

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

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Tragically, November and December 2020 have been the cruelest months for state prisoners in the custody of the Department of Correction (DOC) and the Executive Office of Public Safety and Security (EOPSS). Countless prisoners have suffered grievous harms, up to and including death, because of inaction as well as faulty and deceptive policies by the DOC and EOPSS.

The most recent data show that state prisoners, as was predicted, have been disproportionately devastated by Covid-19 infection. As of 12/16/20, 25% (1642 of 6664) of prisoners in state custody have tested positive, while at MCI-Norfolk, the numbers are even grimmer: 35% (421 of 1211) of prisoners have confirmed positive tests for Covid-19(1). By comparison, even in the midst of the post-Thanksgiving surge, only 4% of the state population has tested positive, a rate of 4,268/100,000 population(2). Incredibly, the Norfolk rate is more than 8 times greater (34,765/100,000) and the DOC aggregate rate is almost 6 times greater (24,640/100,000) than the community rate. And, although the DOC has chosen to report only one Covid-19 related death at MCI-Norfolk, verified prisoner reports here document at least 4 such deaths, and possibly more. This includes one death which the DOC has deceptively dissimulated by releasing the imminently dying prisoner on medical parole only hours before his death, then claiming that he was not a prisoner at the time of death(3). Most importantly, this toll does not take into account the many vulnerable, often elderly prisoners who have suffered long-term and permanent damage from Covid-19 infections and who will carry these consequences for the rest of their lives(4).

How did this dreadful situation arise? The crowded conditions, physical layout and the institution's persistently self-serving policy of co-mingling prisoner workers from all housing units on a daily basis throughout otherwise draconian 24/7 lockdowns and quarantines, have been detailed and critiqued in earlier Updates(5). These circumstances created the ideal conditions that triggered this conflagration. The DOC's reflexive 24/7 lockdown of all prisoners on October 27, 2020, meant that all prisoners became maximally exposed to each other in crowded cells and tiers with shared, recirculating ventilation systems while sharing communal living spaces, bathrooms, showers, and trips to common areas to receive medication and food. Cells, tiers and housing units became ideal and efficient Covid-19 incubators, forcing the infected and uninfected into immediate and 24/7 proximity. By the time delayed, wide-spread testing was actually accomplished and the results trickled back, the damage was already done. A typical and egregious example from our unit was the delayed testing of food servers who continued to serve for a full week after being tested. By the time their positive results became known 7 days later, they had served 21 meals to every other prisoner in the housing unit. To do this, they had to handle each man's personal bowls and food items, both parties protected only by flimsy polyethylene gloves and DOC mandated, home-industry fabricated, ill-fitting single-ply masks(6), as no other PPE or disposable serving materials were made available(7).

Infection was wide-spread before the positive prisoners could be removed and isolated, leaving behind cohorts of test-negative and false-negative but recently infected prisoners. Further, by delaying repeat testing for 6 weeks,

many infections were completely missed. Especially younger prisoners, with milder symptoms, recovered between the two waves of testing and were neither identified nor isolated even as they infected others in the tight quarters. The DOC isolated only those testing positive or complaining of severe symptoms. Many prisoners, despite reporting symptoms, were kept in units with the apparently uninfected. Asking for isolation meant moving to the "hole" or an undesirable group dormitory setting with many other positive patients(8).

Despite repeated and urgent exhortations, by a consensus of experts in corrections, health and mental health, criminal justice, legislation, and the Supreme Judicial Court, to reduce crowding and release low risk prisoners, the DOC and EOPSS chose to do nothing during the months between March and November. What they did was to lock all prisoners down in close quarters while deliberately violating basic quarantine measures by daily co-mingling prisoner workers from all units(9). The Norfolk population was reduced by only 2% between April and November(10). Amazingly, recent analysis demonstrates that the DOC released 500 fewer prisoners during the Covid-19 pandemic than during the same periods (April through October) during 2016-2019(11).

In full awareness of the crowding, unsanitary and infection-promoting conditions extant throughout state prisons, the DOC Commissioner and EOPSS failed to prepare during the eight months prior to November. Few prisoners were released and no substantive preparations were made to provide safe quarantining or isolation in the predictable eventuality that Covid-19 would invade state prisons. At Norfolk this then led to a precipitous and urgent evacuation of multiple prisoners who tested positive into the previously condemned, mold-infested, Probation units. These are dormitory settings with bunk beds and with a closed and recirculating ventilation system, where up to 70 prisoners were "isolated" together. A subset of these prisoners have reported developing more severe and chronic symptoms, possibly due to exposure to high viral titers and/or mold while in this communal and unsafe space. This unit was twice shut down for safety reasons but reopened because there was "no other space available". Some other prisoners were isolated in the "hole" or in a high-security unit where they were double-bunked in small cells with other infected prisoners.

There is little doubt that the lack of preparation dramatically increased infection rates and exacerbated symptoms and illness severity among prisoners. This increased the likelihood of chronic, "long-hauler" Covid-19 disease and/or hospitalizations and even death(12). The lack of rational quarantine and medical policies and failure to prepare for the inevitable spread of infection within the prisoner population has caused untold harm to this truly "captive" population, including many vulnerable and elderly prisoners who had no choice but to be exposed to this life-altering and -threatening infection. The enforced co-housing of infected and uninfected prisoners brought about by mandatory 24/7 lockdowns is reminiscent of the ill-advised co-mingling employed this Spring at the Holyoke Soldiers Home. The only reason the outcome here has been less lethal is that not all prisoners are aged and vulnerable--but many are and many of all ages have borne frequent, often dire consequences.

ENDNOTES

1. www.mass.gov/doc/sjc-12926-special-masters-weekly-report-121620.
2. Boston Globe, "Mass. Covid-19 Cases", Dec 18, 2020.
3. See Becker D. "2 Mass. Prisoners Hospitalized For Covid-19 Die A Day After

Being Granted Medical Parole (WBUR, Nov 30, 2020), reporting two such deceptive maneuvers by the DOC.

4. del Rio C, Collins LF, & Malani P. "Long-Term Health Consequences of Covid-19" J Am Med Assoc(JAMA); 324:1723-4 (2020).

5. Updates (dated May 10 & 20; June 1, 13, & 30; July 15 & 29; August 17; Sept 12; Oct 13 & 31; Nov 30; Dec 8) providing details of conditions at MCI-Norfolk, available at www.realcostofprisons.org/writing. [search under Greineder].

6. Ibid.

7. Notably, food servers, despite their central role in possible transmission of disease, were not regularly tested. Additionally, the use of disposable food trays and utensils was abandoned early, presumably because of cost. Ironically, these items were subsequently used only in the group isolation units where everyone was already positive for Covid-19!

8. As no treatments or benefits were offered to those isolated (unless sick enough to require hospitalization), only a tiny fraction of symptomatic prisoners were timely isolated.

9. See prior Updates, n.5, discussing this egregious violation of basic quarantine methods.

10. www.mass.gov/doc/sjc-12926-special-masters-weekly-report-121620.

11. Lifers' Group Fast Facts: "Falling State Prisoner Numbers: Incidental to Pandemic Court Closure or Real Expedited Release? (Nov 2020); accessible at www.realcostofprisons.org/writing. [search under Greineder].

12. del Rio C, Collins LF, & Malani P. "Long-Term Health Consequences of Covid-19" J Am Med Assoc(JAMA); 324:1723-4 (2020).

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