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January 20, 2021 Update from MCI-Norfolk

Three weeks from the last update, as I turn from coverage of the inauguration, I find that the little that has improved is likely due to saturation of infection. The case rates here at Norfolk are finally decreasing, and I theorize that the reason is that we have achieved functional herd immunity. As of January 13, there have been 493 cases of Covid-19 confirmed by molecular PCR testing(1). This represents 41% (493 of 1200) of the prisoner population. We know from reports by prisoners that there are at least half as many who have exhibited symptoms but who tested negative. Their positive period was missed because of an overly long 5 week interval between screening tests during November and December when coronavirus raged relentlessly through Norfolk. If one then accounts for, as is typical of Covid-19 especially in a younger population, the 50% remaining asymptomatic, one arrives at 41% + 20% + 20-30% = 80-90% who likely have been infected (see (2) for method). Consequently, it is not surprising that, at long last, Norfolk infections are trending down. Reports, however, suggest that infections are still surging at some other prisons. The DOC state prisoner rate at all prisons combined as of January 6, 2021 was 35% (2325 of 6634), up from 25% on December 16 (3). For comparison, the Massachusetts state rate in the community is only 6%, even today after the crippling post-holiday and end of year surges.

Norfolk prisoner deaths continue to be reported, although, with the DOC's determined insistence on dissimulating this number, we may never know exactly how many prisoners have succumbed to infection--from which they had zero ability to protect themselves because of the DOC's failure to plan, prepare or execute a rational mitigation strategy. As of January 8, 2021, 18 prisoner deaths have been reported throughout the DOC (4). The special master report for Norfolk as of 1/13/21 admits to only 2 deaths here (5) although reliable prisoner reports suggest a total of 6 deaths at Norfolk, plus one reported brain dead (who is about to be "medically paroled" to allow the family to withdraw life support). He will be at least the second Norfolk prisoner medically paroled to remove his death from the prisoner death tally.

Remarkably, because the Governor and the Massachusetts Covid-19 taskforce have included prisoners among the first wave of those to be vaccinated, older prisoners (over 65) are being vaccinated this week. Tragically, because of the DOC's failed mitigation policies, this comes too late to benefit almost all of the vulnerable and elderly, who have already suffered severe, often lingering, infection and even death. Yet to be revealed is the lingering toll that many prisoners are likely to suffer because of Covid-19's predilection to cause long-lasting symptoms involving multiple organ systems. This may affect as many as 10-30% of those infected, even if they never required hospitalization (6). Deplorably, the administration continues to "isolate" positive prisoners in the Probation Unit, a mold-infested dormitory space where up to 60 positive prisoners are crowded together. This has led to instances of substantially magnified short- and long-term harms and symptoms.

Meanwhile, even though ongoing risk of infection at Norfolk is now vanishingly low, all normal rehabilitative, educational and self-help programs remain canceled. Further, only workers who have tested positive for Covid are allowed back to work. This deprives many prisoners of opportunity to earn a full

complement of good time (which accrues to reduce sentence duration). Reduced good time may be a factor causing the incomprehensible release of 500 fewer prisoners between April and November of 2020 compared to releases during that time period over the previous four years(7). Such factors are likely ongoing and contribute to the persistent crowding of prisoners which has so harmfully added to the high rates of infection. Additionally, prisoners remain quarantined and isolated from all normal prison functions, including access to general and law libraries and all social, self-help and interactive venues. This interferes with the ability of prisoners to assist in their legal appeals as well as to engage in mentally stimulating activities. Almost all prisoner to prisoner interaction has been curtailed because each housing unit remains isolated from all others. Since prisoners are assigned housing, this prevents friends in other units, who over the years become prison 'family', from interacting. In addition to the physical toll of being locked into units for almost one year, losing social contact and interaction with others weighs heavily upon prisoners and has contributed to the deterioration of mental health in prisons. The end result is further exacerbated by the DOC's often erratic and capricious imposition of senseless policies and rules (see, e.g. (8)) which, taken as a whole, devalue and dehumanize prisoners.

In short, all positive functions in prison have been interrupted even as the DOC has failed to effectively protect the prison population from infection. The result has been a lose-lose scenario--with prisoners once again the big losers. Understanding that approximately 85% of Massachusetts state prisoners eventually will be released into the community, this circumstance should be of great concern to all. The failure to rehabilitate and humanize prisoners may enact a lamentable toll upon society and public safety in the future. To which the likely knee-jerk response will be to blame prisoners, rather than a Department of Correction which continues to fail miserably in providing either opportunity or means for prisoner "correction".

ENDNOTES

1. www.mass.gov/doc/sjc-12926-special-masters-weekly-report-011321.
2. 41% = test positive; 20% = estimate of those with symptoms who were test negative because of delayed testing; 20-30% = estimate of asymptomatics (either $\frac{1}{2}$ of those without either symptoms or positive tests = 20%, or $\frac{1}{2}$ of those without positive tests = 30%).
3. www.mass.gov/doc/sjc-12926-special-masters-weekly-report-010621.
4. Betancourt S. Commonwealthmagazine.org/criminal-justice/prison-shutdowns-prompting-home-confinements-transfers/ January 8, 2021; accessed 1/11/21.
5. www.mass.gov/doc/sjc-12926-special-masters-weekly-report-011321.
6. del Rio C, Collins LF, & Malani P. "Long-Term Health Consequences of Covid-19" *J Am Med Assoc (JAMA)*; 324:1723-24 (2020); Rubin R. "As Their Numbers Grow, Covid-19 "Long-Haulers" Stump Experts"; *JAMA*; 324:1381-83 (2020).
7. Lifers' Group Fast Facts: "Falling State Prisoner Numbers: Incidental to Pandemic Court Closure or Real Expedited Release?" (Nov 2020).
8. Lifers' Group Fast Facts: "For Want of a Reliable Mask: How the Massachusetts DOC Endangered Prisoner Lives and Health to Avoid Paying for Effective Masks During the Covid-19 Pandemic." (Jan 2021).

All Lifers' Group reports and prior Norfolk Updates (May-December) are available at www.realcostofprisons.org/writing.