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Monitoring Visit to Stateville Correctional Center 2013

Stateville Correctional Center (Stateville) is located approximately 40 miles outside of Chicago in Joliet, IL. Stateville operates a maximum-security facility (max), a Minimum Security Unit (MSU), and the Northern Reception and Classification center (NRC), where 85 to 90 percent of all Illinois Department of Corrections (IDOC) inmates enter the system.¹ Stateville also manages and temporarily houses inmates on court and medical writs from other male IDOC facilities. This report addresses the max facility; however, many resources – including healthcare – are spread across the Stateville max, MSU, and NRC, and many conditions affect the entirety of Stateville.



Vital Statistics:

Population: 1,615
Rated Capacity: 978
Operational capacity: 1,693
Average Age: 31
Percentage of Population aged 50 or older: 22%
Average Annual Cost per Inmate (FY 2011): \$28,870
Population by Race: 75% Black, 14.5% White, 10.5% Hispanic/Latino

Source: IDOC, April 2013

Key Observations

- Physical plant issues continue to raise major concerns, particularly in the roundhouse, Unit F, which is the only panopticon still in use in the United States.
- Inmates' healthcare needs overwhelm Stateville where high demand is continually aggravated by insufficient resources, including key staffing vacancies.
- Although visitation has been demonstrated to both aid in facility management by promoting positive behavior and correlate to reduced recidivism, Stateville's visiting room physical space and hours are limited.
- Illinois' fiscal crisis had crippled the Illinois Correctional Industry programs at Stateville.
- Additional mailroom staff were needed to alleviate delays.

¹ The MSU is commonly referred to as "Stateville Farm" and inmates housed there have work assignments throughout Stateville in both the max and NRC. The latest monitoring report on NRC and MSU is available at <http://thejha.org/NRC>.

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Executive Summary

The primary problems noted in JHA's prior reports persist at Stateville's maximum-security facility.² Yet, as JHA's 2011 report stated: "Stateville's biggest challenges—severe overcrowding, understaffing, a grossly deteriorating physical plant, lack of education and inmate programming, and lack of resources to address these issues—are squarely beyond the control of the facility's staff and administration."³

The strain of continual overcrowding at NRC, where inmates regularly are sleeping in locations intended for other uses, directly impacts all of Stateville. In reviewing this draft in September 2013, IDOC officials stated that there had not been inmates sleeping in Stateville max's nonstandard housing locations since July 2013. However, JHA spoke with staff who stated that there are still regularly 200 to 300 inmates sleeping in such locations at NRC. More precisely, as of September 20th, 2013, there were 100 inmates awaiting transfer to boot camp housed in a gym, 35 inmates on the floor in the NRC healthcare unit, 90 inmates on the floor in NRC staging, and three in the MSU on the floor. Staff also expected that there would be even more inmates on the floor the following week based on lack of transfers out. IDOC officials responded that this expected increase was speculation. Staff stated that inmates have been sleeping in the gym for the past two years and in the staging area for the past eight months. Since the time of JHA's 2012 NRC monitoring visit, there are more than 100 additional inmates housed at Stateville.⁴ IDOC officials stated that they see the inmates housed in nonstandard areas in the NRC as a transient situation because the same inmates are not housed in nonstandard areas for extended periods.

Nonetheless, the sharing of physical space and staffing resources with the overcrowded NRC further reduces already limited opportunities for Stateville max inmates.⁵ Illinois' prison population is aging and many Stateville max inmates are serving 20 years to life. As IDOC faces

² This report is based on an April 4, 2013 monitoring visit and ongoing communications with inmates and staff. This report supplements JHA's previous monitoring reports, available at <http://www.thejha.org/stateville>. Stateville and IDOC administrators reviewed and fact-checked a draft of this report and it was last discussed with JHA on October 2, 2013. No factual substantive changes have been made since this time prior to publication. All statements of opinions and policy recommendations herein are JHA's unless otherwise stated. *See also* JHA's 2013 publication *How JHA's Prison Monitoring Works*, available at www.thejha.org/method.

³ Available at <http://www.thejha.org/stateville>.

⁴ Available at <http://thejha.org/NRC>.

⁵ In addition to the burden of an infirmary shared with NRC, at the time of the visit, due to commissary shared with NRC, the max inmates had commissary services only every six to eight weeks. IDOC officials reported that since the visit with the addition of staff inmates are now offered commissary twice a month. Administrators reported that discussions continue on creating a separate NRC commissary. Additionally, inmates who have been in intake at NRC more than 60 days, which is increasingly common given limited available bed space throughout IDOC, must use the max visiting room, again limiting opportunities for other inmates. However, JHA reiterates our recommendation from the 2012 JHA NRC report that NRC segregation inmates also be permitted visitation after 60 days if not otherwise restricted (C Grade). IDOC officials report that a plan is being developed for NRC visitations at the NRC. JHA will continue to monitor these developments.

crowding throughout facilities, older inmates with long sentences, even those who have already served long terms and have had impeccable behavior, are unlikely to be transferred to other facilities that may be more suitable for their growing medical needs than a maximum-security environment.

Against this backdrop, this year Stateville administrators reported the greatest challenges for the facility remain accountability, fiscal resources, and staffing issues. JHA believes that the time for accountability for the crowding and physical plant crisis at Stateville is long overdue. For instance, Stateville has \$84 million in deferred maintenance costs alone for the facility.⁶

Additionally, Illinois must take accountability for the state of its correctional healthcare system.⁷ The United States Constitution's prohibition against cruel and unusual punishment requires prison officials to provide adequate healthcare for inmates. In a positive step towards this goal, Illinois House Resolution 57 calls for the National Commission on Correctional Health Care (NCCHC) to audit the IDOC healthcare system in response to JHA's recommendation for an independent entity audit.⁸ However, Stateville has immediate needs. At the time of the visit, Stateville staff reported difficulty obtaining basic supplies,⁹ while inmates file more medical grievances than any other category.¹⁰

Stateville houses medical writ inmates from all IDOC facilities who are being sent out to outside Northern hospitals, and the max facility's infirmary is also used to house infirmed NRC inmates who are just entering the IDOC system. These populations have greater than average medical needs.¹¹ Further, IDOC remains reliant on paper medical records, which makes transmissions of information between facilities and with outside care more difficult.

JHA and IDOC agree that implementing an electronic medical record system is vitally important. However, although the program was intended to be implemented system-wide by now, there are continued delays. JHA has yet to see any capacity in even a pilot location, and healthcare staff at

⁶ To put this in perspective, \$84 million is seven percent of IDOC's annual \$1.2 billion budget. Some improvements have been initiated recently including a new locking system in X House and new fiber lines for updated radio equipment. Though the projects were not complete at the time of the 2013 visit, since the visit, IDOC reports that the radio system has been implemented.

⁷ See JHA's 2012 healthcare report, *Unasked Questions, Unintended Consequences: Fifteen Findings and Recommendations on Illinois' Prison Healthcare System*, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

⁸ See Illinois House Resolution 57 (adopted May 22, 2013), available at <http://www.ilga.gov/legislation/fulltext.asp?GAID=12&SessionID=85&GA=98&DocTypeID=HR&DocNum=57&LegID=72056&SpecSess=&Session>. See also, Recommendation 1 of JHA's 2012 healthcare report, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

⁹ See further discussion of medical supply issues in the Healthcare section below. Other supply issues reported by administrators included burdensome ordering procedures for everyday items such as toilet paper, foam trays, paper napkins, clothing and cleaning items. However, since the visit, IDOC officials reported that ordering issues have been addressed by hiring a new Business Administrator and properly training others in the correct procedures for ordering supplies. JHA is pleased with this reported improvement and will continue to monitor the issue.

¹⁰ See further discussion in Grievances and Healthcare sections below.

¹¹ For example, intake inmates may be experiencing illegal drug withdrawal if they enter the system as a parole violator, or withdrawal from prescription medication that will not be continued within IDOC. IDOC officials stated that medications are never discontinued due to cost, though they may be switched to generics. See further discussion in the Healthcare section below.

Stateville again noted the need for shelving for paper medical record storage.¹² The latest report from IDOC officials is that electronic medical records are planned to be piloted at just the two female correctional centers this fall. Stateville administrators promised that needed shelving for paper records will be installed at their facility by the end of this year. JHA will continue to monitor and advocate for implementing planned medical records improvements.

This report addresses the following: Grievances, Healthcare, Living Conditions, Programming and Industry, and Staffing.

Recommendations

- JHA repeats our recommendation that IDOC must carefully monitor temperature and ventilation control and institute a strategic plan for improvements.
- JHA continues to recommend that IDOC improve the grievance procedure, including implementing a system for permitting inmates to retain a record of their grievance.
- JHA continues to recommend oversight for the IDOC healthcare system and corrected staffing levels.
- JHA continues to recommend that IDOC improve sharing of medical records to allow greater continuity of care; this is particularly important to facilitate efficient and timely outside specialist care.
- JHA recommends that Stateville expand visiting hours.
- JHA recommends a review of Illinois Correctional Industry operations to determine feasible goals given Illinois' fiscal crisis and the current needs of IDOC.

Grievances

In the year prior to the visit, across all of Stateville there were 6,836 inmate grievances recorded. Healthcare complaints represented the largest category of grievances by a factor of two times as many grievances as any other category, representing about a third of the total grievances. The trends for healthcare grievances appeared to be continuing at the time of the visit in 2013, with a marked acceleration of grievances relating to outside medical screening or furloughs, typically used for specialist care. The next largest grievance categories were staff conduct, personal property, and cell conditions.¹³

¹² See Recommendation 2 of JHA's 2012 healthcare report, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

¹³ Some such complaints relate to physical plant conditions discussed in the Living Conditions section below.

JHA cannot confirm or deny the validity of particular inmates' reports set forth herein.¹⁴ Complaints presented are not presented as fact; rather they reflect common concerns and attitudes that JHA believes should be acknowledged and addressed.¹⁵ IDOC is given the opportunity to review and respond for all monitoring reports prior to publication.

Inmates at Stateville, as at every IDOC facility JHA has visited, reported that grievances are not responded to in a timely manner. Some inmates expressed that they believe delays or missing grievances are purposeful, as a way of avoiding addressing certain issues, so that inmates' grievances will expire and have to be resubmitted for review.

In response to this report, IDOC officials denied such claims and reported that grievances have even been accepted outside required timeframes. Further, IDOC officials stated that anti-gang and other security measures, combined with required verification, could make it falsely appear that the process is delayed.

Grievances are required to be filed in a timely fashion and administrative remedies under the grievance system exhausted before an inmate can bring a legal claim.¹⁶ Hence, if a grievance is lost or delayed, a legal claim may be precluded due to an inmate's failure to properly exhaust his administrative remedies. During the visit, staff confided that there was a backlog of approximately 700 medical grievances; examples of such concerns are discussed in the Healthcare section below. IDOC officials stated that since the visit, Stateville has improved the grievance process to being current within one week of filing and the backlog is being substantially reduced daily. JHA will continue to monitor this issue.

Grievance procedure also requires inmates to attempt to resolve issues through counselors as an initial step. However, several inmates reported that counselors are not responsive. Inmates complained that counselors on monthly rounds would quickly walk the gallery and refuse to engage with inmates. JHA has recommended increased hiring and training of counselors

¹⁴ See JHA's 2013 publication *How JHA's Prison Monitoring Works*, "On a given prison visit, JHA interviews between 80-100 inmates. Our Prison Response Organizer also corresponds with more than 2,000 inmates and their loved ones every year through letters, phone calls, and emails. In these communications, JHA responds to requests for assistance, and we also record them in our database, which allows us to track particular issues by facility. Through these efforts, JHA is able to identify common issues and problems. ... Research demonstrates this kind of information is vital to the operations of Illinois' prison system, as attitudes shape the culture of correctional facilities and can have wider implications for security. Including these perspectives in our reports provides IDOC with an important opportunity to respond and educate inmates about its policies and procedures, while it also shows inmates and their loved ones that JHA uses what we learn from them in our advocacy." Available at www.thejha.org/method. Inmates may send privileged mail to JHA, 375 E. Chicago Ave., Suite 529, Chicago, IL 60611.

¹⁵ A study found that "the lowest levels of tension and violence seem to exist in facilities where staff clearly follow policies, where there is meaningful communication between prisoners and staff, and where prisoners feel respected. All of these qualities flow from good leadership." *Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons*, p. 23, available at http://www.vera.org/sites/default/files/resources/downloads/Confronting_Confinement.pdf.

¹⁶ See 20 Ill. Adm. Code 504.810, "Filing of Grievances," available at <http://www.ilga.gov/commission/jcar/admincode/020/020005040F08100R.html>; and the Prison Litigation Reform Act, 42 U.S.C. § 1997e (2000), available at: <http://www.law.cornell.edu/uscode/text/42/1997e>.

throughout IDOC.¹⁷ Stateville and NRC have 31 counselors for upwards of 3,900 inmates, actually making Stateville's counselor to inmate ratio better than that of many male IDOC facilities, though inmates reported that it is still dysfunctional. IDOC officials stated that counselors are responsive and do not refuse to engage with inmates. JHA will continue to monitor these issues and continues to recommend that counselors log contacts.

Other complaints related to staff conduct included: staff physical abuse of inmates; ignoring medical permits; retaliation and restriction of privileges based on an inmate's litigation; an allegation that an inmate would be double-celled with a known enemy as retribution; and harassment based on committing crime or classification. IDOC officials denied physical abuse by staff and state that retaliation and harassment is not tolerated. JHA encourages inmates to document and report all such instances so they can be investigated.

An effective inmate grievance system is a fundamental element of a functional prison system, as it is an important source of intelligence, promotes accountability and trust between inmates and staff, and demonstrates respect for procedure and the rule of law.¹⁸ Given failures and delays observed with the grievances at Stateville, JHA again advocates for oversight for the IDOC healthcare system and recommends that IDOC improve the grievance procedure, including implementing a system for permitting inmates to retain a record of their grievance.¹⁹

Healthcare

At the time of the visit, administrators reported that critical healthcare vacancies included a physician and a dentist, as well as 25 nursing positions and four Correctional Medical Technician (CMT) positions shared with NRC.²⁰ Since the visit, administrators reported that both the physician and dentist positions have been filled. Nursing shortages, as observed throughout IDOC's correctional healthcare system, are linked to greater stress and burnout for staff, and increased safety risks and medical errors for patients.²¹ Administrators reported it would be

¹⁷ See e.g., JHA's 2013 Pontiac report, available at <http://www.thejha.org/pontiac>.

¹⁸ See e.g., *Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons*, p. 92, available at http://www.vera.org/sites/default/files/resources/downloads/Confronting_Confinement.pdf.

¹⁹ See e.g. JHA's 2012 healthcare report, Recommendations 1 and 14, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

²⁰ At the time of the visit, although authorized for four physicians and four physician assistants, Stateville had just two physicians and three physician assistants. NRC also lacked a medical director and physician assistant, while the NRC Director of Nursing (DON) and nurse supervisors were on leaves of absence. State healthcare positions at Stateville include the Healthcare Unit Administrator (HCUA), pharmacy technician, two dentists, a dental assistant, nurses, the DON, and a nursing supervisor. Contractor Wexford Health Sources (Wexford) positions include physical therapy (physical therapist for eight hours and physical therapy assistant for 16 house per week), nursing, psychiatry, physicians, physician assistants, and NaphCare-dialysis. Administrators reported that minimum staffing for both Stateville and NRC is in total 56 nurses and 27 CMTs. Stateville max had only 29 registered nurses (RNs) and 12 licensed practical nurses (LPNs) for a total of 1,600 hours of coverage instead of the authorized 2,195. There were only 14 of 18 authorized CMTs for the max facility coverage. Stateville has a pharmacist for four hours a month, two pharmacy technicians for 75 hours a week, three full time lab technicians, and an optometrist for 56 hours a month. Stateville has five dentists for 153.5 hours of coverage and four dental assistants for 117.5 hours weekly. At the time of the visit six nurses, six CMTs, and a dental assistant were on leaves of absence.

²¹ See U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality Patient Safety Network, *Nursing and Patient Safety*, available at <http://psnet.ahrq.gov/primer.aspx?primerID=22>.

helpful for them to have separate Stateville max and NRC medical staff, but ideally total staffing would be increased to 72 nursing positions with additional certified nursing assistants for the infirmaries. Nonetheless, IDOC officials clarified that all operational requirements are currently filled with overtime and all medical posts are covered. JHA will continue to monitor these staffing issues.

Stateville max has 30 hours of psychiatry coverage weekly. Additional mental health staff includes four psychologists, four mental health professionals, and one social worker. The average caseload of a mental health staff member was reported to be 95 inmates. There was a backlog of 135 inmates waiting for receive non-emergent mental health care. At the time of the visit, there were 291 inmates receiving psychiatric care with 121 on psychotropic medication, two involuntarily. Eleven of the 78 inmates in segregation were receiving mental health treatment.

JHA believes that staff need to take a more proactive approach to identifying mental health issues at Stateville, as several inmates interviewed, particularly in segregation in the roundhouse, expressed that they were having difficulties. Some inmates complained that they are taken off particular mental health medications at the facility. IDOC officials responded that such decisions are made solely by doctors, not unqualified staff, and side-effects are considered. Further, IDOC officials stated that there is an ongoing issue with many mental health patients in society, not just in prisons, choosing not to take their medications. JHA recommends increasing mental health staffing at this facility and throughout IDOC.²²

Stateville's infirmary accommodates inmates with many different security classifications, so managing the area is complicated. At the time of the visit, there were 23 inmates housed in the max infirmary, which has the capacity to house 32. Five of those inmates were terminally ill. There were 13 deaths at Stateville max in the prior five years, two of which were suicides. In the past year there had been 105 instances of suicide watch. At the time of the visit, there were two inmates on hunger strikes. JHA interviewed an inmate who had recently been on a hunger strike without success; he stated he was attempting to receive medical and mental health treatment.

During the visit to the infirmary, JHA visitors had concerns about the lack of direct supervision in the crowded medical bullpen, where only segregation inmates were handcuffed. However, administrators stated that during day shift, there are two officers assigned to the area and one in the infirmary. One inmate interviewed stated that he had come to the infirmary for a medical emergency with a ripped out catheter and had been waiting over two hours. IDOC officials denied this occurred. Inmates reported instances of waiting as long as nine hours. IDOC officials stated they have no record of a nine-hour wait for any inmate in the medical bullpen. JHA has received several complaints from inmates housed in the infirmary that the rooms are unsanitary and that staff neglected them. IDOC officials responded that rooms are cleaned daily and after each use. JHA visitors felt that during the visit a particular contractor Wexford Health Sources (Wexford) administrator, though undoubtedly overwhelmed by the medical demand at the facility, expressed disdain for inmates and was likely not putting personal feelings aside in

²² See e.g., JHA's 2012 healthcare report, Recommendation 8, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

professional treatment of patients. IDOC officials responded that if that is ever the case, it is not tolerated by IDOC, and would be immediately addressed. JHA will continue to monitor such issues and encourage professional and respectful conduct. The fact that an inmate might not receive any healthcare elsewhere does not relieve Illinois of its constitutional responsibility.

Other healthcare staff expressed considerable concern for professional treatment of inmates. JHA received the following reports privately from healthcare staff, from both state and Wexford employees, which was consistent with information received from inmates and other sources. Several staff are concerned that they receive no specialized training and are not provided with guidelines. IDOC officials responded that all staff are licensed, trained, and go through orientation and pre-service orientation training. Staff expressed to JHA that they believe fear of litigation causes many things to go undocumented. They reported that they are discouraged by Wexford administrators from ordering certain medications and supplies due to cost. IDOC officials stated that IDOC staff and supervisory personnel do not discourage the ordering or administering of any necessary medication. Staff reported that basic items such as gloves are rationed, so they will work with just one. IDOC officials deny gloves are rationed. In many cases, staff reported to JHA that they feel that contractor Wexford does not support a physician's or other provider's medical judgments. IDOC officials responded that all decisions are supported within the parameters of a correctional setting, and that whatever is necessary and physically possible is done. JHA will continue to monitor and report on these issues.

At the time of the visit, administrators reported that needed medical equipment and supplies included: (1) record keeping items — computers, a fax machine, a paperless chart system, medical charts, shelving for medical records; (2) necessary infirmary items — hospital beds, mattresses, wheelchairs,²³ a blood pressure machine, a portable pulse oxygen meter, IV poles, weight scales, shower chairs; and (3) dental and optometry equipment — a slit lamp, four dental chairs, four lights, four units, two sterilizers, a x-ray developer, a high evacuation system, and an ultrasonic cleaner. During the visit, a dentist proudly showed JHA visitors some newly received equipment that should permit some additional treatment going forward. At the time of the visit, there was a four-month wait for fillings and two weeks for extractions.²⁴ IDOC officials reported that since the visit needed equipment has been ordered, noting that the new Assistant Warden of Program's background in healthcare administration has had a positive impact. JHA is pleased with these responses and will continue to monitor the situation.

Although Stateville reported 13,352 sick call visits for 2012, some inmates reported that they had not seen healthcare staff because sick call requests were ignored, with reports of no response in more than two months.²⁵ IDOC officials denied that sick calls are ignored noting that medical

²³ In accord with this need, one inmate reported that he had to hop to healthcare, to the amusement of staff, because there was no wheelchair available.

²⁴ In the past year, 1,162 extractions and 1,623 fillings were completed

²⁵ One inmate, who reported he made several requests and received no response, stated he recently had open-heart surgery, had a staph infection, and needed blood pressure medication. Another inmate reported that he had difficulty seeing healthcare staff on his housing unit and passed out prior to being sent to the infirmary, where he had to pay a \$5 copay and was just given acetaminophen. As stated in prior reports, JHA opposes correctional copays, given the evidence that they unduly restrict inmates' access to healthcare, jeopardizing the health of inmates, staff, and the public. See JHA's 2012 healthcare report, Recommendation 5, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>. See also, National

teams make rounds daily; hence, a wait of “more than two months” would be highly unusual. They acknowledged that delays may occur, but stated that emergent cases never wait.

JHA received several complaints from inmates who had transferred into Stateville from other facilities without being reevaluated or getting medications and prescriptions continued. Administrators confirmed that this does at times accidentally occur, which points again to the need for better a better recordkeeping mechanism. Inmates also reported that they are not allowed to submit refill and medical permit requests early enough to ensure continuous treatment at Stateville.²⁶ IDOC officials explained that often patients must be reevaluated before their prescriptions can be refilled and inmates do not want to wait for this normal procedure. IDOC officials also stated that there are documented cases of inmates claiming to have not been seen who actually were seen. IDOC officials further wished to note that JHA cannot confirm or deny the validity of particular inmates’ reports. JHA will continue to monitor such issues and encourages inmates to clearly document their concerns.

Inmates reported that physicians are frequently not at the facility and appointments are cancelled. IDOC officials reported that since the visit, daily nurse sick call is now held in the housing units, which should eliminate waits and free up the physicians to see only those requiring physician attention. Outside appointments are also often canceled or delayed. In addition to scheduling issues, lockdowns also cause appointments to be canceled. Stateville had 88 days of lockdown in the prior year.²⁷ JHA finds the policy of canceling all healthcare appointments due to lockdown untenable and again recommends this be reconsidered.²⁸ In one documented example, a “one week” follow-up appointment actually occurred 12 weeks later and a pending specialist appointment had not occurred in more than four months. Several inmates reported never receiving follow-up appointments with both in-facility staff and specialists. JHA believes that this is also an area where electronic recordkeeping would be helpful.

Commission on Correctional Health Care, *Position Statement: Charging Inmates a Fee for Health Care Services* (October 2005), available at <http://www.ncchc.org/charging-inmates-a-fee-for-health-care-services>.

²⁶ JHA interviewed an inmate who stated he had a blood clot in his leg and continuously tried to get treatment. Eventually he was sent to University of Illinois, Chicago (UIC) specialist and was returned to Stateville with medication and prescriptions that needed to be refilled. However, he did not get a refill and the inmate relapsed and had difficulty walking and communicating. His cellmate wrote to the UIC doctor, who then requested the inmate be brought back to UIC for further treatment and held there for the remainder of his recuperation to ensure proper treatment. IDOC officials reported that they were not notified by inmate of this alleged incident. They note that the onsite Wexford medical director is the primary doctor who has final authority over all treatment regimens.

²⁷ In comparison Pontiac Correctional Center and Menard Correctional Center, IDOC’s other male maximum-security facilities, reported six and 251 days of lockdown respectively. However, Pontiac inmates have very little movement to begin with, as Pontiac is primarily used for long-term segregation. JHA reports on these facilities are available at <http://thejha.org>.

²⁸ See JHA’s 2012 Menard report, available at <http://thejha.org/menard>.

At the time of the visit, due to the lack of a physician, there was a backlog for the chronic care clinics other than Hepatitis C and HIV clinics, which are provided through Telemed. Staff and administrators at Stateville considered Telemed an asset, as it does not require waiting for specialist appointments, nor does it incur additional security and transportation costs. IDOC officials reported that since the visit, the clinical backlog has dramatically improved, noting that as of September 1, 2013, there were only 56 hypertension and 18 diabetic cases waiting, while all other backlogs have been cleared. JHA hopes that Stateville will remain on the path of continued improvement.

Number of Stateville Inmates Diagnosed ²⁹	
Asthma	158
Cancer	20
Diabetes (Type 1)	105 (2)
Hepatitis C	83
HIV	14
Hypertension	404
Seizure	26
General Medical	92

At the time of the visit, 352 inmates were older than 50 years old and 74 inmates were identified as having a disability. JHA commends Stateville for offering a separate recreation time for inmates with special needs. Many healthcare complaints JHA received related to conditions of an older population, including things like requests for lower bunk permits. IDOC officials noted that while they will grant bottom bunk requests when appropriate, they do not grant bottom gallery requests. JHA recommends that IDOC continue to plan for accommodation of the needs of Illinois' aging prison population, as discussed in JHA's 2013 Dixon report.³⁰

Additionally, JHA interviewed and corresponded with deaf and hearing-impaired inmates who reported difficulties at Stateville. Issues reported ranged from inability to get hearing aid batteries and depression, to receiving segregation time for failing to hear an order and safety concerns related to being unable to hear. IDOC officials stated that battery replacement has a weekly schedule and that batteries can be furnished as needed outside the schedule. They also stressed that segregation is not automatic, and that there is a review process in which hearing difficulties, when proven, are considered. JHA again recommends that IDOC ensure adequate means of communication for deaf and hearing-impaired inmates.³¹ IDOC officials reported that they do ensure this, in part through two onsite certified sign-language interpreters and video interpretation. JHA will continue to monitor this issue.

Other inmates with disabilities at Stateville reported instances of neglect including not receiving sufficient diapers for incontinence issues and mobility issues where they were not getting consistent accommodations to be taken to chow hall or showers. Stateville administrators reported they had addressed particular instances that JHA raised to their attention.

²⁹ Data provided by Stateville administrators from April 2013.

³⁰ Available at <http://thejha.org/dixon>.

³¹ Healthcare via Telemed can provide sign language interpretation. At the time of the visit, administrators were considering the possibility of adding sign language interpretation for religious services. Since the visit, administrators reported that the issue of sign language for religious services is being addressed by the Americans with Disabilities Act (ADA) Coordinator and others. Officials report they will review the same program at Big Muddy River Correctional Center for possible implementation at Stateville. *See also*, JHA's 2013 Big Muddy report and 2012 NRC report, available at <http://thejha.org>.

Living Conditions

Stateville max inmates typically are double-celled and may leave their cells for work or school assignments if applicable,³² visits,³³ medical passes, law library, chow, or twice weekly two-and-a-half-hour recreation periods.³⁴ Like other maximum IDOC facilities, Stateville offers little in formal educational or vocational opportunity for max inmates, with fewer than five percent of the population participating at the time of the visit.³⁵

IDOC officials noted that the Stateville offerings meet all agency policies, which reflect State of Illinois laws. Since the visit, administrators reported that educational course offerings have been increased and the barber program is pending State of Illinois licensing.³⁶ JHA commends these positive developments and encourages IDOC to continue to strive for more than the legally required minimum across the board. We note that in approximately six months since JHA's 2013 visit, Stateville administrators reportedly have been capable of making several substantial improvements, notably with some of JHA's longstanding concerns regarding mixed populations in the roundhouse.

At the time of the visit, the roundhouse or Unit F, housed disciplinary or administrative segregation,³⁷ orientation, general population overflow, inmates on court and medical writs, protective custody inmates, and inmates requiring single-celled status including non-compliant mental health inmates and inmates classified as either predators or vulnerables.³⁸ As noted in prior JHA reports, housing so many different populations together is problematic. It is inadvisable for inmates with protective custody status to intermingle with others, and in the roundhouse, though the populations were housed on different levels, these inmates may encounter inmates in disciplinary segregation and inmates from another facility at Stateville on a writ. Further, the design of the roundhouse panopticon is intended to enable lines of sight.

Administrators reported that since the visit Unit F has been realigned. They stated currently there are three types of population housed in Unit F: segregation, general population, and overflow status. Administrative detention and protective custody inmates have been relocated to Unit X.

³² At the time of the visit there were about 250 inmates with work assignments and 60 inmates in educational programming, meaning that about 80% of the population had neither.

³³ General population inmates are permitted a maximum of five two-hour visits a month (with one weekend visit and longer visits for those who travel far distances), for more information on visitation see <http://www2.illinois.gov/idoc/facilities/Pages/statevillecorrectionalcenter.aspx>.

³⁴ Those housed in Unit F or the infirmary have only one recreation period weekly.

³⁵ See Programming and Industry section below.

³⁶ See further discussion in the Programming and Industry section below.

³⁷ Notably Stateville's segregation population was down to 78 from 137 at the time of the 2011 visit. The average length of time in segregation at Stateville reported by administrators in 2013 was 4.1 years, compared to 13 months reported at the time of the 2011 visit. Stateville uses a modified Long Term Segregation Incentive Program, to give inmates an opportunity to reduce their segregation time. Administrators report that a committee reviews long term segregation placements monthly and that as of September 1, 2013 six inmates were active in the program. At the time of the 2013 visit, 11 of the 78 inmates in segregation were receiving mental health treatment. For more information about IDOC use of segregation reduction techniques see JHA's 2013 Pontiac report, available at <http://www.thejha.org/pontiac>.

³⁸ At the time of the visit, Unit F housed 78 segregation inmates (out of a capacity of 134), 12 inmates on writs, 61 protective custody inmates, and 35 single-celled inmates.

Administrators reported that this move allows the facility to better manage their population to include services provided to those with special mental health needs, such as those with predator or vulnerable classifications.

During the visit, JHA observed deterioration and lack of upkeep in many parts of the max facility. The covered walkways showed years of paint shed in chips. Several buildings on the grounds have been condemned and closed. Inmates at Stateville complained that the water is discolored and has a strange taste.³⁹ At the time of the visit, Stateville administrators reported a need for some physical plant water line repair, which has since been completed. However, they stated that all water reports including the annual drinking water quality report were in complete compliance with the Environmental Protection Agency standards and regulations and that water is tested by an outside agency, Aero Lab. Inmate reports of bird, rodent, cockroach, and spider infestations were common and credible. Since the visit, the exterminator contract has been expanded.

JHA visitors found Unit F to be in particularly poor condition, noting peeling paint,⁴⁰ water leaks, and mold. Inmates complained of insufficient cleaning supplies and of the plumbing in the building, which requires a ten-minute toilet flush delay. IDOC officials stressed that the ten-minute flush is a timer system to avoid some inmates intentionally flooding cells. Again, inmates reported cockroaches were impossible to get rid of and swarmed their cells at night, even getting in their ears and wound dressings. Administrators responded, as noted above, that since the visit they had reviewed the pest control contract and would be changing the insecticide spraying schedule and locations. JHA believes this is a positive step; yet given that this is a longstanding issue, we still have concerns.

JHA received reports from several inmates that they had particular concerns about double-celling in Unit F. We also received reports that previously a mental health staff member helped facilitate appropriate assignments, but this individual had resigned. JHA interviewed several inmates in Unit F who appeared desperate for assistance, including some inmates who appeared to be hallucinating. Other inmates expressed fear of assault, depression, suicidal thoughts, and some seemed particularly suspicious and paranoid. Poor physical plant conditions, including extreme temperature and terrible acoustics, likely make inmates more uncomfortable, and these inmates may be less likely to sleep, due to fear of cellmates or cockroaches, adding to instability. Administrators stated that inmates housed in Unit F are routinely seen by mental health staff and crisis team members are on all shifts, seven days a week. Further, IDOC officials reported that the realignment of Unit F has permitted a quieter atmosphere and more privacy for treatment.

Cells with Plexiglas coverings are typically difficult to see and communicate through, but in Unit F, JHA visitors observed in some such cells a layer debris trapped in the door fronts that needed cleaning. Administrators stated that cleaning supplies are available upon request and regular cleaning schedules are followed. Inmates in Plexiglas fronted cells also expressed concerns about temperature and ventilation, which are issues throughout the facility. JHA repeats our recommendation that IDOC must carefully monitor temperature and ventilation control, and

³⁹ Correspondingly, inmates complained of limits on drinking water that could be purchased on commissary.

⁴⁰ Administrators noted that a staff painter was hired in March 2013.

institute a strategic plan for improvements. Administrators reported that since the visit, three large wall-mounted fans were installed in Unit F.

A fault at many IDOC's antiquated facilities is that heat is either on or off. During the visit, this was noted in the non-contact visiting area, which was very hot. Inmates also complained that they are not able to effectively regulate temperature and ventilation through use of windows, some of which were broken. Given the lack of control over heat, JHA could not understand why the facility had to collect inmate jackets at a set time, given the unseasonable low temperatures in late Spring this year after the heat was turned off. IDOC officials stated that this was strictly for a one-time inventory and replacement of worn-out jackets, noting that after a warm March, April was unusually cold.

JHA receives many complaints about apparel cleanliness and availability throughout IDOC, but at Stateville and NRC we have observed numerous inmates with clothing and shoes that were literally falling off. Additionally, we observed dirty mattresses and torn sheets.

JHA visited the dietary area. Fried chicken was being prepared. There were several apparent issues in the kitchen, including needed plumbing repairs and an inmate worker was doing some repair inside a large oven. We noted deteriorating flooring and built up debris trapped in various corners, likely blown in through vents. Inmate workers complained of rodents and droppings, stating that they only had glue boards to combat mice. IDOC officials responded that poison is not permitted in food preparation areas for sanitary reasons and that "snap" traps were eliminated when inmates stole them to make weapons, later discovered in routine searches of cells.

Other inmates complained about dietary sanitary practices, unclean food trays, not getting as much food as in the past, getting spoiled food, cold food, high soy content, no variety, and no fresh produce. IDOC officials wished to note that JHA cannot confirm or deny the validity of particular inmates' reports. They deny that Stateville serves spoiled food and that the menu lacks variety. IDOC officials stated that adult males of low to moderate activity, such as inmates, require approximately 2,000 calories per day and IDOC inmates get that daily. They also explained that IDOC bologna is not the reddish color most people are accustomed to due to the fact that it contains no chemical red dye. Stateville has six gardens and administrators reported that produce from the gardens is utilized in the facility. JHA recommends that the facility continue to expand this self-sustaining initiative. Further, we continue to recommend that IDOC and Stateville consider evidence on the impact of diet, particularly the negative impact of processed foods, on health and facility management.⁴¹ IDOC officials noted that they have a dietician on staff at Stateville and stated that fresh fruit is part of the Statewide Department Master Menu.

Stateville runs three library sessions per day with 30 inmates per session for a period of two hours. Inmates reported it was difficult to get to the library and there was a long waitlist. There are 10 inmate law clerks, two paralegal assistants, and a library manager. Some inmates reported that they must pay others with commissary for help with legal work. Inmates reported that books

⁴¹ See e.g., JHA's 2012 healthcare report, Recommendation 4, available at <http://thejha.org/sites/default/files/Unasked%20Questions-Unintended%20Consequences.pdf>.

and forms needed updates. However, paralegals have access to electronic legal resources. Several inmates reported that the typewriters in the library had no ink.⁴² Administrators reported this was corrected after the visit. JHA also noted that the library was in need of repairs, including painting and fixes for roof leaks.

Contact with the outside world through phones, visits, and mail, are vitally important for inmate wellbeing,⁴³ particularly where activities are as limited as at IDOC maximum-security facilities.⁴⁴ Due to the proximity of Stateville to Chicago, where most inmates' families reside, this is a heavily visited facility. Nonetheless, visiting hours are limited to only 7:30 am to 2:30 pm daily. JHA recommends that Stateville expand visiting hours. IDOC reports that these hours are limited due to security concerns. Stateville has an extremely problematic visiting room, which is accessed by stairs, small for the population,⁴⁵ can become extremely loud, and has seating configured for security purposes so the inmate's seat is awkwardly elevated above those of the visitors.⁴⁶ Visitors with disabilities may be able to arrange to use the attorney visitation rooms if they are not in use. IDOC officials note that available space is determined by security requirements. JHA received a few reports that staff were reluctant to guarantee or schedule special visitation. JHA has also received reports of visitors being treated disrespectfully to discourage visitation. IDOC officials deny that staff discourage visitation and stated that occasionally visitors violate security and other rules upon arrival and must be turned away. However, they report that all allegations of rudeness are investigated.

Programming and Industry

At the time of the visit, there were two Adult Basic Education (ABE) classes with 30 students enrolled and 87 on the waitlist. 25 inmates were enrolled in the General Education Development (GED) class, with 42 on the waitlist. In the latest available data, 17 inmates obtained ABE and 11 obtained GED in the prior year. Stateville offered a 1,500-hour barbering vocational program with five participants.⁴⁷

Due to other prison closures, Stateville has acquired additional educators and at the time of the visit, administrators stated they planned to offer additional GED and ABE classes. Since the visit, administrators reported that educators and classes have been added in each category and

⁴² In 2012 all personal typewriters were confiscated from inmates in maximum-security facilities due to IDOC determining that inmates were weaponizing typewriter parts. See JHA 2012 Menard report, available at <http://www.thejha.org/menard>.

⁴³ See e.g., "Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons," p. 35-37, available at: http://www.vera.org/sites/default/files/resources/downloads/Confronting_Confinement.pdf.

⁴⁴ JHA commonly receives complaints from Stateville inmates that they do not even have writing instruments and they can be completely cut off from the outside world if they have restricted phone and visitation status.

⁴⁵ Stateville can accommodate a maximum of 33 general population, 20 NRC, four ADA or special visits, as well as non-contact visits, at once.

⁴⁶ One reason for this is so that items cannot be passed underneath the table; however, inmates are searched before and after visits and this seating arrangement precaution is not used at other IDOC facilities.

⁴⁷ See also, IDOC's April 2013 Quarterly Report, available at http://www2.illinois.gov/idoc/reportsandstatistics/Documents/IDOC_Quarterly%20Report_Apr_%202013.pdf.

participation has doubled.⁴⁸ In general, since the visit, administrators report that program staff has been greatly increased. JHA commends this development.

Several inmates interviewed during the visit complained that there are no programs to help rehabilitate them and nothing to prepare them for outside world. IDOC officials noted that “Parole School” classes begin six months prior to release. Inmates who had GEDs or high school diplomas wished there was some further education or programming, and complained that all activities are “geared to the lowest common denominator.” A few inmates particularly requested more religious services, noting church was reduced to only once a month. IDOC officials reported this was not the case, and that church services are seven days per week. JHA will continue to monitor this issue.

JHA received several complaints about the lack of treatment for sex offenders at Stateville.⁴⁹ Sex offenders who receive treatment generally have lower rates of recidivism than those who do not, yet such programs remain scarce in IDOC.⁵⁰ While IDOC officials say that such programs are “somewhat limited,” JHA believes that having no more than at most few hundred treatment spots and a few devoted staff members across the agency for the nearly 8,000 IDOC inmates labeled as sex offenders, is inadequate to meet the needs of the population, most of whom will eventually return to society.⁵¹ At the time of the visit, Stateville housed 318 sex offenders with no special programming for that population.⁵² To quote a letter from one such inmate: “Yes I have a sex problem ... I want to get help before I go home.”⁵³ Since the visit, administrators reported they now house 307 sex offenders. JHA is hopeful that the planned implementation of the new Risks Assets Needs Assessment (RANA) screening tool will lead to more inmates receiving needed services while incarcerated.⁵⁴

⁴⁸ The July 2013 IDOC Quarterly report reflects that 144 Stateville inmates were being served in educational or vocational programming, compared to 60 in April 2013. Quarterly reports available at <http://www2.illinois.gov/idoc/reportsandstatistics/Pages/QuarterlyReports.aspx>.

⁴⁹ The Stateville inmate orientation manual states: “Modern and contemporary sex offender treatment is available within the Department of Corrections in conjunction with Clinical Services. In accordance with Departmental policy, the Mental Health Department will contact each sex offender incarcerated at Stateville to explain treatment available at other institutions.” However, many individuals at Stateville will be ineligible for transfer to the few lower security facilities where treatment is offered.

⁵⁰ See e.g. Congressional Research Service (CRC) Report for Congress, *Civil Commitment of Sexually Dangerous Persons*, p. 18–19 (July 2, 2007), available at <http://www.policyarchive.org/handle/10207/bitstreams/18628.pdf>; R. Karl Hanson, et. al., *A Meta-Analysis of the Effectiveness of Treatment for Sexual Offenders: Risk, Need, and Responsivity*, (2009), available at <https://www.ncjrs.gov/App/Publications/Abstract.aspx?id=260177>.

⁵¹ See discussions of sex offender treatment and related staffing issues within IDOC in JHA’s 2013 Big Muddy report and forthcoming 2013 Graham report, available at <http://thejha.org/publications>.

⁵² Six inmates had been approved for release but were not released because of lacking appropriate placement. IDOC officials note that they do not control host-site availability and that this is a community issue. For further discussion of this reentry issue see JHA’s 2013 Big Muddy report, available at <http://thejha.org/bigmuddy>.

⁵³ JHA encourages inmates to report any instance of sexual assault in prison. The Prison Rape Elimination Act (PREA) mandates zero tolerance. Inmates may call the IDOC PREA report line, report by submitting a request slip, a grievance, telling a trusted staff member, or asking a family member or friend to call the IDOC report line, 217-558-4013. Inmates may make anonymous reports through JHA. For more information about PREA see <http://www.prearesourcecenter.org/>, and for further information about IDOC policy see IDOC’s PREA webpage, at <http://www2.illinois.gov/idoc/programs/pages/prisonrapeeliminationactof2003.aspx>.

⁵⁴ See JHA’s report *Reforming Illinois’ Prison System from the Inside Out*, available at <http://www.thejha.org/rfp>.

Inmates also wanted programming addressing coping skills for those with long sentences. JHA continues to recommend expansion of mental health staffing and programming, including offering more group and individual therapy, particularly for inmates with sex offenses and inmates who will need coping skills for long sentences.⁵⁵ JHA commends Stateville for offering group counseling for substance abuse issues through the New Directions program, with 29 max inmates participating. Stateville administrators reported they are currently reviewing strategies to address these areas.

Due to proximity to Chicago, Stateville benefits from several volunteer programs. These include: art, poetry, creative writing, a restorative justice class taught by a professor from DePaul and including college students as well as inmates, and a Friday Speakers Series. Administrators stated that scheduling, staffing, and physical space considerations make it challenging to add additional programs. During the visit, many inmates interviewed were unaware of volunteer program opportunities, likely due to the fact that participation is limited. IDOC officials responded that inmates need to take some personal responsibility and learn of program availability. JHA commends Stateville for their use of volunteers and recommends the continued expansion and publicity of these programs. Administrators noted particular volunteer needs included proctors to monitor testing of inmates who take correspondence courses and English as a Second Language (ESL) teachers.⁵⁶ The IDOC procedure for volunteer clearance can be lengthy.

There are 252 maximum-security inmates with job assignments out of 290 possible assignments. While some inmates felt that to get a job assignment you had to snitch, the eligibility requirements are that the inmate must have: for the prior five years, no tickets for assaults, drugs, or weapons; for the prior two years, no segregation terms; and no previous removal for discipline from an assignment. Inmates are given one-year work assignments.

Illinois Correctional Industries (ICI) work assignments are typically the best paid and most sought after jobs at IDOC facilities.⁵⁷ Stateville's industry at the time of the visit employed just 11 inmates in the furniture shop and 10 inmates in soap manufacturing. Formerly, more than a hundred inmates were employed in this vast ICI area. ICI supervisors stated that there were no new orders coming in and ICI does not solicit any business outside of Illinois-governmental entities. While ICI would like to hire more inmate workers, doing so would require having more orders and would add the expense of more staff.

At every IDOC facility JHA visits, inmates complain that they have insufficient cleaning supplies while ICI produces such items.⁵⁸ IDOC officials stated that cleaning supplies are controlled substances and, for security reasons, are issued in small amounts only at inmate request, while cell units are cleaned weekly. During the visit to Stateville's industry facility we learned from staff that Illinois has been so behind on vendor payments that ICI has had difficulty

⁵⁵ For more information about sex offender treatment see JHA's 2013 Big Muddy report, available at <http://thejha.org>.

⁵⁶ JHA encourages anyone interested in these opportunities to contact the Stateville Assistant Warden of Programs.

⁵⁷ For more information see <http://www.icicatalog.illinois.gov/>.

⁵⁸ Similarly, it is difficult to understand the disrepair of clothing throughout IDOC when ICI also manufactures these items at other facilities.

getting necessary raw materials. IDOC officials stated that working with various vendors and through other procedures, ICI does have necessary raw materials.

Historically, ICI was developed to prepare inmates for life upon release, to support life while incarcerated (through farming, food production, clothing, etc.), and in some cases to be profitable. All of these are noble goals. However, JHA believes ICI needs to determine feasible goals given Illinois' fiscal crisis and the current needs of IDOC. ICI has shown an ability to adapt, notably with recent ramping up of recycling programs.⁵⁹ Given that profit through selling particular items, such as office furniture, to outside entities does not currently appear successful, JHA believes ICI through inmate workers should refocus on rehabilitation of IDOC facilities while providing inmates with work skills for reentry success and improving inmates' quality of life.⁶⁰

In reviewing this draft, IDOC officials stated that ICI will soon introduce a recycling program employing 56 inmates at Stateville, also noting that this program will save on waste removal fees. JHA commends this planned adaptation.

Staffing

At the time of the 2013 visit, Stateville employed 1,147 staff, of whom 373 were female. The racial make-up of the staff was 57 percent Black, 34 percent White, eight percent Hispanic/Latino, and one percent Asian. This staff represents the most diversity that JHA has observed at any IDOC facility. Unlike most IDOC facilities, Stateville benefits from having several bilingual staff members with a variety of languages.

Stateville Staff	Authorized	Actual
Major	12	9
Lieutenant	57	54
Sergeant	60	55
Correctional Officer	734	771
Correctional Counselor	28	31
Clerical/Administrative	156	157

In April 2013, 65 security staff members and eight clerical/administrative staff members were on leaves of absence. Seven security staff were redirected to clerical or administrative duties. Out of five authorized mailroom staff, Stateville was operating with just two, and administrators reported a four-day backlog. Some inmates reported legal mail delays. Administrators noted an increase of clerical staff due to inheriting staff from recent closures of other correctional facilities; however, they stated that additional staff is still needed for mailroom and timekeeping.⁶¹

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⁵⁹ See e.g. recent news article about ICI taking over recycling at the State Fair, available at <http://www.sjr.com/thedome/x1806125816/Correctional-Industries-to-take-over-recycling-at-state-fair>.

⁶⁰ See 730 ILCS 5/3-12-2, Correctional Employment Programs, Types of Employment, which provides that ICI can employ inmates for a wide variety of functions including maintenance of IDOC buildings and properties, or production of necessities for IDOC programs. Available at <http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=073000050HCh.+III+Art.+12&ActID=1999&ChapterID=55&SeqStart=13000000&SeqEnd=14900000>.

⁶¹ JHA also notes that instituting several improvements we recommend, such as increasing visitation and volunteer run programs, will necessitate greater security staffing or changes to staffing to permit more facility activity at times other than first shift (7 am to 3 pm).

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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.



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