
Facility Report



Monitoring Visit to Menard Correctional Center 2021

Table of Contents

Key Observations	3
Recommendations	4
Introduction	5
Background	7
Population.....	7
Staff	13
COVID-19.....	15
Testing	16
Masking and Sanitation	17
Vaccination	18
Staff Conduct.....	21
Commissary	23
Programming	26
Out-of-Cell Time	30
Protective Custody	34
Restrictive Housing.....	35
Physical Plant	37
Communications and Visitation	40
Healthcare.....	42
Mental Health.....	45
Grievances.....	47

Key Observations

1. At the time of JHA's September 2021 visit, Menard, like other IDOC prisons, had been experiencing a severe commissary disruption for months.
2. Incarcerated people reported that they were unable to purchase food or hygiene products through commissary and that the state-provided meals and toiletries were not sufficient absent the ability to supplement through commissary.
3. During the visit, JHA observed some people were hanging visual obstructions in cells and heard from some incarcerated people that other incarcerated people had been allowed to pack others' belongings when they were moved. These are both practices that are problematic. First, staff need to be able to see into cells. Second, having incarcerated people pack property often results in reports of missing items.
4. Administrators at Menard were concerned and uninformed about how upcoming changes to Illinois Correction Industries (ICI) which prioritized pre-release job training would impact the workers in their population, many of whom were not going to be released in the near term, or perhaps at all.
5. Incarcerated people throughout the prison reported being given only five hours of out-of-cell time per week, all on one day. Further, there were reports from some incarcerated people of not being able to go to yard under these circumstances because of difficulty standing for prolonged periods of time.
6. Menard offers little in the way of educational or vocational programming despite one third of its population having a release date within the next year.
7. Administrators shared that they often had difficulty with family notifications after an incarcerated person passed away as a result of both out-of-date emergency contact information and many incarcerated people with long sentences lacking community supports.
8. People incarcerated at Menard may be improperly incentivized to seek a restrictive housing placement because conditions in restrictive housing, such as single-celling and time out-of-cell, were preferable to other maximum-security housing.
9. People incarcerated at Menard reported difficulty accessing the grievance system and getting responses. At the time of the visit, administrators reported a substantial grievance backlog.

Recommendations

1. Review yards to better meet Americans with Disabilities Act guidelines and needs of an aging population, such as reconsidering lack of seating.
2. Ensure staff consistency in preventing use of visual obstructions and packing and inventorying property for transfers or cell moves.
3. Offer more programming opportunities, including vocational programming at all IDOC prisons and programming aimed at those serving long sentences.
4. Increase the pay of those incarcerated in IDOC who have paying jobs.
5. Ensure general population and other housing statuses get adequate out-of-cell time, at least more than the ten hours of out-of-cell recreation per week provided to those in restrictive housing, and that out-of-cell time for all people be spread over multiple days.
6. Prioritize routine maintenance of older prisons and plan for how to keep the incarcerated population safe in prisons which lack effective temperature control.
7. Ensure that all incarcerated people's emergency contacts are updated at least annually.
8. Communicate to the population that responses to crisis requests for self-reported mental health emergencies will not always initially be handled by mental health staff.
9. Task the supervisor on each housing unit with ensuring that the grievance box is circulated on the unit every day when movement is restricted.

Introduction

Menard Correctional Center (Menard) is located in Chester, Illinois, about five and a half hours south of Chicago and an hour and a half south of St. Louis on the Illinois-Missouri border. It is primarily a maximum-security male prison but also houses a medium-security unit as well as the reception and classification unit for the southern part of Illinois. Menard first opened in 1878 as Southern Illinois Penitentiary and has been a working prison since then.



JHA conducted our first post-COVID visit to Menard on September 15, 2021. JHA also conducted a [COVID survey](#) at Menard as well as other IDOC prisons in April 2020 and received a response from more than one thousand people incarcerated at Menard (47.12% of the prison's population at that time). JHA's 2021 visit was an abbreviated visit due to ongoing COVID concerns and focused solely on the maximum-security part of the prison.

JHA brought a small group of only three visitors to Menard because of concerns about the Delta variant, scaling back from the larger groups we brought on our June and July 2021 visits. All JHA visitors are required by our organization to be fully vaccinated against COVID-19 and to wear masks throughout the visit. IDOC required JHA visitors to have our temperatures taken

before being allowed to enter the prison, as was the policy for all people entering the facility at that time.

Menard’s maximum-security population is broken down into cell houses: North 1, North 2, South, East, and West. At the time of our visit, administrators told us that East housed those in the general population who are classified as “high aggression.” West housed protective custody and those in the general population classified as “moderate aggression.” North 2 housed special populations of people in restrictive housing, [administrative detention](#), the Behavioral Management Unit (BMU), and crisis cells, which are more heavily supervised than cells on general population housing units and are designed to help prevent individuals from harming themselves, as well as general population. North 1 housed those in the general population classified as “low aggression,” including people with jobs. Individuals in medical quarantine and isolation were also being housed in separate parts of a North cellhouse. Restrictive housing and some general population in North were single-celled. At the time of the visit, South was closed. IDOC administrators provided some responses to JHA visit follow up questions at the end of January 2022, and JHA provided IDOC with a draft of this report in March 2022, to which IDOC provided review comments in April 2022, including some clarifications between housing in North 1 and 2.

“Restrictive Housing” is defined by IDOC in relevant part as “a form of housing that separates an individual in custody from general population and restricts the individual to his or her cell 22 hours or more per day for the safe and secure operation of a facility,” and is used to refer to the status formerly known as disciplinary segregation.

During the September 2021 visit, administrators told JHA that there was only one current COVID-19-positive person in the population at the time of our visit, and that the person who had tested positive was in isolation. Those who had been housed in cells near the individual when he was in general population had reportedly been quarantined on a different gallery where they were allowed their property.

In draft review, Menard administrators stressed that they operate in accordance with IDOC's Office of Health Services (OHS) COVID protocols, which imposed limitations for safety and that all changes require OHS approval and stated that "All COVID-19 protocols were pre-approved by Office of Health Services prior to implementation." During JHA's visit, programming at Menard was running in person at a reduced capacity, meaning that fewer people could participate at one time than were allowed to before the pandemic. The vast majority of people incarcerated at Menard are not involved in any educational or vocational programming and do not have jobs. The reported COVID-related reduced capacity of yards resulted in less yard time for each individual person. At the time of the visit, only 50 people could reportedly be on a yard at a time. Administrators were frank that this meant people in general population at the time of the visit were only getting seven or eight hours of yard per week, which may be their only out-of-cell activity. Administrators, while adamant that most of the population had the option to go to yard for an hour a day five days a week, acknowledged that social distancing requirements had made it difficult to meet yard, group, and programming needs.

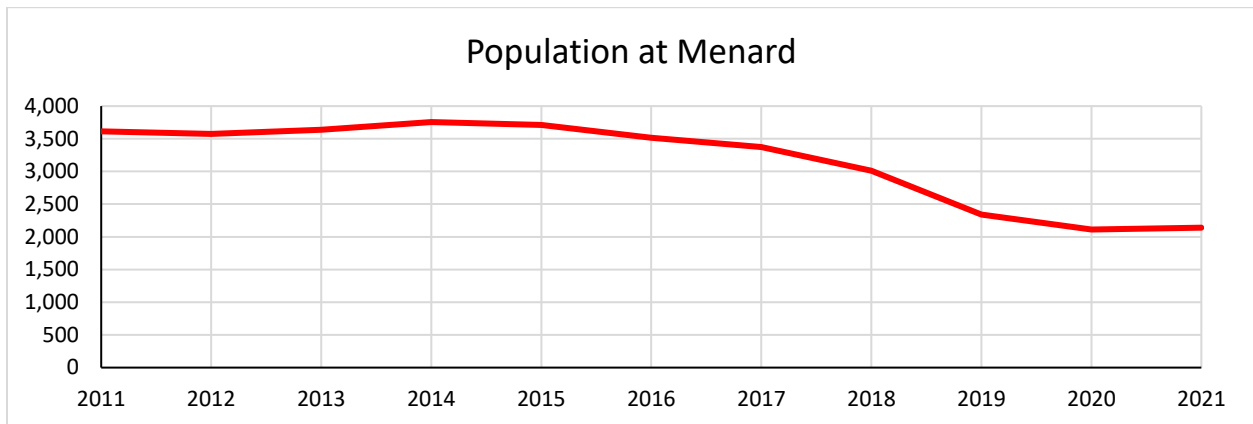
JHA visited Menard during a major commissary disruption. Staff showed us rows of empty shelves in the commissary store and storage areas, and incarcerated people reported that they had been unable to purchase food and hygiene items and had not been given additional state provisions despite their inability to supplement them. Though most of the incarcerated people we spoke to understood the situation (a testament to Menard administrators' communication on the issue), they emphasized that the disruption had significantly impacted their living conditions. Staff shared similar concerns.

Background

Population

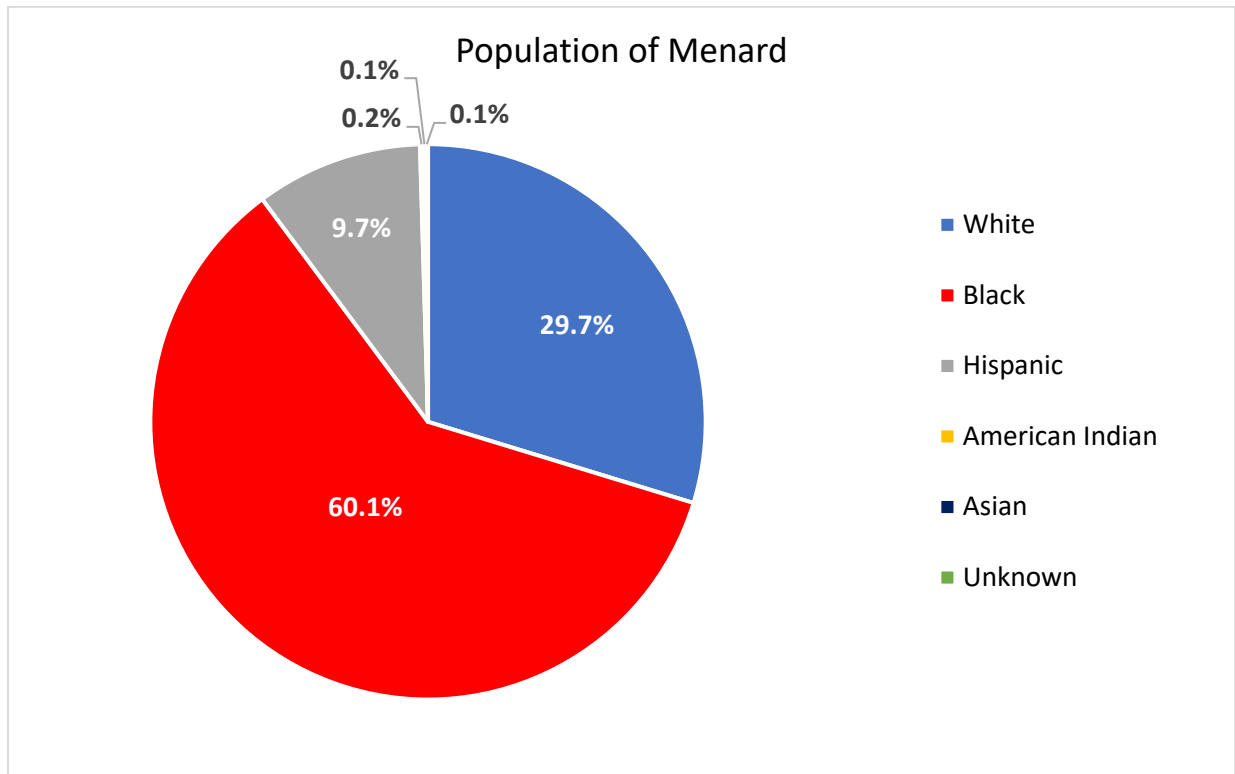
Prior to JHA's visit, administrators provided documents showing that the total population at Menard was 2,156; 1,497 of whom were classified as maximum-security and 655 of whom were classified as minimum- or medium-security. According to IDOC's [October 2021 Quarterly Report](#), 1,680 people were housed in the maximum-security part of the prison, 409 were housed in the Menard Medium-Security Unit (MSU), and 56 were in the southern Reception and Classification Center (R&C) at Menard. The population was up slightly from the 2,112 that was

reported in IDOC's [July 2020 Quarterly Report](#), but was otherwise the lowest population Menard has reported in the past decade.



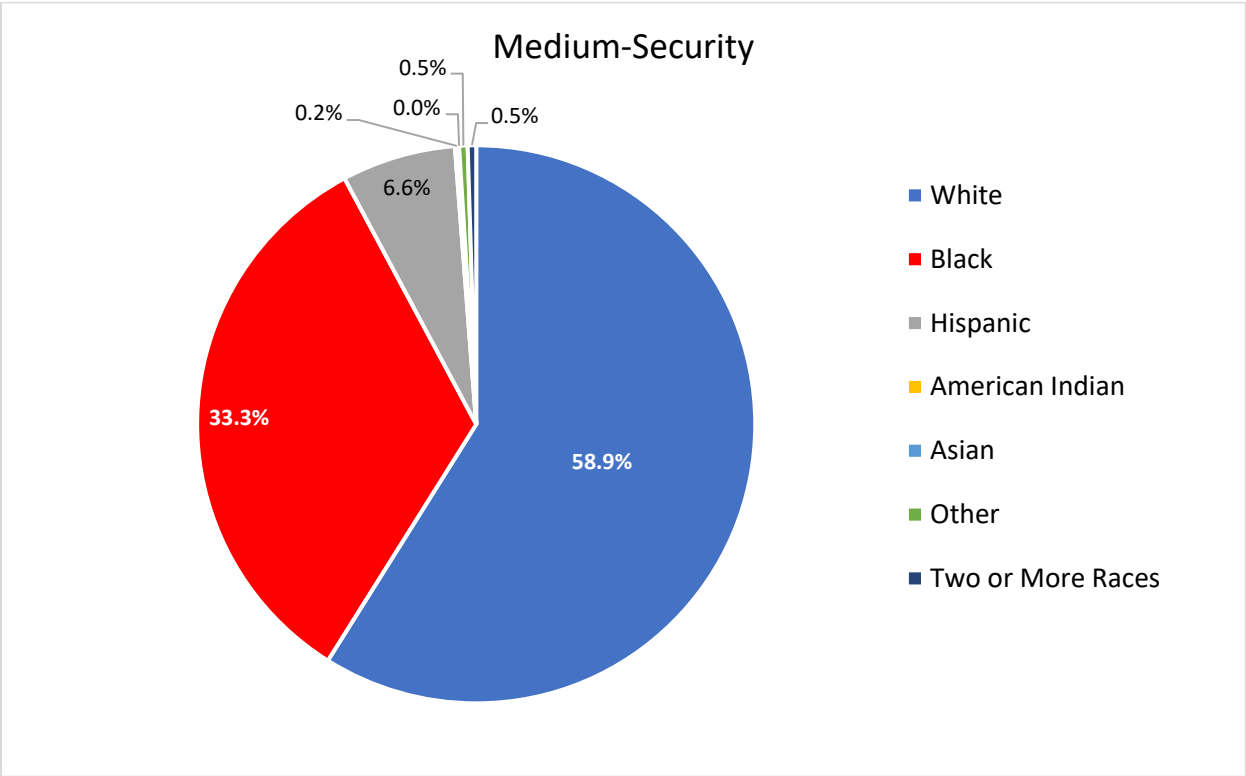
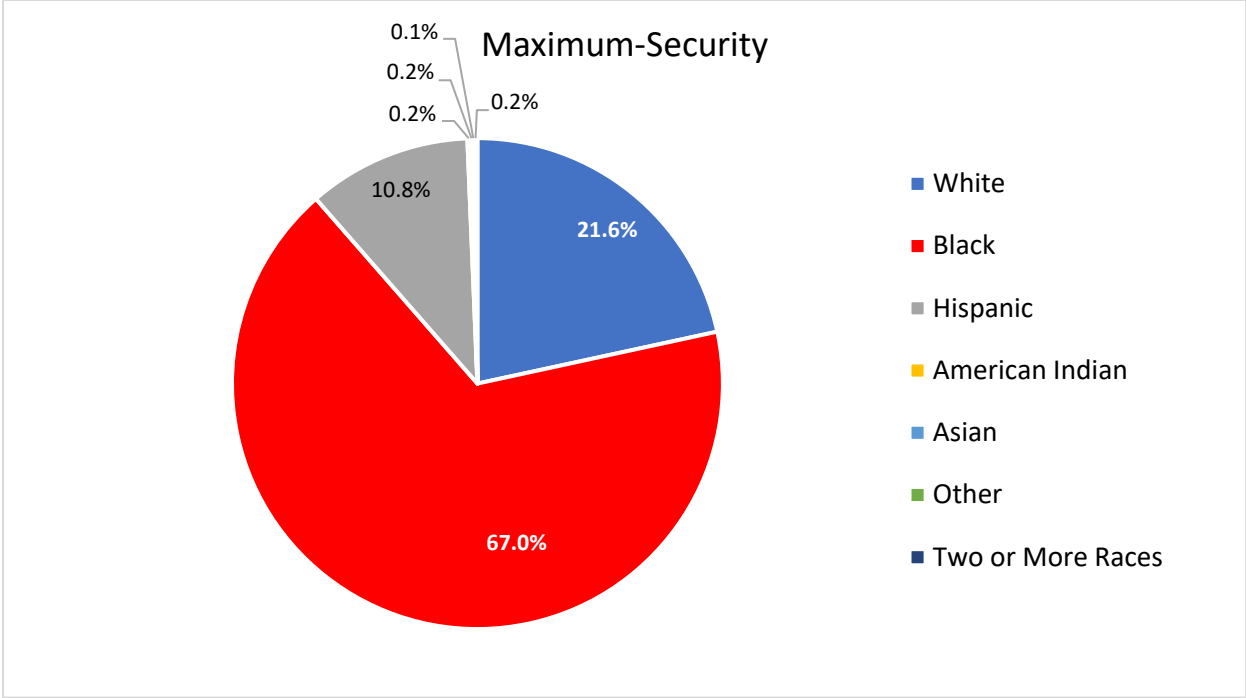
According to IDOC's Quarterly Report from October 2021, Menard was at 81% of its rated capacity of 2,074 and 65% of its operational capacity of 2,575. Menard has the highest capacity of any maximum-security prison in IDOC. IDOC's Quarterly Reports show that the total population within IDOC fell 26%—nearly 10,000 people—from February 28, 2020 to August 31, 2021. However, unlike many other prisons in Illinois, Menard has not seen a significant decrease in its population since the beginning of the COVID pandemic. A [Quarterly Report](#) from January 2020 reflects a population at Menard of about the same size as the population shown in the October 2021 report. Administrators attributed this to those with life sentences or long Truth In Sentencing sentences being largely ineligible for the available early release mechanisms. According to documents provided to JHA before our visit, that population accounts for 20% of Menard's overall population. Reportedly, Menard had only released one person on medical furlough over the course of the pandemic and about 50 people had been released prior to their projected outdate through the application of Earned Discretionary Sentencing Credits (EDSC). Administrators reported they had an upcoming meeting with the Prisoner Review Board (PRB) on the subject of a new [compassionate release](#) law and were hopeful that this would lead to a greater ability to release incarcerated people through this mechanism. They noted that many people have nowhere to go upon release.

Based on data given to JHA before our visit, Menard’s population was 60% Black, 30% White, 10% Hispanic, 0.2% American Indian, 0.1% Asian, and 0.1% unknown.¹



Black incarcerated people were underrepresented in Menard’s medium-security unit compared to the prison overall, making up only 33% of the unit’s population according to IDOC’s October 2021 Quarterly Report, while White incarcerated people were overrepresented, making up 59%.

¹ Racial categories reflect those used in the data provided to us by IDOC.



The average age of those incarcerated at Menard is 42 years old, while more than a quarter of the population (25.6%) is over age 50. This makes Menard’s population slightly older than IDOC’s overall population, which has an average age of 40.2 and is 22.8% over the age of 50.

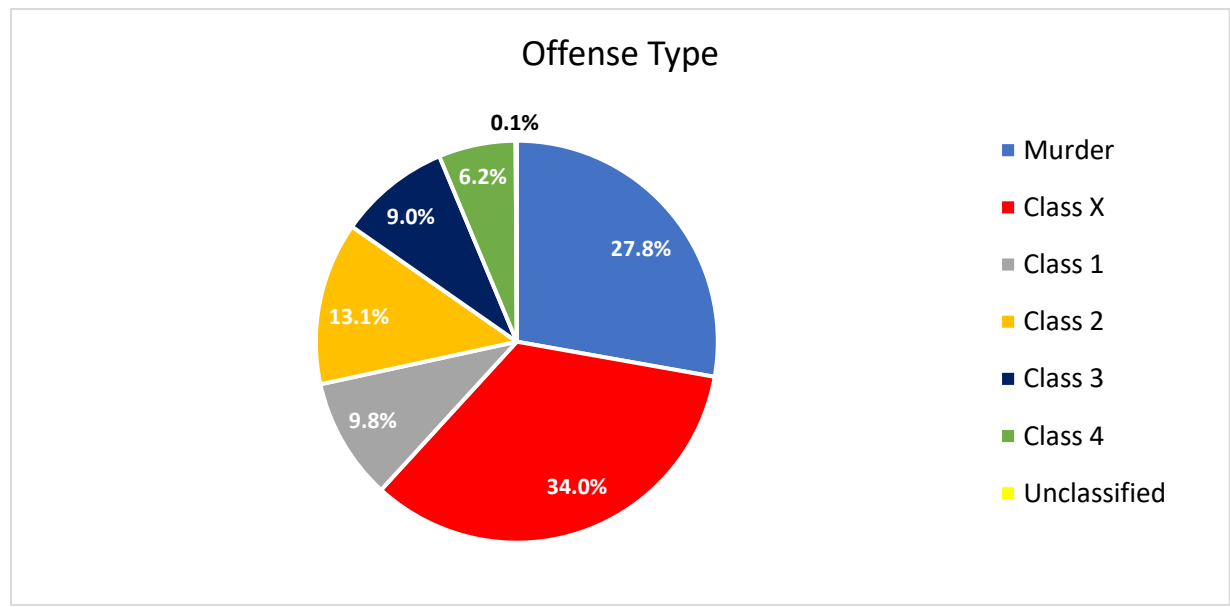
This may be attributable to the fact that many at Menard are serving long sentences; 28% had 20 years or more left to serve, including those serving life sentences.

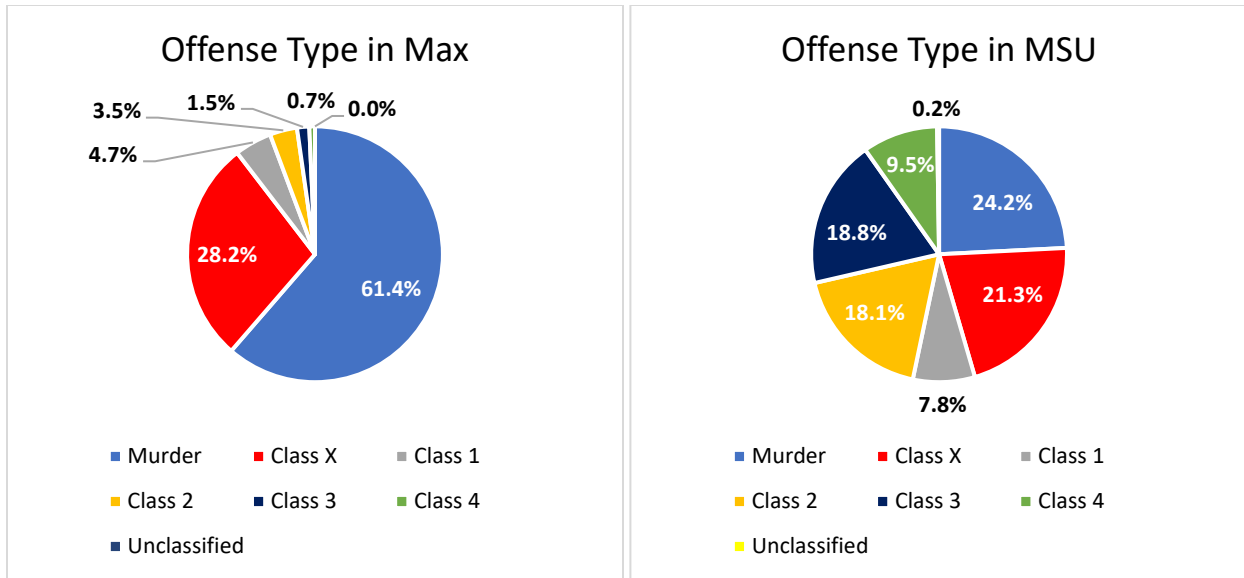
According to documents provided to JHA by Menard administrators, the offense type (the most serious offense for which they were being held) for 28% of the population was murder; for 34% was a Class X felony: for 10% a Class 1 felony:

for 13% a Class 2 felony: for 9% a Class 3 felony: and for 6% a Class 4 felony. However according to the October 2021 Quarterly Report, in the maximum-security part of the prison, the offense type for 61% of the population was murder, for 28% was a Class X felony, and for 10% was a Class 1, 2, 3, or 4 offense. Several people incarcerated in Menard's maximum-security housing shared with JHA that they felt they should not be

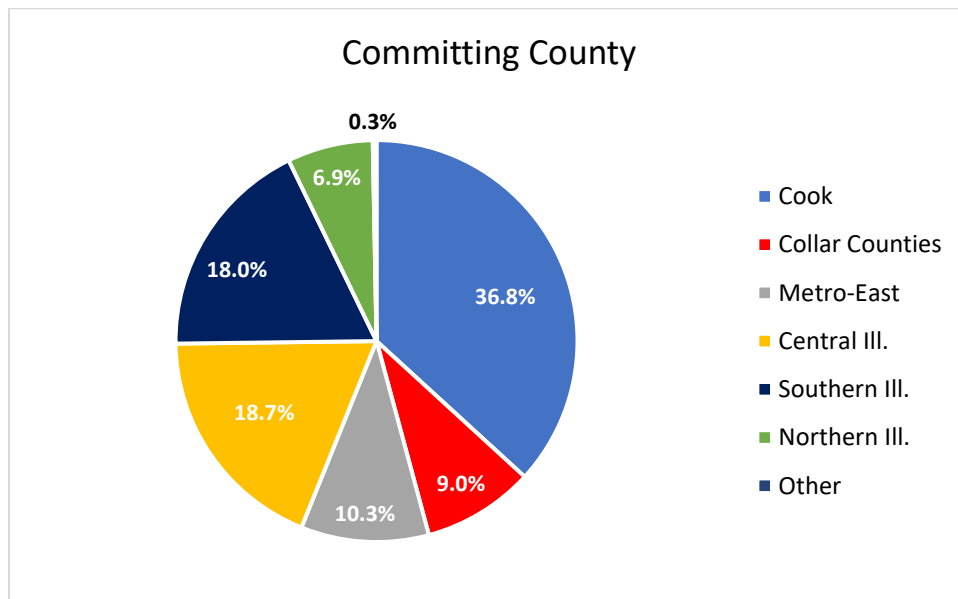
incarcerated there when they were either close to release or elderly, both of which are populations that make up a significant portion of the population. JHA also commonly hears this concern from letters and outside contacts regarding people incarcerated at this prison. Menard and IDOC must consider how best to meet people's re-entry and aging needs in all prisons.

While many of those incarcerated at Menard, including both max and the MSU, have two decades or more left on their sentence, more than a third, 33.4%, would be out in less than a year.



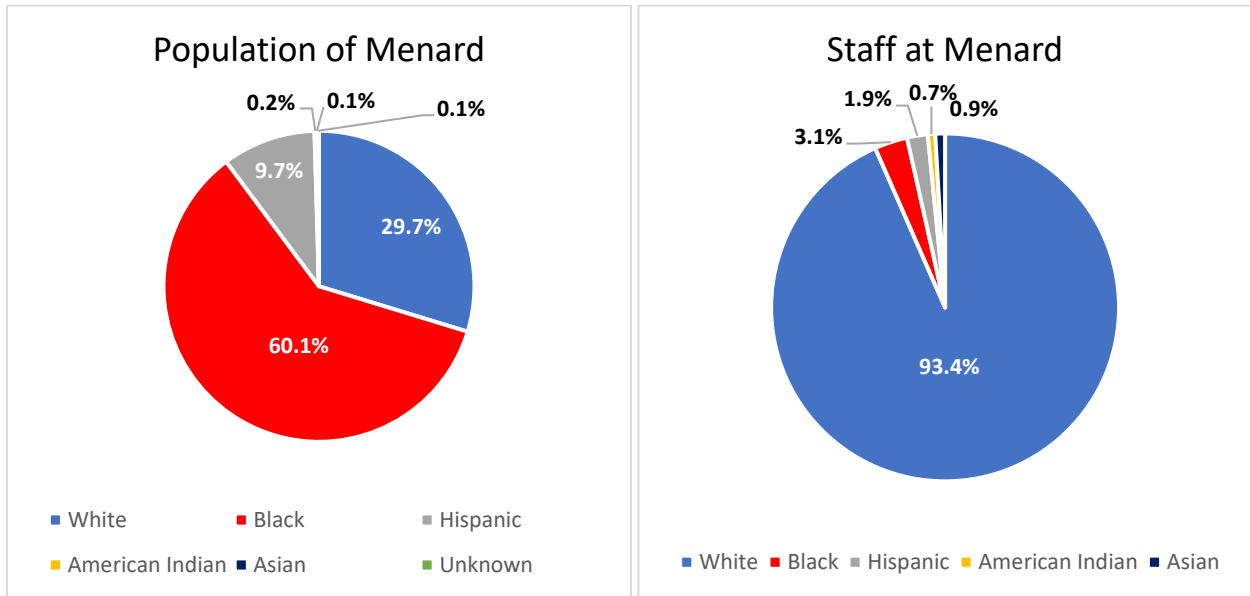


47.1% of the people incarcerated at Menard were convicted in Cook County or one of the collar counties, which is notable considering Menard is located 350 miles and more than five hours south of Chicago. 28.3% of Menard's population was convicted in southern Illinois, including Metro-East.

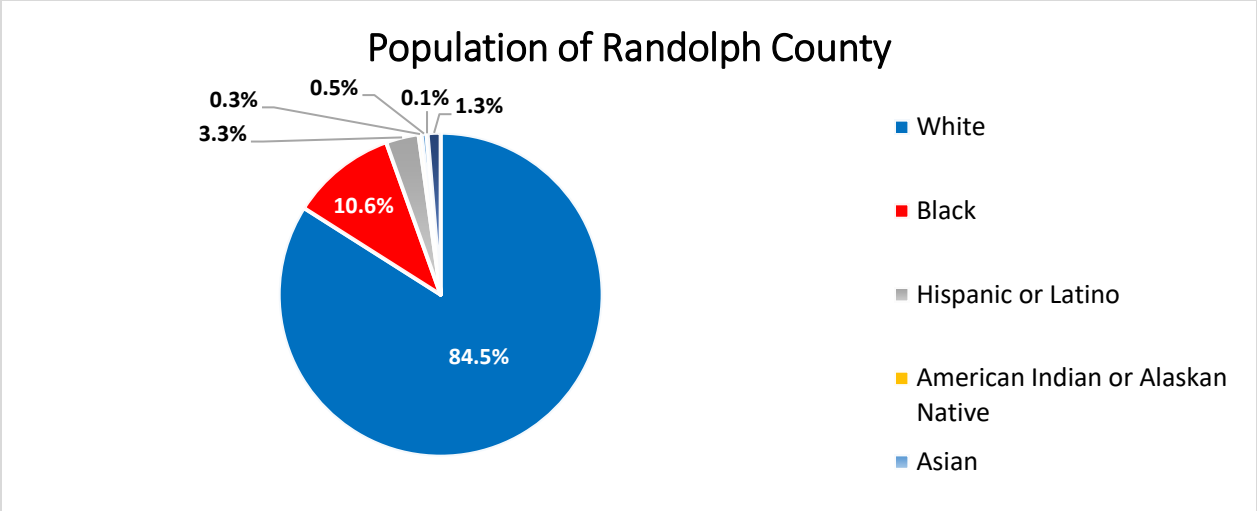


Staff

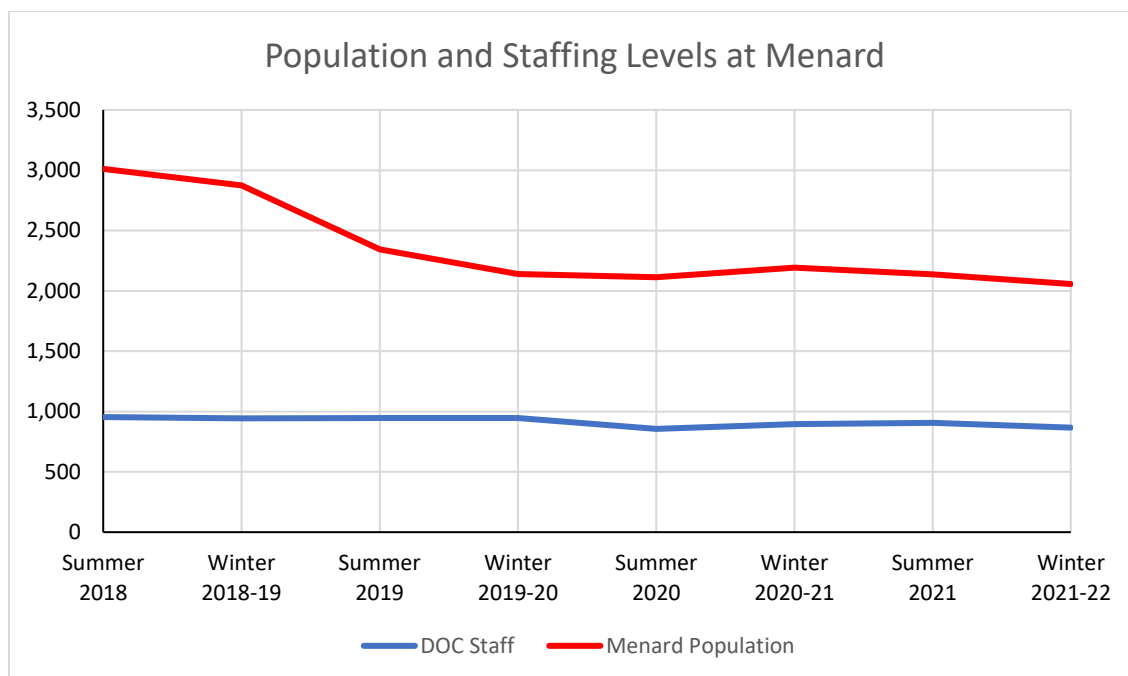
Based on information provided by IDOC, Menard’s staff was 79% male and 21% female. 93% of Menard’s staff was White, 3% was Black, 2% was Hispanic or Latino, 1% was Asian, and 0.7% was American Indian or Alaskan Native. These demographics reflect a staff that is less diverse than either the population at Menard or the population of Randolph County (where Menard is located), which is 85% White, 11% Black, 3% Hispanic, 0.5% Asian, 0.3% American Indian, 0.1% Native Hawaiian or Pacific Islander, and 1.3% two or more races.²



² Racial categories reflect those used by the United States Census Bureau.



According to IDOC’s [Operation and Management Report \(OMR\)](#) for FY22, there were 881 IDOC staff at Menard in September 2021, 663 of whom were security staff. There were also 87 non-IDOC staff. IDOC security staffing levels at Menard were down by 65 people (8.9%) from [July 2018](#). The loss was concentrated in security and was not offset by an increase in non-IDOC staff. However, according to IDOC’s Quarterly Reports, Menard’s population decreased by about a third between [July 2018](#) and [January 2020](#) and has remained stable since, so Menard’s ratio of security staff to incarcerated people was higher in September 2021 than it had been in the past.



Nonetheless, staff reported that understaffing was a significant issue. Some staff members told JHA visitors that overtime was asked for “every single day.” Staff indicated that the prison’s attempted fixes were piecemeal: “Hopefully people will work on their days off” and “Sometimes the nightshift will work part of the day shift.” Many of those working at Menard are second or third generation Menard staff and their commitment to the prison is apparent but requiring staff to regularly work more than a full shift a day with the expectation of coming in on days off is not sustainable long term, nor does it create working conditions that are safe and productive.

COVID-19

Menard is located in Randolph County, which as of late September 2021 was reporting an average of 16 new COVID-19 cases daily and a case rate of 49 cases per 100,000 people, corresponding to substantial transmission, the third of the CDC’s four tiers used to classify counties from lowest to highest incidence of COVID-19. The case rate in Randolph County exceeded Illinois’ overall case rate of 29 per 100,000 by a significant margin.

IDOC documents indicate that as of September 13, 2021, a total of 248 incarcerated people and 347 staff at Menard had tested positive for COVID-19 since the beginning of the pandemic, including one incarcerated person and nine staff who were currently positive. Two people

incarcerated there had reportedly [died of COVID-19](#), one person who was identified as being White and in his 70s died in September 2020, and one White person in his 60s in November 2020. At the time of the visit, Menard accounted for 6.7% of the total staff positives across IDOC and 1.25% of positives among incarcerated people recording within IDOC since the start of the pandemic. About 7.7% of IDOC's population is incarcerated at Menard, according to the October 2021 [Quarterly Report](#), so it appears that Menard's population was underrepresented among those in IDOC prisons who have tested positive for COVID-19.

Menard administrators attributed the prison's relatively low number of positive COVID tests to clear and consistent communication with staff about expectations with regard to COVID protective measures such as masking and surveillance testing. JHA notes that many factors, such as how early testing was implemented and differences in how often incarcerated people enter and leave each prison, are likely also at play. JHA visitors were impressed with Menard administrators' ready acknowledgement that the largest danger of transmission for incarcerated people came from staff. Administrators stated that they had to adapt and change with the science of the pandemic and were still working to get back to normalcy. Administrators stressed that they tried to let people in the population know what they are dealing with and noted that incarcerated people were aware of the changes and uncertainties in the community throughout the pandemic, telling JHA that many people watched TV and knew that everyone was confused and unsure due to the novel virus.

Testing

At the time of the September 2021 visit, administrators reported that Menard was conducting surveillance testing by use of a PCR test for both staff and people who are incarcerated on a weekly basis. The day on which testing is conducted rotated every week to ensure that no matter what days staff members are working, they will be tested regularly. For example, on Week 1 testing is conducted on Monday, on Week 2 testing is conducted on Tuesday, etc. Testing begins at 4:00 AM and starts with dietary workers to ensure that they are tested before they begin work. Administrators stated that they were onsite during the testing process every week.

Menard was not surveillance testing vaccinated people or those who had tested positive in the past 90 days. While not having to undergo surveillance testing initially seemed like a good

incentive to encourage staff vaccination, **JHA recommended that IDOC reconsider testing vaccinated staff given the developing knowledge that vaccinated people have the ability to transmit coronavirus, even if they are asymptomatic.**

According to administrators, about 50-55 incarcerated people refused surveillance testing a week, which constitutes a refusal rate of about 3%. Reportedly, it was largely the same group of people who refused testing every week, and they were mostly in restrictive housing—a housing status that minimizes the amount of contact a person has with others, so administrators did not feel there was anything they could do about it. IDOC reportedly does not issue tickets for refusal to take a COVID-19 test. Some people throughout IDOC continue to report they are “threatened,” e.g., with disciplinary tickets or restrictive housing, if they do not test. Administrators have explained that people who do not test will be treated like they are positive and restricted. At Menard, a few testing refusers from other living units were reportedly already housed in the healthcare unit. Presumably they were single-celled. **JHA recommended having someone discuss why people were refusing with them and offer additional education.**

Staff who refused testing would reportedly be sent home without pay, but administrators told us they had not had any staff refusals.

Masking and Sanitation

Menard’s administrators stated that they had emphasized mask-wearing to staff. An incarcerated person working on the healthcare unit reported that staff were good about wearing masks on that unit. Incarcerated people are not usually required to wear masks in their cells, and staff were generally good about reminding them to put on masks while speaking with JHA visitors.

However, some people incarcerated at Menard reported that staff masking was an issue. One individual on the protective custody unit said that staff *“only wear masks when they want to.”* Another person in general population stated that staff did not always wear masks, and incarcerated people were threatened with tickets if they complained about it. JHA visitors did see some staff wearing masks below their noses and noticed some staff putting on or correcting their masks after realizing we were on the unit. One individual who wrote JHA in September 2021 described not feeling safe leaving his cell because of poor masking and sanitation practices by staff: *“I have the threat of catching COVID-19 from these officers that don’t wear*

their mask or gloves even when they are serving food!! Nor do they sanitize their handcuffs when they take them off one person then put them on another.” Administrators reiterated in draft review that people are issued KN-95s weekly. JHA has observed in several prisons that individuals in custody are issued masks with the nose wire removed.

Some sanitation concerns were also shared. An individual reported that he was given cleaning supplies to clean his cell once a week, but he felt he needed to be able to clean more often than that in order to protect himself from COVID-19. He also told a JHA visitor that showers on that housing unit had been thoroughly cleaned for the first time since his September 2020 arrival on the unit the day before our visit. Another person on a different unit reported that he only received cleaning supplies once or twice a month. In December 2021, someone wrote to JHA and compared COVID sanitation procedures at Menard to Lawrence, the medium-security prison where he had previously been incarcerated: *“No cleaning supplies are given, no hand sanitizers, showers are filthy, no 6 feet distancing. Menard C.C. is a lot worse on COVID prevention/sanitizing inmates and staff.”*

Vaccination

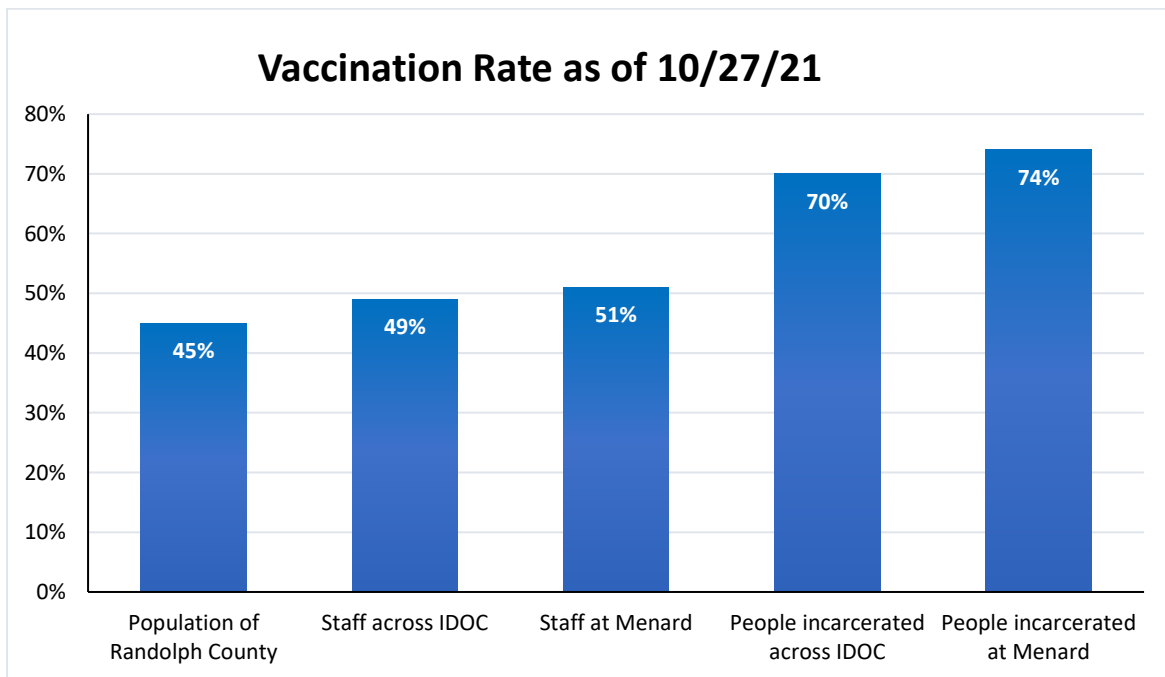
Administrators reported during JHA’s September 2021 visit that 75% of incarcerated people and 42% of staff had been vaccinated and that 50% of Menard’s population opted to be vaccinated when the initial wave of vaccinations was offered. JHA was pleased to see that the vaccination rate among incarcerated people at Menard exceeded the average across IDOC, which as of October 27, 2021 was 70%. Menard seemed to have made effective use of the vaccine ambassador program, an IDOC-wide program where incarcerated people were trained to speak

Another individual who wrote to JHA in February 2022 described being denied a dinner tray because he had forgotten his mask by a sergeant who was also not wearing a mask: “So I was punished by not being fed. Well the sergeant that punished me did not have his mask on either, much like all the officers. So goes to show the officers enforcing COVID protocols are breaking them and infecting inmates, causing us to go on lockdowns and lose privileges because of careless officers.”

with their peers about COVID-19 vaccination. The vaccine ambassador program is further discussed in JHA’s [2021 Stateville report](#). Administrators described soliciting questions about the vaccine from incarcerated people, which the vaccine ambassadors asked during a webinar event with IDOC medical staff. Reportedly, Menard medical staff also walked the housing units to answer questions. Data provided by IDOC reflect that as of December 29, 2021, the vaccination rate among Menard’s population was still 75%, and 33% of vaccinated incarcerated people at Menard had received a booster.

An incarcerated individual we spoke with during our visit described the attitude among the population towards the vaccine as mixed: some people really wanted it while others thought concern about COVID was “*overblown*.” He attributed this to people on his housing unit not seeing a lot of other incarcerated people getting sick. A staff member shared similar views.

Documents that IDOC shared with JHA in late October indicate that by that time, 51% of Menard’s staff had been vaccinated. Encouraging staff vaccination has been a problem for prison administrators across IDOC. Menard’s vaccination rate was higher than the vaccination rate both across IDOC staff and in [Randolph County](#). Data provided by IDOC reflected that as of December 29, 2021 64% of staff at Menard had been vaccinated.



According to administrators, vaccinations were offered to individuals in custody upon request with the caveat that vaccine doses come in vials of five, so they have to wait for five people to sign up in order to avoid wasting doses. Menard administrators spoke positively about their relationship with the Randolph County health department and reportedly had not had any problems securing doses. One individual incarcerated at Menard told a JHA visitor that he had been offered the vaccine upon his arrival at the facility but had waited three weeks to actually be vaccinated. This individual also stated that he had been given the first dose of the Pfizer vaccine but had experienced a bad reaction and had refused the second dose. While JHA generally encourages prisons to offer one of the two-dose vaccines because of their heightened prevention rates and because of hesitancy surrounding the Johnson & Johnson vaccine in particular, patients opting not to receive the second dose of a two-dose regimen is a potential concern. An individual who wrote to us in July 2021 said, *“My cellmate has been vaccinated (in IDOC Menard) and they still say he’s refused the second dose.”* While the recordkeeping requirements should not be a barrier to healthcare for incarcerated people, JHA acknowledges that a two-dose vaccine regimen presents additional opportunities for similar recordkeeping errors.

At the time of our September 15, 2021 visit, administrators did not have any information on when boosters would be offered. One incarcerated individual told JHA visitors that he had asked when boosters would be available several times and had not received an answer. Pfizer vaccine boosters were authorized the week after our visit, while Moderna and Johnson & Johnson vaccine boosters were authorized October 21, 2021. As of November 19, 2021, administrators at some IDOC prisons had allowed staff and incarcerated people to sign up to receive a booster onsite, but the boosters had not been provided yet due to a supply issue. This was concerning to JHA because a large proportion of people who received their vaccines in IDOC custody received the Johnson & Johnson vaccine, and the CDC recommends that Johnson & Johnson recipients receive a booster shot after just two months. According to documents provided by IDOC on October 29, 2021, 30.6% of incarcerated people and 14.4% of staff who had tested positive for COVID-19 were vaccinated at the time of their positive test, highlighting the need for boosters to be available to the incarcerated population.

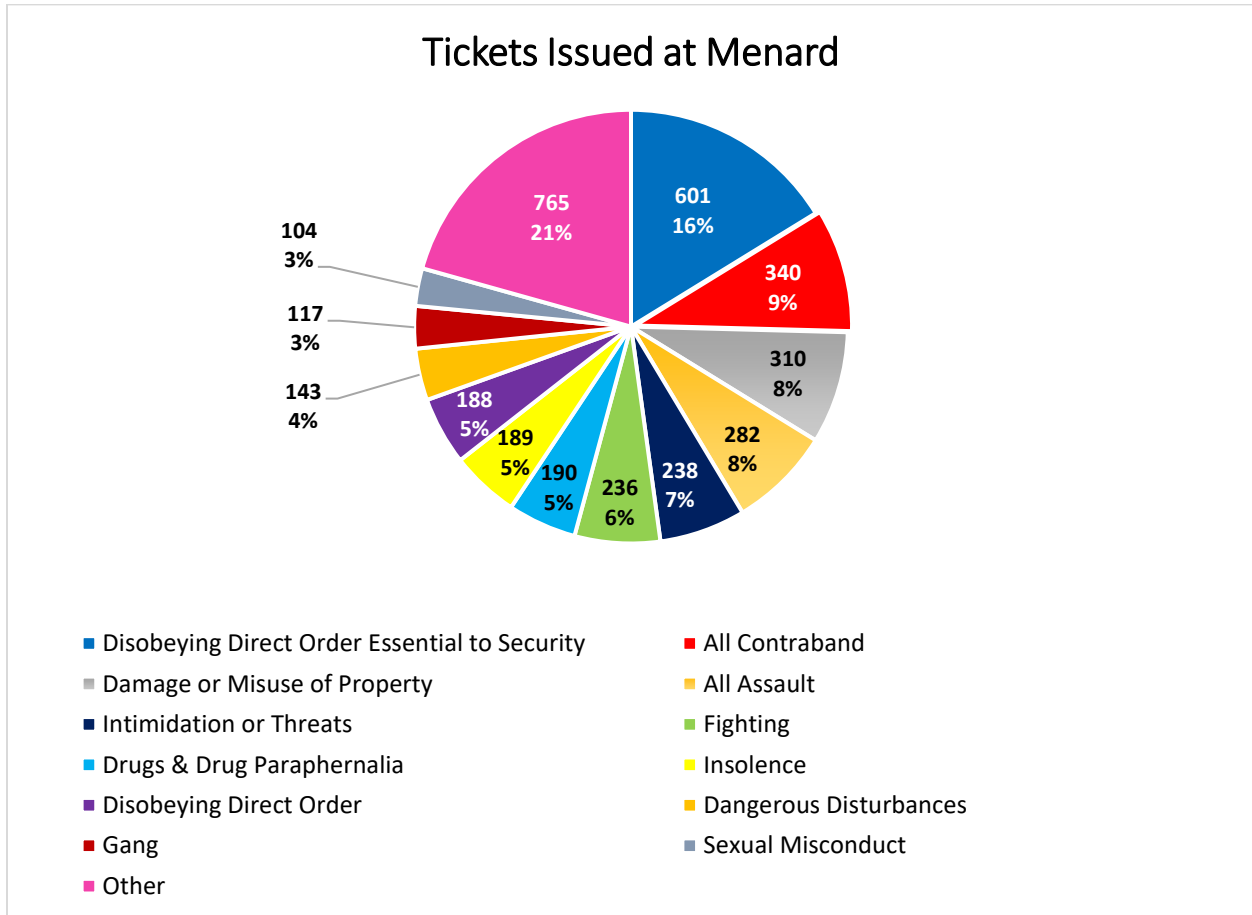
Staff Conduct

Staff conduct was the second most common issue that people incarcerated at Menard wrote to JHA about in 2021, after requests for information about IDOC policy, legislation, and case law. It was raised as an issue in 45 letters. Under the broad umbrella of staff conduct, the biggest concerns incarcerated people reported were assaults by staff, IDOC practices, and personal protective equipment (PPE) as discussed in the above section. Staff conduct comprises 21% of all issues those at Menard wrote to JHA about in 2021. JHA tracked 11 main issue areas with subcategories plus an “Other” category for our letters received in 2021, many of which discussed multiple issues.

Administrators at Menard commended the prison’s development of incentive-based behavioral programs and felt that staff worked well with the population. However, JHA did hear some complaints about staff conduct during our visit. One person incarcerated at Menard told a JHA visitor that he was handcuffed to a bench and assaulted by staff. Someone who wrote to JHA in September 2021 stated that he was assaulted by two correctional officers in his cell after spitting out the chuck hole during a shake down. He recalled being maced, punched in the face, and having his head slammed against the floor. Someone who wrote to JHA in June 2021 said of Menard: *“Homosexuals are forced into protective custody, and if not, we will be assaulted by every affiliation in the facility, and it’s really no better in protective custody. The officers treat us just as bad as the gangbangers, but emotional degradation only, no physical abuse.”* Another who wrote in January 2022 detailed racist treatment by staff: *“I have all the white staff harassing me. Not the Latinos or African Americans, just white staff members.”* On JHA’s [2018 survey](#), 60% of respondents from Menard disagreed or strongly disagreed that staff treated them with respect, compared to 15% who agreed or strongly agreed.

Additionally, JHA has received letters from those incarcerated at Menard suggesting that security staff do not respond appropriately to security concerns, with some speculating that staff did not address people using drugs in their cells because they did not want to do the associated paperwork. During our visit, we observed that people were permitted to hang visual obstructions in cells, which staff should not allow. In draft review administrators stressed that since the visit they had issued memos to staff reiterating that use of visual obstructions in cells – such as sheets hung as privacy curtains – was not permitted. A disciplinary summary provided to JHA by Menard administrators indicated that 190 tickets for possession of drugs and drug

paraphernalia went before the adjustment committee between January 1, 2020 and September 8, 2021. It was the eighth most common offense before the adjustment committee during that time period.



JHA heard concerning reports in letters and during our visit that on a day one person described as “*one of the hottest days in August,*” there was a shakedown during which people were made to stand outside without access to water for several hours, and some incarcerated people passed out from the heat. In draft review, administrators stated that during such tactical operations, individuals are taken to the chapel where they are seated, water is made available, and medical staff is available to assist.

An individual incarcerated at Menard reported to JHA that when someone is moved to a different cell, staff allows incarcerated workers to inventory that person’s belongings, rather than doing it themselves. He wrote in a July 2021 letter that when a person is sent to restrictive

housing, *“then all of our stuff get taken by the inmate workers who does the inventory of our property, and then C/Os act as if they don’t know nothing of it when you ask where this and that, of what you know you had before you were taken to segregation.”* In draft review, Menard administrators indicated that they did not agree with the statement that staff allows incarcerated workers to inventory property and stated that they would need more clarification of the statement in the letter to investigate. JHA often hears from incarcerated people that when other incarcerated people are allowed to inventory or pack their belongings, things tend to go missing. JHA also heard from people who were transferred to Menard from other IDOC prisons, sometimes for disciplinary reasons, that they had difficulty obtaining their property. **JHA recommends that Menard ensure an incarcerated person’s belongings are inventoried and packed by staff.**

Commissary

At the time of JHA’s September 2021 visit, there was an **IDOC-wide commissary disruption** due to statewide contracting issues. In draft review, Menard administrators stated that individuals were aware of the delays in commissary due to COVID-19, and that the size of Menard’s population created further delays due to requiring enough supplies to accommodate the entire population. People in maximum-security are supposed to be able to shop twice a month under IDOC policy, but during the visit staff reported that commissary trips had been reduced to once a month because there was not enough stock. An administrator identified commissary improvements as the prison’s top need. One incarcerated person told us that he had been in and out of prison for twenty years and had never seen anything like this.

Menard administrators described making a \$140,000 commissary order and only receiving \$40,000 worth of goods, some of which were not things they had ordered. Staff showed us rows of empty shelves in the commissary storage rooms that they told us were usually full of food, clothes, and hygiene products.

Menard appeared to be completely out of commissary items such as noodles, canned meats, and toilet paper, and to be nearly out of clothing and soap, although administrators stressed that incarcerated people were still receiving state-issued toiletries. Someone incarcerated at Menard reported difficulty complying with IDOC grooming rules without being able to supplement their hygiene products through commissary and pointed out that the prison would need to issue additional hygiene products if incarcerated people were not able to go to commissary for *“three or four weeks.”* He additionally reported that the state-issued *“hotel-sized soap”* was hard to wash with and that he needed body soap. Another individual who wrote us from Menard in September 2021 told us: *“They are switching vendors so they are out of toothpaste, and we were told we will not be able to shop again until next month. I did not shop because they were out of the items I needed.”* Someone else who wrote in October 2021 stated, *“We haven’t went to commissary for no soap or deodorant. No boxers, socks, or nothing.”*

The inability to buy food through commissary had also impacted dietary, and in some prisons dietary departments were reportedly having to provide nearly twice as many meals as they normally would. At the time of the September 2021 JHA visit, Menard was still serving meals in cells, which were passed out on one wing at about 4:00 AM, 10:00 AM, and 3:00-4:00 PM. IDOC officials have previously indicated that they are willing to consider serving meals at later, more typical meal times. However, a benefit of feeding people in their cells was that people did not have to eat when the meals were served. People incarcerated at Menard reported receiving smaller portion sizes than they were used to. One person told a JHA visitor that they were

During the visit one person recalled that the last time he was at commissary, he was unable to buy soap, deodorant, or toothpaste. Another recalled being unable to buy noodles, chicken, or fish in addition to not being able to buy toiletries.

served some type of potato for two meals three or four days a week, and he did not think his nutritional needs were being met. Similarly, multiple people stated that they did not like depending on dietary for food, and many did not feel they were getting enough food without the ability to supplement with commissary items.

However, one other incarcerated person we spoke to said that while they were out of a lot of things, he was able to get what he needed. While most individuals said they understood that the disruption was not the prison staff’s fault, a

positive indicator that the administration was communicating about the issue, some were upset about the ongoing issue.

Staff reported that five incarcerated commissary workers had been laid off. The three incarcerated commissary workers who were still working when we visited the commissary area said that they had never had so much down time before and reported to a JHA visitor that they were getting questions from their peers about the commissary issues. Staff emphasized that the commissary situation was substandard and unpredictable and that, despite the prison providing some items that would normally be bought through commissary, incarcerated people were not able to access either the amount or full variety of items they usually could. Staff were upset on behalf of the population but were also anxious about the possibility of escalating issues with the population if the situation was not resolved soon. Some felt there was growing tension in the prison because of the issue and several Correctional Officers expressed concerns about a possible “incident,” one stating that nine out of 10 of the last “big incidents” in US prisons involved the availability of food and hygiene items.

Several months after the commissary disruption began, it had still had not been rectified. IDOC administrators attributed this partially to logistical hurdles with the state’s procurement and contracting requirements but were confident that the process was moving forward when JHA revisited the issue with them in November. JHA notes that not all prisons seemed to experience the same level of shortage that Menard experienced. Care packages with some types of items that would normally be available at commissary for the population had reportedly been received at Menard and were set to be distributed the week of Thanksgiving. IDOC administrators later reported that the care packages had been distributed in early December. In late January 2022, IDOC administrators reported that two bars of soap, one roll of toilet paper, two two-ounce bottles of shampoo, and one two-ounce bottle of laundry detergent were distributed to the population per week *“as long as we have the items on hand for the entire population.”* However, an individual who wrote to JHA from Menard in January 2022 said, *“Although Menard was passing out some poor quality hygiene items a couple months ago, all they give us now is one useless bar of unscented soap a week.”*

JHA has also been informed by IDOC administrators since the time of the visit that prisons have been limiting shopping based on the number of items received. For example, if a prison has a population of 1,700 and receives 1,700 candy bars, each individual would only be permitted to

purchase one. During draft review, administrators stated that Menard’s commissary disruption had been exacerbated by the size of the population and the need to provide enough supplies for everyone. While JHA understands the importance of ensuring that as many people as possible have access to as many different items as possible, incarcerated people and their family members have expressed frustration that they are both more limited in how often they can shop than they have been in the past and more limited in what they can purchase when they do get to shop. Incarcerated people report that what they are able to buy at commissary does not last them until the next time they are able to shop or meet their dietary needs. Someone wrote from Menard in January 2022, that he was allowed to buy *“24 noodles, 4 bags of coffee, and some protein shakes with 2 bars of soap. It’s not enough food to substitute for the lack of food they serve us,”* and that many particular items such as toothpaste, deodorant, lotion, vitamins, mouthwash, batteries, paper, and pens were still unavailable.

JHA’s September 2021 visit to Menard increased our awareness of the issues surrounding commissary and the impact lack of available products was having on the people in custody. JHA has continued to seek information on this issue and put forth recommendations; more information on our ongoing efforts are contained in our [December 2021 update](#) and our [February 2022 update](#).

In draft review, Menard administrators stated that as of April 2022, people in the maximum-security part of the prison were shopping twice a month and those in the MSU shopped three times a month, and that although the particular items are not the same as they got in the past, there is not any category of item that is unavailable.

Programming

As of July 1, 2021, workers who are eligible for [Earned Program Sentencing Credits](#) (EPSC)—a mechanism by which incarcerated people can earn days off their sentence through participation in programming—could also earn half a day of sentencing credit for each day worked.

In addition to prison work assignments, IDOC administrators confirmed that Menard has four [Illinois Correctional Industry \(ICI\)](#) programs: meat processing, janitorial and cleaning supplies, knit and sewing, and waste removal and recycling. ICI’s [2020 Annual Report](#) shows the same.

Only the janitorial and cleaning supplies industry (the “broom shop”) and the knit industry were discussed during our visit. In draft review administrators stated they have meat processing, broom shop, knit shop, and recycling active in industries and that future plans include acquiring a Caterpillar heavy equipment simulator. Individuals with industry and other job assignments were typically housed on units with other workers. Administrators told us that this served as an incentive for good behavior because the people incarcerated on those units knew that if there was a problem on the unit, they would not be able to work that day.

Having a job brings some stability and normalcy into the schedules of incarcerated people, and those who had jobs at Menard were generally markedly more content with the amount of out-of-cell time they were getting than those who did not as reported to JHA during the visit. One individual who worked in the broom shop reported that he left the housing unit four days a week to go to work and had additional out-of-cell time five days a week. Another individual who had a job in the infirmary likewise reported that he got plenty of out-of-cell time, although he said he had been opting not to go to yard because he had chronic nerve pain and there was nowhere to sit outside. **JHA recommends IDOC review such yard issues to best meet ADA needs and needs of an aging population.**

Administrators expressed concern about how upcoming changes to ICI, namely the shift in focus from intergovernmental sales to teaching vocational or more reentry-focused employment skills **announced** in July 2021, would affect the workers in Menard’s population. Reportedly, many of the people working in Menard’s ICI programs are serving long sentences, meaning they will not likely be soon transferring the skills they have learned to the community. Many of them have been working at ICI for years, even decades, and depend on the income because they do not receive financial support from anyone in the community.

While JHA generally applauds ICI’s newfound focus on teaching vocational skills, we hope to see some consideration for those with long sentences who have been long-term dedicated workers. Administrators told us that they had been getting questions about the new plan from incarcerated workers and did not have any answers to give them.

The prevalence of people incarcerated at Menard who depend on income from work at the prison to support themselves also highlights the need for increased pay for incarcerated people in IDOC. JHA continues to recommend that IDOC increase pay to meet Illinois' minimum wage.

On housing units that were not designated for workers, many people complained about the lack of productive activity. One individual told a JHA visitor that he would like more access to the library and educational programming. Administrators told us that for assigned students, educational programming continued via packet work throughout the pandemic, but that all programming was in-person at the time of our visit. IDOC's [October 2021 Quarterly Report](#) shows that a total of 27 people at Menard participated in educational programming in June 2021, 34 in July 2021, and 40 in August 2021, spread out between Adult Basic Education (ABE), Advanced ABE, and Adult Secondary Education (ASE). This public reporting includes individuals who are enrolled at Menard's Medium-Security Unit, and it is unclear how many, if any, students were in the maximum population. An individual who wrote to JHA in October 2021 said of the educational programming at Menard: *"IDOC don't have no GED for people that want to go to school. I've been here for three years and they been telling me I'm on the waiting list, but they don't have no school."* [IDOC's January Quarterly Report](#) indicated that there were 23 individuals engaged in in Adult Secondary Education (ASE)—which is what GED level education is now called in IDOC—at Menard in October 2021. In draft review Menard administrators stated that Menard offers GED and ABE classes to all individuals and there is a waiting list, and priority for the classes is given by proximity to release. As of late January 2022, IDOC administrators reported that 163 people were on the waitlist for educational programming. Administrators stated they are looking to add educators and as of April 2022 have five and are starting to pursue a sixth educator position at Menard.

In JHA's [2018 survey](#) of Menard's population, 81% of respondents reported that they were unassigned, 6% were working, 1% were attending school, and 4% reported that they had some other assignment. 8% did not respond. As of January 2022, IDOC administrators reported that there were 97 work or programming assignments in the maximum-security part of the prison,

which had a population of 1,619, and 62 assignments in the medium-security part of the prison, which had a population of 366, meaning that 6% of those incarcerated in maximum-security areas had assignments, compared to 17% of those incarcerated in medium-security areas. While those in the medium-security part of the prison were almost three times more likely to have an assignment, the vast majority of both populations was unassigned. In draft review in April 2022, administrators represented that 23% (~360) of the approximately 1,550 people in Menard’s maximum-security “general division” population at that time had work assignments. When asked about the dramatic reported increase, administrators stated they had increased assignments because of additional need during the pandemic, e.g., for cleaning. **JHA commends the apparent increase in opportunity reported but would require more information about this subject to fully understand the reported assignment percentage increase.**

The October Quarterly Report reflects that, outside of ICI assignments, there are no vocational training programs offered at Menard. JHA notes that while many people incarcerated at Menard are serving long sentences, 33% are expected to be released within the next twelve months, many of whom would benefit from the option to participate in vocational training. One person wrote, *“There are NO programs in Menard. NONE.”* **JHA recommends that IDOC work towards offering productive and rehabilitative programming in all of its prisons in order to make better use of incarcerated peoples’ time as well as prepare them for re-entry.**

In July 2021, an individual at Menard who reported having less than two months left until his released date wrote: *“There is nothing here to help prepare me to have a positive reintegration into society! Nothing!”*

One person in **administrative detention** reported that there was no programming available to those on that status and told a JHA visitor that he would like some. Administrative detention is supposed to be a “non-disciplinary status” that does not unnecessarily restrict privileges but that removes someone from general population. **JHA has long advocated for people in administrative detention to have more positive opportunities and programming.** As of September 2021 there were **reportedly** 11 people in administrative detention (referred to also as

“administrative segregation” in some IDOC reporting, or more recently “administrative RH” (restrictive housing) at Menard and 78 at Pontiac and 12 at Lawrence. IDOC was reportedly revising administrative detention policy as of the beginning 2022. Additionally, more people in administrative detention status were being moved from Pontiac to Menard and Lawrence. In April 2022 draft review of this report administrators stressed that Menard offered mental health groups to individuals who are identified as seriously mentally ill (SMI) in administrative detention and informed us that all people in administrative detention at Menard had been moved to other prisons in February. [Public reporting](#), which became available after this report was drafted and shared with IDOC, reflects a February 2022 end-of-month count of zero people in administrative RH status at Menard, 51 at Pontiac and 31 at Lawrence. JHA visitors heard similar complaints about wanting programming from those in restrictive housing.

An issue that many prisons with large concentrations of individuals with long sentences face is lack of programming for people who still have a long time left to serve. IDOC has directed that incarcerated people with less time left to serve be prioritized for educational and vocational programming over incarcerated people who have more time left to serve. The intention behind this directive was to ensure that individuals had access to some rehabilitation-oriented programming before release. However, in effect, this can result in people with longer sentences languishing without access to any educational or vocational programming whatsoever for years, even if they have gone many years with no major disciplinary tickets. This can be frustrating for incarcerated people who feel that their efforts to improve themselves, and to earn sentencing credits (if eligible), are being thwarted. Having something to work towards can be pivotal to change and improving the mental health of those incarcerated for lengthy periods of time. **JHA recommends that IDOC consider implementing programming aimed at those serving long sentences.**

Out-of-Cell Time

Early in the pandemic, many people at Menard reported being locked down for extended periods of time without the ability to shower, go to yard, or access the law library. In JHA's COVID survey, 67.67% of respondents from Menard said they had gone to yard at least once in the past week, while 8.46% said they were not allowed. An individual wrote in May 2020, *“We have been on lockdown for months (yes, months).”* Another said, *“We went on quarantine which*

is essentially another form of lockdown.” A third person at that time reported that they had been going to yard once a week instead of the usual twice a week and that they had not been able to go to the gym. In draft review administrators stated that when people were quarantining in place with limited movement, showers and law library continued to be offered, however these were provided in smaller groups and law library was prioritized based on deadlines. They noted that shower groups were cut in half and time was allowed to have time for cleaning between individuals using showers.

In JHA’s conversations with people in custody during the September 2021 Menard visit, having a job was the largest determining factor in whether people felt they were getting sufficient out-of-cell time. While people with jobs reported that they were out of their cells for hours at a time multiple days a week, lack of out-of-cell time was a major complaint across the rest of the population based on interviews and other communications. As noted above, in draft review Menard administrators represented as of mid-April 2022, 23% of the population had work assignments, which was an apparent increase since JHA’s September 2021 visit.

The Illinois [Administrative Code](#) requires that people in disciplinary segregation have the opportunity for a minimum of eight hours per week distributed over at least two days per week absent special circumstances (revised 2017) and IDOC’s [November 1, 2020 Administrative Directive](#) (AD) on restrictive housing goes further and requires at least ten hours of recreation per week, including at least one hour of out-of-cell time five days a week, for people in restrictive housing. IDOC last [updated the Restrictive](#)

IDOC’s restrictive housing AD states that “In no event, shall any mentally ill individual in custody in ERH for more than 60 days be provided less than ten hours structured and ten hours unstructured out-of-cell time total per week.... Unless an individual in custody is mentally ill and an MHP has recommended in the individual in custody’s treatment plan that recreation is required, recreational opportunities shall not be required during institutional lockdowns or during institutional emergencies, including, but not limited to, riots, strikes, fires, work stoppages, power outages, pandemics, and natural disasters.”

Housing AD in February 2022. For those in extended restrictive housing (ERH), meaning people who have been in restrictive housing for “29 days or more, but less than 1 (one) year,” the policy requires ten hours of unstructured out-of-cell time and ten hours of structured out-of-cell time per week. Unstructured time includes time out-of-cell for things like yard, showers, and barber services, while structured time is programmed and usually consists of mental health groups. Some people in restrictive housing during JHA’s September 2021 Menard visit reported they were not getting structured out-of-cell time.

Agency rules contain exceptions to minimal out-of-cell mandates, such as for “emergencies” including pandemics. However, a pandemic extending over years seems less emergent.

Administrators told JHA during the visit that most of the population was going to yard for an hour five days a week. However, most people we spoke to throughout the prison during our visit reported that they got five hours of out-of-cell time per week, all on one day. This was reported by several people in the general population. One individual in administrative detention likewise reported getting five hours of yard a week, all on one day, while another reported that he was getting ten hours of out-of-cell time per week, though he did not say what proportion was recreational and what proportion was programmed. Someone in protective custody reported that their out-of-cell time consisted of five hours of yard on one day and two ten-minute showers per week. One person who wrote to us in July 2021 said, *“All out-of-cell time is compacted into one day for five hours, then you are in your cell 24/7 for another week – bottom line.”* Another person who wrote the same month said, *“We’re not getting our yard time nor night yard nor gym time as we supposed to have it, and then when we complain about it, we get wrote up,”* meaning written disciplinary tickets. In draft review Menard administrators reiterated that all individuals are given five hours of yard per week, except for those in restrictive housing, who receive 10 hours a week.

In January 2022, someone at Menard wrote that during COVID-19 quarantine he got no out-of-cell time, and when his housing unit was not under quarantine, his housing area had at best two yards a week for five hours each, three 20-minute showers, and an hour of chapel. This adds up to a total of 12 hours out-of-cell per week, which is 22+ hours in cell per day and equivalent to restrictive housing or solitary confinement conditions. In addition, he stated that yards were frequently canceled resulting in just seven hours out-of-cell weekly, five of which were in one large chunk on one day. **JHA is concerned that despite new policies and ongoing**

recommendations from JHA and others regarding the need for more out-of-cell time, conditions had reportedly not notably improved during subsequent COVID-19 waves. In April 2022 draft review administrators stressed that weekly yard recreation of five hours for everyone other than restrictive housing, and 10 hours for restrictive housing, was due to spacing restrictions or social distancing requirements imposed by IDOC OHS.

While people in the general population and on other statuses that are not restrictive housing statuses are not entitled to the minimum ten hours of recreation outlined in the November 2020 restrictive housing AD, it is not sensible policy for prisons to provide less out-of-cell or recreation time to the general population than to those in restrictive housing. The American Bar Association's [Standards for the Treatment of Prisoners](#) state that, "[t]o the extent practicable and consistent with prisoner and staff safety, correctional authorities should minimize the periods during the day in which prisoners are required to remain in their cells." [The United Nations Standard Minimum Rules](#) state that anyone not engaged in outdoor work should have at least an hour of outdoor recreational time per day, weather permitting.

Having more time out-of-cell, as well as single celling, may incentivize incarcerated people to accumulate tickets in order to get themselves placed in restrictive housing, which can have significant ramifications to the amount of rehabilitative programming a person can access in prison, work eligibility within prison, and their chances at being positively considered for early release mechanisms. **JHA recommends that IDOC ensure both those in restrictive housing and those in the general population and other housing status get more than ten hours of out-of-cell recreation per week, spread across multiple days.** In order for confinement to not be considered restrictive housing or solitary confinement under federal and international human rights standards, people must have at least two hours a day out-of-cell. As someone in Menard maximum-security general population put it, he was in his cell *"163 of 168 hours a week."* **JHA again notes that spending more than 22 hours in cell is widely considered to meet the definitions of solitary confinement or restrictive housing.**

Protective Custody

The [Administrative Code](#) sets out the procedures for requesting protective custody and appealing denials to the Administrative Review Board. People must be placed in protective custody on request and can remain there pending appeal of the denial of continued protective custody status. Some people incarcerated at Menard reported that they had been removed from protective custody despite feeling that their safety was still at risk. Someone who wrote to us in June 2021 and reported that he had previously been extorted by gang members over his

An individual who wrote to JHA in September 2021 said, *“I have been kicked out of protective custody and now I’m in segregation for refusing housing.”* He went on to describe fearing both gang violence and catching COVID-19 in the general population.

sexuality likewise stated, *“I explained to internal affairs my need for protective custody, have several emails with my pen pals to prove what I’m saying, and I am being denied protective custody. I grieved this denial and am in ‘kickout status’ in the protective unit until I see the board. I know for a fact that I will be assaulted as soon as I’m put into general population.”* Menard administrators indicated during draft review that they were unable to follow up on these situations without additional information. **Again, JHA advised greater review of why people were refusing housing or seeking protective custody to best ensure safety.**

On JHA’s [2018 survey](#), 59% of respondents at Menard disagreed with the statement, “I feel safe,” and 71% disagreed that “This facility is safe for inmates.” 44% indicated that there was frequent gang activity at Menard, compared to 22% who indicated that there was not. An individual who wrote to JHA in July 2021 felt that security staff persistently put him in danger: *“Security constantly place me in situations where prisoners who have nothing to lose will be confrontational with me and possibly create a conflict.”*

Restrictive Housing

People are housed in what IDOC calls “[restrictive housing](#),” formerly known as segregation, while on [temporary confinement or investigative status](#) or after being found guilty of a disciplinary ticket. Between July 2020 and October 2021, there were an average of 64 people a month on temporary confinement at Menard, 26 on investigative status, and 57 in disciplinary segregation. IDOC administrators reported that the average length of stay in restrictive housing was 14 days. IDOC [quarterly reporting](#) reflects that in June 2021, the average length of stay in restrictive housing at Menard was 116 days, in July it was 108 days, and August 2021 it was 102 days. The next [quarterly report](#) shows an average of 124 days in restrictive housing at Menard in September 2021. JHA inquired about this discrepancy in draft review and administrators did not furnish a response. JHA believes the vast average number reported variation may be attributable to different ways of counting or inclusion of different statuses in the restrictive housing definition, and **has asked for further clarification regarding length of stay in restrictive housing, and for greater transparency and accountability around current practice, including public reporting of the number of individuals in extended restrictive housing and information about people who are identified as SMI in that status.**

Some Menard administrators expressed concern that incarcerated people were intentionally getting themselves sent to restrictive housing instead of being placed in protective custody or remaining in general population because all individuals in restrictive housing are single-celled. People who are approved for protective custody may be double-celled. According to IDOC’s [October 2021 Quarterly Report](#), as of August 31, 2021, 4% of Menard’s population was single-celled, compared to 94% who were doubled-celled. A remaining 1% were multi-celled. In draft review administrators stated that they did not know to what the multi-celling 1% in the report referred.

One individual who was in protective custody at the time of JHA’s visit told us that he had been stabbed in the face by his previous cellmate, after which he requested to be single-celled and was denied. He shared with JHA that he thought the prison’s determination of who was single-celled and who was double-celled seemed arbitrary.

JHA also heard complaints about conditions in restrictive housing. Administrators told us that seriously mentally ill (SMI) people who are placed on restrictive housing have plans with mental health staff to get off of restrictive housing status and that those who were not SMI also had transition plans in place. However, one individual on restrictive housing told a JHA visitor that he

JHA notes that a condition of being moved off of restrictive housing may be mental health group attendance, and we have heard from some people incarcerated at Menard that they are afraid to leave their cells because they fear being exposed to COVID-19, or because being shackled was traumatic and counter-therapeutic.

did not have a transition plan and had filed grievances about it. Administrators also reported that they are short on space to conduct groups, again with need for social distancing making this more challenging. In draft review administrators reiterated that all individuals were issued KN-95 masks weekly to protect against exposure to COVID-19 and stated that groups were halved to comply with social distancing guidelines and noted that only people who are classified as an “elevated security risk” are required to be moved in leg irons.

Another person on restrictive housing told us that Menard had not been reducing segregation sentences for SMI people. Administrators told us

that they reviewed people regularly and had been giving segregation cuts. IDOC’s [FY 2022 OMR report](#) indicates that Menard gave a total of 2,288 days in segregation cuts to 117 people between July 2021 and October 2021. In draft review administrators stated that between July and September 2021, 16 individuals received cuts of 256 days.

Some people in restrictive housing at Menard told JHA visitors that they were unable to access IDOC’s recent restrictive housing policy, which has undergone revisions and should be available via the library. People also reported difficulty with getting information and communications with the outside world. In September 2021, an individual in restrictive housing at Menard said in a letter, *“We are lucky to be able to make one phone call a month.”* He also said, *“All inmates in segregation are supposed to our audio/visual equipment, but they only allow inmates they want to have them.”* According to IDOC’s restrictive housing policy, individuals in restrictive custody are not permitted audio/visual equipment unless recommended by the designated mental health professional. JHA notes that possessing such equipment can be integral to both an incarcerated

person's access to information and to their ability to keep in regular contact with their loved ones in the community. In April 2022 draft review administrators stated that individuals in custody are given restrictive housing policy and RH intakes are given a restrictive housing manual in addition to the general prison orientation manual, which presumably contains some relevant information about RH status. **JHA has requested a copy of this manual.** Additionally, administrators stated in April 2022 that "Restrictive housing is an incentive-based program. With good behavior, individuals earn more privileges, including audio/visual equipment." In response to JHA's questions about this, administrators stated that after 30-60 days and people in RH may regain items in their property, however, people in this status are not permitted to purchase audio/visual equipment that they did not yet own. Administrators also stated that people in RH are permitted two 15-minute phone calls a month and that this had been the policy in place since the beginning of the pandemic.

In an IDOC presentation at the March 22, 2022 IDOC Advisory Board meeting, administrators presented a graph showing an agency-wide end of month count of 252 people designated as SMI in restrictive housing in October 2021 and indicated that this was down from more than 500 in July 2019; however, the decline had stabilized and even increased since a low of 227 in late 2020-2021. Similarly, although the total number of people in restrictive housing was down approximately 50% between January 2019 to November 2021, the numbers were at best stabilizing between two and three percent of the population over the last year.

Physical Plant

Conditions, a category for issues that impact incarcerated people's everyday comfort and quality of life, including both physical plant issues and commissary, made up 10% of issues those at Menard wrote to JHA about in 2021. A Menard administrator pointed to physical plant maintenance as a major need for the prison. JHA visitors noticed chipping paint in cells and on bars and exterior doors that were partially rusted through on the bottom. An administrator told

us that because the prison is so old, they are sometimes unable to make needed repairs because the necessary parts are no longer made. He acknowledged that the inability to physically maintain the prison gave off the impression of neglect and made it difficult for the people incarcerated there to focus on rehabilitation. In draft review administrators stressed they had projects underway including South Cellhouse plumbing, North 2 Two Gallery renovation, and BMU construction.

Reportedly, there were plans to install additional cameras on the general population housing units, but at the time of the visit, Menard had not been able to get needed parts due to shortages and delays related to the COVID-19 pandemic. In draft review, administrators stated that restrictive housing upgraded cameras to include blind areas and the East Cellhouse camera project is underway. During the visit, administrators also mentioned wanting to repaint and wax the floors throughout the prison. JHA visitors were shown cells to be used for crises where there was a plan to address safety concerns before use for that purpose by removing electrical boxes, placing metal skirts around bunks, installing LED lights, adding clear plexiglass to the doors, making vents “suicide-proof,” and adding boxes around to the chuck holes for more secure food delivery. At the time of our visit, there was no start date for these upgrades. IDOC administrators confirmed in late January 2022 that the planned upgrades for crisis cells were in progress.

Administrators told us that when the temperature rose over the summer, they permitted the chuck holes of cells to be opened to allow for more airflow. This was an improvement because in the past staff concern regarding people throwing things or spitting through the holes may have disallowed the practice. One incarcerated person we spoke to acknowledged that this was helpful but was frustrated that he could not purchase a fan for his cell through commissary due to the ongoing disruption. We were told that the fans from the new supplier did not meet Menard's security requirements during the visit. Since the visit, IDOC administrators have indicated they are trying to relax some of these requirements for available products. In draft review Menard administrators stated, “Fans have always been made available to the population.” Other individuals expressed concerns about lack of cold water. An individual who wrote JHA from Menard in July 2021 stated, *“Sometimes for days/weeks (while it’s as hot as it’s been) only the hot water works. From July 4-July 11, there was no cold running water.”* On the other hand, one individual reported to a JHA visitor about the shower water being *“barely warm.”* During the visit, someone told a JHA visitor that an ice bucket was only passed around his

housing unit in the evening, but he most needed ice in the afternoon when the temperature was hottest. A letter received from Menard in July 2021 said about the ice bucket in his housing area that, *“Sometimes it seems to sit outside so long without coverage, it has cut grass, dirt, bugs, etc. in it.”* The individual also described a five-day period in early July during which ice was not delivered to his housing unit, and he believed correctional officers had been dumping it out. In draft review Menard administrators stated, “Ice and ice water are distributed multiple times per day on first and second shifts during warm months when the heat index is above 85 degrees.”

JHA has also received reports detailing cold temperatures inside Menard during the winter, which are especially concerning given incarcerated people’s still widely reported inability to purchase clothing. A family member of someone incarcerated at Menard reported in December 2021 that cold air was blowing into her brother’s cell at night while one incarcerated person reported in early January, *“I don’t have socks or underclothes,”* and another wrote, *“I cannot get underwear and socks. The stuff they made and give you is usually five sizes too big and wears out in no time.”* A third person writing from Menard in January 2022 who stated that he was indigent reported that receiving stated-issued sheets and blankets was *“practically unheard of.”*

JHA recommends IDOC plan for how to keep the incarcerated population safe in prisons that lack effective temperature control and likewise improve staff working condition comfort.

JHA has also received some reports about pests from people incarcerated at Menard. One individual who wrote us in July 2021 stated that his cell house was *“infested with every type of bug man know of.”* Another individual who wrote us in September 2021 said, *“There’s a nest of bugs on [my cellmate’s] bed and they be falling on me and [my] bunk.”*

Menard’s grounds appeared well-maintained with outdoor murals and landscaping done by people who are incarcerated there. Also, JHA was pleased to see new mattresses being distributed during our visit. However, the need for physical plant updates and maintenance for the century-old buildings was clear. **JHA again recommends that IDOC prioritize the routine maintenance of facilities which directly impacts the health and safety need of people who live and work in prisons.**

Communications and Visitation

During the pandemic, IDOC reportedly waived disciplinary [grade restrictions](#) on use of the phone and offered some free phone calls and electronic messaging. People on C Grade per agency rule are normally ineligible for most institutional privileges other than yard, visits, and restricted commissary; this includes being ineligible for audio/visual privileges, phone calls and video visitation. One individual on C Grade told a JHA visitor that at the time of the visit he was only able to use the phone every other month.

Other communications concerns received during the Menard visit—not exclusively from individuals on C Grade—included a letter from someone stating that it often takes a week to receive electronic messages. JHA also received a report from another individual that it can take weeks or months to receive publications through the mail. The mail service is particularly important because it is not restricted based on grade or disciplinary status. As the only method some incarcerated individuals have to regularly maintain contact with the outside, IDOC should minimize delays as much as possible. In draft review administrators stated “Menard staff reviews all electronic messages daily. All incoming mail is delivered daily with the exception of weekends and holidays.”

Almost half of Menard’s population is from Cook County and the collar counties, hundreds of miles north of the prison. Those individuals may rely primarily on phone calls, electronic messages, and mail to stay connected with their loved ones on the outside. Given the importance of a support system in the community for rehabilitation, Menard should put as few restrictions as possible on communication with loved ones. **JHA continues to recommend that phone calls not be restricted based on grade level.**

IDOC administrators indicated that some of these recommendations were being considered as they updated agency rules in early 2022.

Like other IDOC prisons, Menard had separate times for vaccinated and unvaccinated visitors. [Since June 1, 2021](#), IDOC has allowed visitors to have some

physical contact, play card games or board games, and share food provided that everyone in

Administrators at Menard reported that giving more phone time, waiving grade restrictions, and having free messaging had all been helpful during the pandemic.

the group is vaccinated. During unvaccinated time slots, physical contact, playing board games and card games, and sharing of food is not allowed. Visitors must schedule their visits in advance online or over the phone. Administrators reported that family members preferred being able to schedule visits to showing up at the prison and waiting for a spot to open up. During the visit one person was surprised to learn that he could have visitors despite being unvaccinated; he had not believed he could. On January 31, 2022, after the staff vaccination mandate was in place, IDOC implemented a visitor and vendor vaccine requirement where they must also produce proof of vaccination or get an exemption approval.

During the September 2021 JHA visit, one individual told a JHA visitor that his family had come from northern Illinois to visit him and was turned away. Administrators denied that the prison would have turned away family members but explained that some visitors schedule vaccinated visits but do not bring proof of vaccination and, therefore, cannot be let in during vaccinated visiting hours. In these cases, the prison reportedly offers the visitors a time slot during unvaccinated visiting hours on the same day. Administrators also told us that when family members travel several hours to visit, they are always offered extended visiting hours.

Video visits took place in the same area of the maximum-security prison as no-contact visits. The phone stalls had been outfitted with video kiosks. This area also housed Menard's legal visitation rooms. Administrators reported that due to the prison's age, this was the only area with reliable enough Wi-Fi for video kiosks to work. JHA visitors spoke to two incarcerated people who had just finished with their video visits. One reported that the technology had run smoothly during his visit, while the other reported that he had experienced technological issues. Administrators explained that technological problems often occur when a loved one using a smartphone attempts to connect through cell data rather than using Wi-Fi.

Video visits are a great resource for those whose loved ones are far away or unable to travel, but many IDOC prisons have experienced persistent connectivity issues that hamper the quality of such visits. JHA has received widespread reports of audio issues and with the visits taking several minutes to connect, which are taken out of the incarcerated person's allotted fifteen-minute visit. According to [IDOC's website](#), IDOC has since upgraded the system it uses for video visits to offer greater compatibility with Apple devices.

Healthcare

Menard has a 24-bed healthcare unit that was reportedly understaffed and plagued with backlogs. At the time of the visit the healthcare unit housed 21 people but there were no beds available because capacity depends on what sort of housing people in the unit need (for example if more people need to be single celled there is less capacity). During draft review, administrators stated that when the healthcare unit reaches capacity, individuals' medical needs are met through other measures such as by transferring people to outside hospitals for necessary care. The use of paper records and lack of an electronic medical record (EMR) system, as is still the case throughout IDOC, was also an ongoing concern. Under the consent decree for [Lippert v. Jeffreys](#), a class action lawsuit over incarcerated people's access to healthcare in IDOC, the department was required to have a contract with an EMR vendor by September 6, 2019. As of late January 2022, there was reportedly no implementation date for an electronic medical record system. In late April 2022, JHA received an update from Menard administrators that on March 24, OHS had reported that EMR trials were to begin within the next two weeks.

People continued to share concerns regarding lack of follow-up care and medication continuity. Family members of people at Menard have also reported to JHA difficulty with obtaining medical records despite completing the required [paperwork](#).

Healthcare vacancies reportedly included both state-funded positions and positions that were supposed to be filled through healthcare contractor, [Wexford](#). A member of staff explained that in its ability to attract prospective healthcare employees, Menard was *"not competitive with the street."* According to staff, it could take healthcare professionals a month to

Reportedly, the prison is often unable to contact family members when an incarcerated person passes away. Administrators told us that in four out of five deaths, they were unable to find anyone who acknowledged knowing the deceased. JHA was troubled by this and recommends that Menard ensure emergency contacts are updated annually. Administrators shared that they were in the process of updating all incarcerated individuals' emergency contacts.

earn what they would have earned in a week at a job in the community. Additionally, some hospitals in nearby St. Louis offered signing bonuses that attracted applicants who might have otherwise taken jobs at Menard. Reportedly, the use of incarcerated healthcare aides had reduced the need for certified nursing assistants (CNAs). JHA was pleased to hear about this partial solution, given that having a job was tied to out-of-cell time for the population and this position has a strong potential to teach vocational skills, but notes that staff reported many other healthcare vacancies that this move did not address. In draft review administrators reported that as of April 2022 they had six CNAs but only three were physically onsite and there were two on leaves of absence. Administrators stated the Menard Healthcare Unit Administrator requests updates from Wexford frequently regarding vacancies and stated that some vacancies have been longstanding despite recruitment efforts, stating, “Unfortunately these vacancies impact follow-up care, medication continuity, dental services, and optometry services.” Administrators indicated that they had requested Wexford broaden onsite services including specialty tele-med services, mobile x-rays, and mobile MRIs. Additionally, Menard had reportedly been approved for fulltime physical therapist and optometrist positions, which had previously both been part-time; and additional ancillary staff including two medical records assistants, five medical staff assistants, and a medication room assistant. The positions had reportedly been posted by Wexford.

Lengthy backlogs were reported for appointments with both the dentist and the optometrist. A staff member reported a year-long wait for extractions and fillings and a two-year wait for cleanings. A family member of an individual incarcerated at Menard wrote to JHA in August 2021, “[He] spoke about his cellmate going to the dentist to get a filling and was told it would be a year and two years to get teeth cleaned. [He] was at Menard almost a year before he was able to get a bad/rotting tooth pulled that he had been dealing with since he was at [County jail.]” An incarcerated person we spoke with during our visit had repaired his own glasses with tape and reported that they had been broken for a long time. Administrators stated during draft review that the facility utilizes the same eyeglass frames for all individuals in custody and replacement glasses frames are kept onsite at Menard in case of broken eyeglass frames.

Those incarcerated at Menard also complained of poor healthcare, and concerns about medical care—primarily about untreated medical or mental health conditions—made up 10% of issues those at Menard wrote to JHA about in 2021. During our visit, someone told a JHA visitor that he had not gone to yard for three months because his leg prosthetic did not fit correctly.

Reportedly, he was scheduled to see an outside provider about the issue, but the visit had repeatedly been cancelled and rescheduled. During draft review, administrators reported that in the event someone's prosthetic needed repair or replacement, the individual would be offered an ADA accommodation, possibly including a wheelchair for out of cell activity, such as yard, while waiting to see a specialty service. One person who wrote to JHA in July 2021 discussed having developed a skin condition on his foot: *"The 'not do nothing or give some O.T.C. (over the counter) remedy hoping it works' [attitude] is still the norm. Each medical personnel I spoke with (none were doctors, a nurse practitioner or less) all had the same IDOC practice mentality: 'let's try this for 30 days' approach."* Meanwhile, his skin condition spread to other parts of his body. Another person who wrote from Menard in July 2021 similarly said, *"I have been suffering from chest pain, gastrointestinal issues for over a year now. I mean I suffer daily, and I.D.O.C. has done nothing but experiment on me by prescribing a series of pills and anti-acids that provide minimal relief at best."*

An individual who wrote to us in July 2021 reported that during sick call, *"Some of the nurses won't speak, tell you who they are, or respond to questions related to overall healthcare depending on who from the security staff are escorting them."* He also recalled an encounter with a nurse came to his cell to see his cellmate: *"I did not know if she was a nurse or administration, and I asked her 4 or 5 times only to be ignored. All I wanted was to turn in my refill sticker for my medication. The security person eventually told me to stop asking her questions."* He attributed the behavior of correctional officers escorting healthcare staff to discomfort with cordialness between White women and Black men. Finally, he described inattentiveness from the healthcare staff: *"The nurses never make wellness rounds. If you do not receive controlled medication, you will never see a nurse at your cell, and if you live on the back end of the gallery in the last cell, you will never see a nurse."*

Administrators responded in draft review "Individuals in custody have access to healthcare services 24/7. Healthcare and Security partner in the delivery of healthcare services to the individuals we serve. IDOC formulated the nurse sick call process to provide individual treatment for medical concerns that frequently can be treated with over-the-counter medications as well as education. IDOC provides guidelines mandating an automatic referral to a provider if the individual is seen three times within 30 days for the same complaint. This is a guideline and ultimately the assessing nurse can make [a] determination of medical urgency."

Mental Health

Like the healthcare staff, the mental health staff reported that the team was very shorthanded. Reportedly, first shift was fully staffed, but staffing on second shift was sparse. During draft review, administrators stated that 8 of 11 behavioral health therapy positions and 11 of 18 qualified mental health professional positions were filled, meaning that just over a third of mental health-related positions were vacant. Staff stated that they started doing weekly rounds on all general population housing units during the COVID pandemic and that it went “*better than expected.*” Similar to other prisons JHA has visited since the beginning of the pandemic, the mental health staff noted that the most common issue for those new to the mental health caseload was concern about the health of family members. Reportedly, mental health groups ran every day until 7:30 PM, but like other programming they had struggled with the constraints of social distancing requirements. JHA has also heard from some people incarcerated at Menard that they had not been attending mental health groups because they were fearful about being exposed to COVID-19 or even staff more generally. One person in restrictive housing reported that having to come out of his cell surrounded by staff for group or to take medications triggered his PTSD from previously being assaulted by staff, so he just did not go to group or take his medications.

In the healthcare unit, JHA was told that someone placed on crisis watch—a special status where an individual is moved into a crisis cell that is more heavily supervised than cells on general population housing units and is designed to prevent individuals from harming themselves—reportedly would not receive any out-of-cell time for their first seven days. If they are still on crisis after seven days, they may be offered yard time depending on an evaluation from mental health staff. **JHA does not believe this is the official policy and that mental health staff should be involved in the determination of whether people can get out-of-cell on crisis.** In draft review administrators acknowledged that out-of-cell time in crisis should be decided in consultation with mental health staff.

One individual JHA visitors spoke to during our visit reported that he had been on crisis for three months and felt that he still needed to be there. The individual also reported that the correctional officers assigned to the unit had antagonized him in order to pressure him to go off crisis. He stated that one of the correctional officers physically assaulted him in his crisis cell and that he reported the assault, but the correctional officer was still working the unit. JHA believes the

areas outside crisis cells in North already have cameras installed, meaning there should be footage that can be reviewed. Menard administrators indicated during draft review that they would continue reviewing this issue. Concern regarding long term stays in crisis status and people's inability to move to higher level mental health care settings within IDOC have been raised in the *Rasho* mental health litigation [court-appointed monitor reports](#).

Staff reported that other than groups, crisis calls made up the bulk of second-shift mental health activity. Staff told us that lieutenants and sergeants were trained to handle crisis calls when no mental health staff was available. One member of the mental health staff stated that she had witness security staff performing crisis services and that the security staff were “*therapeutic*” and followed their training. She felt that the mental health team and security staff worked well together.

JHA has received concerns from those incarcerated at Menard about lack of response to crisis calls, although in some cases, it was not clear whether the individual had received no response or if they had gotten a response different from what they had expected, e.g., security staff instead of mental health staff. One individual who wrote to JHA in July 2021 said, “*I had an issue that warranted intervention/crisis team access and I was told that the ‘crisis team’ had left for the day, at 2:36 PM on a Tuesday.*” It was unclear if the individual was referring to mental health staff specifically or anyone who trained to handle crisis calls. **JHA recommends more communication with individuals surrounding crisis practices – and in particular, the point that mental health staff will not always handle initial responses – in order to avoid incarcerated people feeling like their crisis calls were not responded to.**

Menard also had a new Behavioral Management Unit (BMU), a unit for incarcerated people who require more intensive mental health care than is offered to those in the general population. At the time of the visit there were reportedly five people in the BMU. Menard's BMU is reportedly unique in Illinois, in that it accepts people who have not been successful in other BMU programs in IDOC, with the goal of eventually being able to transfer those individuals to the psychiatric units at Pontiac or Dixon or to the general population. JHA was pleased to hear about these successes and hopes to see more individuals complete the program and be able to join the general population, where conditions are often less restrictive and there may be other programming opportunities available.

Grievances

Concerns about the grievance procedure were the fourth most common issue JHA heard about from people in Menard in 2021, behind requests for information, staff conduct, and conditions/medical care (tied for third). Menard administrators acknowledged that the prison was a month and a half behind on responding to grievances during the visit. Their goal was to be caught up by October 29, 2021, and they had assigned additional staff to grievances and requested that staff work overtime in order to accomplish that. Reportedly, the most commonly grieved issues were related to healthcare and property. An individual who wrote to JHA in September 2021 told us, *"Somehow, my grievances never get responded to."* Incarcerated people feeling like grievances never receive responses has been a longstanding problem for IDOC and is something the agency has plans to improve. As of late January 2022, IDOC administrators reported that there was still a backlog of 108 grievances at Menard. In April 2022 draft review, administrators stated "We are actively working on always

Mental health staff reported that at the time of our visit, two people had finished the program and been able to leave the BMU and return to other prisons with residential treatment units (RTUs). They attributed these successes to being able to select staff who worked well with the population and having continuity in those staff who are empowered to keep promises made to the people in their program. As one staff member put it, "Incentive-based is paying off."

clearing a backlog. Currently the backlog is declining. There are issues at times that arise which cause an influx of submitted grievances throughout the year.” **In the near term, JHA hopes to see Menard fully address their backlog, as it is essential for those incarcerated in IDOC to feel that they have a path redress.**

JHA has also heard reports from Menard of efforts to file grievances being hindered on the front end. Someone who wrote to JHA in July 2021 recalled that he had had a hard time accessing a grievance form: *“It took me weeks to get a grievance form, and I didn’t get it from an officer. I purchased it from an inmate for \$2. They never have these on hand.”* During draft review, administrators stated “Grievance forms are available upon request in all living units. A written policy and procedure is being written to ensure adequate grievances [forms] are on hand and made available in all cellhouses upon request.” JHA has also received letters from those incarcerated at Menard who reported that their attempts to file grievances were frustrated due to their grievances being lost. One person who wrote to us in August 2021 said, *“They lost my first two grievances regarding the incident, so they say they will not investigate it.”* Administrators stated in April 2022 that individuals are notified that their grievance has been received through the institutional mail and that anyone who does not receive a notification can inquire about the status of their grievance.

Many people at Menard are not able to leave their cells to drop their grievances in the stationary boxes located on housing units, particularly during COVID quarantines. On these housing units, administrators stated that the mobile grievance box should be passed down the unit every day. Multiple people, including a concentration in protective custody, reported to JHA visitors that the grievance box was not regularly circulated. **JHA recommends that the supervisors on each housing unit be tasked with ensuring that the grievance box is accessible on the unit every day.** During report review, administrators stated that individuals in custody have been notified by Procedural Bulletin FY19/IN-#29 Grievance Procedure, dated November 1, 2018, regarding the proper procedure to submit grievances. They state, “There are locked boxes available in each cellhouse as well as portable boxes that are taken around on the 3p-11p shift if the cellhouse is on limited movement. The individuals are advised to place the grievance in the boxes themselves. We continue to have some individuals mailing grievance through institutional mail or placing grievance on the bars for staff or other individuals to submit on their behalf.”

JHA has continued to follow up with IDOC administrators regarding reports of grievance system issues, including a report from Menard in December 2021 regarding grievance forms, paper and pens being unavailable in restrictive housing at Menard. In response to raising these concerns, JHA was told that 135 grievances had been received from people housed in that area in the preceding 60 days. JHA was also informed that in light of ongoing commissary issues, Menard was distributing some paper to people. In January 2022, people at Menard continued to report issues getting writing implements and that, "*Grievances are ignored or never returned, the same with requests to the counselors.*" In April draft review, administrators stated, "Once the grievance is received by the Grievance Office, within 48 hours of receipt (weekends/holidays excluded), a designated staff member will also provide a form receipt by printing off the CHAMP entry. The CHAMP entry will be sent through institutional mail to the individuals. The individual will then be on notice that the grievance is being reviewed. If the individual is not provided a CHAMP entry, they can inquire as to the status of their grievance."

In response to JHA's request for Menard's grievance summary for 2020 and 2021, IDOC provided in January 2022 a chart showing a monthly breakdown of grievances and their outcomes. However, during the April 2022 draft report review, Menard administrators stated that the chart IDOC provided was inaccurate and requested that JHA remove it from this report, stating "The Report that JHA referenced is not an accurate depiction of how many grievances are reviewed with a percentage of specific dispositions to correlate over the course of the month." JHA did not receive any corrected grievance data from either Menard or IDOC or explanation of how the chart earlier provided was inaccurate. We did not include the chart or data based on the Agency's representation that it lacked accuracy. Grievances and tracking this data are important ways to gauge not only the functionality of a specific system but provide an opportunity for people who are in prison to have issues heard, resolved, and responded to, while revealing areas of concern inside carceral environments. **This data should be collected with care and accuracy and publicly reported regularly to shed light on a system in dire need of oversight.**

JHA understands that the grievance process in IDOC is currently under review and that efforts are being made to improve the responsiveness and timeliness of the system. Providing unimpeded access to the system, along with timely, on point and considered responses, and accurate data tracking, are all critical to having a grievance system that is effective. **JHA will continue to**

provide recommendations for system improvement and monitor the policies and implementation of IDOC's new grievance process.



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

Incarcerated individuals can send privileged mail to report concerns and issues to the John Howard Association, P.O. Box 10042, Chicago, IL 60610-0042. JHA staff are reading every letter and tracking this information to monitor what is occurring behind prison walls and to advocate for humane policies and practices. Family and friends can contact JHA via our website www.thejha.org or by leaving us a voicemail at (312) 291-9183.

Since 1901, JHA has provided public oversight of Illinois' juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails, and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions. JHA humbly thanks all the persons who agreed to be interviewed for this report and who graciously shared their experiences and insights with us.



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