDOC administrators than usual.

Despite the administrators being accommodating, JHA was not able to cover all areas that we intended to see at both Stateville Max and NRC during a one-day visit. JHA typically covers these adjacent prisons on separate visit days due to their size and complexity. We did not observe all of the areas intended within the time limitations; notably at NRC we did not visit individuals held in the Stateville Minimum Security Unit (MSU). However, issues affecting this population were discussed. JHA hopes to be able to resume a more robust, typical visit methodology in the near future.

On the day of the visit, Stateville was not yet back to normal pre-COVID operations despite not being on medical quarantine status. Administrators reported that at Stateville Max they were still "feeding in cells" (i.e., people could not go eat in the dietary dining area), but that they were running yards, medical passes, visitation, and some programs that day. During the visit, JHA spoke to men on passes in the healthcare unit and library, observed people having visits with loved ones and heard that some educational classes had just let out when we visited the programming area. Several men incarcerated at Stateville Max reported that they were getting yard time three times a week, which is supposed to be for two and half hours at a time, and that they had started having night yard. Stateville administrators reported that work assignments had not all resumed, that their Illinois Correctional Industries (ICI) shops were closed and that Stateville was being considered for a recycling center location for ICI. Some people shared that it would normalize and improve their daily lives to have use of weights on yards and people also requested to have chessboards. Many shared items were taken away due to fear of surface transmission of COVID-19. It was not clear if IDOC was rethinking such decisions as knowledge about the virus and risk levels changed.

[Visitation with COVID-19 limitations](#) for Phase 1 at Stateville had resumed on April 19, 2021, a week prior to JHA's visit. Visitation was all non-contact with Plexiglas barriers on tables between the visitors and people in custody. Someone in custody who uses hearing aids reported that the

new visitation barriers made it hard to hear as visitors must also be masked and you cannot lean or talk around the barrier. Staff also reported that the visitation area could be very loud and that it was difficult for people to hear.

When JHA staff inquired about staffing levels, administrators reported that they were down 250 staff across all of Stateville. JHA spoke with some staff at shift change who were happy to be going home instead of working overtime and reported they were not currently being mandated to work extra shifts despite staff shortages. JHA again urges IDOC to share more contemporaneous and detailed information about staffing challenges. Staffing can affect ability to conduct movement and services for the population, and certain staff are critical to operations. It is unclear how staffing issues were affecting Stateville day-to-day at the time of the visit. Administrators reported that some staff are moved between the Max and NRC prisons to provide coverage. JHA has long been concerned that the staff sharing between the Stateville Max and NRC sides of the prison complex can hide staffing needs. During the pandemic having staff move between populations, while perhaps helpful for certain purposes, adds additional concerns relating to lack of cohorting and possibility of increasing exposure and contagion considering that to date levels of staff vaccination remain low compared to both the incarcerated population and the general public. It was unclear if the COVID concerns raised by this staff movement were being considered. However, staff were required to be masked and surveillance tested twice weekly. JHA was told by an administrator that if staff refuse to be tested, they will not be allowed onsite and will be put on unpaid leave.

Stateville administrators shared that the past year had been *“emotional and challenging, [but] brought about cohesiveness, greater common concern, increased collaboration and creativity.”* Several staff shared that the pandemic brought out the best in people, that it made them *“closer to the work,”* and *“more passionate.”* Several expressed that the pandemic has been *“humanizing”* and brought the population and staff closer together. One staff member shared how touched he was that people incarcerated had inquired *“How you doing?”* had said *“Stay safe,”* and had been genuinely concerned about his well-being during the pandemic. An administrator shared that he felt the population was *“leery of stopping everything but they understand.”* Administrators stressed the importance of being visible to the population and getting out and talking to people. For one example, one administrator shared that when he got his first vaccination shot, he made a point to go out to talk to people about his experience and to tell and show them how he was doing. Staff shared an understanding that if people see you are trying to help, things are better, but if people

feel ignored it can get bad. JHA staff observed that compared to prior visits, it felt as if the majority of the prison administrators we spoke to appeared to be on board with reform efforts and cultural changes promoted by Agency leadership. Notably a few of the administrators had stepped up into their leadership positions at Stateville during the pandemic. JHA was also pleased to hear some unsolicited positive comments about certain staff members from people incarcerated.

Several people who are incarcerated shared with JHA visitors that they felt that they had not been able to grieve or [memorialize](#) their losses of the past year. One person shared that he had known someone for decades who passed during the pandemic, that people were not offered any mental health services until a week or two after the death, and that he felt they *“were not allowed to have feelings, not allowed to mourn, and couldn't say or write anything.”*

One man reported that he was upset that an incarcerated worker in the medical wing had been shipped off to Menard after calling the family of an incarcerated individual to let them know their loved one had passed away. He expressed a need for counselling to deal with the grief that people have experienced during the pandemic.

In addition to the 13 men who died of COVID-19 in the last year who were incarcerated at Stateville, many people lost other friends or loved ones in addition to enduring the trauma of experiencing the pandemic and experiencing it in prison. Some staff also shared that they had also experienced close family losses due to COVID-19 and had been under significant sustained work stresses. JHA reported that people had expressed their desire for acknowledgement and space for grieving to Stateville administrators who noted that they do hold an annual religious memorial service to acknowledge those who died in the past year. JHA questioned whether this would reach everyone as some people are not religious, and typically special events are limited to a subset of the population being able to participate. A conversation that we hope will prove productive ensued regarding the difficulty of managing feelings of loss and grief without a baseline acknowledgment and sharing of information, including naming people who had died in custody. While IDOC administrators continue to express concern regarding healthcare privacy, the fact that someone died should not be protected information, particularly where it is common community knowledge, even if cause of death may not be a matter of public record. Over the pandemic there have been harmful rumors related to lack of timely public reporting of deaths. We hope there is now space to move from constant crisis response within IDOC to a posture of reflection and consider lessons

learned. JHA again acknowledges the suffering but also courage, dedication and resilience demonstrated by many within IDOC over the course of the pandemic.

In addition to onsite feedback and post-visit follow up with administrators, JHA provided IDOC officials with a draft of this report June 23, 2021 and received written responses July 26, 2021. Administrators stated in response to the above concerns regarding grief, *“No effort was ever made to diminish feelings of individuals in custody who experienced loss from COVID-19, nor were they prohibited from writing about their feelings. STA Chaplains were instrumental in coordinating a memorial service that was held in May [2021] after the JHA visit.”*

Key Observations

- The vaccine ambassador program is to be commended for helping achieve a reported 70% rate of vaccination among Stateville’s population.
- Some people expressed concern regarding possible COVID long-term symptoms.
- Stateville’s staffing levels must be clarified. Further, reported understaffing should be examined and staffing plans should consider population changes and movement needs.
- People incarcerated continued to report concerns regarding physical plant conditions, pests, and drinking water, despite such matters being subject to ongoing litigation.
- Use of disciplinary segregation continued to decline, indicating that implementation of the new restrictive housing policy is underway and having some impact.
- Video conferencing use appears promising although limited in scope; however, programming and other positive opportunities remain limited and educational waitlists are lengthy.
- Many people had been held at NRC for concerningly long periods; some had even stayed longer than six months in solitary confinement-like conditions when people are supposed to stay in reception for just a few weeks.

JHA Recommendations and IDOC Responses

JHA provided IDOC with a draft of this report June 23, 2021 and received written responses July 26, 2021, including responses to specific recommendations below that are indicated in *italicized text*.

JHA recommended that IDOC should:

- 1. Make public their COVID-19 protocols and continue to review and update policies. For example, make clear what is intended for mandated use and reuse of disposable masks.**
 - *IDOC administrators responded that policy information/protocols are on the IDOC website. JHA requested more information from IDOC regarding this response as the webpage is not particularly instructive regarding specific expectations for daily COVID prison operations.*
- 2. Track and examine long-term healthcare impacts and outcomes of the COVID-19 pandemic and improve treatment.**
 - *IDOC administrators responded that they defer to OHS for comment. JHA received no additional comments from IDOC administrators from IDOC Office of Health Services (OHS).*
- 3. Consider the ill effects of extended time in-cell on health in setting quarantine restrictions and increase time out-of-cell.**
 - *IDOC administrators responded in July 2021 that this recommendation has already been considered and initiated (yard, small groups, visits, Leisure Time Services activities) to the best of their ability with the still outstanding COVID-19 concerns and safety measures still in place.*
- 4. Minimize time in reception units, including expanding the ability to process people out of IDOC custody at county jails.**
 - *IDOC administrators responded that they are doing their best to ensure processing and expedite transfers to parent facilities while still maintaining a level of precaution and safety relative to their COVID-19 response.*
- 5. Adapt the vaccine ambassador program to include encouraging proper mask use and expand on the success of this peer educator use to other topics.**
 - *IDOC administrators responded that they thought this was a great idea.*

6. Permanently change policy post-pandemic to no longer restrict outside communications for disciplinary reasons.

- *IDOC administrators responded that they had no comment on this recommendation.*

7. Implement video conferencing to bring a wider variety of programming and information sharing opportunities, and to reach more remote facilities.

- *IDOC administrators responded that they have had a Father's Day event, Art Mural Project and University Educational classes and video visitation, and that there is ongoing development with the infrastructure and processes to expand these opportunities.*

8. Ensure staff – including mental health staff – make more frequent rounds on units with restrictive housing conditions, including during lockdowns and in reception units. Having more staff assigned to particular populations will increase ability to anticipate and address issues.

- *IDOC administrators responded that there are daily tours by the Shift Commanders on each shift and weekly Administrative (Warden/Assistant Warden) tours that include the participation of several departments, such as Medical, Mental Health, Clinical, and LTS. Additionally, the respective Duty Administrative Officer completes off shift and weekend tours.*

9. Share information with the incarcerated population regarding in-facility decision-making on issues that affect their day-to-day lives.

- *IDOC administrators responded that updates are shared with the individuals in custody via posting and on the TV channel and in person during tours when changes are implemented.*

10. Ensure disciplinary hearings are objective, increase education regarding the disciplinary process, and increase transparency regarding outcomes.

- *IDOC administrators responded that they have a multi-disciplinary step-down process with meetings weekly and information is disseminated consistently; a Restrictive Housing handbook is presented and signed for by the Individuals in Custody; and rounds are completed by Medical/Mental Health daily.*

11. Clarify expectations for bedding, clothing, and laundry provision, and share this publicly.

- *IDOC administrators responded that they had no comment on this recommendation.*

12. Require staff to display some form of visible identification.

- *IDOC administrators responded that this has been done, is policy and is being reenforced as needed.*

13. Communicate to the population how the Council representatives are selected and allow for input from as many people as possible.

- *IDOC administrators responded that this information was disseminated on the TV and posted throughout the facility for notice.*

14. Address infrastructure issues surrounding tablet connectivity and video visitation and increase availability and functionality.

- *IDOC administrators responded that this process is ongoing.*

15. Monitor and publicly report on pest and water concerns, preventative efforts, and testing outcomes.

- *IDOC administrators responded that this is already a matter of public record. JHA acknowledges that some reports can be obtained through Freedom of Information Act requests and other mechanisms but suggests IDOC be more proactive and transparent with this information, such as by putting reports on their webpage or making them readily available to individuals in custody or those seeking such information on their behalf.*

16. Publicly report information regarding litigation and settlements, so that decision-makers can see these costs as they compare to preventative maintenance or other funding.

- *IDOC administrators responded that this is beyond the facility-level administrators' discretion.*

17. Provide information about how to petition for clemency and apply for government stimulus payments and any available assistance to people within prisons.

- *IDOC administrators responded that information is provided as directed.*

18. Share contemporaneous and detailed information about staffing challenges and consider how shared staffing between Stateville populations may mask needs.

- *IDOC administrators responded that they had no comment on this recommendation.*

19. Consider how data about the distinct populations at Stateville can be disaggregated in public reporting.

- *IDOC administrators responded that they had no comment on this recommendation.*

20. Increase use of lower security bedspace where people have more positive opportunities.

- *IDOC administrators responded that a reclassification process was initiated, and Individuals in Custody are being transferred for additional opportunities in lower-level facilities.*

Stateville Background

The Stateville Max prison was opened in March 1925. The MSU opened in October 2003, and the NRC opened in July 2004. (Photo source: Google Earth)



Population

During the April 26, 2021, JHA visit, Stateville administrators provided count data showing that there was a total of 1,847 people in custody at the Stateville prisons, including 1,016 people incarcerated at the Max, 741 at NRC, and 90 people at the MSU.

Population Decreases – Intake Most Impacted

According to IDOC’s “Offender 360” daily population report on the visit date (April 26, 2021), there were 1,825 people incarcerated at Stateville, with 1,020 people at Stateville Max and 805 people at NRC (this may include the MSU population as the daily population reports no longer report this population separately), and a total of 27,408 in IDOC.

The Max was reported to be at 90.7% of a 1,124 rated capacity or bedspace, and NRC was reported to be at 43.4% of the 1,856 rated capacity, while IDOC in total was reported to be at 63% of a 43,480 capacity.

Immediately prior to the COVID-19 pandemic restrictions in IDOC, according to the daily population report on March 14, 2020, there were 2,490 people incarcerated at Stateville, with 1,156 people incarcerated at Stateville Max, 1,196 people at NRC, and 138 at MSU, and a total of 37,648 in IDOC. Two years prior to the post pandemic visit date (April 26, 2019), there were 2,658 people incarcerated at Stateville with 1,177 people at the Max, 1,296 people at NRC, and 185 at MSU, and a total of 39,356 in IDOC.

Note that IDOC uses different numbers for capacity in various reporting. IDOC is currently contracting for a Master Plan reassessment of the Agency, which JHA hopes will include creating more accurate capacity assessments, as well as plans for maintenance prioritization.

Staffing

[In public reporting](#), as of April 2021, IDOC reported a total of 1,280 staff at Stateville, of which 1,119 were IDOC staff (with 858 of these security) and 161 were contract or non-IDOC staff. In March 2020, IDOC reported a total of 1,334 staff at Stateville, of which 1,190 were IDOC staff (933 security) and 144 were non-IDOC staff. In April 2021, IDOC reported 11,522 staff throughout the Agency, of which 8,608 were security, compared to March 2020 when 11,932 and 9,098 were reported respectively, indicating the Agency had a decrease of 410 total employees but 490

security staff. Publicly available staffing information does not provide all the information necessary to evaluate staffing levels. For example, IDOC does not publicly report how many staff positions are authorized by prison. In 2011, Stateville administrators reported to JHA having 871 authorized security staff positions but also reported having more actual security staff, 892. Further, vacancies do not fully capture all of the positions that may be unfilled due to leaves or absences or other situations where a person may still be on payroll but not physically at the facility performing duties. Another issue is that because staff are also sometimes “temporarily assigned” (TA’d) into different positions, staffing numbers will not necessarily comport with the actual duties carried out or unfilled. Staff sharing between Stateville Max and NRC also makes evaluating staffing needs more complex.

Data Challenges

Prior to the Stateville visits, JHA provided a written request of what we hoped to cover on the visits and asked that administrators provide related documents through the IDOC Director’s office liaison, including materials JHA regularly collected on prior visits, such as documents given to the population and a standard report on the current population composition. Although administrators prepared a general facility overview, most of the specific updated information and documentation requested by JHA was not provided in time for the visit or this report. Some of the demographic information provided in the general overview was on point for what JHA requested; however, some of it was reportedly from October 2019 (over a year and a half prior) which is of limited current utility. JHA will continue to follow up on these requests and expects as things normalize that our visits will again be more in depth, comprehensive, and informed by requested data and documentation and direct communication with prison administrators.

While IDOC has made more current information publicly available via their webpage, there are still some difficulties and inconsistencies with this information. One major barrier to being able to use some of the public data is that for prisons with multiple security levels, such as Stateville, which have different populations and reception centers, it is often not possible to distinguish between the different populations. JHA has recently created [population profiles](#) using [IDOC’s public datasets](#) of people in custody, but for Stateville it is not possible to distinguish whether someone was housed at the Max, NRC, or the MSU within the public dataset. Therefore, we cannot extrapolate population characteristics (age, race, conviction, etc.) for people held at the Max, for example.

Stateville administrators reported at the time of the 2021 visit that the average age at Stateville was 40. Ten years earlier, in 2011, Stateville administrators reported the average age at the prison was 35. This suggests, as can be expected, that the population is aging. In IDOC public reporting, as of [November 2020](#), IDOC reports that for the Max population, 69% were incarcerated for murder convictions; 86% were incarcerated for “person offenses” and 11% for “sex offenses.” Many people incarcerated at Stateville Max have sentences of a term of years in excess of their life expectancies or life sentences. Stateville administrators reported that they have several “Long Term Offender” groups. Given the population, it was unsurprising that JHA received several requests from people who were seeking help with [clemency petitions](#), which may represent their only pathway to release. Such information about how to petition for relief should be made available to people within prisons and some assistance in pursuing it should also be provided. Illinois will be better able to manage prison populations that can be measured.

Programming

As of [November 2020](#), Stateville reported 100 people were in Adult Basic Education (ABE) classes, 25 people were in advanced ABE and 26 were in Adult Secondary Education (ASE, which used to be called GED). The education numbers likely combine Max and MSU student populations together, and there are no education programs for people at NRC as it is supposed to be used for temporary stays. Ten people on the Max side were in a barbering vocational class. In undated information provided by Stateville administrators during the visit, they reported there were 14 Max students enrolled in barbering school with 18 waitlisted. Other undated information provided stated that for ABE there were 41 students enrolled at Stateville Max and 14 MSU students enrolled with 102 people at the Max waitlisted, and for GED there were 24 students enrolled at Stateville Max and eight MSU students enrolled, with eight people at the Max waitlisted. It is common throughout IDOC to see waitlists for programming that far exceed the number of people who can participate at any one time. Often people will not even be considered for waitlists, so waitlists, though lengthy, may not even reflect the true scope of demand.

During the pandemic most people were doing educational work via correspondence. However, during JHA’s April 2021 visit some classroom use had resumed, although some program leaders were facilitating via teleconference. Stateville Max benefits from having several volunteer-facilitated post-secondary educational programs. In undated information provided by Stateville

administrators during the visit they reported for example that there were 80 students at the Max enrolled in the North Park University School of Restorative Arts Master's program, and 42 Max students enrolled in Northwestern University's Bachelor's program. We were told that North Park had conducted a class that day with the instructor leading the class over a video platform, and that there were nine men who were able to be in the Stateville classroom together. JHA later spoke to one man who had been in the class in his housing unit who was very appreciative of the program. JHA visitors got to see the new Northwestern classroom that was painted in the school's purple color and had a huge screen that could be used for remote learning. Staff pointed out that this had been a room where previously the roof had caved in due to years of unfunded deferred maintenance. It was wonderful to see this space restored to productive use. JHA was told that it is anticipated that with use of video technology more prisons will be able to participate in classes broadcast to their prisons while instructors are not onsite. Not only is it of benefit to provide more program opportunities to everyone in IDOC custody, but this will allow prisons located in more remote areas to increase offerings to people there. Too often the prisons closest to large urban centers have more and more varied programs available for people who are incarcerated than prisons in locations that do not have the same geographic proximity to these types of resources.

COVID-19 Data

The week of the Stateville visits in April 2021, Stateville Max had reported that 305 people in custody had [tested positive for COVID-19](#) since the beginning of the pandemic with zero active cases. Many people at Stateville believe that they had COVID-19 early on in the pandemic prior to testing being widely available. At the time of the April 2021 JHA visit, Stateville, like other IDOC prisons, was regularly conducting surveillance testing of staff and people in the population. There had been 194 staff positives at the Stateville Max and four were still active positives. More than 10,000 staff and 29,000 tests on people in custody had been conducted on the Max side. At NRC (including MSU), 345 people in custody had tested positive with two active cases, and 156 staff had tested positives with four active, and 7,400 staff and 26,900 tests on people in custody in total had reportedly been conducted. On the day of the visit, administrators reported that there was only one positive person in custody who was in isolation status at NRC.

At Stateville Max there had been 13 reported COVID-19 deaths of people who were incarcerated, which mostly happened in the early months of the pandemic. There had been 88 total deaths of

people in IDOC custody from COVID-19 reported by IDOC statewide, as well as the death of one staff member at Vienna.

Housing

Stateville Max's general population housing consisted of four "quarter house" units (B, C, D, and E) in a building that is 420 feet long and 52 feet high with five galleries or floors of stacked tiers of cells. Another building (X) houses different populations in sections including segregation (reportedly there are three galleries that can be used for this purpose with a capacity of 48), protective custody, unapproved protective custody, some workers, and at the time of the April 2021 visit, people who refused COVID testing. We were told people who were COVID positive would at that time be housed in a separate wing of the X housing unit; however, there were no positives reported at the time of the visit. Some people housed in the X housing unit reported tablet connectivity on the unit was poor. Staff stated that there was a video visitation station in the X unit building.

Stateville's roundhouse panopticon housing unit (F) was [closed](#) on November 30, 2016. However, it was used to house people during the pandemic from May 2020-March 2021, including people who were asymptomatic COVID-19 positive, suspected to be positive, people who refused testing, and workers (such as dietary). Reportedly most people housed there were single-celled. JHA visitors were informed that the ventilation system in the roundhouse works in quarters so that these different populations would have been on separate ventilation systems despite being all in the same large housing unit. Earlier in the pandemic symptomatic people with COVID were also housed in "tent city" in the gym, which reportedly had 24-hour nursing staff present.

Administrators stated people who reported symptoms or had a temperature were rapid tested and brought to F-House. Their cellmates were also reportedly rapid tested, but it was unclear if they would be moved. Anyone brought to F-House took an overnight bag. If their test came back positive, their cell was deep cleaned, and their property was brought over to F-House. Administrators explained that people in the roundhouse should have received their property within 24 hours of being moved onto the unit. They reported that because the roundhouse does not have wiring for tablet connectivity or video visitation, they had allowed people housed there to take their tablets outside where they could get signals. JHA has received [various reports](#) of movement, lack

of movement, and issues related to COVID housing throughout the pandemic, as detailed in our survey reporting and communication bulletins.

Housing at NRC for reception consists of 24 celled housing unit wings (A-X), with one wing at NRC used for people in disciplinary segregation status. At NRC, the MSU consists of two dormitory housing units with a reported capacity of 272. One of the MSU units was closed for a plumbing project at the time of the visit.

Communications

From January through May 2021, people incarcerated at Stateville Max wrote JHA and people on the outside shared concerns relating to some of the following general issues: lack of chronic healthcare during the pandemic as well as concern about COVID-19 for people with chronic conditions; lack of social distancing and concern regarding putting people together who may be COVID positive and negative; desire for early release or clemency; staff use of force; not being able to find a parole host site due to sex offense conviction; wanting a Keep Separate From (KSF) from a cellmate; being assaulted by a cellmate; having difficulty getting re-celled; wrongful conviction; not getting cancer medication; diabetes management and treatment issues; concern regarding asbestos; questions regarding stimulus payments and lack of forms; concern regarding discipline practices; lack of access to IDOC policies; requests for updates on legislation; seeking legal assistance; lack of mask compliance by staff and other people in custody; issues with commissary; reports of poor physical plant conditions and brown water; reports that water was turned off; grievances not being responded to; tablet connectivity issues; lack of special and medically prescribed diets; a hunger strike; staff retaliation; lack of disability accommodation; lack of general healthcare; and lack of healthcare follow up on outside medical appointments. Someone reported a person who had a physical disability was not able to get his teeth brushed for a month and was urinating on himself. Another man wrote that he was told he had ALS but not been given any other information. Someone else wrote, *“Stateville staff and administration will not give me any of my COVID-19 results, and I believe the staff (medical) was trying to infect me on purpose, see grievance...”*

Vaccination

At the time of the visit, administrators reported Stateville vaccination numbers approximated those throughout IDOC: about 70% of the population and 36% of staff had been vaccinated through Departmental efforts. Staff may have been vaccinated in the community without being included in this percentage. JHA continues to request updated and prison-specific vaccine data be made public. Stateville administrators reported that the Johnson & Johnson (J&J) vaccine had been briefly offered prior to the [temporary pause](#), which was recommended to be lifted the Friday prior to JHA's Stateville visits. The one-shot J&J option was easier to administer and preferable for use at NRC with temporary populations, as well as being more popular with people with shot fears and concerns. Mass vaccination dates were conducted at Stateville in late February and late March.

NRC administrators mentioned that some people who had been vaccinated were coming into their custody from county jails but did not come in with their vaccination cards, and for those who were only partially vaccinated this made getting second doses for full vaccination more challenging in terms of finding the right time and vaccine for people. For example, some people came into IDOC with only one Pfizer dose while IDOC only had Moderna. However, administrators reported that they had managed to get such issues resolved through cooperation with public health officials.

Administrators attributed the high vaccination rate among people in custody to the peer educators, who attended trainings and were able to spread positive information about the vaccines. As throughout IDOC, these "vaccine ambassadors" were deployed to help convince other people in custody to get vaccinated and help their peers *"not be afraid."* Administrators acknowledged the concern regarding past unethical medical experimentation on incarcerated people. For one example, in the 1940s, researchers infected people in custody at Stateville with malaria and treated them with experimental drugs. Today research involving incarcerated people is evaluated for ethicalness by independent review boards and other oversight mechanisms and must present minimal risk, and research is distinguished from medical treatment.

The peer ambassador model was noted by administrators as a powerful tool, particularly in *"building trust,"* and they stressed that this was a critical factor. One administrator stated that people in the population *"bought in quicker hearing from their own than from us."* The ambassadors were empowered and had a sense of duty to talk to the population

and were given special clearance to move onto different cellhouses to talk to people, which for a maximum-security prison is unusual. The IDOC Medical Director and Assistant Medical Director conducted remote trainings via video call for ambassadors at all prisons and people were given the chance to ask questions. Additional follow-up training of the ambassadors with onsite healthcare staff also occurred locally. Administrators stressed that they particularly targeted some educational opportunities to people in custody who were particularly skeptical or unsure of getting the vaccine. Informational videos were also reportedly made widely available on institutional television channels. Again, JHA hopes the success of the vaccine ambassador initiative will translate into increased use of peer education and video conferencing. In particular we believe it is productive to provide opportunity for questions. This example could be used as a model for better engaging the population, providing information and education, and getting prisons throughout the state on the same page regarding other topics.

Administrators also noted that people at Stateville had seen many people being taken out of the prison by ambulance early in the pandemic and felt that because of the extreme early pandemic impact witnessed at the facility, including 13 men's deaths, people there were taking the opportunity to get vaccinated seriously.

Given all this, JHA visitors again asked about staff vaccine hesitancy. Some administrators said that this was the same as in the general public and that politics *"agitated people and impacted their decision-making."* Also, some staff had concerns about the *"quick"* process used to approve the vaccines or did not feel *"reassured."* This seemed to contrast with the level of engagement and peer support promoted in the population. However, an administrator stated that the staff vaccination had been at 24% after the first mass vaccination round and was proud that they had managed to move another 12.5%; with the easier J&J vaccine, they hoped to reach even more people. One administrator shared that he chose to be vaccinated because it is important to him to serve Illinois in the job he agreed to do, and that missing work due to a preventable virus would be problematic for him. He wondered whether some staff who did not get vaccinated felt that their work is a duty or if they are committed to service. His sense of service and obligation to others was expressed as a primary motivation for vaccination rather than fear of contagion, illness, or possible death. During the pandemic there was tension between the importance of caution to limit contagion inside prison and questions regarding use of staff sick time and paid leave due to exposure and resulting quarantine protocols for COVID-19, as some people posited that others did not take appropriate care to avoid exposure in order to increase their paid leave.

During the visit, JHA spoke with many people who reported both that they had been sick with COVID-19 and that they had chosen to be vaccinated. JHA also spoke with a few people in custody who reported that they had not been vaccinated and shared their reasoning. One man stated he had COVID-19 in March 2020 and although he was aware he could be reinfected, he reported he had not gotten vaccinated because he did not see the point of it while he was incarcerated. He said that if he were getting out and going to see his grandmother who raised him, he would get it because he would never put her in harm's way. His own health and safety and that of the prison community did not seem to be compelling reasons to him to get the vaccine.

JHA also visited the housing area in the X housing unit where people who were refusing COVID testing were housed. These men would be single celled for 14 days. One man stated that he was doing fine and paroling soon. Staff, when asked, did express some concern that this housing might be attractive to people who would like some time on a smaller unit in a single cell. JHA has heard from other prisons that people who have been fully vaccinated were still being quarantined if they refused testing. Again, IDOC had not provided any COVID protocols or updates.

During our visit, JHA also spoke to several people who had not been vaccinated but who said they were now ready to get vaccinated. Some said that their family members had chosen to get vaccinated on the outside and that motivated them to change their minds. JHA inquired when and how people would be given another opportunity to be vaccinated. We were told that medical staff had a list of people asking for vaccines and planned to vaccinate them when J&J was reapproved. Hopefully IDOC will continue to conduct outreach to promote vaccination and ensure that people are given other and ongoing opportunities to be vaccinated. We have stressed that it is critical that people be continually given opportunities. On June 1, 2021, IDOC announced the [Phase 2](#) plan for resuming visitation that allows some easing of restrictions for people who are vaccinated, which may also motivate additional people to get the vaccine.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that another round of vaccinations was completed at NRC and Stateville on July 20 and 21, 2021, for 75 and 114 people in custody respectively.

Mask Usage

JHA visitors spoke with one incredibly talented artist who had embellished his mask with a drawing of the skeletal bones that would be exposed through his skin under his mask. He reported he had also been making masks with art for his friends in the community. Another incarcerated man showed a JHA visitor his mask collection and said that he does not throw them away. JHA has asked IDOC for an update regarding their expectations for PPE usage and reuse. We had thought the expectation was that masks used for a week straight would be turned in for a new mask to be issued. While we cannot opine on proper usage and have not found official medical or governmental guidance explicitly regarding safety of extended or reuse of non-washable masks, having clear expectations is helpful for compliance.

JHA visitors observed some staff not wearing masks correctly, e.g., wearing them below their nose. People in custody are not required to wear their masks in cells, where most of them were when JHA visitors spoke to them. Most cells at Stateville Max have open bar fronts. A JHA visitor observed that on one yard most of the incarcerated men were not wearing masks. The CDC issued modified guidance easing mask requirements for outdoor activities the day after the visit. However, much of the updated CDC guidance for vaccinated people specifically excludes people in prisons. It is critical that IDOC continue to thoughtfully update and make public COVID protocols so people can understand expectations for evolving scenarios. Educating the peer ambassadors on updates and asking them to help inform others might be a way to increase awareness, understanding and compliance.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated *that direction and process for PPE to be discarded has been disseminated and already initiated*, and that *direction and correction for improper donning of masks is a constant*.

Medical & Mental Health

During the visit, Stateville administrators reported that there were 27 people housed in the healthcare unit on the Max side and 20 people housed in the NRC healthcare unit, and that one person was at an outside hospital. In public reporting as of March 2021, the average infirmary census at Stateville was 41 with 30 considered to be permanently housed there. Healthcare staff reported that the healthcare unit does not have tablet connectivity or video visitation, which JHA recommends be corrected. JHA was pleased to see some infirmary residents out on their yard and using the phone later in our visit. In March 2021, Stateville reported there were 1,665 [sick calls](#). Positively, healthcare administrators told JHA about efforts undertaken to increase healthcare coverage during the pandemic, including having a doctor onsite from 8am to 10pm.

One man reported that he had been diagnosed with stage 4 lung cancer and wanted to be able to see the healthcare contractor Wexford's protocols for treatment. He reported that prior to diagnosis, he had been given cough treatment which burned, and staff said it was just his asthma.

One man was upset that the institution had removed Theraflu and other basic medications from the commissary list. He wanted access to those basic medications, particularly during the pandemic and flu season. He thought the change in policy coincided with when Wexford won the medical services contract.

In the healthcare unit, JHA visitors had opportunity to speak with some men waiting to receive care. Several people reported medical delays. For example, one man reported he had been waiting for a filling for three months, and he believed that this wait was because the dentist had only recently been vaccinated. JHA visitors were told that there was a wait for fillings of about six weeks generally due to the pandemic. Another person reported that he had been rescheduled five times to be seen for back pain and waited a month to get an x-ray.

JHA received various other reports about negative healthcare experiences from people throughout the facility. There were several pain management concerns and a few reports that IDOC does not follow the American Diabetes Association guidelines and lacks specialists. Some men shared they felt lawsuits were the only way to get a response to medical issues. We also received some reports of slow healthcare responses to an emergency. Such situations should be reviewed, and information shared in order to improve care and response times. As one man described it, if staff needed help the response would be quick but for a medical emergency involving someone incarcerated housed in the unit closest to the healthcare unit it took nearly half an hour for the healthcare staff to go “*not a full city block.*” Another man stated that there were ongoing problems with healthcare staff treating the person in custody “*as if they did something wrong*” when they were seeking medical assistance.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that *any reported/alleged negative interactions with staff are looked into and addressed accordingly, and staff do not intentionally delay responses to medical emergencies.*

JHA visitors also heard some positives, including someone who had COVID-19 who reported that the response to his healthcare needs had been “*pretty good.*” However, several men reported ongoing medical issues that they attributed to having had COVID-19. Although many of these men reported they had been vaccinated, most did not indicate that this had helped with their long-term symptoms. For example, several people reported still having trouble breathing, high blood pressure, clotting concerns, and myalgia. One man interviewed who had limited English proficiency reported long-term COVID symptoms including leg pain. He had visible breathing issues and appeared to have some slowness or brain fog in communicating. The encounter was described in visit notes as “very sad.” However, he

One man shared his COVID-19 experience in detail. He had COVID-19 in March 2020. He reported that he was not tested for 12 days after presenting with symptoms and believed he had infected a lot of others who got sick. Although he reported that he was feeling fine currently, his sense of smell and taste recently got worse, stating “*all food now tastes and smells like my farts.*” He mentioned some other “long hauler” type symptoms including stomach issues, but said medical was responsive to those and had given him some medication which helped.

showed that he had been given some pills and confirmed that he had been vaccinated. JHA recommends tracking and examination of long-term healthcare impacts and outcomes of the COVID-19 pandemic, as well as improved treatment.

It is important to note that there is an ongoing [class action litigation](#) settlement seeking to improve medical and dental care within IDOC.

In [public reporting](#), as of April 2021, IDOC reported the mental health caseload at Stateville was 801 (down from 1,002 reported in March 2021), with 172 people considered Seriously Mentally Ill (SMI). Administrators provided JHA visitors with an estimate that about 430 people are seen monthly by a psychiatrist.

There is also ongoing [class action litigation](#) seeking to improve mental health treatment within IDOC. Several people reported lack of mental health services, including as discussed throughout this report in relation to handling the stress, grief, and isolation of the pandemic. One man reported that for mental health treatment the psychiatrist just wants to give him psychiatric medications and will spend just five minutes talking to him through his cell door. He reported that only a certain class of drugs works for his panic disorder, but they are no longer made available to him. While someone reported to JHA he had been able to take some Anger Management classes during the pandemic, it was unclear if this was in-cell study. JHA was concerned that it appeared there was no current use of mental health classroom space for people in restrictive housing. While lengths of stay in segregation are generally down and the mental health class action settlement only requires out-of-cell time after a certain length of stay, it is still important for people to get some treatment and time out of cell. The minimum required threshold should not be the end point.

One man shared that he had recently had an off-putting and hurtful exchange where a mental health staff person reportedly said upon meeting him, *“I don’t shake inmates’ hands.”* While we discussed whether COVID concerns or other rules may have played a part in this, it was agreed that the encounter as described seems to indicate a concerning dehumanizing and counterproductive attitude from someone who was supposed to be there to help.

Stateville staff mentioned that correctional counselors (who provide more administrative rather than healthcare services) were making increased rounds in acknowledgement of increased needs during the pandemic but did not offer specifics. Historically in IDOC, correctional counselors are required to see people in general population on their caseloads only every other month (every 60 days), which is minimal mandated contact.

Protective Custody

During the visit, Stateville administrators reported that there were nine people who were approved for protective custody (PC) housed at Stateville and 15 in unapproved PC status. The [administrative rules](#) for PC require response to requests for this status and allow for appeals of denials. A JHA visitor observed (and IDOC confirmed) that once someone requests PC status and is denied, it appears they can appeal the decision endlessly and will remain in the pending, unapproved PC status unit seemingly indefinitely. JHA spoke to one man who had been in that status for a year, for example.

One person in unapproved PC reported he had been assaulted due to his conviction. Another man who was not approved shared that in general population he feared he would be targeted for violence by his former gang due to his sexual orientation. He reported he did not want to have to wait to be assaulted to get help. JHA inquired what alternatives IDOC administrators could offer to PC to keep someone in this situation safe or make them feel more secure out in general population. Later when this issue was raised again by JHA staff outside of the visit context with another administrator, it was suggested that it might be better for this person to be classified as “vulnerable” so that his placement and cell assignments would be more carefully reviewed, as opposed to being placed in PC status, which is very restrictive. It was not apparent how IDOC was using issues presented by people requesting PC status to resolve their underlying issues and concerns.

People who were waiting for decisions regarding being placed in PC status reported that they had some yard time and movement to healthcare but otherwise were limited to their cells. Some people said they would like to be able to have law library access. One person reported that he had not been able to wash his clothing but that he could shower three times a week. Another reported he was trying to transfer to Pontiac because there were no programs at Stateville for

people in PC; he was subsequently transferred. People in this status also shared general concerns regarding prison conditions discussed below.

Segregation

During the visit, Stateville administrators reported that there were 10 people in segregation on the Max side and eight in segregation at NRC, for a total of 18. In [public reporting](#), IDOC reported an end of the month count of 458 people in disciplinary segregation throughout IDOC in March 2021, down from 784 in March 2020. Of the 458 in disciplinary segregation in IDOC, seven people were reported to be in disciplinary segregation status at Stateville in March 2021, down from 56 people prior to the pandemic in March 2020. Ten years prior in 2011, Stateville reported housing 137 people in disciplinary segregation with a capacity of 162 people. JHA has previously advised that IDOC should track and publicly report additional segregation data including length of stay, repeat stays, demographics, and other factors.

JHA spoke with people held in segregation who reported varying lengths of stay. However, JHA was encouraged to see fewer people and generally hear some shorter durations, and that several people reported that they knew on approximately what date in the near future they would be leaving segregation status. Several people reported that they had been getting access to outside communications with phone calls twice a week. People in segregation reported they were being given yard opportunity three times a week. A JHA visitor observed a segregation shower that appeared clean but noted there was a missing tile, although it did not look like a new issue. Staff reported people in segregation could shower three times a week.

Staff also were proud that they were not using as many cells with solid fronts in segregation. JHA staff spoke with one man who was housed in one such cell that had a Plexiglas barrier at the end of a segregation gallery. He referred to this as a “*bug cell*,” e.g., a cell used for people who were “bugging out” or having decompensation and behavioral issues, often resulting in things like spitting at staff. He reported he had been in segregation status for months and believed that he was stuck in a restrictive cell for no reason. This man reported that he was transferred to Stateville from another prison for a staff assault ticket and was variously told that he could do things to get out of both the solid front cell and disciplinary segregation, but then he did them and was not let out, or he was told that he would be held in segregation another seven months until the end of

his maximum year segregation sanction for this ticket. He stated he “*couldn’t take it much longer*” and was having a difficult time believing that he could not earn his way out of his restrictive status and felt that staff “*were not keeping their promise*” when telling him conditions to progress.

JHA raised his concerns to administrators as several of his impressions regarding lack of opportunity to progress out of a disciplinary status ran contrary to [IDOC’s new restrictive housing policy](#), 5.15.100, Restrictive Housing (RH). Although longer segregation terms (Extended Restrictive Housing (ERH)) are still permitted under this new policy for staff assaults, people must be continually reviewed.

The man housed in the Plexiglas front cell at the end of the gallery also reported that to use the phone in this cell required an extension cord which caused calls to disconnect and then he would be blocked from calling out again. There may be some automated block on placing back-to-back calls with the same Personal Identification Number (PIN) within contractor Securus’ phone system. While IDOC has lifted phone restrictions based on [grade demotions](#) during the pandemic and has supposedly allowed all people to have some phone access, grade restrictions may also still relate to some automated restrictions on phone usage, undercutting the lifted restriction effort. Again, JHA opposes restrictions on outside communications for disciplinary reasons and encourages IDOC to rethink policies in light of lessons learned and better practices adopted during the pandemic.

Administrators and staff expressed positivity about use of Restrictive Housing Committee reviews, which brings different departmental areas together to evaluate how someone in disciplinary segregation status is doing. JHA staff was pleased to hear staff speak of the purpose of this being proactive and to find an “*intervention to address issues*” as opposed to approaching use of discipline with just a punitive mindset. Some administrators shared that coming from a place of experience being on a Tactical Team or Intelligence it felt good to get a more complete picture of a person and be able to consider something like whether a person had recently had their mental health medications adjusted, and “*treat the individual holistically.*”

People in segregation status also reported general non-segregation specific concerns about conditions at the prison.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that the particular Individual in Custody discussed above was at that time *out from behind Plexiglas, continues to display positive institutional adjustment, that he is attending Extended Restrictive Housing Groups and [is] considered a leader and affirming role model by staff who facilitate the sessions, and that he is actively working on his step down into GP [general population] work plan that is reviewed weekly by the RH committee.* While JHA is pleased to hear of this individual's perceived progress and success, we note it appears he has remained in restrictive housing status another three months (90 days) after our visit and it was not clear what required "safety and security concerns" warranted his continued ERH placement.

Discipline

Other people in segregation shared that they felt the Adjustment Committee that heard disciplinary tickets was unjust, that the committee did not consult witnesses who supported the accused person's side of things, that they were not afforded hearings, and that people in custody were just provided with a finding of guilty or not and not any other information or reasoning. JHA believes that disciplinary hearings should be objective and this process should be improved, including increased education, transparency, and public data reporting. One man reported that during COVID he believed that the number of disciplinary tickets had gone up because of the stress of the pandemic, and stated he wished staff would be more understanding. Without public data, this impression is not possible to investigate to confirm or dispute. JHA [continues to recommend](#) IDOC increase transparency by making contemporaneous data regarding the disciplinary process available to the public. Of the 12,780 people who responded to [prior JHA surveys](#) at 21 facilities between April 2018 and May 2019, 68% of people disagreed that IDOC's disciplinary process was fair and only nine percent believed it was. In particular, JHA notes that there is pressing need for objective investigation of staff assault tickets, which can carry significant consequences and often involve a perception and danger of ongoing retaliatory bias.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that *the Stateville Adjustment Committee addresses disciplinary issues per policy, guided by [DR504](#) and that every attempt to provide fair and objective process is extended.*

People can grieve the outcome of their discipline; however, generally people are similarly dissatisfied and distrustful of IDOC's grievance system. IDOC has recently hired a Chief Inspector charged with working to improve the grievance system. In [prior JHA surveys](#) 75% of people disagreed that IDOC's grievance process was effective and only 13% reported they would feel comfortable filing a grievance. Also, the length of time permitted for review of a grievance makes it an ineffective way to get timely review of

One individual said he had been on the “blackball list” for jobs, which is typically the result of gang affiliation or misconduct. He brought up that there is no way to contest why you are on this list, and it keeps you from getting the perks of a job.

less serious issues. For most tickets it is likely that the person would complete any disciplinary segregation term prior to having their grievance reviewed. Nonetheless, belated dismissal of a ticket may still have a positive effect on the individual's institutional record, which may be used for things such as assignments, placement or even release decisions or consideration for sentencing credits.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they reiterated that *the grievance process is under review and targeted for improvement*.

Some people at Stateville Max shared with JHA that they believed that past tickets were still keeping them from getting positive opportunity or assignments. For example, one man said he had not received any disciplinary tickets in more than seven years, but he still could not get a job and he felt this was unfair. As IDOC moves to a system that incentivizes positive behavior as planned, a corollary necessary component is ensuring that disciplinary decisions have appropriate integrity, and that the stigma of a ticket is not held against someone indefinitely and that any sanctions uniformly expire so that people do not think they are being treated in a discriminatory fashion. Under [a 2019 policy](#), 1.02.350, Addressing and Reducing Disparate Treatment and Impact, IDOC is supposed to be reviewing various practices to ensure fair treatment. Administrators report COVID has delayed some of their work on this initiative.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that *Individuals in Custody are not prevented from job assignments due to*

disciplinary issues [from] several years ago, and that direction has been disseminated from Administrative staff to afford all Individuals in Custody a fair opportunity to obtain a job.

Outside Communications

A few people expressed concern that mail was not being processed quickly. Often this was raised in the context of people waiting for stimulus payments. Some people attributed mail delays to there not being sufficient staff in the mail room.

People reported varying connectivity for their tablets, sometimes within the same building. Administrators acknowledged that there were several places within the prison where the devices were not functional. They reported that they had changed rules so that people could use their devices on yard so that they would be able to have some additional usage.

JHA has reported previously about [communications](#) and [law library](#) issues within IDOC normally, during the pandemic, and in our [system wide COVID survey results](#).

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that *mail is handled as a priority and not intentionally delayed*, and that *tablet connectivity is being addressed at a statewide level*.

A JHA visitor observed on one yard it appeared that all eight phones were being used. Given statements we heard about lack of opportunity to make calls and people hanging around close to the phones, possibly waiting their turn to use them, it is important to increase phone call access and opportunity. People continue to request to be able to have [phones on tablets](#). According to data provided by IDOC there were 23,478 GTL Wireless 2.0 tablets and 8,263 wired tablets currently “in the field.” As this is more than the current population, JHA is not yet sure what this means in terms of percentage of the people currently incarcerated who have devices. Stateville specific data JHA requested on communication devices and usage was also not provided. Someone with a wired device reported he was only able to sync his device every two weeks. As of June 2021, IDOC administrators report the Department is still examining its options regarding future contracts for tablets. JHA continues to urge improvements, including addressing infrastructure issues around connection and increasing tablet availability which includes reducing

or getting rid of the cost to the people in prison to have and use one. IDOC has not yet fulfilled JHA's requests for phone utilization data.

Several people at Stateville reported that lack of cable and just having antenna television (with various reception issues in some locations) was a problem at the facility. JHA hears also from people incarcerated downstate who wish they could watch Chicago local news.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that *the cable television quality is an on-going issue and contractual concern. Attempts are being made to improve infrastructure and have better equipment provided to enable a better quality and delivery of television services.*

Conditions

As is typical, during the visit JHA received several complaints regarding physical conditions at Stateville. Living conditions at Stateville have been subject to an [ongoing class action](#) and many individual lawsuits. JHA recommends that IDOC be required to publicly report information regarding litigation and settlements as it seems that this information might promote more preventative maintenance funding. Some people reported that the prison is not kept clean. One man stated he has to use detergent he purchases at commissary to clean his cell. Such issues were commonly reported in [JHA's COVID surveys](#). Some men interviewed while they were in the medical unit bullpen told us that their chief concerns were not their medical issues, but were the cockroaches and mice on the units, the lack of clean water to drink, and the poor ventilation on the units. Several people at Stateville Max continued to report issues with pests and rodents. For example, one person reported he was relieved to be on a different floor and that when he was on an upper gallery there was a serious cockroach problem, and the exterminator came but did not spray inside cells. A few people mentioned mice. Others reported again issues with birds and droppings.

Some people reported plumbing issues such as broken showers. Several people at Stateville Max reported concerns about drinking water. Some people reported that the water was "brown" and that they had to purchase bottled water but were limited to an insufficient amount that can be purchased. Some people reported that staff will not drink the water. A JHA visitor observed that

a staff area bathroom sink had a sign posted saying not to drink the water, which further feeds such concern. Someone wrote, *“Also here at Stateville the tap water is making us very sick here, it’s brown like 2-3 times a week. Stateville is charging us for water just to survive (live). Is there something I can do or file about this issue?”*

Several people in the X housing unit upper galleries in various statuses, including segregation and COVID testing refusal status, reported being too cold and that showers were very cold. Some people believed that windows were left open. Someone reported being able to see his breath. Administrators reiterated that with the old buildings and boiler heat the heat would either be off or on and that with varying temperatures outside and throughout buildings it was very difficult to regulate heat to make everyone comfortable. JHA asked that additional bedding and clothing be made available if ambient temperatures could not be improved.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that *there are several construction projects underway as well as on-going repair and maintenance projects with the overall facility daily. The Maintenance staff respond to needed work areas and implement repairs on a consistent basis. Water is consistently tested and found to be acceptable and additional water is available on commissary as reported.*

Food & Commissary

Several people commented on poor quality of [food](#). Some people shared that they would like the commissary to have healthier food, as one man put it *“it’s like a candy store.”* Several people lamented the lack of fresh fruits, juice, vegetables and desserts in dietary meals and the prevalence of processed food. Concern regarding diets within prison is getting [increased attention](#).

One man told us he had only recently gotten apples and oranges for the first time in eight or nine years.

Administrators continued to express concern about people making alcohol or “hooch” from fruit when this topic was discussed.

During the visit several men stated that they were fasting for Ramadan. One man showed his Styrofoam trays that he was holding to eat later from breakfast with a meal that was very beige, consisting of hard-boiled eggs, crackers, and farina or grits. Several people expressed doubt that Stateville followed the statewide master menu. Some people stated that many incarcerated people buy fish from commissary to be able to eat healthier.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that *the Stateville dietary provides a menu that is approved by Statewide dietary nutritional & caloric requirements, and that healthy food items are now being offered on commissary as a part of statewide commissary committee recommendations.*

Administrators reported that prior to the pandemic people with normal privileges were expected to have a monthly commissary opportunity with a \$150 maximum spending limit, but during the pandemic they had changed this to two commissary opportunities with a \$100 limit each trip. People in custody were positive about this change but still requested higher spending limits. Administrators explained that higher limits could result in individuals having large amounts of stored food in their cells, leading to pest problems. At other prisons JHA has also heard complaints relating to property limitations and confiscations for exceeding limits relating to increased commissary access. JHA requested information about what Inmate Benefit Funds (which is funded by profits from commissary) had been spent on lately at Stateville and did not receive a response.

Staff Uniforms & Identification

Again, JHA continued to observe most staff lacked visible identification as names are not embroidered on uniforms and other identification markers could not be seen by visitors or anyone else. JHA has repeatedly requested IDOC provide information regarding a plan and timeline to correct this issue. After the visit, JHA was informed by an IDOC administrator that IDOC had plans to embroider new cadet uniforms with staff names, but that policy had meanwhile been changed so that people did not have to have their ID visible – they could carry it in their pocket and only had to display it on request. JHA doubts this will be effective. Further, JHA spoke to staff who were frank that they did not want people who are incarcerated to know their first and last names, which is what is on ID cards, whereas embroidery or nameplates just have last names.

Additionally, staff expressed that they felt vulnerable for reasons of their families' safety sharing this information, particularly in an era when people are findable on the internet. Absent an agency policy and expectation requiring all staff have visible identification – as is standard for law enforcement – sharing identifying information is likely going to be an individual decision. As noted above in recommendation number 12, IDOC responded to a draft of this report that there is a policy that is in place, and it is being reinforced as needed.

Another concern regarding staff appearance policies was that a JHA visitor noted a staff member's tattoo ([a "Punisher" skull symbol](#)) and had concerns that display of this tattoo was possibly intended to be offensive to the population.

Stimulus Checks

Several people in custody reported difficulty getting the [CARES Act economic stimulus checks](#), with some people believing that prison officials were holding onto these payments. For example, one man reported that he had received the first payment but not the second, and believed others were in his situation. In some cases, the IRS issued payments in the form of debit cards which people who are incarcerated would not be able to use, and prison officials were reportedly attempting to resolve this with the IRS. It was unclear what information was available to people in IDOC custody at the time of the visit. JHA recommends that [informational postings from organizations helping with these efforts](#) be made available through institutional televisions channels and tablets. It also seems clear that many people require more hands-on individual help and access to paperwork than has been available which should also be made available to them through collaboration with those groups who have been involved with the efforts.

Councils

As at other facilities, a council of housing unit representatives has been established at the Stateville Max. Administrators stated that this is a general statewide IDOC initiative that grew out of the Department's "Social Justice" work, but that the councils at each prison would lack uniformity because each facility has room to implement a council "*template*" as makes sense or to "*customize*" this general plan. JHA found it difficult to understand what to appropriately call this

concept because “*Offender Council*” seemed counterproductive and derogatory, but [the term “Offender”](#) is still widely used within IDOC for people in custody. One man shared that he would like to be referred to as “incarcerated citizen,” while other people shared they preferred “person first” language.

On June 22, 2021, IDOC issued a memo to staff stating *“the Department will no longer use the term “offender” to refer to individuals in our custody. Instead, staff are now required to refer to members of the incarcerated population as Individuals in Custody.”*

Stateville Max reportedly had 13 council members, one from each living unit, with the charge to *“discuss culture change opportunities and raise issues of concern.”* Administrators noted that changing culture included improving population and staff interactions. At Stateville at the time of the visit it appeared that the council members were meeting every other week to allow discussion of issues between population representatives, staff, and administrators. The frequency may be increased as COVID restrictions ease. Administrators stated council topics at Stateville had included discussing different programming to help with reentry and for people with long-term sentences to give sense of self-worth.

JHA visitors had opportunity to speak with a few men on the council at Stateville that we encountered while touring the facility. One member shared that they were still working on their rules of order and that they keep minutes of the meetings. He described that they are attempting to help transform the system into a more rehabilitative model and shared that he had been incarcerated for more than a decade and still had more than 20 years left on his sentence. When we enquired regarding how he came to be on the council he stated he had been recommended by staff. He mentioned that many of the council members are people who are also involved in post-secondary educational programming. Another council member shared that he felt that the administrator was *“not just listening in passing”* and that there was *“fruit from the meeting - literally and figuratively”* as he felt council work had resulted in some additional provision of fruit at the facility as so many men had been requesting. Improving diet is positive not only for health but for morale.

JHA did not get a clear response from administrators regarding how the council members were selected. However, they confirmed that council composition was supposed to be changed quarterly so that certain individuals did not dominate the opportunity. JHA has previously observed at some prisons that only the same subset of the population will be repeatedly chosen by staff to participate in limited positive opportunities. Staff noted that there was some overlap in peer council membership and people who are vaccine ambassadors. It would be helpful to better understand how people come to be included on the council. It is possible that many people may never get a chance to participate due to eligibility restriction, but it is important to ensure councils are available to everyone to be able to voice concerns through this mechanism and that any membership restrictions are reasonable and communicated clearly. A perception that representatives are chosen by staff may make them appear less trustworthy and useful. It is important that people believe the council members are doing it to represent everyone and not to get an individual benefit. This is important to the effort so that people feel heard, and that issues get discussed and addressed. While we were told that people who are not representatives on the council may have some opportunity to participate or even attend meetings, we were not given any documentation relating to what was communicated to the population about this effort.

After the visit, JHA was informed by an IDOC administrator that the council initiative statewide was “on hold” but we did not receive further explanation.

In written responses to a draft of this report that IDOC administrators provided to JHA July 26, 2021, they stated that *Individuals in Custody Council members were selected based on the absence of negative incidents/behaviors, positive institutional adjustment, and ethnically diverse representing members of their housing assignment community. All information was disseminated to the population via postings, placement on institutional TV channel and in person conversations.*

Northern Reception Center (NRC)

In contrast to practices during the pandemic, Stateville administrators reported that in September 2019, NRC processed 1,343 people, including transferring 896 to other prisons, taking 431 people on court writs, and releasing 356 people. As one administrator explained the purpose of a reception facility is the “*receive, classify, and ship*” people and that their motto has been “*Let’s*

make the NRC a reception center again.” JHA notes the importance of reception being a very temporary short-term placement. During COVID with inter-facility movement restrictions, many people stayed longer in [reception](#).

At the beginning of the pandemic, in late March 2020, intake from county jails was suspended due to Executive Order and was resumed by Order in late July 2020. The speed of intake and the cost of housing people waiting for transfer to IDOC remains a hotly contested issue between county and state officials. IDOC publishes some data and information about jail intake on their [COVID-19 page](#). One positive to come of the COVID-19 pandemic is that IDOC reports they have recently improved their ability to process at least some people at county jails so that they do not have to be sent to reception centers to be processed and released back to where they just came from, referred to as “turnarounds.” JHA will continue to request more information be made public about this issue. Additionally, with the COVID protocols for intake this seems to force more communication about people sent from county jails to IDOC than occurred in the past, which is also a positive for medical and other needs to be better anticipated and addressed.

NRC started receiving intake again in August 2020 from county jails and reported receiving 185 people on the first day from many different counties. JHA was provided a brief overview of the initial intake processing area. We appreciated that NRC administrators stated that they specially selected staff to work in the intake area where people are processed into IDOC, acknowledging that for many people this is one of the “worst days of their lives” and that it is necessary to have staff who are skilled in de-escalation.

NRC administrators noted that they had increased what is given to people coming in to three pairs of socks and underwear (vs. the prior issue of just two sets). When asked about laundry schedule, it was reported that while laundry is supposed to be offered weekly it rotates between “whites” and “darks,” or undergarments and uniforms, so a person would only be expected to have opportunity to wash their underwear every other week and it is common that people choose to handwash items. JHA has repeatedly requested that IDOC make information about what is supposed to be provided during intake at various facilities uniform and public. We frequently hear from people who report they are not being provided with what they need or are supposed to have, but expectations are unclear. Someone wrote, *“No adequate change of clothing nor bedding (sheets/blankets), in which I’ve had the same clothing/bedding/linens since February to date May 2021.”*

During COVID with very little transfer movement also within IDOC, NRC's population largely was stagnant. Someone wrote, *"Stateville NRC needs outside agency investigation, inmates are truly suffering, as myself, with long durations of stay to see the Prisoner Review Board or to be transferred to different facilities (IDOC parent facilities) due to pandemic COVID-19."*

On the date of the visit, administrators reported that the transfer bus capacity had just been increased to 50% of capacity so that they could now transport more people at once. JHA believes the IDOC Office of Health Services (OHS) is charged with such decisions affecting operations and has repeatedly requested dialogue with such decision-makers as administrators at facilities believe many practices that create concerns or confusion for their population are out of their hands and often cannot offer any further explanations for reported policies. Again, COVID-19 protocols have not been made available for review despite repeated requests. IDOC administrators appear to be relying on their health authority for guidance for safety of their populations, which seems reasonable but it unclear if the totality of circumstances and potential harms to people in prisons are always considered or relative risks weighed. NRC administrators reported that medical quarantines both at their facility and at receiving prisons continually shut down transfer opportunities despite the prisons' ability to test and isolate people.

Over the course of COVID-19 with transfers suspended many people endured unacceptably long stays in [reception centers](#). Most reception facilities are not designed to house people for more than brief temporary stays, particularly this is the case for NRC. People at NRC are still permitted just five hours a week of out-of-cell recreation time offered as two opportunities of two and half hours each in small concrete yards. Housing someone in a cell for more than 22 hours a day over an extended period of time meets the definition of "restrictive housing" or [solitary confinement](#) and is considered torture under human rights law.

People often report to JHA that they have difficulty getting writing implements, forms, and write-outs at NRC. Someone reported that he was permitted to use the phone four times a week, which is an increase over what we would have expected given information from past visits.

From January through May 2021, people incarcerated at NRC and people on the outside had shared concerns about NRC with JHA relating to the following general issues: staying months at the reception center; being held in solitary confinement conditions; mental health deterioration; not having an approved parole host site leading to continued incarceration; pests; poor water quality; only having two phone calls a week; only having laundry services every two weeks; not having or having only very limited law and general library access; concern about people being moved prior to knowing test results; being told by the PRB that their parole was reinstated but remaining incarcerated (JHA has repeatedly advised that there is a need to more clearly communicate that parole reinstatement will not result in immediate release, requires host site approvals, and that there may be other delays as well); not being provided with sentence calculation sheets; hunger strikes; not getting writing material; lack of ability to communicate with family; poor quality hygiene items; commissary not offered (or infrequently offered or not on schedule); grievance forms not being provided; lack of response to grievances; not being able to speak with a supervisor; concern regarding perceived lack of existence or implementation of COVID protocols; being in cell 24 hours a day except for showers twice a week; cold meals; lack of ability to earn sentence credits; mail delays; in-cell emergency buttons not working; not enough cleaning materials; and inadequate healthcare. Someone wrote that he was assaulted by his cellmate, notified staff, was not given timely medical treatment, and then was ticketed for fighting. Another man wrote that staff had not acknowledged his hearing impairment. Someone else wrote that he had not been able to brush his teeth in three weeks.

During the visit one person shared that he passed his time reading, but when JHA asked if these magazines and books were provided by IDOC he said no, his people on the outside send them to him. People isolated in reception centers do not have televisions or tablets to pass time. Although typically people in R&C status do not have any electronics, JHA spoke with someone who had been stuck at NRC for many months for a court writ who reported he had been allowed a radio, which we were pleased to hear. When people are on writs at NRC, normally their property and funds do not transfer with them from their “parent” sending prison and people who are new intakes are not permitted to buy many property items because they are expected to shortly be transferred to a parent facility. Administrators reported at the time of the visit that there were in-

person court hearings happening for some people held on writs. Prior to the COVID pandemic NRC could send people back to their parent facility if they had more than 14 days between court dates.

Prior to the COVID pandemic, administrators reported that the average stay at NRC had improved to 15-20 days. JHA has reported on how some people have been stuck at NRC for unacceptably long periods of time for various reasons over the past years; however, the COVID restrictions on transfers imposed this problem on nearly everyone. Administrators were frank that it was a challenge to keep tempers and frustration down for people who were locked down for extended periods regardless of their classification or behavior. They reported this was “hard on everyone.” Tensions were high and staff morale was low, particularly in summer 2020. JHA staff inquired regarding hunger strikes at the facility and we were told that things had improved with administrative staff tours and increasing privileges. Administrators shared that on tours they tried to talk to people and explain that “the world shut down, it’s not your fault, it’s not our fault” and to hear and be responsive to people’s concerns. To try to address some common concerns, NRC administrators reported they had increased commissary spending limits from \$60 to \$100 per shop and available products, increased the number of phone calls allowed and streamlined the process for people to get phone approvals, increased yard time, and increased mental health caseload management. JHA noted that improvements also appeared to correspond to a time when some transfers began to occur as well. Also, it seemed that people were still being offered two opportunities for yard a week for 2.5 hours, which has been standard practice at NRC, and we are not sure what was meant by this being increased over time during the pandemic. Likely it was offered even less often earlier on.

Administrators shared that about half of people on intake are identified as needing mental health treatment. For individuals who are identified as being seriously mentally ill and in need of higher-level residential treatment unit care, they were trying to move people as soon as a day after their [14-day required quarantine period](#) ended, and they reported they had gotten more efficient at this over the course of the pandemic. Staff stated that at one point they had 300 people on the NRC mental health caseload but with recent transfer improvements they were currently at 70. They noted the importance for transfer and transport to continue to prioritize people with mental health issues, but that lack of suitable placements is often an issue.

Additionally, NRC housing was reconfigured so that people could be better quarantined and isolated as needed. People returned to prison for parole violations were all being housed together as opposed to being spread throughout the prison as in the past. At the time of the visit the one COVID positive was a person classified as a parole violator who was isolated when he tested positive for the virus. Administrators reported that they were averaging 100-125 monthly parole violation hearings conducted via video with [Prisoner Review Board](#) members.

JHA focused our limited time at NRC on trying to understand the largest challenges the prison was facing, including individuals who were staying the longest time in reception status at that time. We were told that people who required Americans with Disabilities Act (ADA) accommodations and those classified as maximum-security often waited a long time for transfers and bedspace availability. On the visit date, in total the male maximum-security facilities in the daily population report appeared to have hundreds of available beds before they would reach their “rated capacity,” which again points to the need to revise standards and expectations for housing and bedspace availability to reflect current conditions. At NRC, JHA requested to visit a housing unit holding people who had been housed there more than 60 days. We went to one unit that housed people who were fully vaccinated; with the first shot being offered at NRC in late February, this meant that it was highly likely by late April that people there would have been housed at NRC at least 60 days.

JHA spoke with several people who had been housed at NRC for many months. One man had been there more than six months, but he was aware that he was not being moved due to a medical hold, and he reported that things had improved a lot in his time at NRC. Given he had less than two months until his projected parole date, he will probably spend his entire time in IDOC at NRC under extremely restrictive conditions. Another man reported he had been at NRC seven months and was just “*waiting.*” After the visit and JHA’s reiteration that such lengths of stay are unacceptable, he was transferred to what used to be known as a “high-medium” security prison. JHA also inquired about someone who had been at NRC for months due to having been resentenced for a crime that he was convicted of as a juvenile; we were pleased that although he believed he was still classified as maximum-security, subsequently he was moved to a medium-security facility where hopefully he will have additional positive opportunities.

During the visit, JHA staff asked about one young, vulnerable individual who was identified as seriously mentally ill and who we knew to have been at NRC for more than six months by the visit

date. He was also subsequently transferred to what used to be known as a “high-medium” prison. Another person we spoke to was also transferred to the same prison after the visit; he had been at NRC eight months and reported that his classification was still pending at the time of the visit. Both of these individuals were young adults serving time for murder convictions. Had they been housed in Illinois Department of Juvenile Justice (IDJJ), which can house people up to the age of 21, they would not have been permitted to be held in solitary confinement conditions at all, let alone for many months.

Several people reported negative effects of being in restrictive housing conditions at NRC. Many people reported they were struggling and reported it was taking “*a mental health toll.*” Someone who had been there nearly five months stated, “*I’m losing my marbles,*” and others shared similar sentiments. One man who had limited English proficiency stated, “*I think they forgot about me.*” Although people held at NRC more than 60 days are supposed to be permitted visits, and visits had recently resumed, people incarcerated at NRC did not seem to understand what was going on with this. People reported difficulty with outside communications including that their mail was very slow as were phone approvals to add people to their lists. Someone also said that he had been unable to find out about whether he had any money on his account. Some people reported that they had not been able to shop commissary in the last six weeks, that it was not offered on a consistent schedule, and they did not know when it would be offered again. JHA believes NRC commissary is supposed to be available to people monthly. People expressed that they felt they would benefit enormously from increased communication and information sharing. One man wrote JHA in response to our response letter template questions regarding information access, “*NONE (Housed in receiving)*”, and in response to the question “Do you find this information reliable?” wrote “*Can’t get none here.*” During our visit JHA spoke with people who appeared to have difficulty communicating and people who did not understand what was happening to them. Some people appeared to have neglected their hygiene, which can be an indication of decompensation or neglect.

JHA appreciated that administrators stated that they were conducting regular rounds and speaking with people, and that they said they would send mental health staff onto the unit we visited after we discussed several concerns. JHA has previously recommended that mental health staff make regular rounds on reception units as would be required in segregation, because people are similarly isolated and often particularly anxious. It is doubtful that NRC is staffed sufficiently to comply with this recommendation.

JHA also appreciated that administrators at NRC appeared to be trying to include staff on administrative tours and “*train up*” other staff for future leadership and to have greater knowledge across areas of expertise that are often siloed. Throughout IDOC we have observed that it is often problematic when staff consider areas that are not their job focus beyond their ability to help address. Additionally, retirements or other attrition without overlap with new staff and training, often results in unnecessary delays and complications for people who are supposed to be receiving services.

IDOC has not responded to JHA’s requests for data on length of stay at NRC, or to our requests for specific information about the number of people who had been held at NRC for more than 60 days as well as information regarding if these individuals have holds and what types apply. Logjams at NRC remain very concerning. JHA will continue our attempts to monitor these issues and hope that as COVID restrictions ease lengths of stay at NRC will become more reasonable.

Minimum Security Unit (MSU)

While JHA visitors did not have time to visit MSU on this visit, administrators shared that they had a goal that everyone at MSU would have a job assignment so that they could have some activity and make some money. Additionally, they wanted to get some certificate work training programs and improve reentry preparation offerings. At the time of the visit, the MSU population was low due to lack of transfer, need to accommodate quarantine and isolation, and a closed MSU housing unit due to a plumbing project involving hot water. Administrators hoped to get back up to capacity. One negative effect of low population is that the people who remain housed there have more work to do, and JHA remains concerned regarding worker conditions and treatment. We hope to visit this facility again soon and spend time at MSU.

During the visit, Stateville administrators provided information stating that 21 people had the status “Work Release,” which JHA takes to mean that there were 21 people held at NRC MSU who were classified as low security risks and could be housed at an Adult Transition Center (ATC or work release) instead, which could help them reintegrate into the community through a supportive work release setting. JHA staff visited an ATC the day following the Stateville visit where the population was extremely low (as with all ATCs), reported at just 16% of rated capacity,

and conditions were much more favorable. Administrators agreed repopulating ATCs as COVID restrictions eased was a priority. JHA will be watching the data on ATC placement, and we continue to urge that these facilities be filled to capacity. There are many benefits for people leaving IDOC custody to spend time at an ATC as opposed to spending their entire sentence inside a prison.



This report was written by JHA staff. Media inquiries should be directed to JHA's Executive Director Jennifer Vollen-Katz 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