

TO: The Michigan Humanities Collaboratory
Attn: Carceral State Project - Conditions Team

FROM: Jack S. Copeman

Re: Self-Initiated Initiative: The Coronavirus Dispatches

Dear Reader,

This is my second installment in a continuing series (I hope) of notes and observations from the perspective of a high-risk (for a bail outcome) prisoner within the MDOC. As my intention is to continue to relay how the Department is implementing its "response plan" upon us; it is my objective to report the who, what, where, when and how as they occur. What you do with this information is up to you, I just wish to convey the experience as clearly and accurately as possible.

If I Die In A Corrections Zone...

3/31/20

(Two)

As with most things connected with the Pandemic of 2020, events around the MDOC are always changing. In my last message, I described how SPT administrators were experimenting with the running of chowlines; first separating us by one wing, or hallway, to go eat at a time—which failed—before going to the opposite extreme by packing two wings in tight on one side of the messhall, four prisoners to a table at every table. Food service prisoners busy wiping down tables on the side that just emptied out. This approach was seriously setting everyone's nerves on end, being that prisons are stressful enough without the threat of plague, but when we see that the main idea of "social distancing" is to reduce the rapid spread of a highly communicable virus and that **EVERY** doctor, every politician, every media personality has been imploring people to do this—and we get called to chow to walk into a packed diningroom—it's appalling to those of us that don't think this pandemic is a joke! Especially those of us that are at-risk with age and underlying health issues.

And after two-weeks of this, apparently someone must have complained to the right people. Usually this means a family member called somebody up the food-chain in Lansing and the logs started rolling downhill from there.

This is the reason why, as of Monday, 3/30, the new procedure for running meals is to call one-half of the unit to chow and as the line enters, a worker directs everyone to maintain a six foot distance between one another while standing in line. Once you receive a tray, you then proceed to the next available table, now pointed out, where there are two seated only. Utilizing both sides of the chowhall simultaneously, the process seems to be going much faster without all the overcrowding in close quarters. Of course we are still rushed to eat and get out so as to make room for the next group called, but we understand and are willing to comply. If this helps to improve our situation.

[A quick note of digression]

I have just returned from the SRF medical department, otherwise known as the privatized health-care provider contracted through

Corizon (the lowest bidder in the market). Where I just had my blood pressure checked because I am being monitored for hypertension after a spate of high readings in February. When I was also being seen after complaining of a "chronic cough," which I assume was related to bronchitis, an effect due to COPD. Which, as everyone knows, is a chronic lung disease. A diagnosis that I have had since 2004.

While over there among the nurses, I am always paying careful attention to whatever they happen to be talking about. Usually they are discussing the medical issues of prisoners and how we are usually at fault for the various ailments and injuries that we suffer. This is a common attitude not only limited to nursing but is especially prevalent with custody staff (guards, administrators, etc.) that look down their noses at us with contempt on a daily basis. Some more so than others, but there is always an air of superiority over us with even the newest officers.

I once read a book titled: New Jack by ? Forget the name of the author, but this guy was a journalist by trade who was inspired to write about the lives lifestyle and conditions of prisoners in New York. But he didn't want the perspective of a writer doing ride-alongs and

interviews with guards and cons, no, he figured they'd obviously be biased and what he was after would be more of a participant-observer experience. Sort of like Hunter S. Thompson. But he wondered how without committing a crime and being sent away? His solution was to join the D.O.C. and become a guard himself. Work for a year and absorb everything he saw, heard, and witnessed. After this period and finally having more than enough to do with this queasy realm of dysfunction, he quit and wrote the book. It's a fascinating read and I highly recommend it for those of you truly interested in a serious undertaking of this project.

The main point that I am trying to make with this digression is that there is a noticeable lack of any "medical" presence within the housing units. Since the official start of the MDOC's implementation of a so-called response plan, the reasonable assumption would be that SOMEONE from the health department would at least inspect what is being done to safeguard prisoner wellbeing. This is not the case. In fact, there has been no proactive measures taken, other than installing a hand sanitizer dispenser in the communal bathrooms, that's about it. The nurses have not been to see us, to pass out information, to let us

Know just what their plan is once it gets in here? We are being kept in the dark or ignorant regarding this matter. And so the vast majority of prisoners are either not taking it seriously or are frustrated (and scared) about this epidemic. The latter tend to gather in small groups along the hallways of the housing unit, gossipping, sharing observations and bits of news they picked-up here and there. They are the rumor mongers applying their trade. My bunkie, a 36-year old, twice wounded Iraq vet, is one. Because I have done so much time, I am keenly aware of all the nuances of prison. So whenever I hear these half-baked goods being passed off as "facts" around me, I immediately clear the area or tell 'em to shut up. Jake, the guy I live with, gets this a lot from me. More about him as we go on.

The latest MDOC updated e-mail dated: ~~8/20~~ 8/29/20, states that there are now 80 prisoners across the state who have tested positive for COVID-19. Headings include:

- New Cases
- Testing ("the department has secured testing kits so the prison population who meet the criteria can be tested quickly.") (18-hrs)

• Social Distancing

• Personal Protective Equipment (PPE). States that Michigan State Industries (MSI, a prison business that manufactures "non-compete" products. Mostly desks, chairs, prison shoes and clothing and cleaning products—again—mostly for prisons): "has been producing masks as rapidly as it can at multiple factories and is in the process of providing them to all facilities to make them available for both staff and prisoners. In the meantime, facility staff are now permitted to bring their own PPE, such as masks, gloves and gowns.

So you may begin to see staff wearing masks in the coming days. Please know that MSI is continuing to produce more masks and they will soon be available to all. Once a facility has been provided their full number of masks, both facility staff and prisoners will be required to wear the masks at all times."

• Prisoner accounts - "The Department wants to advise us that family members are not permitted to come to the facility lobby to add money to our accounts. These transactions need to be completed online for now. Negotiations have occurred that will allow families to make

electronic or mobile deposits without additional charges."

• Prisoner store

- "Effective immediately, prisoners can purchase an additional \$50 of store items every two weeks."

The message finally concludes with a ~~reoccurring~~ recurring ending that states:

"As you talk with your family and friends, please encourage them to visit the department's website at Michigan.gov/corrections and click on the 'Coronavirus update' banner at the top of the page. There they will find up-to-date information about what the MDOC is doing in response to this issue..."

All of the above points I will address in the coming weeks, maybe (probably) months as April has just begun with the both the Federal and State governments now preparing us for the worst to come. Even Donald Trump has had to admit his folly as experts are basing their predictions of death rates somewhere between

100,000-200,000 people. This figure, as you know, comes from the infectious disease specialists, Dr. A. Fauci.

And that's his best-case scenario makes it, which, as a fact, is so incredibly unbelievable to our Westernized minds that even now we cannot really accept it as likely. That is why there are still a number of states that have not issued lock down orders to their citizens. Or, more correctly, stay-at-home orders.

The Governor of Florida is quite obviously a denier. Being his position that people don't necessarily have to stay away from each other only means there's still a segment of the population that won't listen to science and thus will still do what they want to when they want to do it. This attitude will certainly ensure that the second part of Dr. Fauci's scenario (the 2d wave in the fall) will happen.

As far as the current number for Michigan, believe that it's somewhere up around 7,300 infected, with deaths nearing 400.

Wed 4/1/20

Again, the speed of which things related to the coronavirus have changed the number of infected is truly astounding! Within a few days, there are now over 9,500 cases in Michigan. The MDOC's latest tally is 122 prisoners have now tested positive for COVID-19 around various prisons throughout the state. Their latest message states that parole agents are no longer allowed to enter facilities, no specific reason given but one can infer that these people, by the nature of their jobs, do come into direct contact with "hot spots" around Detroit, Flint, and Saginaw. High risk areas within the state.

It is almost time to go eat, so I will drop this out along the way. As things further develop, with the next progression and ~~the~~ whatever comes after, I will take notes to keep these reports true and correct to the best of my ability. Hope that my handwriting isn't too much of a problem. Also, that I wish you and your families all the best during these times and circumstances.

Sincerely, J. Copeman