

STATEVILLE

SPEAKS

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VOICES FROM INSIDE... QUARTERLY NEWSLETTER SPECIAL MEDICAL ISSUE

Demands for Medical and Human Rights in Prison

Bill Ryan

The U.S. Attorney, Peter Fitzgerald, has been contacted regarding the need for an investigation into possible violations of human rights in the prisons of the Illinois Department of Corrections (IDOC). The letter, delivered on behalf of the National Alliance Against Racism and Political Repression (NAARPR), was written by Ted Pearson, co-chair, and several other individuals and organizations. The letter delivered to Fitzgerald's office on May 8, 2007, also requested a meeting to discuss a number of concerns. The U.S. Attorney's office has informed me that the request is under review.

On May 10, 2007, I wrote a letter to Governor Rod Blagojevich urging him to commit to appropriate medical care for prisoners, which meets generally accepted standards of the community at large. This care should be monitored by an independent agent. I contacted the Governor's office and was told the letter has been referred to the IDOC.

The following is the text of the letter sent to U.S. Attorney Fitzgerald.



Individual case summaries have been deleted.

* * *

Dear Mr. Fitzgerald,

On behalf of our organization (the "NAARPR") and many other people concerned about human rights in the State of Illinois we respectfully request a meeting with you to discuss the need for an investigation into violations of human rights of people

incarcerated in the prisons of the Illinois Department of Corrections. Please call us at your earliest convenience to arrange a meeting. You may reach Ted Pearson at 312-939-2750, or Bill Ryan at 708-531-9923.

Specifically, we are concerned with a pattern of denial of adequate medical care to prisoners, which constitutes "cruel and unusual punishment" in the terms of the Eighth Amendment to the United States Constitution. "Excessive bail shall not be required, nor excessive

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finis imposed, nor cruel and unusual punishments inflicted." Men and women incarcerated in the Illinois Department of Corrections (IDOC) have a right to receive appropriate medical care that meets the generally accepted standards of the community at large.

International Legal Standards

The United Nations charter, to which the United States is a signatory and which has the force of law within the United States, states: "All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person." International human rights law also governs the treatment of prisoners in the United States.

The United States is a party to the International Covenant on Civil and Political Rights (ICCPR), which guarantees to all persons the right to life, and to be free from cruel, inhuman or degrading treatment; and if deprived of their liberty to be treated with humanity and with respect for the inherent dignity of the human person.

The United States is also a party to the Convention Against Torture (CAT), which protects all persons from torture and ill-treatment; and a signatory of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which guarantees the right to the highest attainable standard of health.

The obligations to protect the rights to life and health and to protect against torture and other ill treatment create positive duties on the part of government with respect to people who have been lawfully incarcerated following conviction for violations of law. Such people are no longer free to access the services of health care providers in the general community. The state, therefore, must ensure people it has imprisoned access to adequate medical services and take appropriate measures necessary to prevent and control disease.

The written testimony of prisoners in the IDOC and independent review of the medical records of many of the same prisoners, provides ample evidence that the rights of prisoners to adequate medical care is being violated. This is a violation of the civil rights of these prisoners under U.S. Constitution and international treaties signed and ratified by the the United States. The lack of adequate medical care has caused unnecessary pain, suffering and even death of people in the custody of the Illinois Department of Corrections.

In addition, there are documented cases in which members of the prison staff have inflicted terrible beatings on prisoners that have resulted in their hospitalisation and death.

Diseases such as diabetes and cancer require close central management that all too often is absent. Prisoners referred to outside community hospitals for diagnoses or surgery often receive inadequate follow-up or in some case no follow up. Cases of chronic infection by hepatitis C virus are notable in that the protocols adapted by the IDOC itself are ignored. Preventive and case management requiring dietary modifications, regular checkups, physical therapy and exercise, and dental care, is practically nonexistent. Illness, injury and mental health problems are treated as disciplinary problems rather than medical problems.

There is no centralized database in which illnesses and injuries are recorded together with case outcomes. Each of the 45 prisons housing the 46,000 prisoners operate as isolated institutions. Thus there is no way to measure performance of the IDOC medical services on a system basis. Therefore the only objective measure of performance is the body of narratives of prisoners themselves in letters to their families and supporters on the outside, together with their medical records. This information can only constitute the "tip of the iceberg" regarding the inadequacies of the IDOC medical care

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Prisoner Denied Care?

The National Alliance Against Racist and Political Repression – Chicago is gathering evidence about medical care in Illinois prisons. The denial of medical care to prisoners who are sick or injured is a denial of the Constitutional right of all prisoners under the Eighth Amendment to be free from cruel and unusual punishment. We are interested in all prisoners with undiagnosed or untreated medical problems. Prisoners with chronic diseases and conditions seem to have the most difficulty, especially people with hepatitis C, diabetes, cancer, high cholesterol, high blood pressure, multiple sclerosis and other debilitating conditions, and mental health issues.

If you are interested in participating in this process, write to Ted Pearson, National Alliance Against Racist and Political Repression – Chicago, 1325 S. Wabash Ave. Suite 105, Chicago IL 60605, 312-939-2750.

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program, requiring a system-wide, thorough human rights investigation.

The NAARPR-Chicago has received letters complaining of inadequacies in the health care system from over 182 prisoners in custody of the IDOC. So far, 125 of these prisoners have authorized the release of their medical records to the NAARPR-Chicago. To date we have 107 prisoner medical records, or “charts.” A certified nurse practitioner has reviewed and summarized approximately 39 of these charts so far. A summary of that process is included as a supplement with this letter. Due to the requirements of the federal Health Insurance Portability and Accountability Act (HIPAA), the NAARPR-Chicago is not able to name most of the prisoners for whom we have charts or authorizations. However, the NAARPR-Chicago will forward any request from you for more information.

Some of these cases, which have been reported to family members and supporters, are especially alarming, and raise a bright red flag signalling the need for investigation. We respectfully request an opportunity to meet with you and discuss the need for a full and complete investigation of the Illinois Department of Corrections health care system. Sincerely yours,

Ted Pearson
Bill Ryan
Clarice Durham, Josephine Wyatt,
Elizabeth Benson, Norman Roth
Kevin Lindemann,
Mildred Williamson,
Wilma Lewis
Gloria Johnson
Reverend Doris Green
Judith Stuart
Jacki Gansch
Gayle Willard
Linda Goodman■

HJR-80 Report

Bill Ryan

The HJR 80 committee meeting on May 23 consisted of reports from the Health and Indeterminate Sentencing

Subcommittees and the submission of a research narrative by Professor Henderson.

Professor Henderson submitted a comprehensive survey of literature on the following topics: managing and treating long-term inmates; managing medical and mental health issues; faith-based services in corrections; the impact of educational programming on institutional behavior and post-release recidivism; the role of victims; a review of restorative justice programs in institutions and victim wrap-around programs; parole and indeterminate sentences.

Bill Ryan, Chair of the Health Subcommittee, submitted a report that suggested that a historical report of suicides by prisoners be submitted and that the IDOC diet be evaluated by a nutritional expert. Menard, for instance, has no alternative diet for prisoners who are allergic to soy. There have been reports of inadequate response by medical staff to health issues.

Ted Pearson of the National Alliance Against Racism and Political Repression (NAARPR) presented the preliminary results of a study entitled, *Health Care in Illinois Prisons: A human rights and public health crisis*. The NAARPR is in direct contact with 160 men and women in IDOC who have submitted complaints about medical care. Charts of 95 have been received with thirty-eight reviewed by a certified nurse practitioner. Pearson reported, "The work done so far reveals a system that fails to meet a standard of care that would be accepted in the general community." The Constitutional as well as international standard that mandate appropriate medical care for prisoners were cited in the report.

Pearson noted there is no centralized database of medical care within IDOC so it is not possible to obtain objective statistical evaluation of the effectiveness of the system. The paper noted follow-up after treatment is often lacking, especially in cases of diabetes and cancer. Several specific recommendations were made to alleviate the current situation.

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HJR80 Update

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"Everyone has the right to recognition everywhere as a person before the law."

--Article 6, UN
 Universal Declaration of Human Rights

Shaena Fazal of the Long-Term Prison Policy Project submitted a preliminary report recommending that outsourced health care be returned to the IDOC; that an independent ombudsman be created to review written complaints; that there be an increased focus on preventive medicine and special attention paid to elderly prisoners.

Craig Findley reported for the Indeterminate Sentencing Subcommittee that James Sayles of the C# group composed a paper focusing on risk assessment, open hearings, PRB orientation, IDOC staff recommendation, majority vote, recusal and three-year discharge. Findley also suggested that the committee may want to examine indeterminate sentencing for juveniles and

sexual offenders in the future. Jennifer Bishop-Jenkins, a Board Member of the Justice and Reconciliation Project, presented a paper urging the committee to consider a range of victims issues, including proper notification and a proposal for restorative justice.

Chad Bell of Jenner and Block presented a paper prepared by Anton Valukas, former U.S. Attorney and member of the 1993 Task Force on Crime and Corrections. The paper urged increased vocational and educational programs for prisoners.

The next meeting is September 24. There will be visits by the Subcommittees to Menard, Tamm, Stateville, and Dwight prior to that meeting.■

"All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person."

--Article 10, International Covenant on Civil and Political Rights

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