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September 12, 2020 Update from MCI-Norfolk

This Update is overdue, in large part because I was waiting to report on changes loosely announced in a posted late August memo by Commissioner Mici. There it was hinted that there would be progress in conditions and access for prisoners after Labor Day. Sadly, virtually nothing has changed. We are still awaiting the possible low-scale resumption of education programs, but nothing substantive has occurred or even been announced to date.

Aparently the Librarian is back full time (passed him in the Quad on my way to medical). However, prisoner access to law library is still unchanged, limited to one prisoner for one hour at a time, only upon special request, usually no more than one or at most two times per week. There has been no programming, no education or rehabilitation offered. The only program functioning, Correctional Recovery Academy (a federally funded "Spectrum" program) is offering only pamphleteering and limited one-on-one access, rather than the usual group behavioral intervention programming. As mentioned in the July 29 Update, it seems likely that the main reason Spectrum programming was restored was to retain federal funding. Not surprisingly, participants report minimal benefits. In short, nothing beneficial for prisoners or promoting rehabilitation has substantively changed since the last update.

Keefe Commissary Services is more aggressively providing access to clothing purchases (which benefit the DOC through receipt of 14% commissions on all items sold to prisoners). Sale of food stuffs and cosmetics, an important source of income for Keefe and the DOC (through the 14% commission) was one of the few services that has been robustly maintained throughout the pandemic. Access to this money maker was, remarkably, never interrupted--even as access to nutritious diets, medical care, property, rehabilitative and educational programming were all eliminated as of April 4, 2020.

As elaborated in prior updates, the only services that have been progressively restored involve the use of prisoner labor to perform services to keep the prison running. These functions were instituted at times when the initial Covid-19 surge was laying waste to the community and elder care residences, even though it required the violation of otherwise Draconian prisoner quarantines that initially locked in prisoners for virtually 24 hours per day.

Meanwhile, it has been reported that Covid-19 case rates and death rates in the Massachusetts DOC are three times greater than the rates in the overall state population. (See: "Lifers' Group Inc. Fast Facts: Excessive Rates of Covid-19 Cases and Deaths in Massachusetts State Prisons, A Call to Action", August 2020, accessible at www.realcostofprisons.org/writing; Jimenez MC et al. "Epidemiology of Covid-19 Among Incarcerated Individuals and Staff in Massachusetts Jails and Prisons", JAMA Network Open, 2020, 3(8):e2018851. doi:10.1001).

Access to Medical remains erratic, with many services sporadic and greatly

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delayed. Even with limited access to other prisoners which allows me to report only on the few cases to which I become privy, one prisoner has not been seen for over a month despite filing multiple sick slips; another waited 6 weeks to receive his maintenance thyroid medication, delayed until pulse and blood pressure were perilously low; another is waiting for months without diagnosis or treatment despite ongoing and progressive debilitation. Weekly delivery of KOP (keep on person) medications continues to be erratic with the once per week deliveries randomly cancelled and prisoners forced to wait until the next scheduled delivery a week later. Food continues with frequent substitutions and omissions from the required menu, with repeated substitutions of poor quality, non-nutritious, highly processed items. Yard access and exercise remain restricted, as before, to four 2 hour sessions per week with prisoners limited to only yard areas segregated by housing unit. There has been no access to the gym since April 4.

The current situation isolates prisoners by denying access to many other prisoners in the institution. While this may seem trivial, it is important to note that because prisoners are assigned to housing units without choice or preference, this frequently prevents contact between prisoners who, for practical purposes, have become each others' "prison family". This is especially prevalent at MCI-Norfolk which houses the oldest and longest serving prisoners in the DOC. Such segregation might be justified except that prisoner workers from all units daily break quarantine through routine gatherings at work and in special yard sessions before returning to their disparate units each evening. Of course, visits remain cancelled and now the free 15 minute weekly phone calls have been terminated. Isolated from friends and family, many prisoners are in virtual isolation, significantly exacerbating the mental health consequences of imprisonment.

In summary, I find that there is little reason not to paraphrase the closing from the last Update:

Prisoners continue to be hopelessly isolated and helplessly warehoused without recourse to rehabilitation or education. However, whenever the institution requires prisoner labor, it seems that there are no perceived barriers to violating otherwise strict quarantine by congregating prisoners together for the convenience of the prison and administration. Meanwhile, Covid-19 Massachusetts prisoner case rates and death rates are documented to substantially exceed national prisoner, Massachusetts community and US population rates.

Unfortunately, these facts remain unchanged as well one month later.

[Prior Updates (May 10 & 20; June 1, 13, & 30; July 15 & 29; August 17) and "Fast Facts" accessible at www.realcostofprisons.org/writing/greineder.]