

---

## **JHA Prisoner Response Unit Communication Bulletin April 8, 2020**

In the last two weeks (ending April 8, 2020) JHA's Prisoner Response Unit has fielded approximately 200 emails, phone calls, and social media contacts addressing issues dealing with nearly every Illinois Department of Corrections (IDOC) facility and some non-IDOC facilities. JHA has also reviewed and logged more than 169 letters from people who are incarcerated within IDOC, largely relating to COVID-19. Communications to JHA have increased approximately threefold from our average weekly volume.

JHA has heard from people with loved ones in the Illinois Department of Juvenile Justice, county jails, DHS facilities, and federal prisons; this document is limited to IDOC concerns.

**Thank you to everyone who has called, emailed and written to JHA with your questions and updates.** JHA appreciates everyone's patience and assistance as JHA adjusts to our office closure and remote working (like most others). Know that JHA hears you and is constantly working to make your concerns heard by those with authority to make real on-the-ground changes and save lives. Please stay safe and healthy.



### **What JHA is Hearing from Impacted People About Life in IDOC During the COVID-19 Pandemic**

JHA's second summary of updates, information, and concerns related to COVID-19 shared with JHA through April 8<sup>th</sup> is provided below. JHA relays some concerns in **blue text** verbatim or in the words they were recorded in internally to give a small sense of people's true feelings and in some cases, of a sense of despair, at this incredibly trying time.

Sections below are grouped by topic, followed by some concluding thoughts. Hearing these concerns, JHA hopes and expects that people will rise to the occasion and do their very best to ensure a better outcome for Illinois.

---

*Please note: JHA is not able to substantiate much of the information shared. JHA has consolidated information received and shares it as an anecdotal resource. JHA believes that there will be wide variation in issues and practices over time, by facility, by housing area, perhaps by even by staff shift. We are sharing the information we have received in order to promote system transparency and increase public awareness of how the pandemic is impacting people who live and work in Illinois' prisons.*

### **EARLY RELEASE**

*“Why can’t the Governor JB Pritzker and Director Rob Jeffrey consider helping the inmates like myself out and work with us who have very little time left on our sentence so we can back out with our families through this tragic time.”*

*A person who contacted JHA stated that she is following the information IDOC is putting online and understands that the virus could be breaking out anytime. She heard about the compassionate care act and wants to know what she needs to do because she can’t let her loved ones rot and die in prison during this pandemic.*

- Most of the calls to JHA have been from loved ones wanting information about early release, particularly where the prisoner has underlying health issues or where they have served a substantial portion of their sentence.
- Many people are looking for “early release information” or information about how to be put forth for release; however, there is no current set of criteria, paperwork or manual for this. Unfortunately, many of the factors are already set for consideration by people’s records and it is largely out of people’s hands. Nonetheless, JHA has been providing as much information as we can to make sure people know of available channels.
- JHA has heard from loved ones of people in prison who have recently had surgery (including open-heart and cancer surgery); have recently had pneumonia; have severe anxiety, depression and PTSD made worse by the pandemic; diabetes; cancer; a brain tumor; cirrhosis; thyroid issues; intellectual disabilities; compromised immune systems; asthma; heart issues; Chronic Obstructive Pulmonary Disease (COPD) and other respiratory issues; hypertension; pancreatitis; traumatic brain injuries; sleep apnea; and other medical issues, many of which may present heightened COVID-19 risk factors.
- JHA continues to hear from loved ones of people in prison who are desperate to have loved ones released to help with elderly or infirmed relatives, childcare, or other things at home.
- Some people are expressing concerns that their loved one’s early release may be impeded by the interstate compact process for parole, which usually takes longer.
- Additionally, some people who have had their parole resumed and are just awaiting parole site approval are very concerned about delays.
- For some people, seeing some other’s receive early release only heightens their own devastation, as reported with one woman who could not have children seeing the women in the Moms & Babies program get to leave Decatur. Other family members of women who gave birth while incarcerated but whom were not in the program, or whom

---

are mothers of young children, do not understand why some but not all mothers can be released – let alone fathers.

- Many people have contacted us and shared that their loved one has been incarcerated since they were a juvenile or has already served 10-20 years for their offense. For people whom Truth-in-Sentencing applies, the probable lack of consideration for release seems particularly unfair. As JHA commonly hears from people inside, a person can be doing time for a murder at 50% or 100% based on when they were sentenced rather than severity of offense.



## **QUARANTINE**

*‘I went through a lot of lockdowns while at Menard (for 20 years), but this is different and most convicts seem to understand this.’*

*“He feels like a sitting duck.”*

*He’s doing okay right now, but it will be very bad for people if these restrictions are long-term.*

- Some people in quarantine are saying that they are being confined without access to phones, video visits, showers, etc. for various periods of time.
- Of course, some facilities such as reception centers typically offer very minimal out of cell time, commissary or shower opportunity and people may not have call authorizations or access to video visit equipment under some usual circumstances. JHA has gotten many letters from Graham’s Reception and Classification Center (R&C) reporting lack of access to phones, although this is a usual complaint from an IDOC R&C. As one man wrote, *“I think this is a cruel and unjust situation. I haven’t used the phone, seen the news, heard a radio, or spoken to anyone in the free world in a whole month. I haven’t been sleeping, just up all times of night stressing about my kids and family. Just worried to death.”*
- At Stateville, people in quarantine reported initially only being out of lockdown for medication and allowed a weekly call.
- Unfortunately, JHA has heard from a few facilities that when there is a medical lockdown, they will not provide showers for the initial 7 days. JHA has yet to confirm this was expected practice department-wide.
- Some people who had been on early lockdowns with suspected influenza reported that they were locked down and not given showers or laundry service over several days. People at Illinois River reportedly do not understand why they continue to be restricted for going on a month when there have been no positive cases confirmed there. JHA suspects that absence of or delays in testing results may explain the circumstances.



## **SOCIAL DISTANCING**

- People are very nervous about being close to others, but there are many situations in prison where this is inevitable. Many people do not understand why they can be confined in a dorm with more than 10 people but are not allowed in dayroom in a group of more than 10.
- People have been alarmed in some other facilities as more people are moved onto units to create space elsewhere in case areas in case of need for quarantine (Decatur, Vienna, Graham, and others).
- People continue to express concerns about how to socially distance appropriately in crowded housing areas, for example in a dorm room of 20 people with bunk beds spaced “2 feet” apart.
- At some facilities, JHA has heard that there are some significant staffing issues, which will also limit what occurs at facility.



## **USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- People contacting JHA report that staff are not modeling good practices such as with social distancing or use of PPE, such as not wearing gloves or masks, or using them improperly or inconsistently.
- While searches and shakedowns can cause distress for people in normal circumstances, people are now expressing fear for their safety when staff touch them or their things
- People contacting JHA have expressed a desire for incarcerated people to have PPE, including gloves and masks. While initially masks were not recommended for asymptomatic people (in part because of the demand and lack of supply for healthcare workers), as understanding of the spread of disease advances it has become prudent for people to wear masks, in most cases not for their own protection, but for the protection of others. Staff have only recently been required to wear them.
- People who are incarcerated have reported they are not allowed to make and wear their own masks in some facilities, such as Pontiac.



## **COMMUNICATION**

*“I want to let my family know I’m good, but I can’t because staff have us on a level 1 lockdown and not quarantine, so we can’t use the phones.”*

---

*“With COVID-19 things can change in minutes, hours and no one can provide information or held accountable. We as family members need to hear from our loved ones, if only for a minute to know they are ok and what’s going on.”*

*“It takes our families up to 1 week to receive our emails and it also takes an inmate up to a week to receive emails. Our families are having a hard time setting up video visits. The system fails and they can never get through. Mail and packages our family have sent are coming up missing. Families have tracked their mail and it’s let them know it arrived on a certain day, yet we never receive it. We can write our counselors, but you will not get one response back.”*

- Some people reported they felt IDOC is doing what they can to keep video visits and phone calls intact. A few others reported they continued to not have this contact with their loved ones. People ask, *“How do we know if our loved ones are safe?”*
- Vendor GTL is reportedly offering one free video visit a week for 12 weeks. Initially IDOC put money for a free visit on every person’s account. Some administrators report that available video visit time slots are all taken given that many more people now have this opportunity.
- JHA has received reports of difficulty sending and receiving mail from some facilities. JHA was informed that an issue with supply for write-out availability at Dixon has been resolved. Some people lack money or commissary access to get write outs.
- Some people report that calls are shorter than the typically permitted 20 minutes.
- Other people report that phone opportunities are not provided as frequently as they want them to be or that they are being required to choose between sending emails, video visits, or use of phones and are not able to take advantage of all means of communication.
- A few people report they are getting increased phone access, for example from Western 3/30, *“Since the COVID-19 thing started, the staff at Western IL CC have provided every inmate here with a 10-20 minute call, in addition to our day room time. This has not posed a problem at all and the officers have demonstrated that they can do this efficiently. This has turned out to be the perfect solution for the phone access problem. No all IM’s, especially the ones not in gangs are 100% getting to keep in contact with loved ones. This new procedure eliminates all the problems over the telephones here.”*
- JHA continues to receive reports of lack of phone list approvals, which has been an issue for some people since November 2019 (for example from Stateville 4/2, Illinois River 3/30, Vandalia 3/24 and others).
- JHA has heard many concerns regarding cleaning of phones and GTL kiosks between use (such as from Lawrence 3/31, and in a 3/28 letter from Stateville, *“My main concern is the telephone, we pass that same telephone from cell to cell. People cough into the phone and lots of men don’t wash their hands at all. Plus the video visits, they all use the same device. There has to be a better way, like to make the app available for us to make calls and have our visits on our own tablets.”*) JHA recommended that IDOC establish clear protocols for this and have seen some developed at particular facilities. However, some people are still being told by their loved ones that they do not want to risk their lives using these shared items.

- 
- JHA continues to hear about GTL Wi-Fi service or other issues with functionality for GTL tablets and video visits being problematic at several facilities. One person reported spending a lot of money to get loved one a tablet (\$125 for the unit, not to mention the cost of accessories and credits for functionality), but the facility Wi-Fi doesn't support it, so they cannot send or receive messages or use any of the features.
  - Many people are asking if IDOC can activate the phone and video visit apps on the tablets in case people become restricted to their cells, also suggesting that people who do not have tablets could still be allowed to use the common area kiosks. However, JHA continues to have serious concerns about basic functionality of the tablets.
  - There were reports of video visits being commonly cut short due to aforementioned connectivity issues and visits were canceled in early April at several facilities (for example at Stateville and Logan). JHA is unsure if this is due to increased lockdowns due to symptomatic people in the housing areas or ongoing problematic technology.
  - JHA heard from one facility that people in segregation were not being allowed phone calls or video visits, although C-grade privilege restrictions have reportedly been waived so that people can use phones and video visits in lieu of suspended in person visits. Although JHA has not yet been able to confirm this, JHA continues to request information about people's access in all statuses and will continue to advocate for communication availability for everyone in IDOC. There may be some practical barriers such as lack of phones on unit and staff for movement to facilitating calls for people in some locations.
  - Additionally, JHA heard reports from some facilities that grade call frequency limits have not been lifted so people can call out more frequently as intended (such as from Lawrence and Menard).



## **SANITATION AND ACCESS TO HYGIENE/CLEANING PRODUCTS**

*"This shouldn't be a death sentence."*

*"There are 170 men in this house we all share the same bathroom and showers. The shower has 13 heads but only 6 of them work, and the only way we have hot water is if someone flushes. There are 15 toilets, including 6 urinals and 2 don't work, and 9 stalls where 3 of them don't work and others leak so bad there is standing water you have to walk through. With this pandemic going on I feel these conditions are unacceptable. Every person here is a low-level offender and this is a treatment facility with everyone having a sentence of less than 4 years."*

*"If we are to wash our hands when we do anything now, shouldn't we wash our body more than 2 times per week?"*

- Formerly incarcerated people have reached out with us regarding their concerns based on past experience in Illinois prisons and what they viewed as lax cleaning regimes.

- 
- In the first week of COVID-19 response, JHA heard many reports that IDOC did not seem to have a coordinated cleaning schedule or supply distribution plan. For example, at one prison we heard there was a bar of soap supplied in a common area bathroom that people were expected to share.
  - Over time, some people began reporting increased cleaning products, and product potency, although some complaints continued. For example, recently *“one bar of hotel size soap”* was reportedly all one individual had received to date at Pinckneyville.
  - IDOC in the last few weeks has increased supplies at the facility level and instruction to staff on cleaning expectations. However, this week JHA is still receiving reports from some facilities of lack of disinfectants and other cleaning materials (for example from Jacksonville 4/2), such as paper towels, and PPE (Vienna 4/3), as well as lack of access to showers (Logan 4/6).
  - At some facilities, people report that hand sanitizer and PPE are only available to staff or that where dispensers or materials are available to everyone, they are too quickly depleted.
  - People still report lack of cleaning of phones and common areas between use (e.g. Stateville MSU 4/3).
  - IDOC reportedly expects that all common areas will be cleaned at least twice per shift. In many cases what JHA is hearing from family members does not comport with information provided by IDOC, but there remains a time lag with communications, as well as with policies and implementation or in facility consistent practice.
  - People were concerned about how their loved ones would be able to keep cells clean without disinfectant and other cleaning materials, and particularly where people were now eating in cell. As some facilities or housing areas are serving all three meals in sleeping areas (multi-person cells or dorms) or sleeping and toileting areas (single and double cells), this only adds to concerns about people being provided essentials to maintain cleanliness. JHA continues to get concerns about people not being able to clean their cells/sleeping areas (such as from Decatur 4/1).
  - People report dorm areas (for example Vandalia, housing 80 men) smell terrible as people are restricted from showering.
  - Lack of hot water at some facilities, which is a fairly common concern within IDOC, continues to be reported.
  - People also continue to report to JHA typical concerns regarding the general cleanliness and ventilation of their housing units and cellmates.
  - Several people express concerns that they have *“nothing to protect themselves with,”* and some people are upset that they only have soap and water to clean themselves and their housing areas.



## DIETARY

- Some people are made uncomfortable by changes in how they are being *fed* and fears about maintaining proper social distancing.

- 
- Where staff or other prisoners distribute food in housing units, some people are concerned about these individuals possibly spreading contagion.
  - Where people still have movement to dietary, people worry about their contact with others. People housed in some facilities have stated that staff are inconsistent about maintaining proper spacing between people during movement and in dietary.
  - People are concerned about whether shared food trays are properly sanitized and report in some places dietary tables are not cleaned between use.
  - People at a few facilities have expressed concerns about food rationing. In a letter from Lawrence 3/29, someone reported *"We have been feeding in our rooms for 10 days, and to date, the facility has only been providing one serving (8 oz.) of milk daily, although the DR mandates it be served twice daily."* Early reports from Decatur included 4 days with no milk or juice, and breakfast one day of 1 powdered egg and 1 slice of bread. Some facility administrators have responded that when they are serving in Styrofoam trays it may give the impression of different portions, but we think that it may be reasonable to believe that there may be some legitimate supply issues, as in the community. Food is a major factor in quality of life issues, particularly during a time when other things are limited. This and commissary (as many people eat from commissary as discussed below and view it as their only resource for getting needed supplies) are major factors IDOC can control in managing morale. Discontent with these issues often results in larger problems, as may be the case at Danville where people have reportedly initiated a hunger strike to protest.
  - There have also been significant concerns at Kewanee where reportedly one of the staff who tested positive worked in dietary with incarcerated workers who reportedly return to their housing units without adequate sanitation measures.



### **INCARCERATED WORKERS**

*"[They] continued to let inmate workers work the cell house without properly having them dress or ensure they were not exposed to the sickness."*

*"They got us piled on top of each other, they're serving food on dietary carts, the workers got masks but they are sweating while serving the food, we're not getting cleaning supplies on the regular, and when we do it's watered down."*

*"I am a shower porter in house and every day I am given a new order on how to clean and what is clean. The problem is there is no professional training and no mask provided. There's barely any bleach and sometimes I get rubber gloves. They are scrambling to make rules and practices that appear to show them as being proactive in providing safety."*

- There were many reports of incarcerated workers who lacked protective equipment.
- People commonly report that they are not able to shower after their work shifts.



- 
- Some workers have stated that they are being required to work every day or 6 days a week or excessively long shifts.
  - Some people report missing dayroom time and ability to use the phone or video visits due to work schedules.
  - People commonly report that incarcerated workers (and others) do not have regular laundry service and enough sets of clothing to support having fresh clothing every day.
  - Additionally, people report that workers are moved in larger groups than recommended (30 as opposed to fewer than 10) and that they cannot maintain proper social distancing.
  - At some facilities people expressed anxiety about exposure to others who were ill, both staff and incarcerated workers on their jobs.
  - Some people reported they refused to work, something for which people can receive discipline. Many people are especially fearful of this because they worry that this could negatively impact any chance they may have of receiving early release.
  - People who are incarcerated at the Stateville Minimum Security Unit (MSU or “the farm”) report concerns about working in the maximum-security part of the facility and their exposure to people there, where there have been the most diagnosed cases of COVID-19. They are concerned that for assignments they are moved from the MSU part of NRC to “behind the wall” in the maximum, and then returned to dorms with others in the MSU. They reportedly have been working in dietary, distributing food on quarantined units, and cleaning transport vehicles which are used to take sick people to outside hospitals. While some people report being given a mask to reuse, there are concerns about this and ability to maintain sanitation.



### **COMMISSARY / PROPERTY**

*“We need JHA to speak to administrators about an emergency shop because there are hundreds of guys scared to eat the food that’s being served. Being able to shop would also allow us to not come out of our cells and social distance.”*

*“Making inmates pay close to \$2 for hand sanitizer during this crisis is wrong. And they don’t even know when the next time is that they’ll be allowed to go visit commissary to get what is considered an emergency necessity.”*

*“I have been to commissary once and was only able to get 2 bars of soap to last the month.”*

- Some people report that they have been able to shop but they are limited in what they can buy.
- People with money want opportunity to buy more cleaning supplies and PPE on commissary. Not unusually, people report commissary prices are high for them and their families and they cannot afford what they need, or that they are limited by the dollar threshold for their permitted shopping, or item availability.

- 
- Many people typically supplement their diet or use commissary to accommodate special medical or religious diets that are not adequately responded to within IDOC's dietary practices.
  - Commissary is now being delivered to housing units.
  - People at Stateville reported that they have not been able to buy water on commissary.
  - Some people report issues getting property, for example books or a TV that would greatly ease their ability to pass time under quarantine.



### **ACCESS TO INFORMATION**

*He shared that the Warden has clearly done all that she can do, but that it doesn't appear that anyone really knows what to do to adequately address the issues, they seem to be handling it hoping it will go away.*

*Family member reports there is no transparency around precautions IDOC is taking to prevent staff from transmitting COVID-19 to people who are incarcerated.*

*"We had multiple people write the Warden and it has been 3 weeks and we still haven't received a response and she hasn't been on the deck. A lot of CO's don't have answers to questions so it feels like they are not being transparent. Sometimes they get mad when we ask questions."*

- People are reporting that law libraries are closed. IDOC must articulate a plan to preserve people's rights to access to the courts, recognizing that many courts are also currently closed and substantial leeway for the pandemic and health and safety restrictions is expected.
- Some incarcerated people felt that staff were not sharing information with them.
- People have reported seeing memos from IDOC, while some third-party reports stated that people inside do not see them (such as from Stateville 4/2). Additionally, people outside have reported that people housed segregation at Pontiac and Menard were unaware of the pandemic until recently seeing healthcare staff wearing PPE. Of course, those without tablets or TVs do not see electronic postings. Much of the information in the memos is the same as in the community about steps people should be trying to take to protect themselves and those around them.
- Unfortunately, a few people have reported that they were treated rudely and even ticketed for trying to express COVID-19 concerns or questions at their facilities. JHA will try to intervene after these situations are reported as everyone is under a lot of stress. Fortunately, when a facility is already on a lockdown and phone and GTL privileges are not restricted for C-Grade, the effects of discipline are more limited. However, people have reported different things from different facilities regarding whether people in C-Grade have been allowed to keep tablets and TVs.
- Some people in prisons continue to report difficulty getting request slips (Graham 3/28, *"I haven't been able to get a request slip in 21 days. I keep getting told there are none"*) and grievance forms, or express fear of retaliation for filing grievances. People in prison

---

commonly reported these concerns with the grievance process prior to the COVID-19 health crisis.



### **PRODUCTIVE ACTIVITY**

- Some people are missing outdoor access and recreation activities. At some other places yard is still offered. Where it is offered in large groups, people continue to express social distancing concerns.
- Someone reported that IDOC put exercise videos on the TV, but watching it doesn't provide exercise, and there's not enough space when confined to a cell with another person to perform the exercises
- Many people report people incarcerated are struggling with lack of typical (limited) programming at their facilities. Most programming staff is considered non-essential and are not coming in.
- Some people report they were supposed to start school but have not heard anything about what is happening with the class (such as at Danville 4/1).
- For those already enrolled in classes IDOC reports they should be able to continue the programming by packet work that can be completed independently and is reviewed by teachers. JHA has been pleased to hear this is happening at some facilities and people are able to continue their programming contracts. JHA received a report that people at Centralia in Kaskaskia College programs did not have this opportunity and there were also concern regarding vocational college at Big Muddy River. From Southwestern, 3/27, someone wrote, *"They have school work brought up for ABE/Remedial/GED students, but none for the college students."*
- People would like to know if they will be credited on their programming contracts for absent days that were due to factors beyond their control.
- JHA heard from several people regarding difficult situations at work release centers (in Illinois called Adult Transition Centers or ATCs). At these facilities, people typically have access to the community and their healthcare needs are served in the community. Hence, these facilities lack commissaries and healthcare staff. Now, like other IDOC facilities, the ATCs are locked down. There are several reported COVID-19 cases among staff and incarcerated people at the ATCs. People at these facilities believe themselves to be particularly good candidates for release.
- JHA was pleased to hear that some women at Fox Valley ATC have been permitted longer than typical leaves to be home with their families.
- Likewise, at facilities that are more accustomed to having productive activity, reasonably good treatment, programming activities, and freedoms, such as Kewanee, quarantine restrictions are seen as particularly harsh. For example, JHA received a report that people were being handcuffed during shower movement, which is typical for segregation.



## **MEDICAL CARE**

*The last day visitors were allowed he said his throat hurt and he had a cough; they haven't given him any medical attention.*

*Calling about daughter who is experiencing concerning coronavirus-related symptoms (sore throat, shortness of breath, chest burning, wheezing) and has only been given Excedrin and told to take it every 2 hours.*

*"This is a life or death situation in a place where health care is giving the bare minimum. I am in fear of my life."*

*"I have had an infected tooth that was supposed to have been pulled since I got here. I was given two weeks of penicillin and told I would get it pulled. Here I am with a tooth that needed to be pulled badly for a month."*

*"I'm having a hard time with this virus. I'm a schizophrenic and paranoid by nature. Just imagine what I'm going through."*

- While most of the calls received by JHA continue to be from people very concerned about their loved one's health who are seeking information about possible early release paths, other people want to know how to increase their loved ones' safety and access to healthcare within prison.
- Someone with a loved one with heart problems and uncontrolled blood pressure reported that he was having trouble seeing the doctor. Another person reported that her loved one is diabetic, has not had his blood checked and is feeling poorly. Another person could not get a staph infection looked at. People expressed concerns when their loved ones' medications were changed with ill effects or they believed their loved one was on the wrong medications. People should execute a medical information release form as a proactive measure, which can be [downloaded on the IDOC website](#): so that people at the facility can share information. People can also reach out to plaintiffs' attorneys ([Uptown People's Law Center](#)) in the *Lippert* healthcare class action settlement so that they have your information recorded regarding healthcare concerns and the court-appointed monitor may be able to look into it.
- People have concerns that if needed they will not receive treatment at outside hospitals because of the current crisis and demands on the healthcare system community wide.
- People in prison express concerns regarding others around them showing symptoms, such as coughing. Some report that people around them have had confirmed cases but this is difficult to verify. Concerningly, people have reported that they are being told at facilities where many people have symptoms that COVID-19 testing is still unavailable.
- People have expressed concerns about people who are incarcerated not getting their temperatures checked.

- 
- People expressed concerns about thermometers not being properly cleaned between use.
  - People have expressed concern regarding some facilities for healthcare staffing and the staff themselves. One caller observed that the facility she was calling about had one elderly doctor caring for more than 1,000 men. In a letter from Lincoln 3/27, someone reported that there is no doctor there for days at a time and he has not had his asthma inhaler signed off on for 6 days because there is no doctor to do it.
  - Concerns about access to medications have been expressed from some facilities. For example, at Logan, someone reported women are told healthcare staff do not have anything to give them for coughs or a headache. Others reported they thought they needed changes to mental health medications but were having difficulty seeing the telepsych doctor.
  - Some people expressed trouble getting mental health care, which is not uncommon throughout the Department and is subject to the *Rasho* litigation and monitoring. For example, someone wrote, *"We haven't been able to talk to mental health unless you're going to segregation or self-isolation 'naked room.'"*
  - Some women have stated access to feminine hygiene product is limited, and that what is supplied is insufficient. Some administrators report that the generic products they have to give out are not preferred brands.
  - Some people have conditions or injuries requiring ongoing outside medical treatments, which are seen as increasingly dangerous for the individual and others at facilities. Families want these individuals, particularly those with short terms on their sentences remaining to be sent home.
  - There have been some specific concerns about people being ill, including people vomiting and responses to symptoms as flu (e.g. Menard 4/3). People are concerned that they are not being tested. There are many general rumors about people being sick.



JHA is concerned that many people we speak to describe being panicked, tense, or *"scared to death."* Heightened anxiety can also harm health. JHA hopes that as people go to work in facilities, live there, or care for those inside, they will try to be calm, constructive and courageous in the face of these unknown and ongoing challenges. Physical health and mental health remain closely aligned.

JHA hopes that people will continue to ask for help when they need it and that help will soon come. JHA regularly asks people in prison whether there is at least one staff person they could ask for help and JHA asks staff various questions regarding if they feel leadership appropriately supports them. JHA would like to see responses to this measure of trust continue to improve.

JHA has been pleased to receive some notable anecdotal positive feedback, although this document primarily shares concerns. For just one example, someone wrote, *"There are always going to be issues when dealing with prisons. That being said, from the officer on the deck each day, to the medical staff, up to the superintendent, they all should be commended for their*

---

*exemplary service during this ordeal. I know they don't want to be here any more than I do!"* From another facility that does not often generate positive reports, JHA heard that *"Best of all, every day we are offered a 15-minute call on the opposite shift as our day room. I have spoken to my family more often than any other such span in my 15 ½ year incarceration!"* Lastly, someone at Stateville wrote, *"As residents began to experience multiple flu-like symptoms, in particular the elderly residents - the women Med-Techs working for Wexford have been the only ones responding valiantly by putting themselves at risk as they respond to all Code 3's."*

JHA hopes that some humane, uniform, and improved communication, healthcare and sanitary practices will extend beyond this pandemic and prove able to improve conditions. Emergency command structure seems to be working well for IDOC in that there are more consistent instructions being put forth for facilities to follow. JHA continues to stress the need for professionalism, communication, and respect between all people in a difficult situation. Our concerns for health, well being, safety and humanity extend to everyone who lives and works in the prisons.



**You can share your information, experiences and questions by leaving JHA a voicemail message at (312) 291-9183 ext. 208 or [completing our online form](#).**

JHA continues to recommend that people reach out for information from IDOC at the facility level and through the dedicated COVID-19 response phone line (217) 558-2200 ext. 7700 and email [doc.covid@illinois.gov](mailto:doc.covid@illinois.gov). JHA encourages you to continue to share your experiences with these contacts with JHA as well.

JHA will continue to share information received and hope you will continue to provide updates.