

MASS MURDER IN MICH.: GOV. SAYS ‘NOTHING SHE CAN DO’ TO RELEASE MORE PRISONERS AS COVID ENGULFS MDOC

(2 videos:

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OVER HALF OF LAKELAND CF’S PRISONERS, 787, TEST POSITIVE

COVID ‘SPREADING LIKE WILDFIRE’ THROUGH MACOMB, PARNALL, HURON VALLEY, OTHER PRISONS, WOMEN AND MEN LEFT TO DIE

MASS EVACUATION NEEDED

MI. GOV. WHITMER, PAROLE BOARD REFUSE EMERGENCY RELEASE FOR MOST PRISONERS

By Diane Bukowski
Voice of Detroit
April 28, 2020

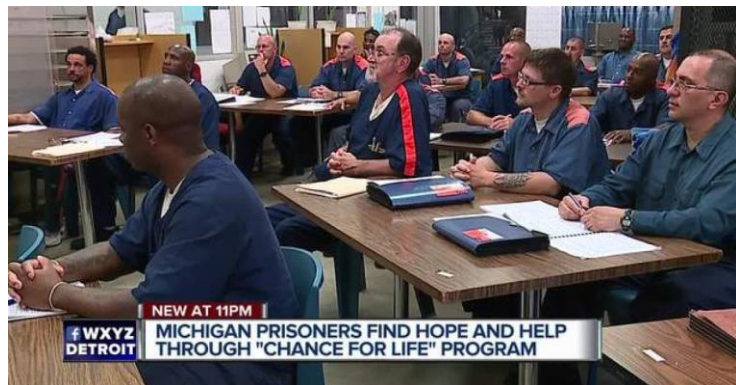
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The genocidal purpose of mass incarceration in Michigan and across the U.S., with 70 percent of prisoners Black or others of color, is becoming starkly apparent in Michigan’s prisons. Today the state’s Gov. Gretchen Whitmer said ‘there is nothing she can safely do’ to release more inmates after half the population at Lakeland Correctional Facility, 787 prisoners, tested positive for the coronavirus, and deaths continue to rise throughout the system.

One prisoner at Lakeland said Whitmer is likely seeking higher office as presidential candidate Joe Biden’s vice-president and doesn’t want to rock the boat, no matter how many prisoners die on her watch.

Particularly hard hit also are Macomb Correctional Facility, which houses many juvenile lifers



Prisoners at Macomb CF taking “Chance for Life” re-entry program. Will they really have a chance for life?

awaiting re-sentencings of their unconstitutional life sentences, Parnall, and Huron Valley Women's prisons.

Two prisoners, Kevin Harrington at Macomb and George Clark at Lakeland, barely escaped the COVID scourge after the Innocence Clinic and the Wayne County Conviction Integrity got them released after finding they had not committed the murder for which they had been imprisoned since 2002. Private investigator/advocate Scott Lewis has estimated that 30 percent of Michigan prisoners are in fact innocent.

Efren Paredes, Jr., whose account of the current situation at Lakeland is below, along with 200 juvenile lifers serving unconstitutional "cruel and unusual" life sentences are still awaiting federally-mandated re-sentencings ordered eight years ago by the U.S. Supreme Court.



Bernice Starks



Naykima Hill

At Huron Valley Women's Prison, sued earlier over its abominable conditions, women including Ursula Heard, Sue Farrell, Dawn York, and Ava Cooper have died from COVID-19, while others including Naykima Hill, Bernice Starks, Mary Lemons, Ursula Bolton, Marinda Hudson and Towanda Eppenger are suffering from it.

A comment on the Facebook page for Women from Huron Valley, Scotts, and Florence Crane prison facilities is here:

[Mary Marshall Ellison to Florence crane, Scotts, Huron Valley Womens Facility Apr 21](#) · · I just spoke to Ursula daughter she said that her mother was in a coma for 2 weeks before they found out and they are so upset and they're trying to decide what to do keep them in prayer she has 3 sons and a daughter And they just found out yesterday that she was on a ventilator. They r taking Ursula off life



support soon cause she is brain dead. FOUGHT MS for A WHILE NOW." **Towanda Eppenger** **Nikki Keech**



Ursula Heard, died 4/21/20

Ricky Rimmer-Bey at the Richard A. Handlon Correctional facility discounted MDOC's claims that prisoners and staff are practicing "social distancing," saying it is impossible to do so. He said each guard is required to "shake down" (physically search) five prisoners per shift. He said they do not change gloves between searches, and are bringing the coronavirus in from the outside. He said prisoners must remove the flimsy masks they are given to eat in the chow hall, with people sitting one foot away from each other.

“They have us locking two in a cell,” Rimmer continued. “These cells are the size of an apartment bathroom in the projects. If your cell-mate catches this virus, no matter what you do, you will be infected. So social distancing is a myth and a story to deceive the public, for us living this nightmare know what the real truth is.

Rimmer-Bey and many other MDOC prisoners are serving life terms for “felony murder,” which means they did not commit murder, but were involved in a lesser crime that they did not intend to result in murder. That charge was ruled unconstitutional in 1980 in *People v. Aaron*, but the ruling was never made retroactive.

“State Representative Isaac Robinson, who sadly passed from COVID this month, was fighting for incarcerated people in Michigan, especially pre-Aaron prisoners,” Rimmer-Bey said. “Their sentences and trials were tainted and their sentences have been ruled ‘fundamentally unfair.’ It is also fundamentally unfair to allow these men and women who on the average have served over forty plus years to possibly die with this virus going on in here. These prisoners are in their sixties. We are the best risk because we have aged out of criminal thinking and have already suffered one miscarriage of justice.”

In a second JPay April 24, he reported on the consequences of those policies in a prison that originally had no COVID cases.

“It is reported that 45 new cases have popped up in here, and that the death rate is at 25,” Rimmer wrote. “All they do to so-called test staff that come in here is to take their temp, which shows nothing if one is asymptomatic. This one person can infect five people, that five



Ricky Rimmer-Bey

can go on and infect five apiece. They got two guys now in A-unit under watch. I have high blood pressure and am 66 years of age. If I catch that mess, I’m through. I don’t fear death, but this is not how I envisioned myself passing, gasping for air, suffering, surrounded by people that give less than nothing for my well-being.”

He said there is indeed something Gov. Whitmer can do despite her denials, and called on justice advocates to contact her to demand that she do so.



Pres. candidate Joe Biden with Mich. Gov. Gretchen Whitmer. Neither supports universal health care, which might have headed off the coronavirus pandemic.

“The governor can commute sentences of guys that do have life in prison that have served 30, 40 years plus that have aged out of criminal thinking and are not a threat to the community. That’s me and a host of others. One guy just passed [from COVID] two weeks ago, he had been locked up 40-years or more. He’d gotten a parole. The sad thing is that he had to wait to be let out. Wait for what. in the meantime, he caught that mess and is now dead. If a person gets a parole, then what the heck does he have to wait on? Give him a health screening test, get his home placement, then let that person out of here with this pandemic going on.”

NEARLY 800 CORONAVIRUS CASES AT LAKELAND CORRECTIONAL, AND STILL COUNTING

by Efrén Paredes, Jr.

bitly.com/freefren

April 24, 2020



Efren Paredes was a 15-year old honor student in Berrien

County when he was falsely charged with first degree murder in the death of a store proprietor. As a juvenile lifer, he should have been re-sentenced long ago.



It has been a very somber week at the Lakeland Correctional Facility (LCF) in Coldwater, Michigan, where nearly 800 incarcerated men have received the heartbreaking news that they have tested positive for COVID-19. LCF outnumbers the prison with the second highest number of those infected by over 600 cases.

As of April 27, 2020 at 9:30 am the number of incarcerated people who have tested positive for COVID-19 in the Michigan Department of Corrections (MDOC) is 1,363. This morning five more deaths of incarcerated people in the MDOC was announced from just yesterday bringing the total number of deaths of incarcerated people statewide to 38. LCF now has 13 deaths; five of them have occurred in the past five days.

I am one of the men incarcerated at LCF who has had the misfortune of witnessing up close the devastating impact this experience is having on the lives of scores of vulnerable people struggling to survive daily in the midst of a vicious pathogen storm sweeping through the nation’s prisons.

Friday afternoon I was informed by a staff member that I tested negative for COVID-19. I received an uncomfortable nasal swab test for the virus two days earlier. Waiting for the test results was agonizing. I suspected the number of people who would test positive would be extraordinarily high, and the likelihood that I contracted the virus would be as well.



Living in densely populated housing units makes it nearly impossible to mitigate and contain the spread of a lethal disease like COVID-19 which is ten times more contagious than the seasonal flu, according to scientists.

In these spaces dozens of people use the same bathrooms, sinks, showers, microwaves, phones, etc. They spend every moment in

Lakeland Correctional Facility/WMMT photo
the housing unit — when awake or sleeping — breathing the same air and exposed to one another’s respiratory droplets from coughs and sneezes.

I knew that this, coupled with the fact that the prison kept rebuffing pleas for them to suspend use of the dining hall to feed 1,300 people in a crowded space less than two feet apart, three times a day for weeks, was a recipe for disaster. People were dangerously being exposed to the virus ad nauseam.

Lakeland has 58% of all COVID-19 cases, 34% of deaths in MDOC

Of the total number of COVID-19 tests administered at LCF an astonishing 57% people have tested positive so far. The prison represents 58% of all COVID-19 cases and 34% of the deaths of the entire Michigan prison system. These numbers are the result of robust testing that occurred at the prison last week.

However, these results are deeply flawed.

Lakeland Correctional Facility (LCF)

The housing units where the least number of people tested positive were from the barracks-style pole barn housing units (i.e., E and F Units). These are the housing units I wrote about for weeks where people had complained that they had been very sick with COVID-19 symptoms, and being repeatedly denied COVID-19 tests and medical care if they didn’t have a fever.



Lakeland CF dorm: up to 80 prisoners live in such dorms; no social distancing possible.

Antibody testing would likely reveal that many of the people who tested negative in these housing units were already infected and recovered. On the one hand it means most people were able to survive. However, on the other hand it means people also suffered who could have received help.

Monday a new study revealed that 70% of the people who contracted COVID-19 and required hospitalization in New York never had a fever. This means it was a grave mistake for medical providers in Michigan prisons to use the absence of a fever as the gold standard to decide whether or not a person should receive a COVID-19 test. Though I felt an enormous sense of relief to receive my test results I was deeply saddened to learn about the test results many men living in my housing unit and throughout the prison were receiving. It felt as though time had frozen as everyone was waiting at attention with bated breath to hear their fate.



Graduates of LCF's leader dog training program.

In my housing unit a staff supervisor began walking past a line of men awaiting to be told their test results pointing at them and loudly saying, "You're positive. You're moving to housing unit ..." and proceeded to tell them where they were being moved to.

The staff member could have simply told each person their results in a lower voice or pointed at a piece of paper at the words "positive" or "negative" and told them what housing unit they were moving to. A number of different ways to deliver the news would have been more dignified.

It was a shameful display of callousness and insensitivity which humiliated the men who were already in a very fragile mental and emotional state as they awaited their test results. It was brutally difficult seeing the immediate looks of fear and dread on their faces as I saw the men hang their heads down, or silently shake their heads back and forth, as they became awash with distress.

I have known many of these men for years and even decades in some cases. Some of us are friends, some of us partner on social justice projects and hosting outside guests to speak at the prison, and I see some of them on visits with their family when my family visits me.

The connections we share are not something I take lightly because I recognize the inherent dignity of every single person. I also know the brutal difficulty they experience every day



Positive COVID-19 results potentially a death sentence.

struggling to survive isolated from their loved ones behind bars when they aren't battling a deadly virus.

Seeing their pain and sadness was excruciatingly difficult to observe as I repeatedly heard the staff member echoing the words "You're positive," and telling dozens of them where they were moving to. Every time I heard the shouting voice pierce the eery silence in the room I kept thinking, "That could have been me who tested positive."

In the midst of this we were told by the staff member that people testing positive were being moved to housing units designated for people who tested positive to separate them from the rest of the population to mitigate further spread of the disease. Moving mass numbers of men to various housing units around the prison would not come without its mistakes, however.

Some examples included moving more than one person being assigned to the same bed, people being sent to a housing unit and told to just wait to be assigned a bed because no bed was available at the time, and people being moved multiple times to different housing units before finally being assigned to a bed.



VA nurse displays sign with proper treatment protocols for positive COVID-19 patients and staff.

staff discovered the error. Not only were the men exposed to dozens of people knowingly infected with COVID-19 during that time, they are now potentially exposing dozens of people in my housing unit, me included, to the virus as well.

Even more disturbing is that there have also been people who were told they tested positive for COVID-19 and moved into a housing unit designated for people who tested positive for the disease, only to be told days later they actually tested negative. They were then moved out of the housing unit to a housing for people who tested negative.

Sunday several of these men moved into my housing unit which is designated for people who have tested negative. They were there for three or four days before

I met one man who tested negative for COVID-19 today who moved to my housing unit after being in a housing unit for men who tested positive for the disease for the past three days who I will refer to as J.S. According to J.S., he has Stage 3 neurofibromatosis which forms tumors inside his body, and he only has one lung. He is also handicapped and uses a walker.

J.S. stated he was told by LCF that he tested positive a few days ago. He subsequently called his brother and shared the news with him about the test results. J.S.'s brother immediately burst into tears and told him, "Damn, now I have to bury my baby brother

too,” and began looking into making funeral arrangements for him because of his serious underlying medical conditions.

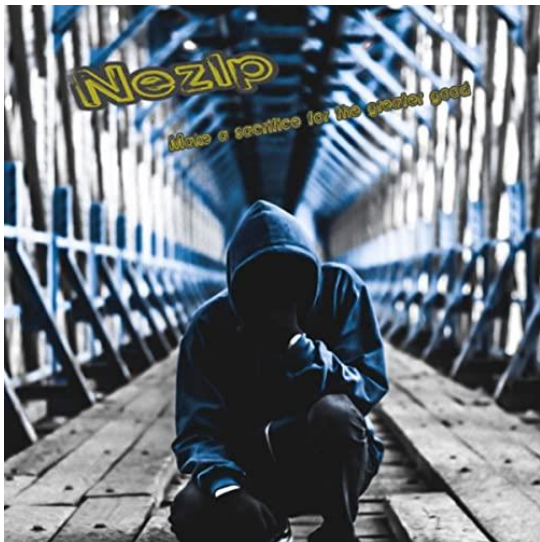
J.S.’s brother told him he had already lost four uncles and an aunt to COVID-19 during the past few weeks, and figured he would be next. His brother and family were placed under this duress only to later be told by his doctor that he was mistakenly provided the wrong information about his COVID-19 test results.



COVID-19 funeral

In one housing unit when men were being separated into different housing units based on their test results they were told that all the test results hadn’t returned yet. Despite this, 58 people were being moved to housing units for people with negative results, and 12 were being moved into the housing unit for those testing positive. The 12 people were the ones that had not received their test results back yet.

When two incarcerated men who tested negative approached a staff supervisor asking why the 12 would be moved to a positive unit if they hadn’t tested positive a staff member responded, “It’s a numbers game. I know these 58 guys are negative so I’m going to protect them. I don’t know what’s going on with the other 12 guys. I just have to sacrifice them for the greater good.”



What would have been best for the greater good would have been to leave the 12 men isolated in an area together until they received their test results, not jeopardize their lives by deliberately moving them into housing units for people who had tested positive.

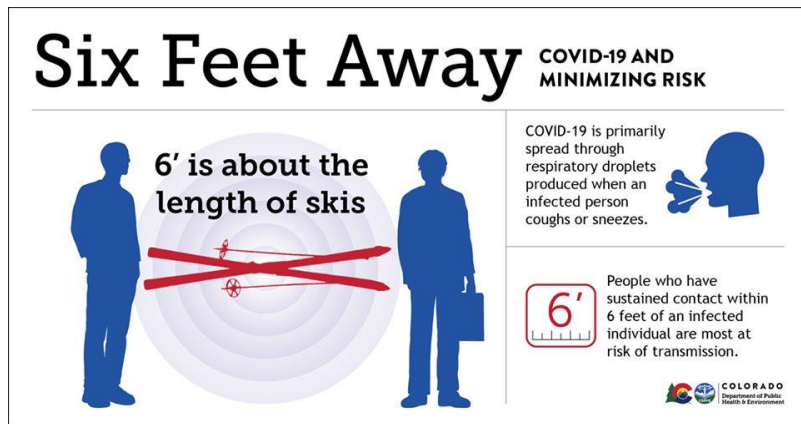
According to a staff member who works at the prison who has been observing this activity, “This place is a complete cluster f*ck right now. It’s a disaster. No one knows what they’re doing.”

SACRIFICE FOR THE GREATER GOOD?

Monday morning a man who has lived in my housing unit for the past few months was told he had to move to a housing unit designated for people who have tested positive for COVID-19. He was informed three days earlier when I was that he tested negative for the virus.

Staff since discovered they made a mistake in his case as well. Unfortunately, however, not until after he remained in our housing unit unwittingly shedding virus the past few days and putting dozens of people at risk.

I have also learned there are several men whose COVID-19 tests returned from the lab inconclusive. Those people were dispersed throughout the prison in various housing units as well for a couple days before staff discovered the error and placed them in a separate housing unit and retested them. They will reportedly remain there until the outcome of their test results.



While moving all the people diagnosed with COVID-19 in the prison together into the same housing units may sound good on its face, when one unpacks the specifics and examines it granularly it presents a serious set of challenges.

To begin with, placing people infected with COVID-19 together in crowded living areas less than six feet from one another is not a practice that any epidemiologist would recommend. If it was a medically safe practice physicians would be using the practice with members of the public. They're not.

Secondly, there are going to be people living in the same space at various stages of the virus. Some may be closer to just beginning their recovery, some will be in the middle of it, and then there will be some who may have possibly been near the end.



Old age in the big house/Photo Al Jazeera

Placing an elderly person with underlying comorbidities into a sea of 80 people with Coronavirus could increase that person's viral load to a fatal level. For others, their viral load will increase as well and make it more difficult for them to combat the virus. Some may become trapped in a vicious cycle of infection and the virus may even begin to mutate and become more potent.

Friday a 79-year-old man from my housing unit who tested positive for COVID-19 learned he was being sent to a housing unit designated for people who have been infected with the disease. As he was leaving he told me, "I hope I die. I can't keep living like this. I've been in here 44 years. They're gonna kill me sending me over there."

According to Dr. Anthony Fauci, the nation's leading epidemiologist and Director of the National Institute of Allergy and Infectious Diseases, there is absolutely no evidence that someone who catches COVID-19 cannot become reinfected. The World Health Organization announced the same conclusion on Saturday.

Sunday as a number of men were moved around the prison I received a number of reports of serious concern. Among them are that only some of the housing units for men who have tested positive for COVID-19 have received therapeutics of any kind. A couple reported they have received vitamins but others reported that they have not. Before the crisis began LCF administrators told incarcerated people they would also receive Theraflu and Gatorade if they contracted the disease. As of Tuesday, April 28, 2020, no one has reported receiving either.

Sunday morning when men asked an LCF administrator why they hadn't received any of the three therapeutics mentioned above they were told, "I don't know, I don't work for Health Care." As he began walking away he remarked, "If you have anymore questions let me know, I'll be around this week."



Medical staff are also supposed to be conducting temperature and oxygen saturation level checks (or pulse oximetry measurements) twice a day in every housing unit where people have tested positive for COVID-19. Medical staff are going to some of the units once some days and other days they aren't going at all.

Some people could be experiencing silent hypoxia (i.e., deficiency in the amount of oxygen reaching bodily tissues) and, if not properly monitored, their bodies can crash, potentially resulting in severe organ failure or even death.

There are hundreds of cameras throughout the prison that can verify this information for the Governor, Attorney General, Department of Health and Human Services, MDOC Central Office Staff, and the Office of the Legislative Corrections Ombudsman to observe for themselves if they care.

I highly encourage the MDOC to also provide COVID-19 tests to all staff members like they have for incarcerated people at LCF so we can ensure that they are healthy and have not contracted the virus. Statewide 254 staff members have unfortunately contracted the disease. Thirty-one of those staff members work at LCF.



According to one staff member, “They don’t want to test us because they won’t have enough people to work so many people will test positive.”

That’s not a reason to not test staff members. Their health and safety should be paramount, as well as the health and safety of incarcerated people they work around. Without ensuring everyone is free of the disease at the prison there is no way to mitigate or contain its persistent spread.

Screening prison staff for COVID-19.

There will continue to be COVID-19 outbreaks throughout Michigan prisons all over the state until a vaccine is created in 12 to 18 months. Scientists are already predicting a COVID-19 resurgence in the Fall as well that will be more lethal than the current wave of attack.

The bodies of incarcerated people who are fortunate to survive the disease this time around have been seriously compromised. Many will suffer irreversible lung, heart, and kidney damage, and their bodies may not be resilient enough to survive a second wave of infection.

The other thing to remember is that deaths lag behind the number of people identified as having COVID-19. For weeks to come we will continue hearing about incarcerated people succumbing to the virus in Michigan prisons. We still have a long way to go.

I realize there aren’t any panaceas in this crisis. But I also know the MDOC can do much better than this. With the wealth of collective knowledge and public health resources available to them they can make more informed choices that are evidence-based and data driven.



They have to want to do it though. The key here is intent. Don’t Gov. Whitmer and MDOC officials have the intent to murder? What does the MDOC really hope to achieve? Does it intend to save lives or let COVID-19 run it’s course and observe the outcome? Both can’t exist at the same time. Human lives should not be part of some nefarious experiment to see how they will respond to a deadly virus untreated.

Many lives are going to be claimed by COVID-19 if serious action is not taken by the MDOC to ensure that medical staff are doing their jobs. Responses by administrators like, “I don’t know what they’re doing, I don’t work for health care” are recklessly irresponsible and a deplorable failure to protect the people in their care.

Every person holding public office including the Governor, the Attorney General, lawmakers, mayors, members of city councils, judges, prosecutors, Sheriffs, and



everyone else should know that voters are watching all this play out very closely.

Over 100,000 people in Michigan are in prison, jail, on parole, or probation. They each have family members and friends. There are also thousands of formerly incarcerated people who see this and they have loved ones as well. These are only some of the people whose lives have been impacted by the criminal justice system.

When these citizens step into the voting booth this

Most families in Black majority cities like Detroit have relatives in the prison system, on probation or parole, or awaiting trial

every person seeking public office who silently stood by allowing this human rights tragedy to occur under their watch without intervening because they lacked the courage, political will, or decency to speak out.

November and forward they will NOT forget the names of

Between now and November 3 prison reform advocates across this state will be working diligently every day to identify public office candidates to support our efforts and ensure that the memory of mishandling this crisis is never forgotten. They will also be working to register voters and organize to ensure they each make it to their voting precincts. Michigan prison reform must happen now. It begins with the Governor exercising her executive authority to immediately commute the sentences of:

- * Elderly people with underlying morbidities who could die if they contract COVID-19;
- * People who were sentenced to mandatory life without parole when they were juveniles and have been awaiting resentencing for eight years since the U.S. Supreme Court ruled their sentences were unconstitutional in 2012;
- * People who have served over 20 years in prison who would not pose a danger to society if released (with priority given to those who have served the most time being released first); and

* Reducing the density in overcrowded prisons by eliminating double-bunking and separating all beds in prison housing units by at least six feet, so incarcerated people can stand a fighting chance of surviving the crisis of future deadly pandemics.

Anyone released could be placed on a tether and placed on release supervision by the Parole Board. The Governor commuting these sentences alone would not result in a single release. It would only give the Parole Board jurisdiction to begin reviewing the cases and grant them the authority to release them.

The Parole Board would use its wealth of resources to determine whether or not each person could be safely released back into the community as it does for thousands of people who are safely released each year. Anyone that does not fit that criteria would remain incarcerated.

Please keep every incarcerated person and prison staff member infected with COVID-19 in your thoughts and prayers — including their family members. We remain hopeful for as many of their full recoveries as possible.

I also ask that you pray for all those who have lost loved ones that have sadly succumbed to the deadly virus, and for the safety of those who have miraculously managed to somehow avoid contracting the disease thus far. [#SMPR](#) [#AloneTogether](#) [#StayHomeStayStrong](#)

(Efrén Paredes, Jr. is a blogger, thought leader, and social justice changemaker. He has been featured in various TV news, radio, and podcast interviews to discuss the COVID-19 crisis in Michigan prisons. His interviews and ongoing series about the crisis can be read at <http://fb.com/Free.Efren>.)

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