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October 31, 2020 Update from MCI-Norfolk

The two weeks since the last update had passed with virtually no change until October 27 when the camp was abruptly locked down. Prisoners had continued with very limited ability to move about and with no significant access to rehabilitative programming. School had started up in very limited way for a small number of students. However, continued unabated had been the routine and prolific use of prisoner workers in all areas of the camp. Industry, central kitchen, maintenance, culinary services for staff, trash pick-up, laundry, barbershop, and maintenance workers drawn from all units were plugged in to work, daily breaking the strict unit quarantines imposed on all others. This persistent mixing of prisoners from multiple units for work meant that the efforts to limit cross-unit exposures were destined to be rendered ineffective--efforts purported to be necessary for prisoner safety. But, as we have previously reported, those concerns were inevitably shunted aside by the administration which has long been reliant on the prisoner work force to run the prison.

We are locked down in our units since Tuesday, October 27. We are once again limited to our cells and narrow, locked tiers. We were told that two prisoners at Norfolk had tested positive. However, on the following day, kitchen and laundry workers from multiple housing units continued to assemble at work. These workers as well as a cadre of industry workers were tested. We since have learned that prisoners in three units (reportedly Units 1-2, 7-1, and 8-1) were also tested. The sampling was from the lower area of the nares which is likely less reliable than the gold-standard PCR test taken from the sinus area, which itself has a roughly 25% rate of false negative (i.e. missed) tests. By October 30, a posting reported that an additional 23 Norfolk prisoners had tested positive during this initial wave (with rumors of 15 more). We are told that all prisoners at Norfolk will be tested but so far it appears that only "affected" units have been tested.

Norfolk remains very crowded. Our operational capacity is listed as 1450 prisoners but over the last few years, 150 beds in three units (South Yard, P1 and P2) have been permanently taken out service. Accordingly, the true current operational capacity is around 1300. As of October 14, 2020, our census is 1241, only marginally down from 1267 on April 26, 2020. It is clear that there has been no concerted effort to reduce crowding. The reductions reflect the few prisoners here who have "wrapped up" their sentences. Medical paroles as well as other paroles, strongly recommended to be expedited by recent SJC rulings, have been almost universally denied by the DOC Commissioner.

Norfolk houses the prisoners serving the longest sentences in the DOC. (55% are serving life sentences and another 17% are serving sentences of 15+ years)(See n.1). In short, almost three-quarters of Norfolk inmates are long-termers who can have no expectation of release under the restrictive policies of the DOC in spite of the pandemic danger under crowded conditions. Most men here live in crowded clusters of approximately 60-65 people, with no ability to socially distance or isolate. And, with the lockdown, they are now forced, 24/7, into indoor areas with poor ventilation, narrow hallways, the majority housed in multiple-occupancy rooms. All yard and outdoor access, restricted to one unit at a time, previously available for 2-hour periods 4-times per week, has been cancelled. This further exacerbates the extreme indoor crowding. The

only PPE available to prisoners are masks. Hand sanitizer is sequestered on the first floor in the correctional officer's room which is inaccessible to prisoners most of the day. Gloves, bleach and sanitizing wipes or solutions are not available on the tiers. Bleach and chemicals are considered contraband for prisoners. It is not surprising that the original 2 cases quickly have increased to 25--with likely more to be discovered with additional testing and illness. Only time will tell if the previously profligate use of prisoner labor throughout the prison will translate into wide-spread infection rates.

It is important to note that Norfolk also houses the oldest prisoner population in the DOC. As of January 1, 2020, 269 prisoners (21%) were aged 60 or over; 81 (6.3%) were aged 70+. These are vulnerable populations which will have high mortality and complication rates if infected with Covid-19. We have previously reported a detailed analysis (see n.2) that shows that prisoner rates are approximately three times the rates seen by the community at large. Currently, the prisoner rate of infection, at 7292 cases/100,000 (497 per 6816 custody prisoners)(n.3) is 338% of the MA community rate of 2160/100,000 (150,498 per 6.965 million)(n.4). There seems little doubt that MA prisoners are and will continue to be at heightened risks of Covid-19 infection and the associated mortality as well as the short- and long-term complications.

A further concern is that the infected prisoners are being moved into the condemned P2 housing unit--a dormitory setting previously taken out of service because of extensive contamination with molds. This area had been sealed for over a year, awaiting demolition, and such exposure will likely exacerbate risks.

With the lockdown, nutrition once again has taken a nose dive with spartan menus of mostly cold cuts, other preserved meats and chips. Medical access is again plunged into virtual inaccessibility similar to the disruptions reported in our prior Updates (see n.5). Rehabilitative and educational programs as well as religious worship continue to be totally eliminated. Visits are also cancelled, except for required attorney visits.

We are left to await the final outcomes here at MCI-Norfolk, which may be dire, especially in light of the history of the extensive quarantine violations caused by the wide-spread mingling of prisoner workers from all units. In addition to the physical risks, the current isolation of prisoners from each other, family and friends adds a substantial additional burden to the chronic mental health stress currently prevalent.

#### ENDNOTES

1. "Institutional Fact Cards" MA Dept of Correction, July 1, 2020.
2. Lifers' Group Fast Facts: "Excessive Rates of Covid-19 Cases and Deaths in Massachusetts State Prisons"; August 22, 2020; accessible at [www.realcostofprisons.org/writing](http://www.realcostofprisons.org/writing). See also 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.
3. CPCS v Chief Justice of the SJC, SJC-12926, as of 10/14/2020, plus the 25 Norfolk cases.
4. Finucane M. "Mass. Virus Cases Up 1137; 36 Deaths", Boston Globe, 10/29/2020, B2.
5. Prior Updates (May 10 & 20; June 1, 13, & 30; July 15 & 29; August 17; Sept. 12; Oct 13) and the Fast Facts listed in n.2 are accessible at [www.realcostofprisons.org/writing](http://www.realcostofprisons.org/writing).