

“I don’t want to die in prison”: Prison Conditions, Decarceration, and Mutual Aid in the Age of COVID-19

American Friends Service Committee – Michigan Criminal Justice Project¹
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Introduction

As of July 2020, seven of the top ten coronavirus clusters in the United States are in jails and prisons. As the number of cases and deaths continue to rise, carceral systems around the country are faced with the reckoning of two public health crises: mass incarceration and COVID-19. Michigan was among the first states to be severely impacted by the pandemic; Michigan confirmed over 7,500 cases by the end of March. Criminal justice advocates throughout the state quickly recognized the need for large-scale decarceration to protect elderly and long-serving people and allow for social distancing inside overcrowded facilities. Only those measures would have prevented the massive spread of COVID-19 inside Michigan prisons.

But those measures were not taken. Cries for decarceration fell on deaf ears as the virus ripped through the Michigan Department of Corrections (MDOC), infecting over 3,871 people in 15 facilities by mid-July and killing 68. Those who have died from COVID-19 in Michigan prisons

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were mostly lifers or long-serving people who would have been spared had the state initiated compassionate release when advocates called for those measures in March and April 2020.³ From the start of the COVID-19 pandemic, conditions inside were--and remain--abhorrent. Lockdown, apathy for the sick, forced segregation, and decrepit re-opened facilities precipitated men and women hiding their symptoms, exposing others and, in the worst cases, dying in their cells.

This white paper presents an evidence-based case for decarceration as the only humane and meaningful response to the COVID-19 pandemic in prison. It includes an overview of the relationship between prisons and public health, details about the current conditions inside Michigan prisons, recommendations for policy changes that must be implemented, examples of compassionate approaches to communal care, and evidence that our elected officials are culpable for the deaths of dozens of people in prison. The accounts of current prison conditions are drawn from over 280 pages of documentation including JPays, phone calls, and letters from those who have survived COVID-19 while incarcerated.

The epidemiology of the novel coronavirus makes prisons its ideal breeding ground (see [Addendum I](#)). Coronavirus spreads easily between people, with mounting evidence that it is airborne and transmits through the eyes as well as nose and mouth. Transmission occurs when people are in close contact with one another; people who have coronavirus, even if they are asymptomatic, may emit infected aerosols when talking or breathing.⁴ These infectious particles can float or drift around in the air for up to three hours. The Center for Disease Control recommends that everyone wear a face mask in public and maintain at least a 6 foot distance between yourself and others. While not thought to be a main cause of transmission, a person could get COVID-19 by touching a surface that has the virus on it and then touching their own mouth, nose, or eyes.⁵ The CDC recommends cleaning frequently touched surfaces and objects every day and recommends self-quarantine and monitoring of symptoms for 14 days post exposure.⁶

The recovery time from coronavirus depends on how sick a person becomes. COVID-19 data shows that 80% of infections are mild or asymptomatic, 15% are severe infections, and 5% are critical infections, requiring ventilation.⁷ People with mild cases may recover in one to two weeks, but for those people with more severe cases, the recovery can take six weeks or longer. Common symptoms include fever, body ache, dry cough, fatigue, chills, headache, sore throat, loss of appetite, and loss of smell. Some more severe symptoms can include high fever, severe cough, and shortness of breath.⁸ The risk of death from COVID-19 depends on someone's age and their overall health; older adults and those who smoke or have chronic diseases such as

³ <https://bit.ly/32fkFrG>; <https://bit.ly/3haZgnV>

⁴ <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>

⁵ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

⁶ <https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics>

⁷ https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_4

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

diabetes or heart disease have a higher chance of developing complications. For people who have received subpar medical care and poor diets while incarcerated, these risks are heightened.

COVID-19 can also cause serious health complications including cytokines storm, stroke, and neurological symptoms. A cytokines storm is an overreaction of the body's immune system. This causes the immune system to attack the body's own tissues, which can sometimes cause more harm than the coronavirus itself.⁹ COVID-related strokes can also occur. This happens due to a bodywide increase in blood clot formation, which can damage any organ, including the brain. COVID-19 also appears to affect brain function in some people. Specific neurological symptoms seen in people with COVID-19 include loss of smell, inability to taste, muscle weakness, tingling or numbness in the hands and feet, dizziness, confusion, delirium, seizures, and stroke.

In Michigan prisons, corrections staff determine how many of the CDC recommendations incarcerated people are able to follow and to what extent. Overcrowded facilities such as those in MDOC are ground zero for spread of contagions; physical distancing is impossible, especially in pole barn housing units with 8-person cubes. Staff come and go, and the virus comes with them. Some preventative measures have been taken. Facilities' staff grant prisoners access to soap and bleach, although in limited and/or diluted quantities and in a tightly regulated manner. Michigan State Industries have manufactured enough cloth masks for each incarcerated person to receive two masks. Nevertheless, when the entire population at each MDOC prison was administered a COVID-19 test by the end of May, the scope of infection became clear: at some facilities, over 90% of people tested positive for antibodies.

In prison, sick individuals are quarantined wherever the facility finds space: in gyms, warehouses, field houses, or in segregation. Throughout the surge and even currently, afraid of being placed in segregation, some choose to hide their symptoms and expose more people as a result. Others repeatedly inform staff of their symptoms, to no avail. At Macomb Correctional Facility and Women's Huron Valley, entire units have been quarantined; individuals are able to move around within the unit but cannot leave, and healthy individuals in that unit are not evacuated if someone falls ill. While quarantine has mostly been lifted at the women's prison, there is still limited movement and no programming. Quarantined units at Macomb were locked down with no fresh air or outside time for nearly two months. MDOC suspended all in-person visitation to all facilities in early March and communication with the outside world is limited. For several weeks, each person was given two free five-minute phone calls and two free JPay stamps per week. This weekly phone call and JPay allotment has ended, although visits have not been reinstated.

While the MDOC has taken some steps to address the outbreaks, conditions inside prison do not allow for adherence of CDC guidelines, and transfers have resulted in cross-contamination. Spikes in infections at G. Robert Cotton Correctional Facility and Gus Harrison coincided with the establishment of "satellite" units for prisoners who had tested positive and the subsequent

⁹ <https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics>

cross-contamination with those units. In Lakeland's open pole barn setting, fans were turned off due to fear of spreading the virus; lack of proper ventilation has led to extreme heat and increased illness. In April 2020, the American Friends Service Committee sent a letter to MDOC Director Heidi Washington requesting proper ventilation and air cleaning practices in all facilities. MDOC Central Office ignored many parts of the request for access to more fresh air, and even instructed facilities to cut fan usage.

New protocols intended to keep the population safe are counteracted by inconsistent enforcement. For example, the chow halls see crowded long lines, inconsistent use of masks, and irregular cleaning practices. Those in quarantine units who receive meals in the unit may expose kitchen workers to the virus. Others are transferred in and out of quarantine, increasing risks of exposure. MDOC also confused the tests of 108 people at Macomb, housing people who tested positive with those who tested negative. These conditions have contributed to the preventable deaths of 23 incarcerated people at Lakeland, the facility with the highest concentration of prisoners over sixty, as well as 68 deaths throughout MDOC (as of July 15th). Based on epidemiological models, prisons will continue to be a high-risk site for transmission for up to two years.

Prisons during the COVID-19 pandemic are sites of continual trauma. Incarcerated people live in constant stress with inadequate sanitation, little control over their environment and insufficient information about the virus or its effects. Chronic stress is strongly associated with negative health outcomes and worsens this crisis. Tensions are elevated at several facilities, including Gus Harrison, which saw two incidents that could have easily resulted in riots; Kinross, which had a single early positive case but no spread; Michigan Reformatory, which saw an enormous fight over fan usage; Macomb, where an ineffective quarantine led to a spike in positive cases; and Women's Huron Valley, which has been severely overcrowded for years. If staff issue misconduct tickets aggressively for imperfect compliance with the new regulations, incarcerated people will be afraid to ask for help if and when symptoms develop. If sick people are afraid to get healthcare treatment, they will infect others. Incarcerated people hear about evolving public health recommendations with little to no ability to implement those recommendations themselves and may receive misinformation from loved ones and on television. With our understanding of the virus constantly in flux, MDOC policy has only exacerbated our collective uncertainty and unsafety.

Decarceration before the second wave of COVID-19 is both an evidence-based approach to public health and a moral and ethical imperative. It is simply not possible to prevent the spread of the virus in the current prison environment where physical distancing is impossible, facilities lack sufficient sanitation supplies, and staff continue to foster cross-contamination. A reformist approach, one that manages sick bodies and ensures incarcerated people have access to face masks and adequate cleaning products, is not sufficient. In the long term, relying on such an approach does more harm than good: if we are convinced that these measures are enough, we might come to believe that prisons are safe places for people to live. They are not. Prisons cannot make a few minor changes and continue operating now or when the pandemic has

subsided; there is no safe or ethical way to warehouse 37,000 people. Incarcerated people are our community members and our loved ones and belong with us in the free world. A public health crisis for them is a public health crisis for all. The only solution for public safety, public health, and our collective well-being is decarceration now.

Prisons and Public Health

The COVID-19 pandemic has highlighted and exacerbated the public health harms inflicted by incarceration. Indeed, incarceration is itself a public health crisis. Currently, Michigan has over 37,000 people housed in its prison system. Before the threat of COVID-19, people living inside prison were already disproportionately likely to have chronic health problems; in 2011-2012, over 50% of people in prisons and jails reported having a chronic health condition.¹⁰ This includes diabetes, high blood pressure, asthma, arthritis, HIV and other infectious diseases like hepatitis C and tuberculosis,¹¹ as well as substance use disorder and mental health problems. Being in prison is also a chronic stressor. Chronic stress can harm people's cardiovascular and immune systems, which increases health problems.¹² Some stressors in prison include experiencing or witnessing violence, harsh and inhumane living conditions, systematic overcrowding, and a loss of social support. Incarceration further harms people's health by exposing them to things such as poor sanitation, no or little ventilation, low quality food, and the inhumane experience of solitary confinement.

Healthcare in prison is low-quality and the barriers to accessing care can be insurmountable. Notably, most prisons in the United States charge a copay for a doctor's visit. In Michigan, the current copay is \$5, which is the equivalent of over \$300 for someone working full-time at a minimum wage job.¹³ When people in prison cannot afford to see a doctor, treatable conditions are more likely to become chronic ones and communicable diseases are more likely to spread to others in their facility and into the community through correctional officers and visitors. Leaving medical conditions untreated creates the potential for more serious and deadly consequences. According to a report from the US Department of Justice, mass incarceration has shortened the overall US life expectancy by 5 years.¹⁴ Two other studies show that incarceration shortens life expectancy at both the national and individual levels. Each year in prison takes an average 2 years off of someone's life expectancy.

Incarceration has impacts on individuals, their families, and their communities, making it a significant social determinant of health. Incarceration disrupts social and family networks and economic development.¹⁵ Recent estimates show that 45% of Americans have had an

¹⁰ <https://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>

¹¹ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/incarceration>

¹² <https://journals.sagepub.com/doi/full/10.1177/0033354919826563>

¹³ <https://www.prisonpolicy.org/health.html>

¹⁴ <https://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>

¹⁵ <https://www.rwjf.org/en/library/research/2019/01/mass-incarceration-threatens-health-equity-in-america.html> ; <https://www.nap.edu/read/25471/chapter/4>

immediate family member incarcerated in jail or prison. Nearly 10 million children have had one or both parents incarcerated at some point in their lives. About 8% of children in the U.S. have experienced parental incarceration, with 25% of Black children experiencing parental incarceration before age 14.¹⁶

People of color are incarcerated far more frequently than whites, and this further exacerbates health disparities and the negative health impacts of incarceration on communities of color.¹⁷ Incarceration also disproportionately impacts lower-income communities and persons with disabilities, creating more barriers to achieving health equity. Long sentences handed down in the 1980s and 1990s have led to the massive number of older adults who are incarcerated today. From 1990 to 2012, the number of prisoners aged 55 or older increased by 550% as the prison population doubled. This older prison population has higher rates of chronic health conditions as well as cognitive impairment or dementia. Prisons and jails are turning into places for nursing home-level care as well as long-term and expensive treatment for growing chronic conditions.¹⁸

Conditions of Confinement During Covid-19

There is no greater argument for immediate decarceration than the conditions inside Michigan prisons during the COVID-19 pandemic. The following information was provided to the American Friends Service Committee through JPay, phone calls, and written letters from dozens and dozens of people (see [Addendum II](#)). Information was checked and verified with MDOC administration whenever possible. The result of these first-hand reports is a bleak picture of an inhumane system not equipped to manage thousands of sick people warehoused together.

Quarantine units are inhumane and feel like punishment, not medical care (see [Addendum II Section 2](#)).

Shelah Tauriinen was one of the first people at Women's Huron Valley to get sick. She felt intense chest pain from March 28th-April 2nd. When she reported the pain to her officer on April 2nd, the officer snapped at her: "Get away from the desk." Hours later, she was finally sent medical, where they took her temperature but failed to give her a COVID-19 test; Shelah was returned to her unit because she did not have a fever. Shelah had to go back twice on April 3rd as she struggled to breathe. She was finally given a test and from there was taken directly into segregation.

Officers put Shelah in a segregation room with no blankets and no toilet paper, which she repeatedly requested but was never brought. She was in segregation overnight without these

¹⁶ <https://www.ncmedicaljournal.com/content/80/6/372#ref-1>

¹⁷ <https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-031811-124614>

¹⁸ <https://issues.org/correctional-health-is-community-health/>;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6987938/>

items. The next morning, an officer screamed into her room that she'd tested positive for COVID-19. This was the extent of her medical consultation.

On April 4th, Shelah was moved to the out-of-use MSI warehouse, where administration had placed 17 bunk beds. There were 2 toilets. The heat was cranked all the way up, causing symptoms to worsen. When the women requested that the heat be turned down, the officers turned it all the way off. "It was snowing outside and we could see our breath. They either cranked it or turned it all the way off, there was no in-between."

On the sixth day of her quarantine, Shelah was brought a change of clothes and was allowed to shower in one of the satellite showers that had been installed outside the building. For six days, ill and fighting a deadly virus, she had sweated and laid in the same underwear and t-shirt. Her personal property had been taken away, but was not secured properly.¹⁹ She was left with no distraction from the terror, pain, and delusions brought on by COVID-19.

In the MSI building, the cameras were covered with tape. The entirety of the medical care she received was occasional Tylenol. The pain of the disease and the inhumanity of the treatment coalesced to feel like torture in that warehouse. "With the lack of medical care, we were really scared we weren't going to see the next day. The officers wouldn't even come back in the units; if we requested something they'd open the door and throw it in. We would have to go to the window and bang on the window if something happened or someone was having trouble breathing, and it would take forever for a nurse to come see us, if they ever did...There was just so little medical attention and medical care. We could have died from this, there have been inmates that have died from this, and it's scary. We're treated so badly. We have messed up. But it just seems like it doesn't matter if we die because we're inmates."

There is not enough air. Prisons have been told to shut off the fans so they don't "spread the virus." The result is extreme temperatures in some units (see [Addendum II Section 3](#) and [Section 4](#)).

On May 17th, two people were shot from the guard tower at the Michigan Reformatory, a high-security prison in Ionia. The MDOC claimed the shooting was the result of a gang fight, as over 30 men engaged in a brawl on the yard which would not cease even when warning shots were fired. When the dust settled, it was revealed what instigated the event: a fan. More specifically, the direction a fan was pointing.

For an incident as minor as an argument over a fan to escalate into a 30-person yard fight and a shooting, the conditions and tension inside must have been intolerable. These tensions were exacerbated by dangerous heat levels and lack of air, and such conditions are not sustainable in the short term or long term. Many MDOC facilities are old and rudimentary: the Reformatory

¹⁹ This was a common theme among complainants from WHV. Many women have complained that their personal belongings were stolen during the time they were sick and locked in quarantine. Some of these women have been incarcerated for many, many years, and have lost all personal and sentimental things that belonged to them.

was built in 1877, closed and later reopened, and now displays signs warning visitors that the water is not potable. The lack of proper ventilation and rising temperatures in these facilities produce violations of the 8th Amendment, which protects citizens from cruel and unusual punishment.

Lamar Etter states: "It is an oven in here. Everything in here is made of steel and concrete, and by nine in the morning everything is wet. Your clothes, paper you're trying to write on, even the walls are wet. Going outside is some relief but there's no shade. So the place stays hot all day and night and finally starts to cool down around five in the morning. Right before the sun comes up and it starts all over again."

Justin Gibson resides at Kinross Correctional Facility in Kincheloe, Michigan. Kinross is an open-bay pole barn broken down into eight-man cubes--the same arrangement that houses about one third of the prisoner population in Michigan. These living units are ventilated by overhead fans, exhaust fans, and hall fans. Because Kinross is located in northern Michigan, temperatures can be extreme--very cold in the winter and very hot and humid in the summer. Windows cannot be relied upon, as not every cube is near a window.

In late March, MDOC Central Office decided to cease all fan usage and sent a notification to Kinross to cut all air circulation in the units. Staff turned off the overhead fans, exhaust fans which pull stale air out, and the hall fans. This was done suddenly, without warning, and without discussion among the men in the living quarters. Justin Gibson immediately reached out to AFSC: "They cut the fans today, all of them. The difference was immediate. It raised all sorts of hell. It's starting to get pretty stressful in here. Not even hot out yet but the unit is so warm with all these bodies. At first, guys were mad but they didn't really know who to be mad at. Now... this is starting to feel like an us vs them situation."

Justin, a representative on the Warden's Forum and a trusted person in his facility, met with the Warden several times to try to discuss the situation, but was told it was out of his hands. Justin asked that at least the exhaust fan be turned on, so that the stale air would be pulled out and the people in the units would not just be "breathing in each other's CO2," but the request was denied. Justin and others are monitoring the temperature in the unit using the thermometers present on some of the digital clocks. On the first warm day in May, it was 86 degrees Fahrenheit in the housing unit. Over Memorial Day weekend, Justin reported that only the overhead fans were switched on. This has done little to relieve the heat, especially with mandatory mask usage.

In June, MDOC finally decided that fans could be switched on in either "fully positive or fully negative" facilities, but not those where COVID-19 testing results were mixed. During the first two weeks of July, the heat index has reached between 90-100 degrees every day.

There is no time outside and no fresh air (see [Addendum II Section 3](#)).

On February 29th, Unit 3 at Macomb Correctional Facility went on lockdown “for an outbreak of the flu. Nearly every year, sometimes once in the fall and once in late winter, the flu rips through prisons across Michigan. Facilities go on lockdown for a week or so to try and prevent the spread of the flu to other units. But this lockdown would not last a week. The men in these units would not step foot outside for over 40 days.

In early March, a correctional officer at Macomb tested positive for COVID-19. There were still moves happening inside the prison and confusion about where to house sick people. Soon after, William Garrison--a 60-year-old juvenile lifer who had been incarcerated for 44 years and was due to be released within weeks--died of an apparent heart attack in his cell. His posthumous COVID-19 test came back positive.

Things quickly became more serious. Dozens of people fell ill, confusion and prisoner movement was rampant, and the units were in full lockdown. That meant 23.5 hours in-cell every day. People were given a half hour out of cell, one cell at a time, to shower, use the phone, and use JPay. No doors to the outside were opened and no fans were on in the hallway. “It is so intense. It’s like a pressure cooker,” Antonio Stewart said during a mid-April phone call with AFSC. “I haven’t been outside since February 29th. I remember the day because that’s not natural, you know. It’s not normal to be inside like this. It’s been over 41 days since I breathed fresh air. And there’s six toilets for all these guys... it’s really bad in here right now.”

After weeks of complaints, Unit 3 was finally given one rotated hour of yard time per day. Aside from a half hour to use JPay and the phone and to shower, this was the only time out of cell that was permitted. By mid-June the time had increased to 2 hours per day, five days per week. But groups, classes, and extra-curricular activities are still suspended, causing the people inside to languish day after day. Most people inside do not believe that the facility will sustain another such lockdown during the second wave, with the memories of constant, suffocating restriction still fresh in everyone’s mind.

Sanitation is inadequate at several facilities (see [Addendum II Section 4](#)).

At Chippewa Correctional Facility in the UP--a prison somewhat notorious for making its own rules--Jody Hill sensed resistance from the correctional officers to the directives of Central Office. “They are definitely not just giving out soap and bleach around here. There are no soap dispensers in the bathrooms and we’re still getting just two of those little bars of soap. I saw a bottle of bleach a couple of times, but the officers just spray it a couple of times on one rag and give it to the porter. Then he uses the same rag to go around and wipe every single thing. Seems like they should just give him the bottle but that’s not going to happen.” She did add that everyone is permitted to wipe things down using diluted disinfectant, but that it’s the people in the units and porters--not staff--who have undertaken additional cleaning procedures.

In Jody's case, there is an additional circumstance that has to be accounted for. Jody is a transgender woman who has an accommodation to "shower in relative privacy." Because Chippewa has open-bay showers with no shower curtains, that means she has to shower at a completely different time than the rest of the unit. At the beginning of the COVID-19 pandemic, this caused a problem. Jody works in food service and had to report to work at 5:30 am. The officers refused to let her take a shower between her two shifts. They claimed that she could only take a shower at 9:30 pm, during count.

"That means I have to work two full shifts in food service, coming back to my room sweaty and hot in the middle of the day, touching things in my room, and not showering, and then going back to work. I don't think this is safe when we're told we're supposed to be keeping everything clean and sanitized. People need to be kept clean as well."

Jody's case highlights an insurmountable problem in the MDOC--a one-size-fits-all philosophy does not work when you are warehousing tens of thousands of humans in 29 facilities. Individuals have different medical needs, physical limitations, and accommodations that must be accounted for. By refusing to be flexible and resisting all attempts to decarcerate, these problems will continue and will be exacerbated by the inevitable second wave of COVID-19, likely to infect previously uninfected facilities like those in the UP.

Tensions are high due to lockdown conditions. People aren't getting enough food; they are hungry and agitated (see [Addendum II Section 1](#)). Relationships between staff and the population are strained.

Yusef Qualls is on a vegetarian diet at Macomb Correctional Facility; people at Macomb have been given meal trays in the unit since early March. From the beginning, the inconsistency of the time that food was served, the consistently inadequate portions, and sometimes mysterious or inedible servings were a source of tension among people inside lockdown facilities. "I don't know what the guys are doing who don't have a locker full of food or no money at the store. Because you'd be starving in here if you could only eat what they gave you. It's every day, too. Supposed to serve 6 oz of oatmeal and we get two. I got a piece of 'pizza' the other day that was two inches wide and three inches long. We're not children in here, this is not enough food."

Due to the decreased amount of food and rising temperatures as ventilation is turned off, there are increased tensions between staff and people warehoused in MDOC. Macomb, east of Detroit, was hit early and hit hard by the coronavirus, as several staff members became infected and transmitted the disease to prisoners. At one point, Macomb was working with only 60% of staffing capacity, which meant that people who were not trained as correctional officers were acting as regular COs in the units.

One anonymous source spoke several times about "riot-inducing conditions" at Macomb. "There's only so much a person can take. You've got lifers in here locked down 23.5 hours a

day, and COs who are six months on the job barking like they know something but looking scared. This is just a mess, and one spark is going to set it off.”

Several incidents of individual staff member conduct increasing tensions have been reported to AFSC:

“She calls guys bitches. She stands in the hallway and screams for guys to get their bitch asses back in their cells. You add that to all this other stuff, guys here getting real fed up.”

“She decided that we get one roll of toilet paper now. It’s slightly bigger but thinner, and the two rolls we were getting before already weren’t enough. What is a guy supposed to do if he can’t get any from the store? And we are supposed to be staying cleaner than before...”

“Lots of officers are fine but then you get the one guy who refuses to do any of the stuff they said they’d do. Like he just goes in and turns the movie off that’s playing. We don’t have hardly anything to do and people need to act this way for no reason.”

Decreased food, increased temperatures, tensions with staff, and a virus that kills indiscriminately make for completely inhumane conditions in our prison system. These conditions will only worsen as lockdowns begin again and temperatures increase throughout the summer. MDOC has not published any long-term plan for infected facilities; the resultant uncertainty and pressure on the system will reach an inevitable breaking point.

People who have tested positive for COVID-19 are sent to satellite units at facilities where there are no cases. The result is facility cross-contamination and unrest (see [Addendum II Section 4](#)).

On April 7th, there was considerable concern among people at Gus Harrison Correctional Facility in Adrian. No one at that facility had yet fallen ill, but now they looked out the windows to see buses of sick men arriving from elsewhere in the state. New satellite units had been opened at Gus Harrison to house infected prisoners. The people there were told that there would not be any staff crossover between the regular housing units and the new satellite units. But this did not reassure the people in Gus Harrison, as they knew that one mistake could quickly cause cross-contamination.

Within a week, there were several sick men in the regular housing units. Within a month, Gus Harrison had become a national hotspot for COVID-19.

In mid-May, the National Guard and MDOC began comprehensive COVID-19 testing for all people housed within the department. Gus Harrison’s population was tested on May 17th. On May 19th, staff placed several people in segregation following unrest at the facility, where --at the time of writing--they are still being housed. AFSC received the following description of the incident:

“There was an incident at Gus Harrison yesterday afternoon/evening. They recently completed mass testing there and medical providers shared results with every one individually. But, there were around 600 positives and not enough MP’s to spend any time with the positives to explain the disease, creating tension and frustration.

They moved all the positives and negatives to separate units like they have been doing during these mass tests, which makes sense. However, 2 units on the south side refused to return to the units yesterday early evening demanding to see medical staff. That seemed to be all they wanted. I’m sure they were scared after being informed they have this disease and hearing how harmful it has been to some people who have contracted it.

MDOC contacted Corizon to send more MP’s to meet with the positives in small groups to provide a better explanation of their disease. The guys agreed to return to their units and were finally fed. I was told things calmed down at that time.”

Gus Harrison--a facility with no positive cases--became a satellite unit for sick prisoners and within a week, the facility was deeply infected with COVID-19. Without sufficient information or medical consultation, 600 people with positive test results were told to pack up and move to a quarantine unit. They wanted to speak with a medical professional, but were repeatedly denied. The result could have been a riot, as has happened at several other facilities throughout the country. Instead, several people are now being held in segregation. For a population that does not have independent access to the internet or medical information, consultation with a medical professional upon diagnosis of a potentially fatal disease is the absolute minimum standard of care they should be afforded.

Throughout the COVID-19 pandemic, the MDOC has treated prisoners as bodies that must be managed rather than as human beings deserving of care and compassion. This technocratic approach to public health has accelerated the rate of infection in prison and produced inhumane conditions that worsen illness, tension, and trauma. The reformist approach--providing masks, soap, disinfectant and enforcing physical distancing--is not sufficient to contain the virus’ spread. This is especially true when facilities are cross-contaminated and staff bring the virus into the facilities with them. Prisons are not a safe place for anyone, now or ever. The COVID-19 pandemic only shines a brighter light on that fact. The only real solution is decarceration, drastically reducing the prison population.

Decarceration in Michigan

Michigan activists, advocates, and organizers have been pursuing decarceration for decades, led by the American Friends Service Committee, which has been committed to ending perpetual punishment and the caging of human beings as a form of social control for over 50 years. AFSC is a peace and social justice organization working to overcome oppressive systems around the world. The organization lifts up ways of existing together that are rooted in compassion,

transformation, respect of ancestors, and building communities that thrive. The work of AFSC and other decarceration advocates provides a roadmap for the state as it pursues decarceration as the only viable response to the COVID-19 pandemic.

AFSC's Michigan Criminal Justice Program has been challenging the punishment state since 1969. Its program work has always been directly connected to people most deeply impacted by the criminal punishment system. Through its relational and direct advocacy work with people living in Michigan's prisons, AFSC has witnessed the violence of multiple iterations of the punishment system. It has lifted up individual cases of abuse, neglect, torture, and harm caused by Michigan's prison system. AFSC works to access relief for each person in the moment, while simultaneously addressing the deep systemic problems of the carceral state, working to uplift those problems to the public, and moving towards alternative visions and practices for addressing harms in our communities.

AFSC is an abolitionist organization; in 1978, AFSC's board adopted a statement affirming its position as a prison abolition organization. AFSC works to end the proliferation of militarized policing, militarized wars abroad, and the machinations that lead to the state's focus on social control and punishment. AFSC's North Star Guiding Document asserts: "[The AFSC Community] vision[s] a fundamental shift from this punishment model to a healing and transformative model of justice crafted by those most directly impacted and supported by their allies. The voices, experiences, and needs of the communities locked up, locked out and left behind shape this vision. Their call for a society that values education over incarceration, jobs over jails and finds better use for the trillions of dollars spent harming and traumatizing Black, Brown and poor communities will chart the direction of our work."

Throughout the years, AFSC's work has always been deeply informed and carried out by people in prisons serving the longest time for the harshest of harms in our communities. Long serving people have the endurance, skill sets, creative thinking abilities, and transformative resilience to help to shape our thinking and ability to envision a less punitive-minded Michigan. Being directly connected to people inside helps AFSC understand and navigate the stark and brutal conditions of confinement in which people are forced to live.

When the news of a worldwide pandemic finally landed concretely in the United States and in Michigan, organizations committed to challenging the use of punishment-based systems abandoned previously planned work and shifted their focus to pandemic response. These acts of nimble emergency response are crucial in what promises to be a hard road for all, but an even harder road for all of the people we cage in prisons and jails and the people who work in those caged spaces. Years of foundational work addressing the needs of long serving people and working for full liberation for all people, even the people who have enacted harsh violence in their communities, positions AFSC and its allies to be able to lift up robust decarceration strategies that would have saved lives and could still save lives. Further, these organizations' deep connectivity and histories of advocacy put them in unique positions to promote the

humane treatment of people living in Michigan's prisons during a massive outbreak of a deadly virus.

From the beginning of the COVID-19 pandemic, AFSC knew that humane treatment was impossible in an overcrowded institutional setting like the Michigan prison system. With this knowledge came myriad advocacy organizations' demands and recommendations for decarceration strategies that could have been implemented immediately by Governor Gretchen Whitmer through an executive order. These recommendations included robust measures to move toward speedy decarceration, including:

- Circumvent Truth in Sentencing to allow those with good conduct to earn time off their sentences.
- Expand the parole board to process more cases in total and to process commutations and parolable life cases.
- Waive particularly draconian features of Michigan's medical parole bill to expedite paroles of already vulnerable people.

Advocates also laid out demands and recommendations regarding conditions of confinement, including:

- Reduced cost or no charge for phone calls during a time without in-person visits.
- Full access to personal protective equipment, hand sanitizer, soap and cleaning products.
- Provision of compassionate care and communication with loved ones for sick people.
- A moratorium on sanctions and misconduct citations.
- Comprehensive COVID-19 testing for the entire population.

The American Friends Service Committee, Safe and Just Michigan, the Prison Creative Arts Project, the State Appellate Defender Office, the American Civil Liberties Union of Michigan, the Detroit Justice Center, the U-M Carceral State Project, the Michigan Youth Justice Center, and many other organizations sent these recommendations and countless other missives to the governor's office asking for relief and protection for people in prison. None of their decarceration recommendations were enacted. The parole board slightly increased the numbers of paroles per week, but only among people who should have already been released. The recommendations regarding conditions of confinement were minimally addressed as some prisons received access to cleaning supplies, some reduced-cost communication was allowed, and the MDOC conducted comprehensive testing.

In all reality, the pandemic dealt the MDOC a very difficult hand. Managing 37,500 people under state control in 29 different prisons during a pandemic is an impossible undertaking. That said, the public has no idea how people in prison have been treated and the inhumane conditions they continue to endure. The MDOC released daily reports on the number of cases for people in prison and the staff and number of deaths starting in early April. Initially, these daily reports

failed to include the cumulative totals of positive test cases and deaths, thereby obscuring the full scope of the pandemic in prison. The MDOC also communicated information to concerned legislators and the Legislative Corrections Ombudsman. However, other elected officials and the general public remain ignorant of the conditions in Michigan prisons. They are also unaware of the extent of or content of conversations between MDOC leadership and the Governor's legal and policy staff.

Governor Whitmer ignored the expertise and recommendations of advocates who know that decarceration is the only adequate and humane approach to the pandemic in prison. She ignored the long-serving people inside. She let people get sick and she let people die. She allowed the MDOC to isolate the sick and warehouse them in overcrowded quarantine units. She allowed half-measures to contain the virus and prevent cross-contamination. She allowed people--sick and well alike--to be mistreated, punished, and gaslighted as they sought modicums of decency and care.

Perhaps Governor Whitmer was persuaded by the technocratic ethos that presumes it is possible to manage thousands of sick bodies safely. Perhaps she was reassured by reformist responses that assume masks, sanitizer and cleaning products, and physical distancing can temper the pandemic in prison. Perhaps she received some kind of messaging that alleged there was little that could be done by the parole board but review people who were at or past their earliest release date or release people who had so-called "quality cases." These scenarios might explain the inhumane approach the governor has adopted toward the COVID-19 pandemic in prison.

As evidence and experience demonstrate, if Governor Whitmer was truly concerned with instituting a more progressive platform that heeded well-established research--that shows people serving long time for harsh crimes are the least likely to recidivate and are the best candidates for release--she would have enacted an executive order that created release valves for our most vulnerable people in prison.²⁰ She would have depopulated prisons in order to make space for meaningful physical distancing to prevent the spread of the virus. She would have acknowledged that the COVID-19 pandemic will not be controlled in Michigan until it is controlled everywhere--including in the state's prisons.

The burden of incarceration is not Governor Whitmer's to carry alone. Years and years of tough-on-crime rhetoric, policies, and laws--from both sides of the aisle--have resulted in the massive number of people in prison. This rhetoric is fueled by white supremacist ideologies--ideologies that otherize and criminalize poverty, race, gender, and sexuality. Until we are able, as a society, recognize that systems of oppression are as accountable for human behavior as human behavior is accountable for tragic outcomes, we will harm and torture people by sentencing them to years of isolation, neglect, and death in prisons.

²⁰ Prescott, J.J. and Pyle, Benjamin and Starr, Sonja B., Understanding Violent-Crime Recidivism (May 2020). Notre Dame Law Review, Vol. 95, No. 4, pp.1643-98 (May 2020), Available at SSRN: <https://ssrn.com/abstract=3571912>

Mechanisms for Decarceration

Michigan's parole process is one mechanism the state has used and must continue to use to reduce harm during the COVID-19 pandemic. But simply increasing the rate of parole for those already eligible for parole consideration fails to address the serious problem in Michigan prisons: the increasing number of people serving excessively long sentences who are ineligible for parole until they reach their earliest release date, if they have one. Research demonstrates that such sentences do not increase public safety. Rather, these sentences are now *creating* a public safety threat because overpopulated prison environments act as an incubator for the spread of COVID-19.

In order to eliminate prisons as incubator sites for the spread of the coronavirus, the prison population must be reduced to a level where social distancing guidelines can be followed by those who are incarcerated and by those who work in correctional facilities.²¹ The only way to create such an environment is to streamline the parole and commutation processes and use those executive powers to release individuals who have already served long sentences but do not yet qualify for parole consideration.

Michigan's sentencing and parole processes are the result of decades of tinkering that have led to people serving more time in Michigan prisons than anywhere else in the United States.²² In the most recent national study that compared sentencing and release practices among the states, the average amount of time served in the US was 2.9 years. In Michigan--the state with the highest average--people served an average of 4.3 years.²³ For comparison, in Pennsylvania (the state with the second highest average) people served 3.8 years. In Texas and Alabama, people served average sentences of 2.8 and 2.9 years, respectively. Michigan is such an extreme outlier in time served because of harsh sentencing practices and cumbersome parole and commutation processes. These practices and processes severely limit the release valves for the ever-increasing number of people in Michigan's prisons serving excessively long sentences--sentences in which people serve over 15 years, whether due to lengthy terms of years or life sentences. Statistical research shows that these are the very people who have the lowest rate of recidivism if they are released back into the community.

The pathway to parole depends on the terms of an individual's sentence. People serving prison sentences in Michigan are eligible for parole once they have served the minimum sentence on a term of years sentence. For instance, where someone is sentenced to serve 3-10 years, they become eligible for parole after having served three years. At that point, they may be granted

²¹ The MDOC employs approximately 12,000 people. The great majority of these individuals work in prisons and cycle in and out of those facilities in 19 counties across Michigan.

²² Anne Yantus, *Sentence Creep: Increasing Penalties in Michigan and the Need for Sentencing Reform*, 47 U. Mich. J. L. Reform 645 (2014).

²³ Pew Center on the States, *Time Served: The High Cost, Low Return of Longer Prisoner Terms* 13 (2012).

parole or they may be denied parole for periods that may extend up until they have served the entire sentence. A person who has served their entire sentence is “discharged” into the community without the supervision or reentry support that someone may receive if released on parole. Many individuals sentenced to long indeterminate (“LID”) sentences must serve 15, 20, or even 40 years in prison before they become eligible for parole.

Those sentenced to “parolable life” sentences must serve at least 15 years in prison before becoming eligible for parole. The density of the parolable lifer process alone is a significant barrier that prevents people being released from prison once they become eligible for parole. The process for release on a parolable life sentence is burdensome and requires much more time for the MDOC Parole Board members and staff than the typical parole process. In practice, individuals are not given meaningful consideration by the Parole Board until they have served at least 25 years. Many individuals serving parolable life sentences are never granted a public hearing, although a public hearing is required by law before the Parole Board can make a decision to grant or deny parole.

Finally, many people in Michigan prisons are serving life without parole (“LWOP”) sentences. They are, as the name suggests, not eligible for parole. Of those currently serving LWOP sentences in Michigan, nearly 200 were sentenced as juveniles--a practice ruled unconstitutional in 2012--and have been waiting to be resentenced for more than eight years.²⁴

Every person serving a regular term of years sentence in Michigan becomes eligible for parole after serving their minimum sentence. Before the minimum term is served, the Parole Board staff computes the individual’s parole guideline score as required by MCL 791.233e, the person may be interviewed by a member of the Parole Board, and the parole decision is made by a three-person panel of the Board. The parole guideline score determines whether a person has high probability for parole, average probability for parole, or low probability for parole. The stated purpose of the statutory parole guidelines is “to assist the parole board in making objective, evidence-based release decisions that enhance the public safety.”²⁵ If the person is denied parole, they are reconsidered after a period of 12, 18, or 24 months at the discretion of the Parole Board. If the person scores high probability for parole and parole is denied, the Parole Board must give “substantial and compelling” reasons for keeping the person in prison.

The Parole Board retains ultimate authority to release a person on parole or keep them in prison, regardless of the circumstances of the sentence. Those serving LWOP sentences can only be released from prison if their life sentence is first commuted by the governor. When the governor commutes a sentence--the process for which is itself incredibly burdensome--she is effectively granting the person a new minimum term of years sentence and leaving in place the maximum sentence of life. A person serving an LWOP sentence commuted after 40 years of

²⁴ When the U.S. Supreme Court struck down mandatory life without parole sentences for juvenile defendants as cruel and unusual punishment in 2012, Michigan had the third highest total of individuals serving such sentences at the time. Less than half of those people have since been resentenced.

²⁵ MCL 791.233e(1).

time served will see their life sentence change to a “40 to life” sentence.²⁶ Having served the 40 years, they are then eligible for parole and the Parole Board will compute the parole guidelines and choose to release or deny parole at that time. If parole is denied, it is denied for a period of 12, 18, or 24 months, as would be the case in the typical parole process.

As noted above, people serving parolable life sentences become eligible for parole after serving 15 years in prison. But as the person nears the 15-year mark, the Parole Board does not calculate their parole guideline score. Rather, the person is granted an interview with one member of the Parole Board, who then decides whether they have “interest” in proceeding with the case. If the Parole Board member does not indicate interest in proceeding, the person serving the life sentence receives a “no interest” decision. They are not considered for parole again for five years and they are never guaranteed an interview with a different member of the Parole Board. One Parole Board member could simply send a “no interest” decision to the person every five years and that would satisfy the current parolable lifer process.

Parole Board members almost never show “interest” in a parolable lifer case until a person has served 25 years. Once interest has been shown, all 10 Parole Board members vote on whether to proceed with the case. If a majority votes to proceed, the person undergoes a psychological evaluation and is usually scheduled for a public hearing. The public hearing is an opportunity for two Parole Board members to discuss with the person their background, the crime, their institutional history, and their release plan. It also currently serves as a chance for a representative from the Office of the Attorney General to question the person about the crime and any other crimes they may have committed or been accused of and to voice opposition to the person being considered for release. Individuals from the public are allowed to speak to voice support for, or opposition to, release on parole. The person being considered for parole is also provided an opportunity to make a statement as to why they think they deserve to be granted parole. Once the public hearing is transcribed and every member of the Parole Board is given an opportunity to consider the case, all ten members then vote on whether to grant or deny parole. If the decision to grant parole is made, the Parole Board then calculates the parole guideline score and releases the person on parole.

This burdensome parole process severely hinders the release of people who are least likely to reoffend and least likely to cause harm after leaving prison. Research shows that people serving parolable life sentences, long indeterminate sentences, and even life without parole sentences are the least likely to reoffend. This is largely due to the fact that all people--regardless of their offense--tend to age out of crime.²⁷ Furthermore, a growing body of research suggests that

²⁶ The commutation process works the same for someone who has served 30 years on a 60-100 year sentence. In this situation, if the governor grants a commutation, the 60-year minimum sentence becomes a 30-year minimum sentence and the person becomes eligible for parole at that time.

²⁷ United States Sentencing Commission, *The Effects of Aging on Recidivism Among Federal Offenders* (2017), available at: https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2017/20171207_Recidivism-Age.pdf. See also Marc Mauer, *Long-Term Sentences: Time to Reconsider the Scale of*

there is only a tenuous relation between the length of a prison sentence and an individual's likelihood of reoffending. In July 2020, the United States Sentencing Commission released findings from a study that showed no difference in recidivism among people who served full sentences and those who were released from prison two years earlier than their original sentences would have required.²⁸ In another recent study, University of Michigan researchers found that people released from prison after they have served long terms for assaultive offenses are *less* likely to reoffend than others released from prison.²⁹

This research is significant and timely considering the ongoing public health crisis in Michigan prisons. It should inform decisions about how to manage the deadly pandemic and increase public safety by eliminating prisons as incubators. People who have served 15, 20, 30, or more years on lengthy sentences in Michigan are the same people likely to suffer most from the spread of coronavirus through the prison system. Reliable data that shows these men and women are the least likely to reoffend presents a unique opportunity to reduce the Michigan prison population to a level where the threat of COVID-19 can be more reasonably and safely managed--for those who are incarcerated, for those who work in these facilities, and for members of the 19 communities in Michigan that are home to prisons.

The most direct and reliable way to accomplish this is to calculate the statutory parole guidelines for any individual who has served at least 15 years in prison, a procedure that could be implemented through an Executive Order from the Governor. The parole guideline calculation described in MCL 791.233e is a method by which the legislature sought "to assist the parole board in making objective, evidence-based release decisions that enhance the public safety." As the instrument created by the legislature for making such release decisions, it should be used for individuals who are eligible for parole after serving 15 years on a parolable life sentence. When someone is eligible for parole at the conclusion of 15 years and that person scores high probability for parole, that calculation should be used to assist the Parole Board in making "objective, evidence-based release decisions that enhance the public safety." In current practice, however, the calculation is not done until after the Parole Board has made a series of decisions to release the person on parole.

Furthermore, this same guideline should be applied to every person who has served 15 years on a long term of years sentence or a life without parole sentence. In so doing, it would assist the Parole Board in making recommendations on commutation applications and, ultimately, would assist the Governor in determining whether the person deserves a commutation. As it stands, such decisions are completely arbitrary and have no agreed-upon guidance as to

Punishment (2018), available at:

<https://www.sentencingproject.org/publications/long-term-sentences-time-reconsider-scale-punishment/>.

²⁸ United States Sentencing Commission, *Retroactivity & Recidivism: The Drugs Minus Two Amendment* (2020), available at:

<https://www.ussc.gov/research/research-reports/retroactivity-recidivism-drugs-minus-two-amendment>.

²⁹ Prescott, J.J. and Pyle, Benjamin and Starr, Sonja B., *Understanding Violent-Crime Recidivism* (May 2020). *Notre Dame Law Review*, Vol. 95, No. 4, pp.1643-98 (May 2020), Available at SSRN:

<https://ssrn.com/abstract=3571912>

whether or not the Governor should grant a commutation.³⁰ The parole guidelines statute attempts to eliminate arbitrary decisions by giving weighted scores to the severity of the offense, the individual's behavior since they were incarcerated, and a long list of other factors that are carefully considered in this calculation.

Current research demonstrates that people who have served over 15 years in prison are the least likely to reoffend if they are released. Michigan has a large and growing population of individuals serving more than 15 years in prison. The parole guidelines provide a legislatively-created tool that should be used to determine who can safely be released from prison--either through the commutation process or the parolable lifer process. An Executive Order must provide for the calculation of these guidelines for everyone who has served 15 years in prison. With the calculation of the statutory parole guidelines, the Parole Board should be guided by that score in parolable lifer decisions and the Governor should be guided by that score in commutation decisions.

Mutual Aid and Alternatives to Punishment

Crucially, calls for decarceration, compassion, community building, and abolition are not aspirational, but are already being enacted by those closest to the carceral system who have endured its greatest harms. People are providing one another with the support, protection, and care they should--but do not--receive from the state. They offer models of how we must respond to this crisis and to others in the future--with approaches that are rooted in compassion and empathy rather than fear and punishment. Mutual aid efforts, support networks, and community connections provide us with a roadmap to a more just future. Just as evidence and experience inform recommendations for decarceration, so too do evidence and experience inform calls for mutual aid, compassion, and abolition.

Communities across the state and the nation have met the COVID-19 crisis with resilience and resourcefulness, and, in many instances, mutual aid efforts. "Mutual aid" is a form of community care in which people band together to meet the immediate survival needs of those around them, usually because of a shared understanding that the systems in place will not meet those needs, or certainly not fast enough, if at all. These efforts help as many in need as possible and do not make judgements about others' needs or capacities. Critically, mutual aid efforts are indications of urgent and often existential needs, not indications that communities can care for themselves indefinitely without the support of state structures, public policies, and social welfare.

People in prison are drawing on the ethos of mutual aid to support each other and help one another endure and survive this global pandemic. These efforts are a testament to the resiliency, compassion, innovation, and creativity of the people incarcerated in our state. These are qualities desperately needed in the free world right now as we care for one another and

³⁰ We have recently seen the result of such arbitrary decision-making in the presidential commutation of Roger Stone.

grieve our losses. The commitment that incarcerated people have demonstrated to mutual aid and care further underlines research findings about the low public safety risk of releasing people who have served long sentences. Instead, decarceration will yield the positive impacts of restoring communities and healing the traumas of incarceration.

Inside prison, people are providing one another with vital emotional support as they endure the stress and trauma of the COVID-19 pandemic. At Women's Huron Valley, Sharee Miller described the care and empathy women provide one another: "When one is down we do what we can to bring them up. When one is scared we do what we can to help them through their fear. As women, we are joining together and loving one another, even if from a distance." Similarly, LaTonya Hobson Buchanan described her work as a mentor in her unit as she discouraged women from spreading rumors about the public health crisis. She has also worked to create moments of happiness and community in her unit: "I cooked homemade spaghetti and breadsticks for me and 10 other ladies in my housing unit. I also made apple pie and homemade Laffy Taffy for dessert." In a time when a trip to the chow hall is fraught with stress, fear, and danger, LaTonya's consideration of the other women in her unit provided vital emotional relief, community, and safety.

Other people in prison have devised innovative ways to support frontline healthcare workers, demonstrating admirable concern for those who are working to treat illness and provide healthcare in prison and in the free world. At Baraga Maximum Correctional Facility, artist Victor Shivers and writer Alan Price are collaborating on a project to donate art and poetry to frontline workers. They plan to pair thirty pieces of art with thirty pieces of writing and have those works delivered to healthcare workers. As Victor writes, these donations "will strike motivation, happiness, will power, and the spirit of the American people" in the hearts of the recipients.

Some have devised creative ways to express their individuality while adhering to necessary safety protocols inside prison. Artist Steven Campbell described the ingenuity of men at Bellamy Creek Correctional Facility after they were instructed to wear protective face masks to prevent infection. Steven writes, "Even though we look more cookie cutter than ever before, we are still expressing ourselves and our individuality through art on our masks." Steven and his fellow artists inside are hoping to donate these art-masks so that they may be used to raise funds to support healthcare workers. He is eager to help those working on the front lines of the pandemic in any way he can: "Please...I just feel the need to contribute to this in some way." Like many of us in the free world, Steven and many other incarcerated people are seeking ways to contribute to the greater good during this crisis.

People in prison are currently isolated from their loved ones and communities in the free world due to the suspension of all in-person visitation and their limited access to affordable means of communication. Despite this isolation--and the uncertainty about when in-person visitation will safely resume--they have found ways to preserve their social and emotional connections across the walls and even to strengthen those connections. The depth of connection among people

who are incarcerated and their loved ones indicates the vital role that those individuals play in their multiple communities and how desperately they are needed in the free world.

For instance, the Friends of Restorative Justice of Washtenaw County (FORJ) worked with women incarcerated at Women's Huron Valley in April and May to organize a support project that provided packages, emails, letters, and phone or commissary cards to incarcerated women in need. Critically, this support project was a collaboration between incarcerated women and their allies in the free world as the women provided information about the supplies that were needed inside and reached out to women who were in need. Thanks to these support packages, incarcerated women experienced moments of joy and relief in the midst of the pandemic. They were also able to communicate with their loved ones in the free world, providing multiple reports of women who were finally able to call family members—including a five year-old daughter—while they are still cut off from in-person visitation.

Women who received support packages described how meaningful and impactful this kind of community building practice is. Anitra described seeing other women receive their support packages: "The ladies were so touched...to have people you don't even know reach out to you and tend to needs that many feel we don't need or deserve in here is beyond any words of thanks I could give you on their behalf. I will forever have the images of their faces implanted in my memory." Tracy wrote to FORJ: " i just rec'd a message from one of the patients in the mental health unit that was so excited to receive a securebox...i just want you to know that the person who told me said she was the happiest she had ever seen this person. thank you for changing her life and letting her know someone (s) care." April also described moments of joy and excitement her support package brought her: "My bunkies mouth dropped open like how cool is it that these people who have never met us think about us and literally care for no reason at all."

Support programs like that of the Friends of Restorative Justice provide moments of happiness and relief to incarcerated people as they navigate the inhumane conditions, trauma, and extreme stress of prison during a pandemic. Hope wrote to FORJ to share details about the emotional toll of COVID-19 in prison: "I have broken down and cried, grieving the loss of my friends, then the next day I am told it wasn't them, it was someone else. It is such a confusing and anxiety producing time for us all right now, and this process they have is not helpful. I wish they would just tell us so we can begin the grief process in a healthy way." Incarceration magnifies the emotional harm and strain on mental health caused by the global public health crisis. Incarcerated people and their allies are working to heal those harms, but the best way to protect and heal them is to release them from prison.

Recognizing the severe financial impact on criminal legal-system impacted people and those who are incarcerated, several organizations have established mutual aid fundraisers explicitly to support those populations. In March 2020, the Prison Creative Art Project at the University of Michigan began a mutual aid fundraiser to provide direct financial assistance to formerly

incarcerated people, many of whom are ineligible for certain forms of state aid.³¹ To date, the project has helped over eighty people who are suffering hardship due to the COVID-19 crisis. Javonte McMillan, an aid recipient who spent eight years in prison, described the unique challenges he faced as a formerly incarcerated person: “Once COVID hit I had to take my son out of daycare in the midst of my hours at work being cut by 24 hours a week. Because of lack of family support and ineligibility for unemployment or government aid, I had to stay home with my son more.” Michigan Abolition & Prisoner Solidarity established a fund in April to provide financial support for people in prison. Financial support increases the choices that people inside have when it comes to their health and wellbeing; cleaning supplies, communication with loved ones, healthcare, and additional food all cost money to prisoners.

Michigan has seen a proliferation of mutual aid efforts that offer financial assistance, healthcare resources and personal protective equipment, housing resources, transportation, and emotional support to those in need. In Washtenaw County, a group of organizers began a robust mutual aid project--Huron Valley COVID-19 Mutual Aid--in March 2020, connecting individuals with needs to those with capacity and redistributing financial resources.³² In Detroit, organizers have created multiple support networks including Detroit-based COVID-19 Mutual Aid and Southwest Detroit COVID-19 Mutual Aid.³³ The Mutual Aid Hub offers a directory of mutual aid networks around the country; mutual aid efforts have been established in nearly every state since March 2020.³⁴

Like the resiliency and mutual aid efforts inside prison, these projects indicate the urgent need for robust state support and meaningful social welfare programs. Unlike most forms of government assistance and some forms of charitable assistance, none of these mutual aid support networks interrogate those in need about their criminal legal history or discriminate in their provision of resources. Even after leaving prison, formerly incarcerated people and their communities continue to face bias, discrimination, and trauma. These harms are only magnified by the current global public health crisis.

Conclusion and Recommendations

The only humane response to the public health crisis of COVID-19 is decarceration; the only humane response to the public health crisis of prison itself is abolition. Prisons are unsafe for everyone; imprisonment increases the likelihood of chronic health problems, prevents access to healthcare, and disrupts social and family connections. The conditions of Michigan prisons have exacerbated the harms of COVID-19; overcrowded, decrepit, unsanitary facilities accelerate the spread of coronavirus and worsen COVID-19 symptoms. These conditions of confinement are the result of decades of cruel tough-on-crime policies, draconian sentencing guidelines, and

³¹ <https://pcapmutualaid.com/>

³² bit.ly/mutualaidhv

³³ <https://tinyurl.com/yd58w6c4>; <https://tinyurl.com/y8m5s4qt>

³⁴ <https://www.mutualaidhub.org/>

unchecked state violence directed at communities of color and impoverished communities. The only humane response--indeed, the only moral response--is the abolition of prison.

A full reckoning with the myriad harms that prison has visited on individuals, families, and communities must acknowledge the white supremacist, misogynist, and capitalist logics that undergird the American criminal legal system. It will require critical examination of the racial biases embedded in the criminal legal system at every juncture--in law, policing, prosecution, punishment, and parole. It will require reparations for the resource extraction, political disempowerment, and economic exploitation of communities targeted by the carceral system. It will require restorative practices to heal generations of trauma and loss caused by state violence and imprisonment. The crucial first step in this reckoning is an immediate, meaningful response to the COVID-19 crisis in prison.

The state of Michigan must enact a series of executive, procedural, legislative, and administrative measures in order to control the COVID-19 pandemic in prison and ameliorate the harm it has caused ([see Addendum III](#)). The Governor, the Parole Board, the Michigan Legislature, and the Michigan Department of Corrections each have critical roles to play in this process.

Governor Whitmer has the power to enact immediate decarceration and establish mechanisms for further decarcerative processes in the future. She must:

- Issue an Executive Order to release people who are elderly, infirm, medically frail, and those receiving treatment for chronic conditions.
- Issue an Executive Order to release people serving time for a technical violation.
- Suspend Truth in Sentencing and restore good time, disciplinary credits, and earned credits.
- Instruct the Parole Board to calculate the parole guidelines for any person who has served 15 years in prison.
- Instruct the Parole Board to release more long-serving parole-eligible people.
- Establish a Pardons and Commutations Office, expedite and increase the transparency of the commutation process, and waive the two-year requirement between commutation filings.

The Parole Board has significant discretion over decarceration that it must deploy and expand. It must adopt the following procedures:

- Expand the Parole Board to 20 members to increase the capacity for parole reviews.
- Revise the public hearing process to expedite reviews, eliminate “retrial” processes, and elevate evidence of accomplishments and self-improvement.
- Make all people parole-eligible after 15 years served, including LID and LWOP cases.
- Waive requirements for prerelease programming and psychological evaluations.

The Michigan Legislature has the power to repeal harsh sentencing guidelines and increase support for criminal legal system-impacted people. It must:

- Repeal Truth in Sentencing.
- Establish cash assistance programs and emergency grants for formerly incarcerated people.
- Expand unemployment eligibility to include people released from prison.

The Michigan Department of Corrections must adopt a humanitarian approach to the COVID-19 crisis and abandon the technocratic, reformist approach it has deployed thus far. These measures will reduce the further spread of the virus and the harms experienced by those who are ill. The MDOC must:

- Establish adequate and safe quarantine units and end the use of segregation as quarantine.
- Provide free access to adequate personal protective equipment, hand sanitizer, and cleaning supplies.
- End the transfer of sick people throughout the state in order to prevent facility cross-contamination.
- Provide adequate ventilation to all units.
- Provide out of cell time and at least one hour of yard time every day.
- Provide free comprehensive medical consultations with qualified medical providers.
- Provide frequent access to water and adequate, nutritious meals.
- Suspend minor misconduct citations.
- Provide free access to email and phone calls.
- Increase programming for long-serving people, including re-entry programming.

If the state of Michigan does not institute these measures in full, the consequences are certain: more people will fall ill, more people will suffer, and more people will die. The case for immediate decarceration is overwhelming and rooted in evidence drawn from academic research, activism and advocacy, and--most importantly--the experiences of incarcerated people themselves. They lead the way as we envision a more just world and a more just future. The only way to bring about that future is with decarceration and abolition.

Addendum I

Epidemiology of Coronavirus and COVID-19

Coronavirus mainly spreads from person to person. This occurs when people are in close contact with one another. Droplets, also known as aerosols, are produced when an infected person coughs or sneezes and may get into the mouths or noses of people nearby, or could be inhaled into their lungs.³⁵ People who have coronavirus, even if they are asymptomatic, may emit these aerosols when talking or breathing. These infectious particles can float or drift around in the air for up to three hours. The CDC recommends that everyone cover their nose and mouth when they go out in public by wearing a mask, and also recommends keeping at least 6 feet in-between yourself and others. Coronavirus spreads easily between people, making it a highly contagious virus. While not thought to be a main cause of transmission, Coronavirus can be spread from contact with infected surfaces or objects. A person could get COVID-19 by touching a surface that has the virus on it and then touching their own mouth, nose, or eyes.³⁶ The virus may be shed in saliva, semen, and feces; it is not known if it sheds in vaginal fluids. Kissing can transmit the virus. Transmission of the virus through vaginal or anal intercourse or oral sex appears to be extremely unlikely.

COVID-19 data shows that 80% of infections are mild or asymptomatic, 15% are severe infections, and 5% are critical infections, requiring ventilation.³⁷ Common symptoms include fever, body ache, dry cough, fatigue, chills, headache, sore throat, loss of appetite, and loss of smell. Some more severe symptoms can include high fever, severe cough, and shortness of breath.³⁸ People with COVID-19 are also experiencing neurological symptoms and gastrointestinal (GI) symptoms. The gastrointestinal (GI) symptoms can include a loss of appetite, nausea, vomiting, diarrhea, and abdominal pain.

Recently research showed that, on average, the time from exposure to symptom onset is about five to six days. However, studies have shown that symptoms could appear as soon as three days after exposure or take up to 13 days before onset. The CDC recommendations self-quarantine and monitoring of symptoms for 14 days post exposure.³⁹

A study done by the National Institute of Allergy and Infectious Diseases' Laboratory of Virology used a nebulizer to blow coronaviruses into the air. They found that infectious viruses could remain in the air for up to three hours. Most often they will not stay in the air for that long. Another recent study found that COVID-19 can survive up to 24 hours on cardboard, and up to two to three days on plastic and stainless steel. It is not currently known how different conditions

³⁵ <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>

³⁶ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

³⁷ https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_4

³⁸ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

³⁹ <https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics>

like sunlight, heat, or cold, can affect the survival times. The CDC recommends cleaning frequently touched surfaces and objects every day. This includes counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.

The risk of death from COVID-19 depends on someone's age and their overall health. Older adults and those who smoke or have chronic diseases such as diabetes or heart disease have a higher chance of developing complications.

Other complications from coronavirus can include a cytokines storm--this is an overreaction of the body's immune system. Some people's immune systems release immune messengers, known as cytokines, into the bloodstream in a higher proportion to the threat or after the virus is no longer a threat. This causes the immune system to attack the body's own tissues, which can cause significant harm. A cytokine storm may damage the liver, blood vessels, kidneys, and lungs, and increase formation of blood clots throughout the body. The cytokine storm may cause more harm than the coronavirus itself. A blood test can show if someone with COVID-19 is experiencing a cytokine storm.⁴⁰ COVID-related strokes can also occur. This happens due to a bodywide increase in blood clot formation, which can damage any organ, not just the brain. A blood clot in the lungs can cause shortness of breath, chest pain, or death; a blood clot in or near the heart can cause a heart attack; and blood clots in the kidneys can cause kidney damage. It is not yet known if the coronavirus is causing these blood clots to form, or if it is from an overactive immune response to the virus.

COVID-19 also appears to affect brain function in some people. Specific neurological symptoms seen in people with COVID-19 include loss of smell, inability to taste, muscle weakness, tingling or numbness in the hands and feet, dizziness, confusion, delirium, seizures, and stroke. One study that looked at 214 people with moderate to severe COVID-19 in Wuhan, China found that about one-third of those patients had one or more neurological symptoms. Neurological symptoms were more common in people with more severe disease.

The recovery time from coronavirus depends on how sick the person gets. People with mild cases are recovering in one to two weeks. For people with more severe cases, the recovery can take six weeks or longer. Some people may experience longer-term physical, cognitive, and psychological problems. They may alternately improve and worsen over time, and can include a variety of difficulties, from fatigue and trouble concentrating to anxiety, muscle weakness, and continuing shortness of breath.

⁴⁰ <https://www.health.harvard.edu/diseases-and-conditions/covid-19-basics>

Addendum II

“I don’t want to die in prison”: Voices from Inside

Prison, and people’s experiences inside, is not a monolith. Each person is unique in their circumstance. However, the themes and impacts prison has on people, particularly those who have served a long time, all share the same outcome-- prison is harmful and people living inside share a multitude of negative impacts from this environment.

Some common negative themes that will be shared below include: the food, and how it’s changed over time to become barely edible; People’s health, and it’s deterioration. Their experience of health care, and the lack of positive outcomes. The exhaustion, both physically and mentally of living in these conditions, day in and day out, for decades. And then COVID-19-- the inability to socially distance, the fear of asking for help, or the denial of help. These experiences come up, time and again, across prisons in Michigan. As discussed in this paper, people died in their cells. People were put into segregation and had it called quarantine. People living in prison are treated unjustly, put in harm’s way, and not protected. Those serving long sentences have higher rates of chronic health problems. Some research suggests that prison is causing these health conditions.

The following addendum is our own clients’ words, their fears, their daily menus, and their attempts at maintaining their health and hope while suffering at the hands of the state. These several pages of direct words from people in prison is just a sliver of the experiences of those inside. The inhumanity and harm is below. The common thread is this: People do not want to die in prison, and they all share the fear that they will, from COVID-19 today, from their health conditions, from the conditions of being inside for decades.

Section 1: Food

William Carter: “Well, as you are likely aware, the quality of food served in Michigan prisons is very poor and lacks many of the essential nutrients that keeps the physical body healthy and balanced. Over the years this not only contributes to the breakdown and deterioration of the physical form but also causes psychological and emotional deterioration. I find myself at times having episodes of moderate emotional irritation and I withdraw from most social activities and isolate myself “

Joseph Dixon: “everything we purchase you can find at a gas station counter,(I mean really).Not good long term.I have gagged at the some of the food the chow hall serves,but I try to eat the green stuff and the fruit.”

Jemal Tipton: “The food is still JUST edible.”

Jerome Hatfield: "PS the food back in the day was good but now [your dog] Francis would run away from it i eat my veg noodles rice pickels cheese meat sticks chips ccookies"

Michael Perkins: "Before 2007, meals in prison were very good until food service became privatized. Now, since food service went back to the state, they adopted the privatized food model and budget. The food is terrible!"

Donald Hall: "As for food alot of years ago it was good But now I eat maybe one meal a day over there and alot of days I don't go at all"

LaChante Mobley: "Our commissary used to offer better food choices, as well as our chow hall menu. Now, I'm tired of chow hall and commissary food but I still try to find ways to be creative with commissary so I can continue to survive."

Kevin King: "The diet/food. The law only requires that we get the calories.We could be fed dog food and I think it would be better for us.Over time too many prisoners are suffering from serious health problems ranging from heart problems to cancer. As people get older in prison their diets should change. Personally, I eat beans & rice more than anything because what is observed scares me."

Sharee Miller: "SO STORE.....MMMMM.....VERY EXPENSIVE. THEY RAISE THE PRICES THREE OR FOUR TIMES A YEAR... I USUALLY ONLY EAT ONCE A DAY. TODAY I HAD A CHICKEN PEPPERONI PROVOLONE BAGEL SANDWICH. THE CHICKEN COSTS 3.70, PEPPERONI 2.35 PROVOLONE 2.20, BAGEL .70... TUNA COSTS ALMOST 5.00 SO I RARELY BUY THAT. IF I GET HUNGRY BEFORE I MAKE DINNER I EAT A CEREAL BAR OR GRANOLA BAR. SOMETIMES PEANUT BUTTER CRACKERS."

Chuck Walen: "Food is horrible as always but I'm eating a little more from the store now, but store choices aren't great either."

Mark McCloud: "The food is so bad. See there I go sounding like a complainer. But the food is very horrible. the menu reads great. However, when the stuff is places on the tray, it is NOT what the menu said it was suppose to be. Ha! Ha! So today, the menu had Sloppy Joe and Tattor Tots. NO! What is on the tray was NOT Sloppy Joe. So I did not go to chow. I cant do it. A Ramen Noodle is what I ate. Frown. I get tired of eating Ramen Noodles all the time."

Michael Perkins: "Nutrition in prison is far below standards. The FDA guidelines is insufficient, but that's another story. Our commissary caters to a population of 95% whose diet is similar to a twelve year old. High in snacks, carbohydrates and sugar. All of these foods wreak havoc on the immune system and instead of slowing down the aging process it accelerates it.Store prices continue to rise while jobs are scarce (especially the healthy choice food items)."

Yusef Qualls: “The food; I do not eat red meat so when they serve things like hamburgers, chili, beef stew, or whatever else that they might have on the menu that is supposed to be beef based, I ask for the substitute, which is usually a bean burger... But let me explain... They make these bean patties using leftover veggies & sometimes leftover beans too... They make them then stick them in the freezer until they need them, then then they reheat them & serve them to us... They are either soggy, or they are dust... I refuse to eat them... I eat bread, peanut butter, noodles, rice, fish, turkey, chicken, veggies... I spend 90% of all the money I get in the store... I have to... The food has gotten worse since this covid situation... Worse because of how they serve what they serve & the amount of food they serve... They serve us food in Styrofoam trays & the trays can not hold the amount of food that we are supposed to get... For instance, the menu says that we are supposed to get 1 1/4 cups of beans but they give us 2 ounces... Literally 2 ounces... On days that that is all I am going to eat are beans, I get less than half of what I am supposed to... If a healthy diet helps you keep yourself healthy, I would sooner die in here than expect something healthy, or something adequate...”

LaChante Mobley: “So, as far as my meals go. I usually go to the chow hall for lunch and when I don't go to the chow hall for dinner, I'll cook a meal, or either snack. So far, my meals and snacks have consisted of no-bake cookies, pizza bagel bites, salmon cold salad, fried rice and noodle, bagel sandwich, potato casserole and nachos.”

Jemal Tipton: “Today for breakfast we had 2 waffles (we used to get 3), oatmeal and a "sausage patty" (meatball - one of the inedibles); lunch is Tacos (inedible meat again); and for dinner, we will have cheese pizza. Now that is a "good" days menu. But an example of some of the bad (inedible items); potatoes are made in various ways, but they are ALWAYS under & over cooked - at the same time!!! Rice is the same way!!! The meat, especially the "beef" is inedible for me because it is mixed with "something" that makes it taste "funny" to me. Therefore, most of what I eat is bought by me from the commissary (store). Now this has been happening for years!!! Macaroni is a meal within itself, but used to come with 5 wings. Grilled cheese is a stand alone meal, but used to be served with tomato soup, mixed vegetables and crackers. I could write a small novel on what we are served now compared to what we used to eat.”

Section 2: Healthcare and Health Conditions

Marty Miller: “High Cholesterol and High Blood pressure I think its from the food in here. and all the stress of living. “

Sybil Padgett: “I am seeig a NP about my left leg, its been two years and no better from the tear that occurred iside the leg region on lower calf. Prayer for surgery as I miss walking more than 10 to 15 min... I had the \$38.0 taken out today for my glasses. I am blurry since I lost the only pair I had”

Chet Shepard: “I was still running and lifting weights until I was nearly 63 years old. That was when I was diagnosed with diabetes and high blood pressure. I was placed on medication and

ordered to change my eating habits. I was ordered to discontinue lifting weights, and all strenuous exercises. I took health care's advice. Yes, I have generally felt that medical care cared about me. I know many guys who disagree. I know some bad treatment has occurred at the hands of healthcare."

Joseph Dixon: "I am on Blood pressure meds.the lowest dosage,10mg. once a day,no other meds. I basically go to health care once a yr for yearly b-day check-up,Dental,I try twice a yr.These times are a requirement with out having to pay a co-pay.Co-pay is \$5,not a lot,but,when I first got locked up and the state ran health care there was not co-pay,now they use private company for health care,but minimal work."

Jamie Meade: "Well, I have a heart murmur. My family has a history of heart disease that usually develops in our 50s. I've also had 3 knee surgeries in the last 5 years. 2 on my right knee and 1 on my left. Most of my meniscus in the right knee has been removed and I have a tear in my LCL. I was on pain medication but signed off. I'm issued Motrin now...I have two braces for both knees. These are the large metal braces. I can't run and can't jump so I have bottom bunk accommodations along with the braces."

Jamie Meade: "My cough is the same, very consistent. Medical still refuses to see me. I'm feeling stressed still and I experience anxiety because of the quarantine. Macomb has not opened back up. We only get 7 hours of yard a week. No school building, no gym, no weight pit. Things are not open at all. We only go to yard with our side of the unit. I do not feel safer. I'm actually more scared that I may get sick again and this time will not be able to fight off COVID-19. **I do not want to die in prison, alone in a cell with no help.**"

Michael Perkins: "My health began to spiral in 2000. I am on chronic care status. I suffer from Crohn's disease, iron deficiency anemia, and recently had surgery for ulcerative colitis...The only accommodation I currently have is a bottom bunk detail. I have to resubmit a request for an extra pillow."

David Oates: "As far as Special Accommodations are concerned, I have a Bottom Bunk Detail, and I'm issued Anti-Embolism Stockings on a regular basis, and that's about it."

LaChante Mobley: "I do have minor health issues. I was diagnosed with hypertension in 2016. I do take my medication for it. I have a very low blood something. A few years ago healthcare prescribed an iron pill twice a day for me. After 3 years of taking the iron pills, they discontinued my prescription because my low iron was not life-threatening."

George Mullins: "I am challenged with asthma. I've had 3 asthma attacks since being locked in. The last was challenging because I'm getting older and they did not send me to the hospital. I had a sinus infection that filled my lungs with mucus. I wrestled with that for a week! Going back and forth to health services every other day as the medicine wore off. I also have severe psoriasis. They offer topicals when there are injective medications available. I was on an

injunctive medication when I had a severe breakout and finally I saw the Doctor instead of the Physician Assistant (PA). **I did not know there was a Doctor on site! I had never seen her.** The PA is the gatekeeper. We rarely get past her. The nurse saw my issue and immediately went to get the Doctor! I was on the meds a few months and was ALL CLEARED UP! I had been trying to get cleared for 15 years before then! I am in chronic care for my asthma. My accommodations are: I receive inhalers when I request them (Some people don't)!"

Melissa Swiney: "The environment has had an effect on my health, along with the overcrowding conditions, trying to fight colds, the flu, scabies, rashes mold, Covid, etc,etc, and the unhealthy food we eat decade after decade. Society feels we should eat as cheap as possible, I get it, we're " criminals," but it doesn't save society money, in all actuality, we're costing tax payers more because we're visiting health care more, due to the poor quality of food...preservatives, starch, etc."

Chet Shepard: "I came into prison with reasonably decent health. Today I struggle with diabetes, high blood pressure, blindness in one eye, cataracts in the other. I had my prostate removed due to cancer. I take medication for the ailments, plus a pill cholesterol."

Michael Layton: "Now,as far as health concerns I have a pacemaker,I use a albuterol sulfate inhalation,I take an Asprin once a day,I take Carvedilol twicea day.I also take a vitamin c once a day as well and I have a c pap machine.I have a history of seizures and bronchitis also."

Mark McCloud: "As far as my health, in 1997, I begin complaining to health services in prison about having chest pains and difficulty breathing. I received little to no help for nearly twenty years. On October 16, 2016 I started having more severe chest pains (Heart attack) and was finally rushed to a hospital. I was then rushed to another hospital in Marquette. The next day I had a Stent placed in my heart. I was told that my coronary artery was 70% nlocked , and that **I would have died if I did not get to the hospital that day.** So now I have Heart disease. Also I have hypotyroid disease."

Mark McCloud: "**I dont want to die in prison.**"

In my mind I think that I need help from a better health system but I know that unless or until I get out, I will never get the right care."

Mark McCloud: "Yeah, they do charge a co-pay; and they love that part of the job. 100% of the time we cannot get any real help from health services but nonetheless, take the co-pay. So most guys simply do not write when they have an illness. It is bad but there is no such thing as a second opinion. Grievances dont work because when a guy grieve health services, someone from Health Services hear the grievance. And of course, they win."

Susan Brown: "I am a diabetic therefore I take medication (insulin) and when it isnt taken on time or in a contuous timeframe It is very hard to get my day going in high gear and

unfortunately yesterday evening and this morning were that way. The facility isn't being consistent right now with when they call us out to take our medication.”

Wali Franks: “What is it like to be sick in prison? It's horrible! When you catch a cold/influenza you are first charged five dollars to be seen by a nurse who if you are not close to death, will refuse you access to the doctor, who is the only person that can prescribe medication, send you to a hospital for further testing, etc.”

Michael Perkins: “for the past two days, I have been short of breath; like asthmatic symptoms. at this moment, I can't walk up one flight of stairs without getting winded. In fact, last night I packed up as much of my property as I could muster, thinking I was going to the E.R., but my vitals were fine, and my lungs sounded clear so the nurse just put me on call out to see another nurse the next day...In addition, incarcerated citizens submit to a \$5 co-pay whenever we request medical assistance. This deters a lot of men from seeking it because they can't afford the co-pay. Eventually, this exacerbates their health which ends up making the ailment worse, sometimes the prelude to death.”

Linda Nunn: “It's hard, you're walking on concrete 24 hours a day which is not good for your knees as well as your wound if you are a woman.. 90% of the women that have been here with me over 20 years has had a hysterectomy before they were 40, including myself. Sleeping on metal covered with a 3 inch flimsy mattress causes back problems you wouldn't believe. You never get use to it. With all these aches and pains a lot of times we don't have hot water. I haven't had a bath since 1991..”

Linda Nunn: “My knees are in such bad shape, every time I would turn to the left I would fall. (Not good, I'm almost 60) Finally I was assigned a P.A.(Physicians Assistant) That sent me out for an MRI on my leg. I have no cartilage on either side of my left knee. Bone on bone, Knee strain and Arthritis all in the same knee. The right knee has bone spurs from babying the left knee. On top of that I have two crushed vertebrae in my back from falling. My P.A. was fired for giving me copies of my MRI and back X-rays. There solution was to put me in a wheel chair permanently. I also have a permanent cane detail. When I was at Robert Scott Correctional I was having really bad headaches. They sent me to the U.of M for a brain scan..... I have lesions on my brain. They gave me all paperwork pertaining to my health, and I got a MRI every six months. I haven't had one since we moved here from RSCF in 2009.”

David Oates: “As for my legs, and my Doctor's visit, it seems my right leg has a tendency to go numb after prolonged standing”

Section 3: Mental and Physical Effects

Jerome Hatfield: “prison is an unnatural environment that is made to dehumanize you.”

James Lyons: "Chaotic? Yup. Logical? Nope. Consistent? Only in its inconsistency. Frustrating? Hell, yeah.

I'm from Marquette, so I've never been at a facility closer than two hours, even though there are a ton of Detroiters and downstaters up in the UP who beg to get moved down closer to home. My moves were always chaotic and harming. The bus rides are nightmarish. And if I hear the words, "Pack up," it makes my guts squirm. Someone tried joking with me about that one time and I didn't talk to him for a week. It's no joke.

Most of the time, you don't know you're riding out until they tell you to pack up hours before you get on a van. At Parnall, they come to you at the start of third shift - 10 at night - and say, "Pack up and have your stuff at property by 1 a.m. You're riding out." That's fun."

Andrew Lambert: "Also, I am not allowed to further my education because I am a lifer. I can't participate in the Pell Grant college program because of my sentence. MDOC does not provide opportunities for lifers, unless the National Lifers Association gets self help classes approved by the special activities director."

Ricardo Hart: "Sitting in a Michigan prison waiting on Covid or his kinship to arrive and execute their death penalty is pure mental torture, to say the least. He is not gone from our world but fades in and out with social indifference of our human race. He survives on human stupidity and mental numbness of those who are indifferent to other human beings. **There is no such thing as social distancing in Michigan's prisons, only the death penalty.**"

Yusef Qualls: "Being in prison is difficult on its own... Having spent the last 24 plus years in here watching half my teens, all of my 20's & all of my 30's pass by in here is difficult... Having loved ones, uncles, aunts, brother, mother, friends, all pass away while growing older in here is difficult... Having a looming court date that keeps being extended further & further away, knowing that freedom lies right on the other side of said court date, is difficult... This whole pandemic thing, having people fall ill in front of you, passing away in front of you, knowing that they in the same situation as you, & that they are going to get below acceptable health care assistance"

Yusef Qualls: "Prison is soul draining... It can suck the life out of a person... The daily grind of this place is what does it... Surviving under the thumb of merciless people is tough... I have gone days without looking at mirrors because of the gamut of emotions that flooded in when I did... "

Lacino Hamilton: "People don't get the pervasive nature of imprisonment, how it journeys past physical restraints, all kinds of made up boundaries, and is embedded within individual consciousness."

Andrew Lambert: "It is real hot outside, but you know what's crazy, THEY STILL HAVE THE HEAT ON!, lol. I am burning up because my bunk is right by the heat."

Shearod McFarland: “**One of my greatest fears is dying in prison** Wendy. I've been incarcerated for almost 33 years STRAIGHT - none of that leaving and coming back crap. So the notion of going through all of this misery for all of these years and then dying in this ugly place? My worst nightmare!”

Linda Nunn: “What is the unhealthiest thing about prison? Not being able to get the simple human necessities such as glasses, toilet paper, a hug, (This is a no touch facility) Get your blanket washed(ours is once every 6 months) An egg(I have'nt had an egg(We haven't had an egg in 8 years) fresh vegetables. I think the most unhealthy thing is that Women's Huron Valley don't believe in preventitive measures, and they condone the belittling of the women by staff. You don't know the mental state of another person, and to allow the women to be called "Bitches", "Crackheads", "whores"and more. This place has changed so much from when I first came. We had so many woman kill themselves when we first came here from Scotts in 2008.”

John Crawford: “THIS WILL BE MY ATTEMPT TO OFFER A SHORT VIEW INTO LIFE OF A ELDERLY'S MAN THAT HAS LIVED THE MAJORITY OF HIS LIFE IN PRISON SINCE 1969.THIS HAS HAD SUCH AN CRIPPLING EFFECT ON MY HEALTH AND MENTAL SANITY,OVER THE YEARS I HAVE SEEN GENERATION AFTER ANOTHER OF YOUNG PEOPLE THAT HAVE LOST RESPECT FOR LIFE AND THEIR ELDERS.WITH MY FAILING HEALTH,IT IS HARD TO GET PROPER FOOD AND HEALTH CARE ,THIS ENVIROMENT OFFERS EXPOSURE TO MANY ILLNESSES.DUE TO POOR VENTILATION AND BASIC LIVING CONDITIONS YOU LIVE OR SHOULD SAY SURVIVE .ESPECIALLY WITH MY BREATHING PROBLEMS I DON'T HAVE ACCESS TO FRESH AIR,AND SPACE THE CONDITIONS SRE SO CLOSE LET ALONE 6 FEET AS RECOMENNED LUCKY IF ITS 2FEET ,I LIVE IN A PLACE WHERE THEIR 8 MALE ADULTS STACKED INTO CRAMP QUARTERS.WITH NO PERSONAL SPACE TO MOVE OR TO COMBAT TNE CORONA VIRUS PANDEMIC THAT THE WORLD IS EXPERIENCING I AM AFRAID THAT FROM THE OFFICER'S I WILL BE SUBJECT TO THIS VIRUS AND WITH NO PLACE TO GO OR PROTECT MYSELF **IT IS A DIFINITE DEATH SENTENCE.**”

Section 4: COVID-19

William Carter:: “This shit is freighting. Receiving daily updates about **prisoners getting infected and dropping dead** in these prison houses across the state is scary. Social distancing is an impossibility in here. No way, no how. I don't go to the chowhow/cafeteria any more due to this. It is way to congested. We eat elbow to elbow at tables identical to the ones seen in middle/high school cafeterias. Instead, I eat from the commissary. Which is limited because my only sources of income is my prison job (\$15 per month), and a few dollars that my family is able to gift me every now and then. It's rough wendy? A real crisis. I'm not allowed to visit with my family and loved ones. The phone system is dysfunctional as hell. We have limited phones. Many of which are broken. Limited access to the phones. On top of that, 160 prisoners in the housing unit with only four phones and two jpay kiosk. This adds significantly to the frustration, and stress because these are the **ONLY** means of communicating with our families, loved ones

and supporters due to no visitation because of Covid. smh! So, that's how I'm living Wendy. If it can even be considered 'living' at all."

Anna Bushard: "I'm 82 years old and have been in prison for 34 years...I was quarentined due to testing positive for covid 19 first the hospital, then the infirmary, then on a quarentine unit. im better now and back in my regular unit"

Sharee Miller: "I am sure you probably already know but out of the **six deaths in here five were LIFERS** that I knew very well. I still have not excepted it and we are all still kind of walking around in a daze, unbelief that it is attacking the LIFERS and LIDS in here. For a moment some of us believed that because we have been here so long and have not been out in the world, that somehow we would be safe from this virus. NOPE. not at all."

Sharee Miller: "**WE ARE WATCHING PEOPLE WE HAVE GROWN UP AND GROWN OLD WITH DIE.** WE ARE ENCLOSED IN CELLS SO SMALL THAT SOCIAL DISTANCING IS IMPOSSIBLE. WE LITERALLY HAVE NOTHING TO OCCUPY OUR MINDS. SOME OF US CAN AFFORD TVS AND TABLETS, WHILE OTHER CANNOT. SO WE LAY IN BED AND THINK. ONLY TEN AT A TIME ARE ALLOWED IN THE DAYROOM LEAVING THE OTHER 178 IN THEIR BEDS.

DAY AFTER DAY AFTER DAY, NO WORK, NO SCHOOL, PHONE CALLS ARE TO EXPENSIVE, NO VISITS, NOTHING.

OUR THOUGHTS ARE NOT GOOD AFTER TWO MONTHS AND NO END IN SIGHT. WE CANNOT EXERCISE..."

Leon Douglas: "TRYING TOO TAKE CARE OF YOURSELF IS ALMOST IMPOSSIBLE, THEIR'S NO WAY IN BEING ABLE TOO DISTANT YOURSELF IN HERE! I SLEEP IN AN AREA WITH (7) MORE INMATES, WE HAVE(8) BUNK-BEDS (8)LOCKERS AND A TABLE! THEIRS NO WAY FOR US TO BE SAFE IN HERE"

Paula Peterson: "THIS MOMENT THE STRESS HERE IS SO HIGH UNLESS YOU WERE HERE YOU WOULD NOT BELIEVE IT. IN THE PAST COUPLE OF DAYS HERE THEY HAVE COME AND TAKEN 33 WOMEN SO FAR JUST OUT OF THIS UNIT. AND SAY THEY WILL BE BACK TODAY. THEY HAVE BEEN GOING UNIT TO UNIT EVERYDAY."

Wali Franks: "It's not a matter of if I will get infected with Covid-19 but when and how bad will the outcome be. **I feel as if It's a roll of the dice with my life.**"

Sybil Padgett: "Everyday, the biggest challenge is not having panic attacks. We sit in our cells nervous and listening to every name being called by the officer on PA, "(name)...pack up bc your swab test verified your positive your moving to one of the quarantine units."

Leon Douglas: "I KNOW OF ALOT OF PEOPLE GETTING SICK IN HERE, BUT **I'VE HAD (3) FRIENDS DIE IN HERE FROM THAT VIRUS(COVID-19) IT'S HEARTBREAKING! WE ALL LIVE IN A OPEN UNIT! (8) MEN TO A CUBE!**"

Jerome Hatfield: "dealing with covid-19 its been a rollercoaster ride healthcare inside prison doesn't have a clue and Wendy they don't care"

George Walker: "how have things been for me since the virus started? An enormous strain mentally. This is mostly because I am very concerned for my family. Personally social distancing is very difficult in here, for example, there are two phones per floor, twenty cells per floor, two men in each cell, so there is never a time when men are not shoulder to shoulder waiting on a phone. This is just one example not to mention the bathroom, microwave area or waiting on a shower. So doing everyday things like this have been more difficult for me."

Yusef Qualls: "This whole pandemic thing, **having people fall ill in front of you, passing away in front of you**, knowing that they in the same situation as you, & that they are going to get below acceptable health care assistance, & knowing that you have family, the last real family, in failing health, at risk for catching this virus, is just effed up!!!"

LaTonya HobsonBuchannan: "So yes, I am in prison but during this pandemic **I feel like I am somewhat on death row** because if I get this virus my immune system can not handle it. SO NO I DO NOT FEEL SAFE OR PROTECTED."

LaChante Mobley: "What is it like to live in a prison during a pandemic? A. It's crazy. **It was crazy watching my neighbor/prison family member succumb to COVID.** My bunkie actually looked after her every hour throughout the day and I was one of her emotional support people. Well, social distancing is the hardest. It's very hard to be socially distanced when we're housed in a facility that was not built to house the capacity of women we have."

Susan Brown: "You asked if I've known anyone who has been sick...yes...There was a young woman who started feeling sick. She didn't want to be taken to quarantine (which at the time was either segregation or the gymnasium) So some of the women would cook for her and check in and just really be there for her, well the girl started to feel better for a while but then became sick again. In the meantime others started to feel ill, well One particularly started to become more and more sick and ultimately she ended up dying. She had been here for over thirty years...It was truly so disheartening for her to die in her cell. Some of the ladies begged the officers to make her go to healthcare yet on **April twentieth she returned to society in a body bag. She may have been sentenced to life in prison but this pandemic make it seem like she was sentenced to death.**"

Linda Nunn: "Not only are the women sick, the staff are sick as well.The ones that are ble to come in are over worked and frustated. Guess who they take it out on? You got it, us... I can't be 6 feet from anyone, remember, this unit was built for 24 women, not 110. If one person gets

something we all get it, their solution, quarantine the entire unit. On any given day a unit on this compound is on quarantine. **We had 4 people in our unit alone die from covid.**"

Shearod McFarland: "The thing is, at first the facilities version of quarantine didn't look much different than solitary confinement. So most of the men resolved to deal with the virus and the resulting illness on their own. Unless an individual got really sick he would most likely just ride it out on his own. Well not exactly on his own, because we lowly depraved prisoners took care of each other. We were nurses to one another. Shoot, probably did as much as healthcare would have done for us. It was scary too. I caught the virus early on and we had already had several prisoner deaths. I'm 50 with long term asthma so **I became somewhat fixated with the thought of my own mortality.**"

Dennis Vertin: "We have been under "high-caution" quarantine for two months (since March 28th). "High-caution" quarantine basically means house arrest. There are no routine work assignments, no health care, no law library and no religious services. (I mention these specific activities because historically they have been constitutionally protected.)"

Michael Perkins: "What is it like in prison during a pandemic? Additional stress for sure. Prisoners are in the top five vulnerable population, and at 55, with a pre-existing condition, and **I don't want to die** when I have a lot of ideas to improve all areas of life and environment, but again I am one of the voiceless."

LaTonya HobsonBuchanan: "It is really hard for me because I have HYPERTENSION & RA (RHEUMATOID ARTHRITIS). Both medications are serious. The medication that I take for The RA, makes my immune system very weak, and me easy to catch infections therefore I can become infected very easy. So I do not leave the unit for anything except to go get my medication in the AM. I can't even go to meals because of all the crowds. I have to eat only what I can purchase from the prisoner store. So yes, I am in prison but during this pandemic **I feel like I am somewhat on death row** because if I get this virus my immune system can not handle it. SO NO I DO NOT FEEL SAFE OR PROTECTED."

Keta James: "Every where I turned someone was getting sick. I have [a chronic health condition], so I was real scared of getting sick. I started staying in my room for most of the day, the only time I came out was to use the phone to call my family. I didn't even go to the chow hall to eat so I have been running through money that my father didn't have. Then the inevitable happened. An old bunk mate needed to be tested and I was put in a close contact area, which happened to be a gym turned into a barracks. There were 70 beds, 2 open showers, 2 toilets, 2 cordless phones. We had no access to Jpay or store kiosks. My being there put me at further risk because I was around multiple people that tested positive. I was made to stay there for 14 days even though my bunk mate tested negative. I tried telling them but none of the deputies would help."

Bernice Starks: " I HAVE HAD COVID 19 FOR OVER 60 DAYS"

Addendum III

Joint Recommendations on Policies Related to Life & Long-Serving Prisoners

*American Friends Service Committee – Michigan Criminal Justice Project
Safe & Just Michigan*

The governor plays a key role in ending mass incarceration and moving our state away from a system focused on punishment and retribution to one of healing and transformation. The governor has the power to instruct the parole board to release more long-serving parole-eligible people. And, ultimately, it is the governor who can design systems and policies to process more commutations and release people who have no chance at freedom unless they are commuted. With these things in mind, we make the following recommendations:

- I. **Reform the Commutation Process:** Overhaul the commutation process to create consistent, efficient, and transparent communication between the governor's office and the parole board. We understand the importance of analyzing individual cases and histories to ensure public safety. The governor's office may want to have a person skilled in the ability to scrutinize these histories as a liaison to the parole board. Some suggestions toward overhaul:
 - A. **Expand parole board by 5 members (to 15)** in order to process more natural lifers/LIDs and parolable lifers.
 1. New members should have one or more of the following credentials: Work with people in prison, psychology/mental health background, social work background, and/or corrections professionals. At least one of these term-limited members should be fully trained in gender responsive methodologies.
 2. This parole board increase is to ensure both a focus on getting people out of the system who have served 20 or more years and to make sure that folks with expertise are appointed to process more complicated cases. This includes establishing a parole process for addressing the needs of people with severe and persistent mental illnesses, traumatic brain injuries, dementia, and other cognitive disabilities.
 3. We understand the MDOC is not interested in a parole board expansion, because of the current configuration and its ability to work well together. If expansion is not a priority, we hope that the Executive branch would work with the MDOC to increase the budget of the parole board so that their various units could indeed handle more case-loads for people serving a long time.
 - B. **Instruct the MDOC director/parole board chair to rely on ground staff**—where the prisoner in question has spent a lot of time—to help in the board's discernment process toward commutation (and parolable life parole) consideration. This process could be made a formal provision of the commutation

application. Integrate: Make sure to include innocence claims in all considerations.

- C. **Create an Office of Pardons and Commutations** within the Executive Branch. Pardons and commutations are currently processed through the Parole Board, and there is no independent executive branch entity or resources dedicated to identifying meritorious cases, evaluating petitions, or creating a standardized, transparent commutation process. The Parole Board has limited resources, its own institutional priorities and ideas about what constitutes a meritorious case, as well as histories with many good candidates for commutations. Because of this, we believe an independent office of commutations would improve the fairness, transparency, and efficacy of the process.
- II. **Improve Programming Access for Long-Serving People.** People serving life and long sentences are not permitted to be on wait lists for programming (therapeutic and educational). People inside are incredibly resourceful and are capable of doing their own deep and transformational work, but we are hopeful that the governor will recognize the importance of appropriating more resources to programming for long-serving people. This includes the creation of intensive re-entry programming for people who have served 20 or more years. This long-serving people reentry programming could go hand-in-hand with an Executive Branch initiative to release via commutation more long-serving people.

Recommended Categories for Commutation Consideration:

With an expansion of the parole board/ parole board funding, the board could focus on preparation of the following types of cases for the governor to prioritize for commutation consideration and/or provide a directive for parole for those who are parolable lifers. As of October 2018, there were over 10,000 people in Michigan serving sentences with minimums of 20 years or more, including over 5,000 serving life sentences. Specific subpopulations of interest with more detail are listed below:

- Review medically fragile/ medically vulnerable people (folks serving natural life/parolable life/long indeterminate sentences). For context, there are more than 760 people aged 70 and older in Michigan prisons. Specifically of interest are those housed at:
 - Lakeland Geriatric Unit
 - Huron Valley Women's Infirmary
 - Woodland (held 357 people at year end 2018)
 - Duane Waters Hospital, C Unit, or Ryan Dialysis Unit
- Review all people 50/55 years and older who have served 20 or more years. Depending on the age cutoff this could impact thousands of people in Michigan prisons, there are 2,969 people in prison as of 10/18 who were 50 years or older and had served 20 years or more, and 2,236 people 55 and older who met that requirement.
- Review all people serving life without the possibility of parole who were 17 or under at the time of the crime, as of October 2018 there were approximately 170 still incarcerated. Due to the fact that a large percentage of prosecutors in Michigan are

interpreting the US Supreme Court's notion of rare to be more common than rare and seeking life without the possibility of parole in many cases and/or longer term of years, we ask the governor to consider commuting people who have not found relief in the courts. Further, it would be beneficial for the Governor to take a position on the commission of violent crimes by young people/children.

- Review all people sentenced at age 17 or under who are serving long indeterminate sentences and have served 20 years or more.
- Review all women serving life sentences & LIDs (natural and parolable) who have served 15 or more years, which is approximately 178 women.
- Review all of the 807 parolable lifers who have served 20 or more years and parole unless there are major aggravating circumstances and comprehensive substantial and compelling reasons as to why they should not be released.