
COVID-19 in Illinois Prisons: An Update

April 8, 2020

The immediate release of people imprisoned who pose no risk to public safety must occur to prevent foreseeable and disproportionate harms to people who can be humanely and safely placed in their home communities. The John Howard Association (JHA) urges officials to accept imperfect and incomplete release plans, prioritizing public health, the health of people who are incarcerated, the health of staff, and the health of their communities.

Illinois' traditional overreliance on confinement and supervision does not improve the lives of individuals or communities in normal circumstances, and exasperates the factors underlying the public health crisis that has had a dramatic adverse impact on our society. Therefore, now is the time to be innovative and bold. The commonsense solutions JHA is advancing to resolve longstanding problems, like reducing prison over-crowding through the use of discretionary sentencing credit to reward those who earn it and improving healthcare provided to the people in prison who will soon return to our communities, now present themselves as the best way out of the catastrophe that will ensue if such actions are not immediately taken.

Illinois' prisons and jails remain among the least safe places for Illinois citizens to weather the COVID-19 pandemic. This holds true for both correctional staff and incarcerated people. Emerging numbers concerning COVID-19 infections within correctional settings provide strong support for this premise, even though these numbers do not reflect the true scope of infections due to the relatively small proportion of the population who have been tested. Crowding, deteriorated buildings, and a lack of adequate resources including cleaning supplies and healthcare provision are commonplace. For years, JHA has visited the prisons and reported on such conditions, including information from our large-scale survey of the people incarcerated and staff at facilities to accurately gauge the extent of these problems as perceived by those who are most impacted by them. Lawsuits and outside experts have also found what we hear day in and day out: our prisons are overcrowded, under-resourced, falling apart and in trouble. While we have been hopeful for changes with the new administration, yet again, reforms come too slow.

JHA was last in prisons at the beginning of March, when JHA began to question whether COVID-19 presented a danger. JHA consulted with a doctor who is both a contagious disease specialist and health care practitioner in a large correctional system who advised us to take extra precautions on these visits including paying particular attention to hand hygiene. When JHA asked facility administrators what they had done to prepare for the virus, JHA was told that the basic flu advisements held. However, JHA remained

concerned due to regular reports from across IDOC about understaffing, lack of cleanliness, broken sinks and problematic plumbing, and lack of hygiene products provided to staff and incarcerated individuals who may not have the ability to buy them on commissary for various reasons. One person surveyed by JHA prophetically observed that, *“No soap or hand sanitizer provided in any restroom at the school or healthcare, can’t buy it at the commissary. Prime for spread of Coronavirus and other pathogens.”*

Yet JHA does not despair because of some tremendous and unexpected positivity reported regarding people in correctional settings rising to leadership and doing what is needed to confront this health crisis. People are literally saving each other’s lives through donated hand sanitizer, manufactured masks, cleaning showers, and most importantly, letting people leave custody.

As of April 8, 2020, [IDOC reported](#) that there have been 79 staff and 112 prisoners confirmed to have COVID-19 at 13 facilities from the North to the South and from the East to the West sides of the state. This number continues to climb daily. Most of the reported IDOC COVID-19 cases were associated with Stateville or the Stateville Northern Reception and Classification Center (62 staff and 96 prisoners). Two men who were incarcerated at Stateville have died at outside hospitals. National Guard medics have been deployed to help at Stateville, and the notorious Stateville roundhouse has reportedly temporarily reopened to enable more housing distancing and possible smaller housing areas for quarantine practices for people incarcerated at Stateville. Concerningly, 187 COVID-19 tests for people housed in IDOC have not yet yielded results. It is JHA’s understanding that the delay in processing COVID-19 tests experienced nationwide by all segments of society is the result of logistical issues, and that administrators of health labs across America are diligently working to resolve this problem. However, the delay in IDOC test results seems excessive even considering the issues impacting processing time.

Since our March 27th communication, IDOC has also begun posting medical and chemical cleaning supply lists on their [COVID-19 response page](#). Many people contact JHA regarding concerns that people are not getting the cleaning supplies or Personal Protective Equipment. JHA again recommends that IDOC continually supplement their COVID-19 FAQs to answer more questions publicly and that the Department track and report on concerns received. The supply lists at least provide some transparency regarding IDOC’s facilities’ supply levels, which have also been a concern in the community. 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. JHA encourages you to continue to share your experiences with these contacts [with JHA as well](#). JHA is pleased to report the receipt of positive feedback from people who have used this method of outreach.

On April 2, [attorneys filed multiple lawsuits](#) looking to effectuate release through the court system, while some of the same attorneys with an existing case regarding conditions at Stateville have also asked for the court to appoint someone to oversee COVID-19 response at that prison (*Dobbey*, 13-c-1068 (N.D. Ill.))

On April 6th, the [Governor issued an executive order](#) expanding IDOC's ability to place people on medical furloughs for the duration of the disaster proclamation. Previously, on [March 23](#) and [March 26](#), the Governor by executive order allowed for awards of sentencing credits without 14-day notifications to State's Attorneys, allowing people to be immediately released as awards were applied, and later suspended admissions from county jail to the state prison system to control for COVID-19 introduction from jails.

On March 1, 2020, the population of IDOC was 37,731; on April 8 it is 36,463. However, the math regarding releases is not straightforward. To somewhat oversimplify, typically in a month nearly 3,000 people enter and leave our prisons. By halting admissions, it can be expected to see a substantial population decrease through normal exits. As of April 8, IDOC reported about 500 people had been released due to administrative efforts taken in response to COVID-19. JHA hopes the number of targeted releases continues to rise.

IDOC will need a lot more room to house people as recommended, particularly now, when transferring populations among facilities as space becomes available is still ill-advised. Most of our prisons house people in double cells or crowded dorms. People rarely – verging on never – have the recommended 6 feet radius between themselves and others in sleeping quarters, although some doors have solid fronts and there are some negative pressure rooms in healthcare units which provide a more contained environment to decrease contagion. Illinois would have to let out three in four people in many prisons in order to leave an empty cell between people in single cells, which seems improbable based on politicians' reluctance to consider individuals for release who may have a violent crime in their past. This is why creativity in housing, attention to sanitation, and safely cohorting people will be so critical for safe population management. There should be more and faster testing, but we acknowledge the reality that what is unavailable in the community is unlikely to be made available in prisons.



To find out more about what JHA is hearing from prisons, please see JHA's 4.8.20 Prisoner Response Unit Communication Bulletin and the resulting JHA 4.8.20 COVID-19 Recommendations. Both can be found on our website at www.thejha.org/covid19.