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July 15, 2020 Update from MCI-Norfolk

It appears that the upheaval about Covid infection alluded to in my June 30 update was premature. In fact, only one prisoner was reported positive. Prisoners in the three units that were locked down for 2 to 3 weeks were apparently tested on June 29 and all were reported negative 5 days later. Those prisoners were subsequently released from their onerous 22 hour per day cell and tier lockdown. So far there have been no further definitive reports of infection although another unit has been locked down for 10 days, with no details reported to us. I await the official results of testing reported to the Special Master as of July 13, but did not wish to further delay this update.

In the meantime, overall restrictions have been partially lifted. As of this week, prisoners in units not on quarantine lockdown are no longer restricted to their cells and small tier hallways for 22 hrs/day, but may move freely within the unit. Yard restrictions continue, with each unit limited to its own area in the yard for 2 hours four times per week. More men are working in Industries. Also, additional prisoners are resuming work functions in Maintenance, Yard Work, Trash Pick-up, etc. During the last two weeks, limited sick visits to the outpatient department are occurring, although these continue to be sporadic and cumbersome slow. For example, I was scheduled yesterday for a doctor visit but was never called and have not been called now by the evening of the next day. As reported by others, I have little expectation that I will be seen in the near future and this would not be an unusual circumstance. Prisoners are again required to go to the outpatient department medline to receive those daily medications which require observed administration (e.g. HIV and Hep C meds, any sedatives, narcotics or mental health meds, etc.). Because of social distancing requirements, this has caused medlines to be very slow and has led to very delayed administration of meds on many occasions. Further, KOP (keep on person) medications which need to be delivered monthly to prisoners for self-administration continue to be delayed in delivery. This is in part because the medlines run so late into the evenings that staff is unable to timely dispense the KOP 30-day cards. In short, medical department access and performance is still very erratic and most problems other than Covid-related are seen only after substantial delays. Many maintenance meds continue to be difficult to timely access because of delays and confusion.

As of this week, weekly canteen orders are no longer delivered to units. Prisoners are now called over to the canteen shack by tier, causing substantial delays in delivery and additional exposures to staff and prisoners from other units. Together with the intermixing occurring in the multiple work areas, these changes increase the likelihood of widespread cross-infection if any one unit does become infected. Despite the administration's willingness to accept this increased risk of cross-contamination, prisoners are still being rigidly quarantined to their own units with no voluntary movement or mixing between units for any other reasons. As a result, all group activities that do not service and benefit the labor requirements of the prison remain prohibited. Thus, rehabilitation programs, education, and prisoner-run self-help programs, including AA, NA and religious programs remain canceled.

Cleaning continues as before, with limited spraying and cleaning in common areas and bathrooms. Masks are encouraged when outside of cells, but

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this is not enforced. No new masks have been issued over the last 3 weeks. No other PPE is available to prisoners. Cleaning of common areas in the units is delegated to prisoner "runners" who are left to their own devices to accomplish this. There is little to no supervision or monitoring and it is performed on a voluntary basis by the assigned runners.

Food service has regressed again, with most meals missing significant side dishes as well as frequent substitution of main courses with inferior items such as waste-product "chicken" patties, etc.. Thus prisoners, more than ever, are dependent upon supplementing their food with expensive canteen items (most of which are nutritionally deficient and/or unhealthy because of high salt, preservatives and sugar).

Very disturbing in the context of the increased prisoner movement and mixing, is that law library access continues to be grossly inadequate. Only a few prisoners are able to get to the law library and this only for 1 hour intervals. These are rarely scheduled more often than 1 or 2 times per week. Once there, they are typically alone in a large room with multiple computer terminals. It would be very easy to accommodate at least 6 or more prisoners at any one time with full social distancing, but this is not being allowed. Such limited access makes it virtually impossible to adequately prepare any legal briefs or appeals. Although there is some limited access to receiving copies of select legal cases, this service has no access to the computerized LEXIS legal files, so that only limited cases are available for printing. Most federal and US Supreme Court cases are not available. In short, access to courts is severely impaired to a degree that makes it impractical and nonfunctional.

For now, Norfolk has successfully kept Covid infection from entering the institution. However, current conditions, even more now than earlier during the most stringent lockdown period, are very conducive to widely spread infection if any prisoner does come into contact with infection. The entire strategy seems to be to keep us totally isolated from the outside. However, with the slowly increasing numbers of staff entering the institution, it seems unlikely that this strategy can continue to be fully effective, especially with the ongoing smoldering of infection in the community. Inside Norfolk, crowding continues unabated, with cells rapidly repopulated as soon as a prisoner is removed for disciplinary or other reasons. In part this is because of Norfolk's extraordinary concentration of life- and long-sentenced prisoners (75% of the population), so that very few are eligible for release from confinement because of completed sentences or parole. It is clear that virtually none have been released because of their high risks of contracting Covid infection. For this reason, many here continue to struggle with grave concerns that we remain at very high risk of adverse outcomes in the long run as we bear the burden of prolonged isolation from each other, family and outside supporters while also deprived of all rehabilitative activities. This despite the DOC's willingness to allow prisoners from all units to congregate, but only whenever it benefits the prison by providing prisoner labor that keeps the facility running. There is little doubt that the administration has finally achieved a previously unimaginable level of nonproductive and soul-damaging warehousing of prisoners.

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