

THE SWAY

Q&A Edition Volume 1:

"Day to Day in Iowa Prisons"



Winter
2025

This zine was compiled by the Des Moines Abolition Coalition with help from Iowa City Mutual Aid. If you have feedback or further questions for the respondents, please contact us at prisonabolitiondsm@gmail.com

Even the Grinch Hates Prisons!

While I would like to say yes, as most of my medical needs are met adequately, this is not the case for everyone. Most significantly, I refer you to the death of a healthy, athletic 23-year old named Malga Huran Yanga. You can hear about this story in the *Newton Daily News* piece by Christopher Braunschwig titled "One Year Has Passed, Still No Justice" (September 12, 2025 volume no. 124, issue no. 30). You can also read an article in the Iowa City Mutual Aid's *Mutual Aid Monthly* from February 2025 titled "Compassion Cures Corruption" that also speaks about the story. Similar to Yanga, there have been numerous deaths over the last year at the facility in which I reside. This includes Chad Burmeister, Alan Walker, Abel Rodriguez, Melvin Walker, Roger Kissel, and Mr. Alspa. This is not the entire list of deaths since the genesis of my incarceration in 2020 at this facility, only the names I can recall. There are at least three others that I cannot provide names for. Oftentimes deaths could have been delayed or prevented in totality with proper preventative medical treatment or by being adequately addressed. Instead, it is as if the medical staff are trained to say no to everything. This results in being told nothing is going to occur or that "you are scheduled to see a nurse." Even when seen, it is not uncommon to be given excuses such as "gas" for chest pains and told to drink sprite soda, which we must purchase ourselves for \$2.70 for a 20oz bottle.

This has resulted in numerous heart attacks and other medical emergencies!

Though one isn't denied medical care regardless of their ability to pay, we are still charged a \$3 copay to see a nurse and a \$5 copay to see a physician when not referred. If one is not able to pay, a debt is placed on their account and immediately retrieved upon any deposit.

Though monthly vitals, seasonal inoculations, and other routine care is provided - mostly for those with chronic conditions - in the majority, preventative care is rare to see. You can read more in an article in Iowa City Mutual Aid's *Mutual Aid Monthly* from March 2025 titled "Capitalism Kills." One must raise a fit and cause a scene to be seen by anyone, and then it is with a begrimed sense of resistance if not threatened with disciplinary action. This is accompanied by the ever-present sense of disrespect, rudeness, and unprofessionalism by staff.

Chronic care is reliable for those who have persistent needs, though I hedge this with saying it is often secluded to the medications required and quarterly reviews with the physician. Aside from that, we are often told we can discuss our concerns with the physician when we see him.

You can read more in IDOC policies HSP-505, HSF-505A, HSP-1001, and others.

-Xavier M.

Medical care can be had here, but getting an accurate diagnosis for anything more than a mechanical injury is not assured, and sometimes even obvious mechanical injuries are misdiagnosed or even neglected until they grow into more serious problems. To receive medical attention for a nonemergency issue the incarcerated has to pay a \$3.00 copay. If the incarcerated is indigent, they are allowed to go into debt to cover the copay cost, and any money the indebted incarcerated person owes will be taken from any money that person receives, so that, if you owe \$3.00 for a copay, and you get your \$6.50 monthly allowance for hygiene products, the \$3.00 will be taken out of that \$6.50, leaving the person only \$3.50 to purchase hygiene products.

-John G.

Yes, regular medical care is available, but it is a mess. Being misdiagnosed, undertreated, underrepresented, waitlisted, not prioritized, the list goes on and on.

Yes and no, we are charged a \$3 copay if we request to see the doctor, but as long as it is something that has already been treated, you don't have to pay it. You can request any check up or procedure, but whether you get treated or not is another thing. It was 3 years before I had gotten an annual check up. They are good at providing yearly TB shots/tests and offering seasonal flu/Covid shots at no cost, and the optometrist is great at getting you in for a yearly exam. The dentist was good at getting you a check up and teeth cleaning, but we had a situation where we lost our dentist, and when we finally got a new one, they were so backed up. I got a dental exam and the dental assistant told me that they were not able



to do a cleaning at the moment because they were so backed up, but they would get to me. Well, that's been almost 2 years now. I really should be seen by a dental hygienist because I was diagnosed with degenerative gum disease, but when the past dentist was telling me about it, the assistant stopped him. They had a side bar, and then when he came back, he went about his business as if he had never mentioned it. I know many people that have had severe injuries yet they get treated as if it was a sprain. Then when it's finally discovered that the injury is severe, they get put on a waiting list. There are so many mishaps due to miscommunication, fear of manipulation, and just a plain not caring attitude, it's ridiculous. I heard that they are now in the midst of trying to privatize our health care which is going to make it worse. It's not part of our sentence to get mistreated.

-James S.

This zine consists of questions fielded by the public and answered by individuals incarcerated in Iowa prisons from August–October of 2025. All non-question content was written by individuals incarcerated in Iowa prisons.

Disclaimer:

Please note that responses may vary greatly due to many factors. A major factor is that respondents are located in difference in facilities across the state, which institute their own rules and enforcement methods, have access to different resources, and may house individuals requiring a specific intervention or treatment. Additionally, Iowa prisons institute a "TIP Level" system which grants people privileges and access to resources and activities on a scale from 1-3 based on behavior. People's experiences are also restricted by protective custody, administrative segregation (solitary confinement), disciplinary detention, or safekeeper status.

Also note, all publicly accessible Iowa Department of Corrections (IDOC) policies and procedures relevant to the following questions are available at doc.iowa.gov. However, these policies can often be misconstrued, manipulated, or entirely ignored/violated by a facility, their employees, or the agency as a whole to fulfill an agenda. This is vitally important when addressing holding the administration and agency accountable for their lack of diligence, adherence, and unlawful behavior.

Please enjoy this zine and become better aware of the experiences of our incarcerated neighbors!

How do you pass the time? What do you do in a typical day? What does your daily schedule look like?

 **I mainly pass my time** talking on the phone with family and friends, bonding with my guys in here, and trying to find a way out of here a lot sooner than later. In a typical day, I work, workout, and talk on the phone.

My schedule goes like this: Work from 6 a.m to 3:20-3:40, then the weight yard til around 4:45, then chow time if it's something worth going in the kitchen for. Then lockdown for count is at 5:15 pm, clears anytime after 6, then lockdown at 8:45, so that's approximately five hours to get exercise, meal, shower, and phone calls, etc. in when I'm not at work...



-James W.

This frequently transitions over time for people. Though some individuals start out participating in rather counterproductive activities (ex. drugs/alcohol, gambling, etc.), I choose instead to invest myself in my work which I am highly passionate about, contributing to bettering the overall environment of the facility, assisting others with their needs/accomplishments, furthering my education, and working towards setting a stable foundation for my future.

-Xavier M.

 **My day starts** around 4:30am. It begins with a cup of coffee. Breakfast is served between 5-6am during the week and 7-8am on weekends, but I only go on pancake and egg day! My work assignment keeps me busy, and that starts at 7am (doing kitchen inventory orders), and I'm there til 2:30. After that I'll spend time on the weight yard til 3:30 and listen to my mp5 player while I walk laps til 4:00. Twice a week I'll go to the chapel. You have to find peace of mind where you can, when you can, even if you're not spiritual, and the chapel is just the place to get away from everyone, cause no one's there! When I have time, I'll spend it reading and mentoring others.



-Michael K.

Most people here don't have jobs, I'm one of the lucky ones, I work in the greenhouse and gardens. Most days between the hours of 7am-2pm, that's where I'll be found. Outside of that, I've become a "house mouse," that is to say, I spend most of my "free time" in my cage. I do a lot of reading, some crocheting, and a good deal of thinking about the shit I should be doing.



-Brad E.

Is regular medical care available in Iowa prisons? If so, are prisoners charged for it? What is the quality of care? Are prisoners in debt when they are released for medical care received in prison?

 **The quality** of care is not good at all, they do the bare minimum, and the biggest problem is they confuse their responsibilities, they're too entwined with the correctional officer mentality. No, the only money we pay is the \$3.00 copay, and the hospital visits and procedures are covered in the medical budget that the institution gets for housing us...

-James W.

Yes, if you pay for it. Preventative care, yes, if you pay for it as well. No medical debt to my knowledge, however, you have to pay \$300 to your parole officer. Why not, since it's a state employee—you pay for their paperwork.

-Dwayne W.



Yes, because we have to pay copay money that we don't have, but in general, no. -Devwon B.

We do receive yearly physical exams/medical care that is provided by the state. We pay a co-pay of \$3.00 every time we initiate a nurse encounter with medical. They do provide preventative care if you have a history of certain serious illnesses or are prone to injury. Dental and eye exams are upon request or need. No debt because it's state funded.

-Michael K.

I can't say I've seen this, though I've seen many labeled "Special Needs," they had their own unit here, and what I seen is there is no legit treatment for them. Their way of dealing with "Special Needs" is to overtly medicate, rather than learn to treat them... Are there stereotypes? No, this was not overtly shown, of course there may have been whispers in different groups, but overall, they were in the midst like everybody else.

I don't think there were polarizing differences, because for one, everybody in here deals with mental wellness issues, but these are individual battles that each has to face, and that is mostly done in the confines of one's cell. The time comes when you decide what your personal plan for dealing with your mental health shall be, and that's when the transition comes, because you're being intentional. For good mental health, you have to be intentional in your care, just like for our physical being..

-James W.

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Severe mental illness presents itself in a myriad of ways. There aren't any forms of mental illness that aren't represented in the prison population. The most common are, naturally, depression and anxiety disorders, borderline personality disorders, and obsessive/compulsive behavior. I myself am a person born with autism, and navigating a place like a prison environment has been extremely challenging. 25 years ago, when I was first incarcerated, it was common to hear sly comments from fellow incarcerated denigrating those who took "psych" meds, but today, as mental illness has become better understood in our larger culture, people with mental illnesses aren't the targets of negative attention that they once were.

-John G.

Self-harm generally; cutting, swallowing batteries and/or the blades from shaving razors, beating one's head against walls, doors, suicide attempts. These people often end up in drug induced walking comas doing the Thorazine shuffle.

-Brad E.

Where I am, there used to be a unit that housed inmates with mental illness that ranged from the low end to more severe cases. They were seen by the majority of the population as somewhat less than. They were more likely to be taken advantage of. In my opinion, people who suffer from SMI belong in a specialized facility because prisons don't employ staff that can properly cater to their needs. Of course there are stereotypes/harmful labels that are applied to people who experience SMI. I would say it's because of lack of education, understanding, and ignorance. Yes, there is a polarizing difference between ones who have been diagnosed with SMI and those that tend to hide it. The ones who don't hide it are more likely to be treated and handled with a little more understanding. The ones who hide it just look as if they're tripping and are more likely to be punished.

-James S.

I **paint** (in oil and gouache watercolor), I play industrial prog-metal on an 8-string, extended scale guitar, and I read a lot.

-John G.



I **pass time** in many ways. I work, work out, get myself involved in groups (when available), read (pleasure, groups, and spiritual), write (songs/poetry, letters to my children), spend time with friends, watch TV, go where the spirit leads me, listen to music, play on the tablet, go to different religious services and religious studies, keeping God in everything that I do.

My typical daily schedule is as such: Monday through Friday I get up and give praise to God, reading my daily devotions and praying. Then I brush my teeth, wash my face, and get dressed. Then I head to my job in the laundry room. While waiting for the dry clothes to come out to either fold (pants, blankets, or sheets) or to take a load to the clothing room, I read the Bible, write my children, read a book, write my book (I recently started a rough draft of a self-help book), think about what I might have to keep in mind for my day like my workout regimen, what I'm going to eat, or what I'm trying not to eat (Lol!), who I'm going to call that day, etc. I typically go to lunch before I leave work and then I head back to work to make sure everything that needs to be done is done. Then I go back to my cell house and put my clean clothes away. This window of my

day varies depending on the mood. I usually have about an hour before we have to go in for count. I might go outside to get some fresh air, get involved in some sort of conversation, or go in my cell and relax, preparing for my workout. Usually after count I take a nap before my workout, but lately I've been going out to walk laps for 15-20 minutes or jog a mile. Then I go to the weight yard a little before 1:30pm because our workout car (the time my group uses the platform) is from 1:30-2:30. The time we spend in the weight yard depends on the season. In cold seasons we stay the whole hour; in better weather we do half an hour in the weight yard, then 30-45 minutes outside for cardio/calisthenics. Then I take a shower. The next window of time varies. When I don't have much going on, I might go to the library and read, get on the phone and call a loved one, have some time of peace and serenity, mainly be led by the spirit. These past couple years I've been involved in a theology course called "Education for Ministry." It's a 4-year course offered by the chaplain and her church at no cost to us. I am about to enter my third year. It goes until 4:15pm, then I usually eat dinner after class. If I don't have class I eat anywhere between 3-4:45pm. The chow hall closes at 5pm. We go for count at 5:15pm and usually get out again around 6pm until we go in for the night at 8:45pm.

-James S.



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For LGBT/queer folks - How is your experience different from those who are cis/het?



I feel this will greatly vary from person to person and facility to facility based on one's personal expression and presentation, in conjunction with the amount of support and manner of institution one resides in. Let's be clear here, phobic mentality seems greater in prison than in the public. This is likely related to the heightened state of masculinity and ignorance of those whom are often housed in this fashion of environment. However, with a younger population coming to prison, this is also slowly changing a little at a time.

We must also acknowledge how individual personality plays a significant role with interacting with others. If someone makes it a point to bring greater attention to their sexuality/gender, just like in the general public, it is likely to become a point of conflict and controversy compared to someone who merely identifies but doesn't make it a matter of focus.

There is also the dynamic between those who reside and those who are employed in these facilities. Oftentimes there is a faction - us vs. them - when addressing housed vs. employed people. However, there can be, though not outright voices, a silent agreement of discrimination

regarding sexuality and gender between like-minded individuals. This complicates matters exponentially.

I oftentimes do not experience much in the way of conflict or interruption as a queer person. This is likely largely contributed to my involvement with several communities, selfless legal assistance, compassionate care with those encountering self-harm/suicide, not making my sexuality/gender a topic of interest, being respectful about boundaries, and previously being the leader of one of the more prominent religious groups at my facility.

However, unlike racial divisions, micro-aggressions and harmful rhetoric are far more common. You will often hear hateful words and epithets (fag, homo, tranny, etc.) spewed with enthusiasm not only in conversation, but shouted across the yard for all to hear. Even though the staff are instructed to address this manner of language and use disciplinary action, that fails to happen almost entirely. Instead, they act as if it is permissible and some even snicker. You don't hear this as much in a racial context, so for that reason, this is one daily way the experience is different.

-Xavier M.

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How does severe mental illness (SMI) present? Are there stereotypes/harmful labels applied to those who experience it? Is there a polarizing difference between those who experience SMI versus those who don't or may be able to hide it?

Not only have I struggled with mental and emotional health concerns in my past, I have also worked directly with a multitude of organizations and individuals pertaining to this subject. I have been a seated board member for a community outreach program, done peer counseling, and worked alongside several projects that focus on the health and safety of society.

Currently, in this facility, I work as an SSIP (suicide/self injury prevention) Patient Observer. The entire premise of my work is interacting with those in an acute state of crisis and imminent danger of harming themselves or others. This includes communicating with them, working with them through the struggles, and inspiring them to set goals and make a plan to achieve their aspirations. I have also worked in an official capacity as a "special needs" mentor to assist those who struggle with mental health, developmental function, and comprehension challenges. This too is similar in its presentation as these

individuals face harmful stereotypes and discrimination. Though individual "presentation" can vary widely, from those overtly evident to those less observable, a sense of polarization and micro-aggression is present. Like the earlier topic of LGBTQ experience, damaging epithets and rhetoric

are still commonplace in these environments and proliferate daily conversations. Again, this can be seen in both the housed population and those employed working here (though admittedly to a lesser degree). However, speaking out against such language is important, though can cause its own conflict. Language is powerful, and those who ignore the injustices of harmful speech are complicit to its dangers.

-Xavier M.

Sadly, many do struggle. It's very visible and hard to watch. People have difficulty knowing how to interact with the mentally ill, so unfortunately, they are self-isolated at times.

-Michael K.

First off, they need to be in a mental institution, not a prison, to receive the help needed. Yes, they are isolated or self-isolated.

-Dwayne W.

Their illness gets worse, yes it is visible, and they are treated differently.

-Devwon B.

Are current events and news easily accessible to you?



We have CNN and Fox News, plus the local news channels, so what they show we have access to, and in our network in here we have people who got access like that from their people on the outside, and we get it like that too. And some people get different newspapers, like the *Wall Street Journal*...

-James W.

We have basic cable with a decent spectrum of news coverage. Also we can subscribe to newspapers and magazines; the institution is supposed to provide these for us, but they do not.

-Brad E.

We do get media, but unfortunately, the areas that are covered are not located close by the prison. I'm out of Waterloo, so I don't get any media from there unless something major happens. If then!

-Michael K.

No, we only get to see what they air on TV.

-Devwon B.



Yes! By cable TV.

-Dwayne W.

News is easy to get, and even easier for white christian nationalists to misrepresent.

-John G.

Yes, current events and news are easily accessible by way of TV if you have the funds to purchase your own TV or if you live in a building with a unit TV. Those mediums are limited to local, CNN, and Fox News. If you want the newspaper, then you have to purchase it yourself, just as well as magazines. If anything, we stay updated on the current events.

-James S.

This is quite dependent on one's financial situation and the generosity of others. We are able to purchase our own televisions (assorted DirecTV channels provided, digital TV antenna must be bought), subscribe to publications (magazines, newspapers, newsletters, etc.), radio/tablets, and other means of access to media. All of these are subject to review, privilege, and approval. Outside of purchasing our own materials, we also have access to dayroom televisions and library resources. Access to these privileges are greatly based on one's status. This includes hours, materials, and other aspects. If you are using public resources, it is significantly dependent on cooperative compromise between yourself and others wishing to use the same. In specific, this means selecting television programs is often based on majority preference, often ending in sports, news, or programs that sexualize women.

12 -Xavier M.

For females--When you get your period in prison, how do you deal with it? Do you have access to pads and tampons? Do you have access to private bathrooms or showers? What if you bleed onto your clothes, are you allowed to change into new ones?

Though I cannot personally answer this question from experience, I have come to understand some interesting details as related to Iowa Correctional Institution for Women (ICIW). They are provided hygiene supplies that once used, they are to report to the nurse staff and inform them of their needs/dispose of said items. Also, we are given three sets of state issued clothing (pants, shirts, undergarments, etc.) that we are free to change as needed. As far as restrooms and shower facilities, that is an institutional specific situation. We have shower stalls and restrooms in our rooms, others are open dorm style and public. *For more information, refer to Iowa Department of Corrections (IDOC) policies.*

-Xavier M.

Is racial segregation still prevalent in Iowa prisons? If so, what are some examples?

I wouldn't say racial segregation is prevalent, because all groups are blended in all things. Racial separation still exists, as you will see in different settings, as there is comfortability and familiarity within the specific groups... I'm from Chicago, and I've never seen this kind of intermingling within the jail system...

-James W.

Yes, in housing, work, and education.

-Devwon B.

Yes!

-Dwayne W.

Yes, it is prevalent in work, education, and unit housing.

-Michael K.

Racism is rampant in prison, but the Iowa prison system is not so segregated as some others, and as time has gone on, the lines between groups have weakened, and every generation that shows up here tend to be less racist than the last.

-John G.

At Anamosa -- Not so much enforced segregation as willful separation, like generally speaking, there is a black side and a white side in the chow hall. There is no hard and fast border, and no one really trips on "transgressors," but the division is obvious nonetheless. The jobs all have racial quotas that staff seem to adhere to.

-Brad E.

Racial segregation is not much of a thing in this institution (Anamosa), which is a blessing. People tend to gravitate to what they know, so you do see groups of people who look alike, yet everybody connects and associates with everybody for the most part, even people with different views (political, religious, etc.). It is not as segregated as I thought it would be.

-James S.

Iowa prisons lack a great deal of what is referred to as "politics," though some does exist in reference to more nefarious affiliations (gang related situations). Predominantly speaking, the racial tension typically thought to reside in these facilities is mostly non-existent. Traces do emerge occasionally, and you come across individuals who hold firm stances in racial segregation and supremacy at times. This appears to be mostly contingent on ignorance and anger rather than genuine belief in such ideals.

As a result of this juvenile concept and ideology, it is not uncommon to see poorly designed and applied tattoos involving swastikas, SS lightning bolts, and other divisive symbolism. Though, again, these are from an era of more spontaneous and ill-thought early adult scenarios.

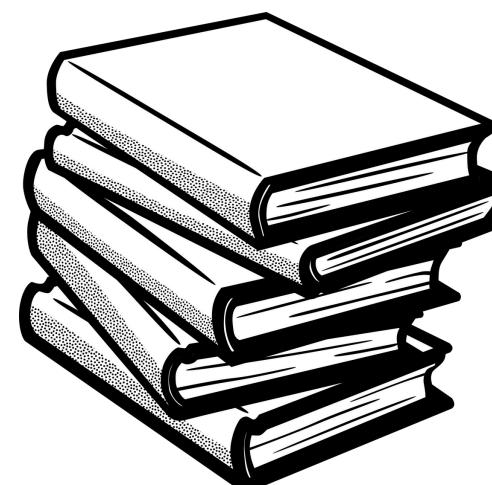
There was a point when Latino people (highest concentration being Mexican descent) used to mostly keep to themselves, and no one associated with them that did not have a definitive purpose. This still occurs to a certain degree, but has lessened dramatically; I feel this mild sense of segregation is greatly relevant to cultural congruence and language more so than racism. Now that we see more and more people sitting together, socializing, and diminishing these archaic draconian ideals based on race, we see more and more focus being put toward the social dynamics in relation to economic classes, crimes of conviction and charges (thieves, sex offenders, etc.), comfortability with the staff (inmate vs. corrections cliché), and sense of identity or clique (gender, sexuality, religion, etc.). However, these lines are often blurred depending on the person and the facility with nuances and variations on how certain obligations are enforced.

-Xavier M.

Though there is a library which contains books, magazines, and newspapers available to the housed population, access to such varies greatly based on one's status. This includes hours, materials, and other aspects of its usage.

Similarly, post-secondary education is also difficult to access here if you can't afford such on your own. Even if one can afford such, getting an outside institute of higher learning that offers a correspondence course approved is quite challenging and usually encounters complications regarding materials or other means of participation solely as a result of the institution's own making.

At the facility in which I reside, Grinnell and DMACC offer in-person classes to those who wish to apply. These classes are not listed before applying, and you do not get to choose what you take. However, there is an interview process that includes an essay portion, and you must be accepted.



This becomes challenging as class sizes are finite and not everyone will be able to participate that wishes. As far as costs, Grinnell uses FAFSA, while DMACC is free. Furthermore, the administration will use education as a weapon for disciplinary action resulting in wasted grants and incurring debt that some are unable to afford. This further complicates matters and makes participating a near fearful experience for what may become a great expense due to an investigation, even if one is not found to be in the wrong.

One can also purchase their own books or subscriptions, or have them purchased by someone else and sent from an approved vendor. However, there is a strict guideline on what will and will not be approved. Each facility is also different and may have more liberal means of approval. The one in which I reside has some of the strictest standards to include denying publications/material approved statewide by the IDOC central office.

You can read more about post-secondary education, library, incoming publications, and recreation opportunities in IDOC policies: OP-LB-01, OP-MTV-02, AD-GA-10, OP-RA-03, and others.

-Xavier M.

We are allowed to purchase and receive books, yes, but our access is greatly restricted and subject to asinine censorship. If one is fortunate enough to own a mini-tablet, then they have access to much of the gutenberg.org catalog. However, this also has been brutally restricted; titles such as: *Hamlet*, *Madame Bovary*, *Jude the Obscure*, *The Scarlet Letter* and hundreds more have been prohibited. Again, those with tablets have access to some of the KhanLite educational videos, but these have been censored as well; anything dealing with computers or modern art is blocked. At Anamosa, the administration recently opened an actual library to replace the "book exchange" -- I guess you would have to call it that -- which had been in place for twenty-plus years. In the process we lost access to thousands of books.

-Brad E.

Yes, we have access to books and other educational materials. It's a wide selection, but it could be better. It helps because it's better than having nothing. Yes, they do allow for further education. They have recently started offering college prep/college classes from COE College. This is something you can get into if you have five years or less on your sentence or if you pay for it on your own dime. Nothing is up to satisfaction because there is always something that makes each process more difficult. We have recently gained access to a walk-in library that affords us the option to use off-net computers to type/create using Word and Excel. If you don't know how to use these, you either have to learn on your own or hope you know someone who does that can show you. The number of books has gone down because the old library system held more books which you were able to access upon request and availability. There are over a thousand books we can access and we have many

more that do not fit in the library. I heard that the administration is working on a fix for this. The books that we have were donated by some place/organization before Covid or by inmates who have bought books for personal use and donated. We can buy our own material as long as you have the money to do so. We can only order from 2 places that have been approved by the institution. We used to be able to purchase books from Amazon and Barnes & Noble, but they stopped this as an effort to crack down on drugs getting into the institution. We have legal access on the unit in the form of ELL (Electronic Law Library), which is difficult to use by today's standards. It is difficult to navigate, only brings up a certain number of search results instead of all the results, and has a 45 minute window where you have to wait 30 minutes to access it again after the first 45 minutes expires. The physical law library is outdated and underdeveloped.

-James S.

— What is the food like? (from a kid) —

It's nothing to write home about. The quality of food was better several years ago, when we had cooks and food coordinators that wasn't alright with just putting any kind of food on the line with the mindset of "if you don't like it, don't eat it" ... For those whom can afford it, we get to go to commissary to buy different stuff to make meals, and we have the window that sell pizza, chicken strips, sub sandwiches, and stuff like that to cook and eat...

-James W.



The food is edible, but not what you would prefer to eat.

-Devwon B.

I bless the food I eat upon which they serve. Some people don't have food to eat, so I am grateful.

-Dwayne W.

The food just sucks, but every once in a while you get something decent, and you appreciate it even more because of its rarity.

-John G.

The food is not that bad. If it's not healthy, it will sustain life; there is always plenty of it and it's usually warm. It's not any worse than I remember school food being, it's institutional food, ya know. That being said, I did find a toenail in my chocolate pudding once. More specifically, I found it in the chocolate pudding that was in my mouth -- so there is that (You're thinking, "A /toe/nail, come on, but how, /finger/nail maybe..." Look, all I know is the thing was huge! Bigger than any thumb I've ever seen.).

-Brad E.

The food here isn't all bad. Thankfully we grow a lot of our own food, so we get a variety of veggies. However, we don't get a lot of fruit. Because you asked such a great question, I kept notes of what was served. Last week we had waffles, pancakes, and eggs for breakfast with orange juice. We always have milk and juice with our meals. I don't eat pork, so I get my fill of peanut butter. We had pizza and enchiladas this week. Thanks again!

-Michael K.

The food is not the worst, yet it is not the best. If you don't have any money, then you may be hungry certain days. With jobs that pay 35 cents to a little over \$1 an hour, by the time you get paid, you may only have enough to buy one ramen soup a day after buying soap, deodorant, and toothpaste. It's very limited on variety and most of it is not healthy for you. Sometimes they feed us old and outdated items. A few times they made pizza, but they put old rancid pepperoni on it which should not have been served at all. Sometimes they feed us leftovers that have not been properly stored.

-James S.



Well kiddo, I hope you like your vegetables! Though for me this is a different situation, as I adhere to a strict vegetarian diet. This means I get to eat a lot of beans! :/ That's not all though, I do get a great deal of cheese and peanut butter. So if you like peanut butter and jelly, you'll get a lot of that too :) Mostly speaking, the food is not great; it certainly isn't what your parents probably cook. Trust me when I tell you, even your least favorite meal made by your parents most likely tastes way better than most meals we've got here. For the adults, the serving sizes are minimal, and the menu is rather repetitive, and the lack of adherence to proper protocol in food preparation, sanitation, and other practices are often willfully ignored and blatantly violated. This has even resulted in rotten food being served and the presence of larva on the trays. These incidents were documented and pictures taken by the captain on duty.

There also exists an overwhelming degree of failure to provide religious diets unless you are Muslim or Jewish.

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You can review relevant details pertaining to this matter in IDOC policies: IS-FS-1, IS-FS-01A, OP-RP-01, and others.

-Xavier M.

Are you able to access books and other educational material? Is there wide selection of material? Does it help? Do they allow further education/books to your satisfaction?

There are a variety of books, mostly outdated, but all material can be educational, so in that aspect there is access to that material, and if you are capable of ordering books, that's another access to material...

I don't necessarily utilize the books in the library, but reading is something that takes you places you may never get to go, whether physically or mentally, so it can help. I am a part of the NAACP chapter here, and we have a collection of informative books that we had donated to us...

Further education here in Anamosa is scarce, there are a few people that have the help and funds to further their education, and even still they try to make that an obstacle, but them offering it here? They are offering for the second time a semester of an introduction course for people with five years or less left on there sentence through COE College. Other institutions are better at offering post-secondary education...

-James W.

Yes! It's also up to the individual to educate himself to do better. Books are in the library and school building. Prison is no longer about rehabilitation, it's about money.

-Dwayne W.

We do have a library here, not a huge selection, but it's doable. There's a lot of fantasy, sci-fi, and drama. The bio section isn't large, but there are a few.

Educational material varies, again not a huge selection. It does help to pass time. I will say there's a willingness to take suggestions for book orders, but that doesn't mean you'll get what you request.

-Michael K.

I have access to local and cable news. The Department of Corrections puts up so many obstacles to anyone who wants to pursue an education that people actually working on a degree are as rare as a decent meal. To give you an idea of how narrow the thinking of the administration is, they recently sent the book *One Flew Over the Cuckoo's Nest* by Ken Kesey to a review panel to decide if it should be allowed in the prison system.

-John G.

Somewhat. You can, but not a huge selection. It doesn't really help because the selection is limited. Further education depends on which prison you are at.

-Devwon B.

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