

Dirk Greineder, MD, PhD
MCI-Norfolk, P.O. Box 43
Norfolk, MA 02056

March 15, 2021 Update from MCI-Norfolk

Little has changed or improved since either the January Update (1) or the detailed February summary about how the DOC mishandled the overall Covid-19 pandemic (2). What continues unabated is the functional and mindless warehousing of prisoners. This is particularly incomprehensible because more than two-thirds of prisoners are two weeks beyond their second vaccination, with the remainder likely immune because of the extent of the surge of infection that swept through prisons during the explosive winter outbreak (3).

Consequently, it is difficult to understand the DOC's unrelenting quarantining of prisoners as anything other than punitive or convenience measures. This is especially so because, while most prisoners have now been quarantined, isolated and crammed into tight communal quarters in housing units for almost one year, hundreds of fellow prisoner from all units are daily deployed to work and mingle in congregate settings, only to return each evening to live side-by-side with everyone else. These prisoner workers were returned to work in Industries, kitchen, maintenance and janitorial services soon after the initial lockdown in April 2020 for the simple reason of facilitating institutional operations. Prisoner workers also have close daily contact with prison staff who leave and enter the prison at will without routine testing or isolation. This has created the steady source of infection which inevitably ravaged all state prisons and prisoners. The inexcusable violation of these most basic of quarantine procedures obviated any benefit that might have resulted from the strict isolation imposed upon prisoners. It did, however, greatly benefit institutional convenience and cost-savings. It is clear that the DOC was willing to place prisoners at great risk simply to continue to take advantage of the inexpensive, captive labor source that seems to be so indispensable for institutional functioning. That this deeply flawed strategy would eventually set the stage for the efficient spread of infection among the prison population was clearly of negligible concern to the DOC. And, it was these actions that led to the wholesale infection of virtually all prisoners, resulting in levels of disability and death rates vastly exceeding those seen in the community (4).

Meanwhile, there has been no resumption of necessary rehabilitative programming, education, or important self-help and other group activities (e.g. AA, NA, Alternatives to Violence, Jericho Circle, etc.) or religious activities. This denies prisoners necessary self-improvement opportunities that are critical to prepare for eventual re-integration into the community, presumptively a primary and necessary responsibility of the Department of "Correction". Instead, prisoners have now been locked into their housing units 24/7 for 11 months with no respite or ability for self-improvement (5).

Prisoners have been restricted to crowded housing units, interfering with their ability to engage in most mentally challenging activities. General and Law libraries are closed or with severely limited access, impairing prisoners' ability to read or assist in legal appeals. Mealtimes are still cancelled with rudimentary meals, limited in variety and heavy with preserved, processed meats (despite the full complement of kitchen workers) which must be picked up by prisoners in personal bowls to be consumed in individual cells. Access to medical care has been severely limited, resulting in cancellation of chronic

and emergent care needs. Almost all prisoner to prisoner interaction is curtailed because of isolation. Prisoners, dispersed into randomly assigned housing units, are prevented from interacting with long-time friends in other units who over years assume the role of 'family'. The extreme social isolation has weighed heavily upon prisoners, contributing to deteriorating mental health, increased aggressive behaviors, and suicides. The end result is exacerbated by the DOC's ongoing erratic and capricious policies (e.g. the isolation of prisoners in units even as workers congregate daily before returning to the same units; the mandated use of ineffective masks (6); among many other arbitrary restrictions) all of which serve to debase, devalue and dehumanize prisoners. Such policies further destabilize prisoners' mental health and seriously impair prospects for meaningful rehabilitation.

To sum up, after failing to effectively protect prisoners from the damaging ravages of Covid-19 infection, the DOC now perpetuates fruitless isolation policies that are rendered meaningless by the self-serving use of captive labor, cancelling any benefits of isolation. The damage done to the rehabilitative process far exceeds even the consequences of closing schools in the community where, at least, there have been attempts to mitigate deficiencies with remote learning. Prisoners have been denied even that questionable benefit. Restarting prisoner rehabilitative, education, and self-help programs and restoring social interaction is essential to minimize mental health consequences. Such measures are necessary to create the positive learning environment needed for meaningful rehabilitation of the more than 85% of Massachusetts state prisoners who will be released into the community. The current situation is devolving into a classical lose-lose scenario, with poor outcomes for prisoners and community alike. Without improvement, the ongoing failure to rehabilitate and humanize prisoners will otherwise exact a lamentable toll on both. It is imperative to reopen prisons and normalize operations so that this may be prevented.

ENDNOTES

1. Greineder D. "January 20, 2021 Update from MCI-Norfolk", accessible at www.realcostofprisons.org/writing.
2. Greineder D. "Without A Rational Plan: How and Why the Massachusetts DOC Caused Covid-19 To Ravage State Prisons", Lifers' Group Inc. (February 2021), accessible at www.realcostofprisons.org/writing.
3. See notes 1 & 2.
4. Ibid.
5. See prior "Norfolk Updates" (dated May 10 & 20; June 1, 13 & 30; July 15 & 29; August 17; Sept 12; Oct 13 & 31; Nov 30; Dec 8 & 29; Jan 20, 2021) plus "Without A Rational Plan" (n. 2) for details about restrictive and damaging conditions at MCI-Norfolk for the duration of this pandemic. All are accessible at www.realcostofprisons.org/writing.
6. Lifers' Group Inc. 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", January 2021, accessible at wwwrealcostofprisons.org/writing.

All Lifers' Group Inc. reports and Norfolk Updates (May 2020 to March 15, 2021) are available at www.realcostofprisons.org/writing.

The Lifers' Group Inc. thanks Lois Ahrens, Director, and The Real Cost of Prisons Project for hosting our writings and tireless support.