

HEALTHCARE IN PRISONS AND JAILS IN THE STATE OF ILLINOIS

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WRITTEN BY

Rodrigo Vega, Amy Bedolla, Zeennah Akorede, Kimberly Espinosa,
Saniyah Mohiuddin, Khushi Patel, Tara Vijay



A research report on the healthcare inequalities
in prisons and jails in Illinois, and a call to action.

By the Future Justice Lawyers of Chicago

Introduction

In the State of Illinois, the lives of incarcerated individuals are at risk as they continue to face judgment and neglect. Many people treat a criminal conviction as if it revokes a person's humanity, allowing conditions that are detrimental to life during incarceration. One of the most prevalent problems of this kind is health care. Incarcerated people held in state prisons suffer from a severe inadequacy of medical care. Complications from simple, treatable conditions that lead to needless pain, and even death. The conditions these inmates face are both illegal and immoral. There needs to be widespread awareness of the scope of these issues, which raises the questions: what specific health-care problems are inmates experiencing while incarcerated, and how can those problems be alleviated or eliminated? Conviction should not warrant suffering or death; individuals must receive adequate and fair medical services. In Illinois, the health care and medical services available to incarcerated individuals are insufficient and require reforms to the prison system, such as increased funding for proactive health-support programs paired with independent prison monitoring agencies to ensure the well-being of inmates. Through research and various interviews, we investigated the prison system in Illinois to report on these issues and hopefully improve the lives of those whose liberties have been revoked.

Women's Initiative

The conversation surrounding mental health in jail reveals a contentious debate about what is the best solution to treat incarcerated individuals who struggle with mental health disorders and if incarceration actually helps those individuals. Incarceration has been viewed as an effective solution to ensure that people do not harm themselves or others. This same sentiment believes that jails and prisons act as a protection, a place of safety for individuals who have a mental illness. However, research reveals that incarceration can lead to lasting negative impacts on the mental health of incarcerated individuals, but most prisons and jails provide mental health services for people.¹ A question remains about how jails can reduce recidivism and improve people's lives. Programs created in women's facilities are at the center stage of our discussion on mental health and the impacts of mental health services in jails.

Women who are incarcerated face a unique obstacle as women's incarceration rates are rising faster than men's.² The impact of incarceration on mental health appears to be greater for women than men and the link between incarceration and mental health disproportionately impacts women.³ Numerous factors play into women's health. Dr. Elizabeth Feldman, former associate medical director at Cermak Health Services, provided insight into factors impacting incarcerated women's mental health. During an interview with Dr. Feldman, a key stressor for women was the worry of taking care of their children and avoiding having any children that they had not planned. Other significant factors include past trauma, most often sexual abuse. Many of these factors that impact women's mental health also contribute to the likelihood that women will re-

¹ From Dr. Elizabeth Feldman Interview by Zeannah Akorede, Amy Bedolla, and Sanayah Mohiuddin, 2025, below; From "Mental Health Treatment While Incarcerated" published by National Alliance on Mental Illness, 2024

² From "Jail Staff Members' Views on Jailed Women's Mental Health, Trauma, Offending, Rehabilitation, and Reentry" written by Belknap, Lynch, and DeHart, 2015

³ From "Jail Staff Members' Views on Jailed Women's Mental Health, Trauma, Offending, Rehabilitation, and Reentry" by Belknap, Lynch, and DeHart, 2015

offend. Mental health for women in jail must take priority, as jail worsens women's mental health and increases the chance of re-offending.

Cermak Health Services, a part of the Cook County Health System, is one of the biggest single-site correctional health services in the United States. It works more like an infirmary wing compared to a traditional hospital but provides a comprehensive range of services. Their services include specialty and primary care, mental health, dental services, substance abuse treatment, and rehabilitation. Cermak operates 24/7 mental health and lab services. They also provide specialists from Cook County Hospital, such as cardiologists and gynecologists, to treat patients on-site. Cermak includes an on-site dialysis unit, permitting patients to get treatment without leaving jail. When patients arrive, a healthcare provider examines them to determine appropriate housing and treatment, whether in the infirmary, withdrawal units, or the general population.⁴ The facility's pharmacy uses robotic technology to manage and track medication distribution, with around 2.3 million doses administered yearly.⁵ Though the average stay is around a month, many patients stay 72 hours or less, which presents obstacles for treating conditions like sexually transmitted infections that need quick follow-ups. Cermak stresses consistent and ongoing care after release by using Cook County Health's shared electronic medical records and making sure community providers can access patients' jail health records. Patients are usually grateful for the attentive and respectful care offered by Cermak healthcare providers. Healthcare providers also concentrate on educating patients about their health, usually giving information and advice previously unknown to patients.

The Relationship Between Healthcare Providers and Law Enforcement

The relationship between healthcare providers and law enforcement in jails and prisons has a deep-rooted tension but still requires collaboration regardless of structural and philosophical distinctions. Healthcare providers, specifically individuals working for institutions like the Cook County Health System, are public health servants whose mission is to advocate for and provide healthcare to incarcerated people. The mission of healthcare providers contrasts with the mission of correctional systems, which prioritizes safety and a secure environment. Thus, there is a conflict of interest for healthcare providers employed by correctional departments. Dr. Feldman emphasized that during her time as an associate medical director at Cermak Hospital, she worked for Cook County Health, not law enforcement or corrections. However, regardless of their mission, healthcare providers were 'guests in the house of corrections.'⁶ Therefore, providers had to follow some rules to make sure patients received care. This dynamic resulted in some "pushback" and "microaggressions" from officers or burned-out healthcare providers who might not support rehabilitation efforts or treat individuals with respect.⁷

There is a critical distinction in the structure of healthcare in jails compared to prisons. Jails are mainly pre-trial facilities, with many individuals released without conviction. In Cook County

⁴ From Cermak Health Services, <https://cookcountyhealth.org/wp-content/uploads/13.-Cermak-Health-Services-05-23-16.pdf>, 2016

⁵ From Dr. Feldman Interview, 2025

⁶ From Dr. Feldman Interview, 2025

⁷ From Dr. Feldman Interview, 2025

Jail, healthcare is offered by Cook County Health, providing patients with comprehensive services. Some patients preferred jail over prison due to the quality of care.⁸ On the other hand, prisons are for convicted individuals serving long term sentences. In contrast, healthcare in many state prisons often relies on for-profit entities hired by wardens, which creates conflicts of interest.

Within the jail, multiple “players” shape the overall environment. Dr. Feldman’s team of psychiatrists and social workers worked for Cook County Health System as a public health safety net, with patient care as their primary focus. Correctional Rehabilitation Workers (CRWs) were social workers working for the sheriff, connected families, and external providers, creating a “dual system” of support. Regardless of the deep-rooted tensions, collaboration between healthcare providers and law enforcement is crucial. Providers realized that collaboration with correctional staff was needed in order to achieve their mission. This involved, for example, aligning with the court system for patient appointments, such as scheduling dialysis around court dates. It is not always perfect, but there are attempts at collaboration and alignment. Overall, an ideal justice system for incarcerated individuals with mental health needs would be free of correctional facilities, prioritize trauma-informed treatment, and incorporate peer counseling with the help of well-trained, sensitive providers who believe people who are struggling. Policy efforts should push correctional systems to cooperate with public health organizations in their communities, acting as servants of public health rather than being bound to correctional rules.

Key Programs and Initiatives for Women on Mental Health

The Cook County Jail and the Cook County Health System have initiated several programs aimed at improving the mental health of women in custody. Three key program initiatives are the Opioid Treatment Program, Family Planning Services, and Women’s Justice Program.

The Opioid Treatment Program is “the only Certified Opioid Treatment program in a correctional facility in the State of Illinois”.⁹ Only 43.8% of jails in the United States “offer life-saving medication for opioid use disorder”.¹⁰ Thus, the Opioid Treatment Program is a rarity and, for many incarcerated people, according to Dr. Feldman, an opportunity to improve their addiction and mental health. The Opioid Treatment Program, as Dr. Feldman described it, “coordinated care” with other providers even after individuals were released, ensuring that they would not be deserted in their recovery. Mental health services for incarcerated people cannot be a one-time experience that is only accessible while in prison or jail. Treatment programs like the Opioid Treatment Program not only attempt to solve addiction but also continue to motivate and guide people to continue treatment, which is critical to improving the mental health, triggers for addiction, and overall wellbeing of incarcerated people. Although opioid overdoses continue to rise in the Cook County Jail, the program is an attempt at improving mental health and overall

⁸ From Dr. Feldman Interview, 2025

⁹ From “Cook County Health’s Correctional Health Program at Cook County Jail Accredited for Quality Health Care Services” by Cook County Health, 2024

¹⁰ From “Factors Associated With the Availability of Medications for Opioid Use Disorder in US Jails” written by Elizabeth Flanagan Balawajder, Lori Ducharme, Bruce G. Taylor, 2024

health outside of jail.¹¹ Focusing on opioid abuse can be a form of mental health care that encourages people to be mindful of how opioid abuse can impact one's mental health.

The Family Planning Services, started by Dr. Elizabeth Feldman in 2014, is a great example of addressing issues that can help alleviate women's mental health struggles. Around 72% of women who were incarcerated were not using birth control prior to their incarceration.¹² The lack of reproductive control and even education about their bodies negatively impacts women.¹³ As Dr. Feldman discussed, the Family Planning Service's focus on educating women about their bodies and options for reproductive control influenced women's mental health. The sources of women's hopelessness about what happens after they are released were addressed through this program by targeting a critical issue: lack of reproductive control. Targeting stressors for women reduces mental health issues, and the Family Planning Service is a critical piece of it. It is part of the solution to further enhance the impact of mental health services outside of the jail. However, there remains an issue of access to contraceptives after women exit jail. Nonetheless, the program emphasizes building a foundation for growth that might not directly target mental health but focuses on factors that worsen women's mental health.

The Sheriff's Women's Justice Program, an initiative started by Sheriff Thomas Dart in 2012, which is now no longer available, targeted sources of trauma for women. According to Dr. Feldman, a psychologist led the program with the help of a couple of graduate students in psychology. It focused on women's substance abuse and the trauma associated with it, while also helping women prepare for life outside of jail.¹⁴ Although the program is no longer active, there was a real effort to improve women's circumstances and help them face their trauma directly. The impact, however, is unknown, and there are very few articles or data to determine the exact effect on recidivism. Still, this program was a great attempt at not punishing women for their situations and instead working with them to improve their lives as they face their trauma. This program is an excellent example of trauma-informed care, and programming.

Trauma-Informed Care and Programs' Impact on Recidivism

The social injustice inherent in the prison healthcare system lies in the systematic denial of equitable, autonomous, and trauma-informed medical care to incarcerated individuals. Although the Eighth Amendment prohibits cruel and unusual punishment and entitles incarcerated people to healthcare, they often face significant barriers to receiving timely and adequate treatment. Conflicting roles in the correctional facilities, where healthcare providers must operate under the control and constraints imposed by security-focused correctional staff, exacerbate injustice. Consequently, the needs of patients frequently take a backseat to institutional safety and order, leading to compromised care and increased suffering.

¹¹ From Cook County Government, <https://www.cookcountyil.gov/news/cook-county-medical-examiners-office-confirms-record-2000-opioid-overdose-deaths-cook-county>, 2023

¹² From "Cook County Jail expands family planning and birth Control Services." written by Alex Ruppenthal, 2017

¹³ From "Women's Reproductive Mental Health: Currently available evidence and Future Directions for research, Clinical Practice and health policy", Louise M. Howard et. Al, 2025

¹⁴ From Dr. Feldman Interview, 2025

This issue affects a substantial population, with millions of incarcerated individuals in the United States, many of whom suffer from chronic illnesses, mental health disorders, and substance use challenges. According to the Bureau of Justice Statistics, jails and prisons nationwide hold over 2 million people at any given time, and a majority have complex health needs requiring consistent and comprehensive care. The failure of the prison healthcare system to adequately address these needs results in worsened health outcomes, including higher rates of untreated illnesses, mental health crises, and even preventable deaths. Furthermore, the stress and trauma of incarceration, combined with inadequate care, exacerbate existing health disparities, disproportionately affecting marginalized communities that are overrepresented in the criminal justice system. This perpetuates cycles of disadvantages and undermines efforts for rehabilitation and successful reentry into society. A significant injustice in the correctional system is the systematic neglect and inadequate provision of healthcare to incarcerated individuals. Despite legal mandates, incarcerated people often receive substandard care due to the inherent conflict between correctional security priorities and healthcare missions. Healthcare providers working within jails and prisons frequently find themselves constrained by correctional policies and cultures that prioritize control and punishment over patient-centered care. This environment limits providers' ability to fully advocate for their patients, leading to poor health outcomes. The injustice is rooted in institutional structures that treat incarcerated individuals not as patients with rights but as security risks, undermining the ethical principles of medical care and human dignity.

Moreover, the subordinate positions of healthcare providers within correctional facilities can foster mistrust among patients and contribute to a culture of neglect. Instances of “pushback” or microaggressions from correctional staff, as noted by Dr. Feldman, reflect systemic resistance to healthcare priorities in security-driven institutions. Burnout among providers and inconsistent collaboration further undermine the quality of care. These conditions disproportionately affect marginalized groups, including people of color and those from low socioeconomic backgrounds, who are overrepresented in the justice system. This creates a feedback loop of social injustice, where health disparities deepen due to incarceration, and poor health outcomes reduce opportunities for rehabilitation and successful reintegration. To address the deep-rooted injustices within the correctional health system, it is essential to implement systemic reforms. This includes separating healthcare from correctional oversight, expanding funding and resources, and adopting trauma-informed, patient-centered care approaches. By shifting toward public health-driven policies that prioritize treatment over incarceration for individuals with mental health needs, we can reduce many of the harms currently faced by this population. Ultimately, ensuring the health rights of incarcerated individuals is not just a public health issue; it is a crucial step toward creating a more just and equitable criminal justice system.

Medical Care in Cook County

Although efforts to ensure healthcare for all often focus on how individuals engage with traditional institutional care, we must not forget those consistently impacted through the prison industrial complex. People's rights are only further repressed, self-autonomy is limited, and injustices become more pronounced once individuals become incarcerated despite growing efforts to protect their civil rights. Additionally, the criminal legal system has historically and largely impacted Black and Latine communities, with “one in three Black men and one in six

Latino men born in 2001 [expecting] to go to jail or prison at some point in their lifetime.”¹⁵ A movement calling for health justice cannot exist without the acknowledgement of the physical and social isolation that these institutions enforce for incarcerated individuals. The existence of prisons and detention centers exacerbate and contribute to the dehumanization of people incarcerated.¹⁶ Additionally, the incarceration system creates greater gaps in health disparities through factors like being at a higher prone rate for disease transmission, denial or lack of the necessary medical attention and preventive care, compulsory practices like sterilization, medical experimentation, and more.¹⁷ With the United States remaining one of the only countries with the highest incarceration rate globally and with ongoing displacement and mass incarceration of individuals through the current immigration raids occurring nationwide,¹⁸ we need to consider the intersecting identities of those incarcerated. Meeting medical needs is important for any population, and it should remain a priority of health justice to ensure access to basic care for all vulnerable communities including detained individuals.

A Brief History of Healthcare in Prisons

In 1964, *Cooper v. Pate*, the U.S. Supreme Court ruled that state prison inmates have a right to sue for medical grievances in federal court.¹⁹ The court reasoned that the Bill of Rights and its protections applied to inmates. In Another SCOTUS case, *Estelle v. Gamble* (1976), established the constitutional right to adequate medical care in correctional facilities.²⁰ More than just a legal proceeding, this was the story of J.W. Gamble, an inmate at the Texas Department of Corrections who was denied necessary care after going through a work-related injury. When unable to work as a result of his pain, he was placed in solitary confinement. Over time, and after ignoring his pleas for help, his condition worsened. As a result, the Court reasoned that Gamble's Eight Amendment had been violated. The court added to its opinion; “deliberate indifference to serious medical needs of prisoners constitutes the ‘unnecessary and wanton infliction of pain’... proscribed by the Eighth Amendment.” It established a legal obligation for healthcare in prisons. While continuing to seek adequate quality medical care to this day, this case also brought forth the need for medical healthcare in facilities across the country. SCOTUS decisions carry so much power in the legal system, it is important to note the nuance set by this case. Could seeking

¹⁵ Bonczar TP, & Beck AJ (1997). Lifetime likelihood of going to state or federal prison (Bureau of Justice Statistics Special Report, No. NCJ-160092). Washington, DC: U.S. Department of Justice, Office of Justice Programs. <https://bjs.ojp.gov/content/pub/pdf/Llgsfp.pdf>

¹⁶ Previous cite

¹⁷ Knight, K., & Flynn, P. M. (2012). Clinical trials involving prisoners: a bioethical perspective. *Clinical investigation*, 2(12), 1147–1149.

¹⁸ Haney, T. (2025). Immigration raids could “devastate” construction in the United States, says industry leader. *NPR*. <https://www.npr.org/2025/06/11/nx-s1-5428169/immigration-raids-construction-workers-hispanic-construction-council>

¹⁹ U.S. Supreme Court. (1964). *Cooper v. Pate*, 378 U.S. 546 (1964). Justia Law. <https://supreme.justia.com/cases/federal/us/378/546/>

²⁰ Experts In Medicine. (n.d.). How the Estelle v. Gamble ruling improves inmates’ access to correctional care! *Experts In Medicine, LLC*. <https://www.expertsinmed.com/article.cfm?ArticleNumber=1017>

adequate medical care within a system that exists to confine individuals for “safety” be counterintuitive to the conditions correction facilities exhibit through their existence?

Healthcare from Inside: Cook County Department of Corrections (CCDOC)

The Cook County Department of Corrections (CCDOC), located in Little Village, Chicago, Illinois, is one of the largest single-site complexes in the U.S.²¹ Most of the individuals detained here are held awaiting trial, with a daily population of 9,000.²² Its history has been characterized by the persistence of unjust conditions for people surviving these confined spaces. Nichols (2023) reported for the Public Interest Law Reporter at Loyola University Chicago School of Law about the inadequate living conditions which included moldy and contaminated food, pest infestations, and abusive correctional officers.²³ Earlier in the spring of 2023, a group of former inmates spoke about the inhumane conditions they experienced from inside the CCJ.

If a violation of rights occurs, filing grievances remains another limitation of the bureaucracy in place. The Prison Litigation Reform Act (PLRA) from 1996,²⁴ requires inmates to file grievances within the very system that harmed them, leaving individuals hopeless as they seek justice.

COVID-19

The COVID-19 pandemic presented one of the largest health challenges for many marginalized populations and this was especially true for Black, Latino, and Native American people who also make up a large group of the people in correctional settings.²⁵ This was the case in Cook County Jail (CCJ) too. On March 18, 2020, just a few days after the United States declared COVID-19 pandemic a national emergency, the site indicated its first suspected case of COVID-19.²⁶ While any detained individual reporting COVID-19 symptoms was isolated, given resource capacity at the beginning, only asymptomatic individuals at high-risk for developing COVID were initially

²¹ Cleve, N. G. V. (2018). The Waiting Room. *The Marshall Project*. <https://www.themarshallproject.org/2018/10/31/the-waiting-room>

²² Department of Corrections. (n.d.). Department of Corrections. *Cook County Government*. <https://www.cookcountyil.gov/service/departments-corrections>

²³ Nichols, L. (2025). “If you die, that’s on you”: The persistence of inhumane conditions at Cook County Jail. *LAW eCommons*. <https://lawecommons.luc.edu/pilr/vol29/iss1/17>

²⁴ ACLU. (n.d.). Know Your Rights: The Prison Litigation Reform Act (PLRA). *American Civil Liberties Union: THE PRISON LITIGATION REFORM ACT (PLRA)*. https://www.aclu.org/sites/default/files/images/asset_upload_file79_25805.pdf

²⁵ Novisky, M. A., Nowotny, K. M., Jackson, D. B., Testa, A., & Vaughn, M. G. (2021). Incarceration as a Fundamental Social Cause of Health Inequalities: Jails, Prisons and Vulnerability to COVID-19. *The British Journal of Criminology*, azab023. <https://doi.org/10.1093/bjc/azab023>

²⁶ Zawitz, C. et al. (2021). Outbreak of COVID-19 and interventions in a large jail—Cook County, IL, United States, 2020. *American Journal of Infection Control*. [https://www.ajicjournal.org/article/S0196-6553\(21\)00168-1/fulltext](https://www.ajicjournal.org/article/S0196-6553(21)00168-1/fulltext)

tested.²⁷ As the month unfolded, from March 1 to April 30, 2020, the CCJ saw 907 COVID-19 cases among its detained population and staff.²⁸

Current Health Care Systems: Systemic Challenges & Ethical Concerns

The current healthcare system in Cook County's correctional system has some notable systemic challenges and ethical concerns as covered through research and news headlines. Despite budget cuts to the prisons, Cook County Jail staff have received mental health training.²⁹ However, this practice is not commonly implemented in jails across the country. According to *Mother Jones*, there are many cases of inmates with mental health issues that need care, it costs three times as much to house an inmate that needs help with mental health. In the article it also speaks on the many inmates who have gone through substance abuse, depression, and trauma. The facility has a Mental Health Transition Center that provides incarcerated people with access to individual and group therapy along with a Supportive Release Center to help people with reintegrating into society.³⁰ The training and centers help lead to more responsive and positive care, contributing to more personal growth and rehabilitation of the inmates. It provides a safer jail environment but also gives support to people to grow and make changes for their own life. Unfortunately, with funding cuts, less and less inmates will be able to gain access to these services during and after incarceration. A third of 6,000 inmates are known to be diagnosed with mental health issues.

Cook County's correctional system does offer mental health services, but there are many gaps that remain. According to *HealthCare Weekly*, 12 out of 33 inmate deaths in Illinois were deemed preventable.³¹ This sheds light to the broader failings in the correctional healthcare system, which has proven to fall short in providing basic adequate medical care to incarcerated individuals. Reviews after death incidents made by the Illinois Department of Corrections (IDOC) suggest that many medical issues are frequently ignored or downplayed in reports. In a documented case, a 24-year-old inmate with known mental health issues swallowed a spork on two separate occasions. Despite knowing prior medical history and the situation, the nurse claimed there would be no complications on the report. He later died from the internal bleeding that was caused by the object. In another case, a 26-year-old man with atrial fibrillation reported his condition to the staff and was not given the necessary medication. He later suffered a stroke due to the neglect. In 2018, Illinois was spending \$2,000 less per inmate on healthcare compared to the national average of \$5,700. Additionally, Illinois only employs less than 20 healthcare workers for every thousand inmates, compared to the average of 40 to 1,000 inmates in other states.³² Center the needs and stories of patients & provide immediate care to all inmates not just after a lawsuit but always

²⁷ *Id.*

²⁸ *Id.*

²⁹ Michaels, S. (2019). Chicago's Jail Is One of the Country's Biggest Mental Health Care Providers. Here's a Look Inside. *Mother Jones*. <https://www.motherjones.com/criminal-justice/2019/01/chicagos-jail-is-the-one-of-the-countys-biggest-mental-health-care-providers-heres-a-look-inside/>

³⁰ *Id.*

³¹ Ciulac, A. (2019). Illinois prisons get long-awaited healthcare overhaul. *HealthCare Weekly*.

³² ACLU of Illinois. (2018, January 10). Repairing the health care system for prisoners in Illinois. *ACLU of Illinois*.

The lack of accessible information, including data not just through numbers but through narratives, is alarming. A need not only for transparency about the Cook County Jail is necessary but so is the need for immediate action to provide the care patients require. While the nature of jails and any kind of detention center exist as a mechanism of isolation not just from those within the institution but also from society, we cannot be conditioned to believe that healthcare should only be reserved for a few. For these reasons, those involved in doing further research and data collection of the conditions of prisons and healthcare access within them should be those immediately impacted and those who provide such clinical work. People who live the conditions of prisons day-to-day will be some of the most critical resources to strengthen support for their ongoing needs. Broad indications of adequate care cannot be made as every individual's needs are different. Nonetheless, experiences of being imprisoned can create sentiments that link individuals in certain parts of their experiences.

Most importantly, support community services. The makeup of the majority in correctional facilities is not a coincidence, not when the system had continuously failed to fight for the community's interests. For many years, those targeted most by police are also left in vulnerable positions regarding their health, whether that was before their detainment, during their time imprisoned, or even after being released, as the effects of incarceration are not just physically felt but also emotionally carried. Ultimately, we should be advocating for how to support communities' needs so that individuals do not fall in patterns of violence. If we consider the root cause of what is considered "crime," we might be stronger in efforts of health justice not just by ensuring basic care for incarcerated people but ensuring people do not become incarcerated by providing for their basic needs.

John Howard Association

In the United States there are "1,566 state prisons, 98 federal prisons, 3,116 local jails, 1,277 juvenile correctional facilities".³³ These prisons house more than a million incarcerated individuals nationwide. These individuals are judged by their convictions yet committing a crime should not strip them of their humanity or fundamental constitutional rights. They are entitled to various protections but due to several systemic issues within the prison system they are often violated or neglected. The John Howard Association (JHA), an Illinois based non-profit, enters prisons and investigates complaints based on violations and neglect voiced by incarcerated individuals and staff in hopes to improve their situations. An essential part of democracy is the ability of the people to hold the government liable and work towards better conditions for all. The JHA acts as a monitoring agency that keeps governmental prisons in check; we, Rodrigo Vega & Tara Vijay, interviewed Gwyn Troyer, the associate director, who speaks on the work being done by her organization.

Incarcerated individuals in Illinois have the right to be in contact with the John Howard Association as a way to hold prisons accountable. This provides opportunities for individuals to express their concerns about their treatment, conditions, and issues they face inside the prisons. For instance, the JHA conducts surveys of both individuals and correctional staff to allow them

³³ From "Mass Incarceration: The Whole Pie 2025" by Wendy Sawyer & Peter Wagner, 2025

to voice their concerns. In 2024, JHA received over 1,000 complaints varying from letters, emails, phone calls, and website contact.³⁴ The most frequent issue from these surveys is limited access to toilet paper, adequate food, and access to healthcare.

Among the data collected, the JHA found that problems differ in severity and frequency and depend on factors like age and race. The most common concern with juveniles is a lack of access to education and solitary confinement (extreme overcrowding in facilities). In contrast, older individuals have more complicated healthcare needs. Proper mental health and substance abuse resources continue to increase the ongoing cycle of incarceration. Racial disparities continue to segregate the system, with Black individuals being incarcerated at higher rates and experiencing severe conditions. Black individuals are incarcerated at more than 5 times the rate than of White individuals.³⁵ Age and race continue to determine the conditions that people live in. As a result, reform is essential to address these disparities and build a system focused on behavioral rehabilitation rather than inflicting further suffering. The JHA gives a voice for the incarcerated individuals with these struggles and makes these people visible.

The John Howard Association reports that incarcerated individuals serving their sentences in State prisons suffer from undeniable and unjust poor medical care. Issues such as budgetary restraints continue to affect prison staff. Regarding monetary issues, an article published by the Illinois ACLU claimed that “the typical state department of corrections now spends more than \$5,700 per inmate to provide health care services”; Illinois spends barely \$3,600.³⁶ The amount of money devoted for each individual inmate is shockingly below the national average which limits their access to resources. There is not enough money for the medical necessities that are often crucial for incarcerated people’s health and to ease suffering. This lack of medical care is putting the lives of these inmates at serious risk. In her interview, Troyer states that incarcerated individuals in Illinois face huge challenges when attempting to access medical care while in state prisons. Her claim is backed up by *Lippert v Hughes*, a 2010 class action lawsuit filed against the Illinois Department of Corrections where the plaintiffs alleged that IDOC was violating constitutional standards for healthcare³⁷. This case was settled in 2019 and the State of Illinois agreed to a court-approved monitor, Dr. John Raba, who would ensure changes to the healthcare practices of the IDOC. The court recognized the insufficient healthcare being provided by IDOC and ordered change immediately.

The success of *Lippert v. Hughes* is in part to the Uptown's People’s Law Center, a Chicago-based organization that represented the inmates in this class action lawsuit. Additionally, it is important to note that they are the only group who represents inmates in individual and class action lawsuits. Most inmates lack the legal representation required to bring litigation suits forward to change their conditions. On top of the lack of representation, litigation suits are extremely expensive for incarcerated people. On average, an incarcerated individual makes

³⁴ From the John Howard Associations "Prison Communications 2024" by R. Pellegrino, 2024

³⁵ From “Criminal Justice Fact Sheet” published by the NAACP

³⁶ From “Repairing the health care system for prisoners in Illinois” published by the ACLU, 2018

³⁷ From "Prisoners Rights: Lippert v. Hughes" published by the Uptown People’s Law Center,

between \$0.14 to \$0.63 per hour.³⁸ To file a litigation suit costs \$405, it would take 2,892 hours for incarcerated individuals to pay off this fee.³⁹ There are solutions to the problem, but it is an expensive issue. To reduce the fee, incarcerated individuals can file a petition called the Habeas Corpus petition. This petition reduces the fee to \$5, but winning this petition has a success rate between 0-10% depending on the case.⁴⁰ Inmates face an unfeasible feat to challenge correctional conditions through legal channels. The expectation to change the system and bring real change completely diminishes because of this hypocrisy. This limits inmates' abilities to hold these prisons accountable, which is why the JHA is so crucial; they report on conditions and push for accountability at free of charge to the inmates.

Lippert v Hughes is an active case and Dr. Raba, as ordered by the court, has been monitoring and reporting on the status of the healthcare received by inmates. Dr. Raba found that “that prison medical units are understaffed, patient intake screenings do not fully address patients’ medical problems or create a care plan, and the department does not review deaths in custody to identify opportunities for medical care improvement, among dozens of other issues”.⁴¹ These issues are costing lives. Incarcerated individuals are serving their time and complying to the duties being given to them, the State should follow through with theirs and provide humane holding conditions. The findings by Dr. Raba shows the state can be held accountable for their actions through monitoring of state agencies.

That is the key mission of the John Howard Association, to monitor and ensure fair treatment for incarcerated individuals. Their work, along with the work of other monitoring is crucial to make progress. While *Lippert v Hughes* was a success and turning point for inmates' access to healthcare, this issue continues, as should monitoring of these prisons.

The work of the John Howard Association is crucial, yet progress is often slow and limited. Investigating and reporting on insufficiencies is easy, changing them is harder. Troyer points to the budget which is not decided by the individual prisons but by the state government which slows progress. Despite many prisons' willingness to cooperate, they are often limited by the amount of money they are designated. Issues related to financing need to be handled in legislation and not inside prisons. There needs to be pressure on the state to allocate more funding for healthcare staff, equipment, and subsidies to better the situation of incarcerated individuals. Troyer also reminds us that the JHA is an independent non-profit organization, meaning that they have no governmental authority. They can report on the issues but cannot order immediate change from inside the system. That often limits their ability as progress can only be achieved if the government listens and complies. Additionally, as a result of their non-profit independent status they also face internal hindrances to progress. Troyer states that the JHA staff is very few in numbers, and while her team is very passionate, the issues they're combating are very demanding. Visiting and investigating prisons in the State of Illinois is difficult and time consuming. Funding issues complicate their work further as they are not

³⁸ From “Slamming the Courthouse Door: 25 years of evidence for repealing the Prison Litigation Reform Act” published by the Prison Policy Initiative, written by Andrea Fenster & Margo Schalanger, 2021

³⁹ From “Fee Schedule & Service”, 2025

⁴⁰ From Habeas Corpus, Explained”, 2025

⁴¹ From “Health care in Illinois prisons is deficient: Report”, 2021

federally funded and rely on donations and sponsors. Yet even with minimal funding, staff, and authority, the John Howard Association has been serving inmates for decades in the state of Illinois. They have established a legacy and championed the prison monitoring agencies.

While the JHA faces significant problems, there has been progress in addressing current issues with the prison system. One of the most impactful advancements has been through policy change on improving conditions for incarcerated individuals. Specifically, the elimination of medical co-pay for inmates, helping remove financial barriers to accessing necessary healthcare. In addition, there are new initiatives to improve waiting periods for medical appointments. The Bureau of Statistics found that more than 60% of incarcerated individuals have a physical condition and more than 40% have mental health conditions.⁴² Longer waiting times worsen outcomes, considering it is a fix that doesn't require many resources. It also discourages inmates from seeking medical advice, which can lead to untreated and prolonged illnesses. Troyer explains how new phone and tablet systems have been introduced for inmates. These improvements represent essential steps in providing more access for inmates; however, much more work needs to be done to ensure that changes are sustained long term. Troyer expressed how one of their goals is to increase the number of cameras in facilities. Doing this will help hold people accountable and improve safety to ensure a comfortable environment. Furthermore, the association hopes to expand educational opportunities within the facilities. According to a RAND study, incarcerated individuals who participate in an educational program have a 43% less likelihood of returning to prison.⁴³ Troyer finishes by stating how an increase in the number of staff working in prison monitoring helps guarantee conditions are regularly checked, problems are identified more quickly, and facilities are held accountable for the standards they keep individuals in. Lack of education has been a common denominator in these facilities, and providing education is the best chance in reducing recidivism to set incarcerated individuals up for success in the future. Troyer finishes by stating how an increase in the number of staff working in prison monitoring helps ensure conditions are regularly checked, problems are identified more quickly, and facilities are held accountable for the standards they keep individuals in. More monitoring staff means stronger protection for the rights and safety of individuals. The entire purpose of prison systems is to foster safety, fairness, and rehabilitation, but that's far from the reality. The John Howard Association is working to change that by pushing meaningful reforms and holding the systems responsible.

The Illinois prison system continues to showcase often constitutional rights differ from reality. From the systemic barriers that women face to the lack of medical care, neglect, dehumanization, and suffering are often overlooked and not deemed as important as other priorities, according to the State. The Cook County Correctional facility highlights more issues on healthcare in systems by describing the barriers for Black and Latino incarcerated individuals. Organizations like the John Howard Association and programs like the Cermak Health Services are vital resources to help reform this issue. However, these services are hit with lack of funding and authority causing little to no systemic change. Healthcare in prisons is a constitutional right that every incarcerated individual must have, not should, but must. Reform should be urgent with more mental health services, funding from the State, proper independent monitoring, trauma-informed care, and a

⁴² From "Mental Health Problems of Prison and Jail Inmates", 2006

⁴³ From "Evaluating the Effectiveness of Correctional Education", 2013

justice system that wants to improve these people's lives and not punish them for their past. If we continue to brush this issue off, recidivism will continue to rise and we will lose countless lives. Healthcare is a fundamental right that everyone should have and it's up to us, the people, to ensure every incarcerated individual has those rights protected.



Chicago Appleseed Center for Fair Courts is a collaborative 501(c)(3) non-profit organization advocating for fair, accessible, and anti-racist courts in Chicago, Cook County, and across the state of Illinois.



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This report was researched and written collaboratively by the members of the Future Justice Lawyers of Chicago.



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