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Readers who have followed the previous regular Norfolk Updates (1) will note that the last was dated May 14, 2021. The main reason was the wait for the situation to improve--which it mostly has not. While there have been a few minor tweaks, the administration obviously relishes the current increase in control over prisoners which is ostensibly justified by the pandemic. However, endless isolation, lack of access to buildings, activities and rehabilitative programming have had substantial consequences. Disaffection, lethargy and apathy have spread through the prison. Homebrew and drug use are rampant despite the elimination of fruit and xeroxing of all incoming mail (affirming that supply is coming via officers). Senseless violence and self-harm have increased while indolence and depression are widespread as prisoners are denied constructive activities and efforts to rehabilitate.

Although the state of emergency for the community ended in early June, few changes occurred here until much later. On July 17 generalized access to yards was restored for prisoners, at last allowing friends from all units to meet after 18 months of separation. Buildings, however, were not re-opened, continuing the severely limited availability of vocational and academic education and preventing resumption of most rehabilitative programming. It was not until August 9 that libraries were partially re-opened.

Although one might conclude that this caution was necessitated by ongoing concerns about infection, it is important to remember that throughout the pandemic the DOC has insisted that hundreds of prisoner workers from all units congregate indoors in Industries, Maintenance, and canteen as well as in staff janitorial and culinary areas on a daily basis. These workers, after extensive exposure to parsimoniously vaccinated staff, then daily return to their regular housing units to expose all other prisoners. This persistent deployment of prisoner workers for institutional benefit has been in effect since the height of the pandemic, revealing that the excessive caution around other prisoner activities is nothing more than a sham. Prisoners are continuously endangered in order to benefit the prison while Draconian isolation and control restrictions are exposed as willful prisoner control measures. Even the lifeline of visits with family and friends remains a hollow shell, with an endless expanse of 8-foot high plastic barriers separating visitors, regardless of vaccination status, from prisoners forced to attempt futile communication through a handful of $\frac{1}{4}$ -inch holes from 6-feet away. Incongruously, largely unvaccinated staff freely enters the prison daily to closely congregate with prisoners.

Norfolk has consistently been the most crowded state prison throughout the pandemic (2). During most of 2020 the Norfolk population was reduced by only 2% and January to July of this year the prisoner population here decreased by only 50, a roughly 4% reduction (3). Epidemiologists argued early on that crowding in prisons was an important factor contributing to the observed excessive rates of Covid-19 infection and death in state and federal prisons (4). However, state agencies and courts have countered that such evidence was lacking (5) and the Massachusetts SJC found no constitutional violation in the failure of the DOC to expedite release of prisoners because of Covid (6) even though the SJC ruled that the DOC had such power (7). Of note, through maneuvers including cancelling prisoner earned good time, the Massachusetts DOC released some 500 fewer prisoners between April and November 2020 compared

to the same periods during the preceding four years (8, 9), wasting a unique opportunity to enhance prisoner safety. This egregious omission was masked by the concomitant lack of new court commitments because of the closure of criminal courts during the pandemic. Some of the small reduction in prisoners in Norfolk due to sentences ending also has been mitigated by the influx of prisoners from other MA prisons.

Notably, the recent publication of an analysis of Covid-19 infections in MA state prisons April 2020 to January 2021 now provides clear epidemiological evidence that prison population density directly correlates with increased rates of Covid-19 infection (10). This study found that for every 10% increase in prisoner density (as a function of prison design capacity) there was a 14% increased risk of infection. Similarly, rates of infection were 3 and 5 times higher, respectively, in prisons operated at 70-100% and >100% of their design capacity as compared to those MA prisons operated below 70% design capacity. It was also noted that for every 10% increase in the percentage of prisoners housed in single cells there was an 18% decrease in rates of incident infection. Finally, the study showed that there was a positive association between the rates of surrounding county infection and the rates of infection in the prisons embedded in those communities. This suggests that despite implementation of hygienic precautions, masks, quarantining and isolation, correctional staff are important vectors of Covid-19 transmission to prisoners. It also indirectly implicates the DOC's persistent policy of daily congregating prisoner workers with staff.

Sadly, the excessive rates of Covid-19 infection and death in MA prisons (11) are likely not the end of the story. Current evidence shows that between 10-20% of surviving Covid infected patients experience long-term sequelae (12). These "long-haulers" appear to have multiple complex symptoms and problems, many lasting months and possibly years. Reports suggest that such post-infectious syndromes may foreshadow substantial suffering of patients with "long-Covid" in the months and years to come (13). Taken together with the harmful effects of 18 months of dead-time warehousing with the virtual abrogation of effective rehabilitation, prisoners are subject to multiple serious long-term consequences of the pandemic. These have been further exacerbated by the DOC's harsh but counter-productive policies. Additionally, many prisoners have lost earned good time, arbitrarily extending their terms of imprisonment by up to one-third.

The mental and physical health deterioration experienced by prisoners will likely retard their education and rehabilitation. And, the prolonged lack of effective rehabilitative and self-help programming will also seriously impede the ability of the 85% of prisoners who must eventually be released to prepare for successful re-integration into your communities. Just as concerns have arisen about interrupted education in our nation's schools, it is apparent that serious damage has been wreaked upon the incarcerated. It is for these reasons that it is critical for prisons to be safely but urgently restored to normal functioning. It is essential that education, rehabilitation, preparation for re-integration and meaningful access to mental and physical health treatment be timely provided. Such interventions may at least partly remedy the ravages brought about by the pandemic which have been further exacerbated by the DOC's ill-considered and ineffective responses.

END NOTES

1. Norfolk Updates: May 10 & 30; June 1, 15 & 30; July 15 & 29; Aug 17; Sept 12; Oct 13 & 31; Nov 30; Dec 8 & 29, 2020; Jan 20; Mar 15; May 14, 2021.
2. MA Department of Correction, Weekly Count sheets, Milford, MA 01757.

3. www.mass.gov/doc/sjc-12926-special-master-weekly-report-xx/xx/xx.
4. Saloner B, Parish K, Ward JA, et al. "Covid-19 Cases and Deaths in Federal and State Prisons", JAMA, 324:603-3 (2020); Jimenez MC, Cowger TL, Simon LE, et al. "Epidemiology of Covid-19 Among Incarcerated Individuals and Staff in Massachusetts Jails and Prisons", JAMA Netw Open 3(8):e2018851.doi:10.1001 (2020); Lifers' Group Fast Facts: "Excessive Rates of Covid-19 Cases and Deaths in Massachusetts State Prisons, August 2020.
5. Foster & Others v Commissioner of Correction & Others (No. 1), SJC-12926, June 2, 2020; plus testimony of Commissioner Mici during trial.
6. Ibid.
7. Prisoners' Legal Services. PLS Notes, "PLS Continues to Litigate for Relief Amidst Covid-19 Pandemic", Winter 2020/2021, p.4.
8. Lifers' Group Fast Facts: "Falling State Prisoner Numbers: Incidental to Pandemic Court Closure or Real Expedited Release?" November 2020.
9. Greineder D. "Without a Rational Plan: How and Why the Massachusetts DOC Caused Covid-19 To Ravage State Prisons", Lifers' Group, February 2021.
10. Leibowitz AI, Siedner MJ, Tsai AC. "Association Between Prison Crowding and Covid-19 Incidence Rates in Massachusetts Prisons, April 2020-January 2021", JAMA Intern Med, online Aug 9, 2021. doi:10.1001/jamainternmed.2021.4392.
11. Ibid. See also note 4 references.
12. del Rio C, Collins LF, & Malani P. "Long-Term Health Consequences of Covid-19", JAMA; 324:1723-24 (2020). Rubin R. "As Their Numbers Grow, Covid-19 'Long-Haulers' Stump Experts", JAMA; 324:1381-83 (2020); Phillips S & Williams MA. "Confronting Our Next National Health Disaster--Long-Haul Covid", NEJM 385(7):577-579 (2021).
13. Phillips & Williams, note 12.

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