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Survey of COVID-19 Concerns in the Michigan Department of Corrections, May 2020

Introduction

COVID-19 has spread throughout the prison population in the state of Michigan. Incarcerated people are at high risk of exposure due to the degree of difficulty associated with social distancing in prison. According to comprehensive survey results, the situation has been exacerbated by a lack of basic cleaning and health supplies, and a failure to modify certain procedures to handle the COVID-19 outbreak. The current situation in Michigan’s prison system could have serious health and safety consequences for incarcerated people, staff, and surrounding communities.

Summary of Concerns and Proposed Solutions

Members of the public and attorneys were asked to complete a survey to report on COVID-19 concerns occurring in Michigan’s jails and prisons. SADO received 104 responses. COVID-19 outbreaks in jails and prisons across the state pose a serious health risk to incarcerated people, staff, and surrounding communities. In spite of MDOC efforts, incarcerated individuals report the denial of essential safety supplies, exposure to COVID-19 positive individuals, and conditions that will spread and exacerbate the virus.

Concerns include the following:

1. Incarcerated people are unable to socially distance within MDOC facilities (53.8% of respondents)
2. Not all incarcerated individuals and staff who are sick are properly quarantined (38.5% of respondents)
3. Incarcerated people do not have enough access to soap, hand sanitizer, bleach, disinfectant, masks, or other supplies essential in preventing the spread of COVID-19 (21.8% of respondents)
4. Certain staff at MDOC facilities engage in behavior known to spread COVID-19, and react unproductively when incarcerated people express concern (16.5% of respondents)
5. Sick corrections staff are still permitted inside facilities (14.1% of respondents)
6. Incarcerated people can be denied medical attention (12.8% of respondents)
7. Incarcerated people are denied communication with loved ones or attorneys (12.9% of respondents)

Proposed solutions include the following:

1. Retain an independent health expert who provides public recommendations and evaluations.
2. Provide to the fullest extent possible, appropriate personal protective equipment to all prisoners, especially those who conduct any cleaning of any space not exclusively assigned to them. Track and provide information on the provision of soap, cleaning supplies, disinfectant, masks, and other essential safety equipment in different facilities.
3. Require correctional officers to maintain social distancing whenever possible, wear masks, change gloves before touching individuals, and self-quarantine if they display any symptoms of COVID-19.
4. Develop a consistent policy outlining a response where corrections officers do not follow these procedures.
5. Complement the work MDOC has done to expedite release on parole by working with the Governor's Office on an Executive Order that allows for additional parole board members and emergency commutation or early parole for high risk populations, non-violent individuals, and those who are close to their release date.
6. Require COVID-19 testing for all prison facility staff.
7. Focus on well-being for prisoners by establishing videoconferencing visitation with loved ones.

Results from a Survey of Lawyers, Prisoner Advocates, and Members of the Public

From March through May 2020, lawyers, prisoner advocates, and members of the public were surveyed to capture specific feedback on MDOC COVID-19 challenges and to offer proposed solutions. We received 104 survey responses, some first-hand reports and some second-hand reports that respondents received from incarcerated individuals.

Participants were asked to identify some of the major safety issues related to COVID-19 in the MDOC system. The issues included the following:

- 1. Inability to social distance: 53.8% of respondents said that the lack of social distancing with MDOC facilities is problematic.**

Incarcerated people widely report that they are unable to socially distance from each other and from corrections facility staff. Importantly, these numbers are likely an underestimate, as the survey did not ask specifically about the possibility of social distancing. These results come from only the incarcerated people who brought up the issue unprompted.

“We are in 8 man cubes and no matter how much you try to contain it if it hits here you are not going to stop it. We are screwed if it hits in here.”

“They are not practicing 6 ft social distancing.”

“Their whole unit is going to be put in the gym, where it will be impossible for them to be socially distanced or stay safe.”

“We are not seeing social distancing when it comes to staff here at Oaks. They stand over top of us while we’re trying to eat our food & yell at everyone & crack jokes about this pandemic.”

“I have great concern that this will soon ravage through this place. We are in a cubicle setting where we are in close proximity. Even in the day rooms, we are in very close proximity...there is no protocol implemented that is enforced. Everything is pretty much the same...”

“We live in an environment where we will not escape this disease.”

“URF-West has eight-men cubes...There is NO social distancing going on. The day rooms and TV rooms are always crowded. But we do not have the ability to self-isolate or social distance. We are guarded by people (guards) who in most cases don’t give a damn about us, and if one of us gets sick we all get sick because we are stacked on top of each other like animals.”

“We incarcerated people cannot social distance ourselves and cannot isolate from everyone.”

“Inmates reported they are standing shoulder-to-shoulder with each other while waiting for food in the chow hall.”

“While certain social distancing standards have been established in certain areas, there is still close gatherings in other areas. The chow line has the incarcerated people too close. In other areas, incarcerated people are still sitting four (4) to a table playing cards in close quarters.”

“Even the officers aren’t social distancing from us or each other here...prisoners are still hanging out and exercising in groups, and playing card games 4 at a table.”

2 Failure to quarantine sick incarcerated people and staff: 38.5% of respondents said it was problematic that sick individuals are not being kept apart from the general prison population.

Incarcerated people widely report that sick individuals are not being adequately quarantined. This creates serious danger of rapid spread in the prison environment and endangers all incarcerated people and staff within facilities.

“It’s horrible in here, no plan. They got guys who are on quarantine and they’re letting them out with us. They put these guys in the cell around us.”

“...a person inside his cube was showing symptoms, was pulled from the cube, and came back 35 minutes later with a mask on.”

“Staff are coming to work coughing, sneezing.”

“...incarcerated individuals who are displaying any symptoms of COVID-19 are being put in a communal area with other who are showing symptoms, without testing”

“...individuals who are showing symptoms are being quarantined with individuals who are not symptomatic (including leaving symptomatic individuals in cells with asymptomatic individuals). Further, quarantine units continue to use the same gym and common equipment as non-quarantined units.”

“He has been reporting hot and cold sweats while he continues to be denied the ability to social distance himself, has not been tested for COVID-19, [and] continues to have hot cold sweats and chronic headache. He continues to be put in large groups with both other inmates and staff. He is not being provided with masks or other protection. Staff are moving between infected and uninfected areas. Hundreds of people are being packed into 60’x100’ pole barn and other units.”

3. Insufficient access to soap: 21.8% of respondents reported incarcerated individuals had insufficient access to soap.

Lack of soap is a widely reported issue in MDOC facilities. Incarcerated people who lack access to soap are unable to comply with CDC guidelines regarding handwashing, which increases the risk of contracting and transmitting COVID-19.

“There are no soap dispensers in the bathroom.”

“We are given 1oz of soap per week. With no soap dispensers in the bathroom and soap being limited the practice of washing hands has gone away. Rather many men just rinse their hands. This is a frightening thought knowing we all share everything.”

“Not getting extra soap, still getting one tiny bar of soap on Tuesdays with supplies.”

“A lot of guys are broke and are choosing between soap and food right now.”

“...we either have to buy soap from the commissary or hustle it.”

“Did you know that the last time MDOC gave soap to prisoners was three weeks ago! And, the soap they were given was a travel size bar of soap.”

“The prisoners were given hotel size soap almost two weeks ago. No other soap has been given. There is no soap in the bathrooms.”

4. Unhelpful and unhygienic behavior from certain corrections staff: 16.5% of respondents reported staff failing to adhere to preventative guidelines.

Respondents reported that certain staff are deliberately engaging in behavior known to transmit COVID-19, and respond unproductively to requests to limit this behavior. These numbers are likely an underestimate, as the survey did not ask specifically about the conduct of corrections staff. The survey only reflects answers from respondents who brought up this issue unprompted.

“Prison officials are still doing shake-downs and touching us merely to satisfy their 5 daily shake-down requirements. This is fearful to know this prison official could be asymptomatic and infect me and I can die because he has authority to order me to stand still and pat me down. A pat down is like being hugged.”

While on the phone with an incarcerated individual, “The prisoners . . . asked the guard for wipes and she began yelling so loud I could hear her denying them cleaning wipes. She then said she don’t care if they receive them.”

“Sergeant Galimore [sic] directed the housing unit officers to have all inmates line up (pile on top of each other) in the lobby and shake each person down (remove all coats and gear) before the unit would be released to chow...They used the same gloves for every inmate until we started having a fit and then they changed them to finish the rest of the women...When I said something to her on this matter she said ‘I am not talking to you.’ I asked to see Lt. Keyes and was told ‘No, file a grievance.’ I believe the warden’s good intentions to make this as painless an experience as possible is thwarted by these kinds of abusive acts.”

“Sgt. Gallmore [sic] pat down about 100 inmates during a line up for chow shoulder to shoulder (forced) and did not change her gloves once. I asked could she change them to protect my health she said NO and I asked what if I refuse, she told me I’d go to seg...so I put myself at risk to avoid punishment.”

“A client reported that a few unit officers are not wearing masks, only putting them on when they leave the unit or ‘someone important’ comes into the unit. The worst officer is CO Miller. These officers (especially Miller) also write DDOs on guys who aren’t wearing masks, and literally are not wearing masks themselves as they write the tickets.”

“The staff here at ECF are continuing to shake us down, handle our ID’s and callouts with their bare hands and rubbing their hands all over our bodies during a pandemic...”

“We are touched daily by the only people who can give us the virus, and we can’t say ‘no. stay back 6 feet. Social distancing.’ Or self isolate.”

“...staff are still doing mass shakedown every day without changing gloves...”

“I watched a guard shake down several prisoners today in a row, with no

gloves on and he handled all of their ID cards and handed them back when he was done with them. Is Lansing aware that staff are using their bare hands on us and when they do decide to use a pair of gloves they use the same gloves on several prisoners??? All of the precautions that MDOC has taken are fruitless if the only source of contamination for us is staff, and they are directly putting their hands all over us.”

5. Sick corrections staff still allowed in facilities: 14.1% of respondents reported that sick corrections staff remain in facilities.

Incarcerated people report that corrections staff who are ill continue to be present in various facilities. This increases the risk of introduction of COVID-19 into MDOC facilities, and can result in reintroduction of the virus even in facilities where outbreaks are controlled.

“They have not stopped some of the sick officers from coming in...There was a guy this morning who came in with a wet cough, mask on and gloves, but still here.”

“Staff are coming into work coughing, sneezing...”

“The question is, how many MDOC employees have entered prisons across the state who have contracted the virus but are asymptomatic? With prisons being like petri dishes with fences, one must ask why Governor Whitmer hasn't ordered all prison officials entering prisons be tested for COVID-19? With so many people infected with COVID-19 across the state being asymptomatic, fear has engulfed the prison population and agitation is heightened.”

“The sick staff person should be sent home. No sick staff people should be allowed to handle materials that are distributed to the jailers. The jail staff who have close contact with jailers should be tested.”

6. Incarcerated people can be denied medical attention: 12.8% of respondents reported that incarcerated people are being denied medical attention.

Many incarcerated people are reporting being denied medical attention. This heightens the risk of severe illness, and further increases transmission of the virus.

“Prisoners are also being refused to even be seen by health care if it’s not considered life or death, but who is to determine what is life or death? My cellmate has asthma and is having difficulties breathing in the makeshift masks they are forcing us to wear. He has asked to get breathing treatments, but has been told repeatedly that health care isn’t seeing anyone.”

“Incarcerated person who has symptoms of COVID-19 is not being tested. He additionally has an immune compromised condition that resulted from Hep-C.”

“He has been reporting hot and cold sweats while he continues to be denied the ability to social distance himself, has not been tested for covid-19...”

7. Incarcerated people are denied communication with loved ones: 12.9% of respondents have been denied communication with loved ones or have had limited interaction with attorneys.

Many incarcerated people report that they are denied communication with the outside world. This results in widespread fear and discontent within MDOC facilities as incarcerated people are unable to contact their families and attorneys.

“All visits have been suspended even though they are not face to face visits. So if a client does not have money on their account, they cannot call or write their loved ones.”

“There are people on phone restrictions and it’s really difficult for those people. Phone restrictions during a pandemic seem a little ridiculous.”

“Many guys, especially the elderly, are fearing dying in prison and dying alone in a cell isolated from family, friends and loved ones. To die alone is probably the greatest fear that I have heard guys say in here.”

“Why not give each inmate a set date and time for a visit? Joe Smith will have his family visit at 10 am this Saturday for 15 minutes. Then Abby Smith will have her visit at 10:30 am for 15 minutes. That gives time to clear out the room. Each inmate may not get a visit every week but it would be better than what they are currently getting.”

“Reduce gatherings of large numbers in the prison but maintain avenues for social connection, including free phone calls.”

“There's nothing really here for us besides trying to communicate with our families. That's limited due to the way this institution is set for prisoners.”

“Their phones are down the tablets are down they can't get in contact with family or loved ones to let them know what they are going through.”

Proposed Solutions

We propose seven solutions to improve the COVID-19 situation in MDOC facilities.

1. Consultation with an independent health expert.

MDOC should formally retain an independent health expert to help guide ongoing responses and add a level of transparency to the process. The health expert should have full access to MDOC COVID-19 responses and planning, make public recommendations to MDOC, and make public evaluations of the responses.

2. Provide to the fullest extent possible, appropriate personal protective equipment to all prisoners, especially those who conduct any cleaning of any space not exclusively assigned to them. Provide data on the provision of this equipment.

23.5% of respondents report that incarcerated individuals lack access to soap. In addition, there are widespread reports of minimal access to disinfectant, bleach, and cleaning supplies. Without access to these materials, incarcerated people are at much higher risk of contracting and transmitting COVID-19. We understand MDOC is working hard to ensure this access, but providing data of the distribution in different facilities will complement these efforts and respond to concerns.

3. Require corrections officers to maintain social distancing whenever possible, wear masks, and self-quarantine if they display any symptoms.

Responses suggest that certain staff are continuing pat downs and shakedowns without using protective equipment or attempting any social distancing measures. During the course of this pandemic staff should use these contact procedures as rarely as possible, and do so only with gloves and other protective equipment that are changed after each contact.

4. Develop a consistent policy outlining a response, where corrections officers do not follow these procedures.

Many corrections officers responsibly follow all safety procedures, even while their own health and safety is at risk. To illustrate that some of these responses are the result of intermittent lapses in best practices and not indicative of MDOC overall, specific policies and actions are required.

5. Work with the Governor's Office on an Executive Order that allows for additional parole board members and emergency commutation or early parole for high risk populations, nonviolent individuals, and those who are close to their release date.

Many of the issues reported are the result of overcrowding and high numbers of incarcerated people per facility. A larger parole board, emergency releases and/or early parole for high risk and nonviolent incarcerated people would make transmission within the facility less likely by reducing population density. They would also stretch cleaning and medical supplies further, and would reduce the danger to staff. Additional space could be used to ensure there is adequate room within the facility to properly quarantine infected individuals and flatten the COVID-19 curve within the prison population. MDOC has successfully expedited the parole process and allowed for increased releases under current law. An Executive Order would allow the parole board to have more authority for further releases.

6. Require COVID-19 testing for all staff.

The virus is spread to incarcerated individuals from staff. Staff should not have to locate COVID-19 testing on their own or through their own medical provider, and their testing should not be voluntary. They must be required to obtain testing through MDOC because COVID-19 is a hazard of employment.

7. MDOC should offer substitute methods for family contact to prisoners to increase their well-being during this time, including implementing video visitation between incarcerated individuals and their loved ones.

There is a significant mental health crisis accompanying this pandemic. Now, more than ever, communication with family and support systems is vital to the safety and well-being of incarcerated individuals. MDOC recognizes the importance of maintaining family communication and relationships to enhance one's rehabilitation and create a more positive prison experience. Across the state, visitation has been suspended in MDOC for approximately three months. This is perhaps the longest period of time that visitation has been prohibited for incarcerated individuals. It is time for action and for a plan to launch family video visitation immediately.