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5/19/20

May 10, 2020 Update from MCI-Norfolk

MCI-Norfolk has been locked down for 5 weeks. During this time we have not been allowed out of our units for fresh air or exercise. This means that we have been clustered together on our tiers 24/7. Most of the time the doors to each tier are locked although our cell doors are not locked. There are several other locking units where the cell doors may (or may not--I have no direct knowledge) been locked. Each tier holds some 15 to 20 prisoners in single or double cells. Social distancing is not possible in hallways that are 6 feet wide. Those in single cells have some privacy, but with cells mostly 6 feet by 12 feet in size, with bunkbeds, the two prisoners are never far apart and cross contamination is inevitable. Further, we are brought down to the chow hall three times per day, mostly one tier at a time, to receive our food. Here it is difficult to maintain social distancing and all men need to use the same areas and equipment with no ability to clean between use. Surface cross-contamination is inevitable. No bleach is available to prisoners nor are we provided with any cleaning materials or wipes other than soap and toilet paper.

Meals have been mostly cold cuts and chips, with rare offerings of hot meals such as meatballs in tomato sauce. Even those meals are accompanied by bread, rather than rice or potato. Rare meals have offered vegetables. A welcome change is that fresh fruit is now offered, a year after having been removed from the menu. Prewashed lettuce has been the most common side dish, and even that is occasional. Currently, no one eats in the chow hall, taking their food up to the tiers. This is necessary because the crowded serving area must be cleared rapidly to serve the 68 people in our unit. The food trays and bowls are washed in the dishwasher, using "cold sterilization" as usual in the DOC. Overall, the chow hall remains a major source of cross-contamination exposure due to inadequate cleaning and disinfecting and no ability to clean between individual touching of commonly used areas. Yet this is common ground into which prisoners from all 4 tiers need to venture three, four or five times daily.

During the first 2 to 3 weeks we were not offered masks but were given one mask each about 2 weeks ago which we are now told to wear when accessing common spaces. Of course, not all prisoners comply with this directive and there is no enforcement. Stairwells are only 4 feet wide, so social distancing is impossible as one accesses the chow hall or medline. No other protective equipment, wipes or cleaning materials are available to individual prisoners who are not allowed access to bleach or other disinfectants.

In our unit, as in many others, cells on only one of the tiers on each floor have sinks and toilets. The other tier is "dry" and all those prisoners share a single bathroom with 2 sinks, 2 toilets and 2 showers. Additionally, prisoners from the "wet" side tier also must traverse the dry tier to access the 2 showers which are available only on that side. No special cleaning

equipment, bleach, directives or supervision has been provided for cleaning and maintaining the common bathrooms to which all prisoners are exposed daily. The DOC is providing a small "hotel-sized" bar of soap and a roll of toilet paper to prisoners twice per week, rather than the usual once per week. As mentioned, bleach is prohibited.

Besides the bathroom, the chow hall is another major area ripe for cross-contamination. Here cleaning is limited mostly to 2 or 3 times per week spraying with dilute bleach solution by a roving team of 2 to 3 prisoners from other units, accompanied by an officer. However, spraying is mostly limited to the serving area, the microwaves, refrigerator and freezer. Most tables and other surfaces are not cleaned or sprayed even though many must be used communally while handling food trays or when accessing the phones which are also in the chow hall. There is no equipment or time provided to prisoners to self clean.

For the first 2 weeks the cleaning solution to use for the phones was inadequate (benzalkonium chloride). For the last 3 weeks a new solution and communal rag is offered to clean the phones. Although I have asked the Environmental Officer to identify the active ingredient(s), he does not seem to know. I have repeatedly asked for the required label to be attached to the bottle but this has not happened.

In addition to other uses, medication administration lines staffed by a nurse and officer are also held in the chow hall 2 to 3 times daily. Additionally, once per day, based on voluntary sign-ups, we are allowed 30 minute intervals for access to the 3 phones in the chow hall. This further exposes prisoners to each other and to additional staff that might eventually be infected. Currently, the only PPE used by staff accessing the units are face masks.

We are told that almost no prisoners have tested positive for Covid at MCI-Norfolk. Certainly, no one in our unit seems to have had symptoms and it is unlikely, if infection were in the unit, that no one would exhibit sufficient symptoms to be detected or reported. However, it is not clear how readily prisoners will self-report mild symptoms because, if symptomatic, we are told they will be removed from their cells (along with the cellmate if any) to be sequestered on the third floor of Segregation. There they will be tested (we are told) and only returned after resolution of symptoms and testing negative. With inevitable delays, this would isolate them for at least one week, and if positive, possibly much longer. These disincentives make it likely that many prisoners with milder symptoms may not timely report them, enhancing the likelihood of cross-infection. *There has been little or no testing done here.*

It is important to note that the medical department appears to be stressed beyond any capacity to function. Obviously, to date, this is not because of any infection in the institution but only because of the inadequate staffing and accommodation to servicing each unit with daily medication. Prisoners also report long delays in receiving their "keep on person" medication cards due to miscommunication and other errors. Most prisoners are experiencing interruptions, often lasting weeks, in receiving their daily medications because of confusion with ordering and delivering "keep on person" medication. This has included most oral medications, including those for thyroid, oral diabetes, hypertension, and many other conditions. Such

omissions may render prisoners more vulnerable to the ravages of Covid infection when it occurs.

Those complaining of new medical problems unrelated to Covid-19 via sick-slips are frequently ignored or their requests for evaluation seriously delayed. Patients often are not seen at all and frequently management and treatment are ordered without direct contact with the prisoner for evaluation, examination or proper history taking. Some examples include a prisoner complaining of blood in the urine who was not seen for over one week. Another prisoner who experienced a 5 day delay despite daily reporting obvious prostatitis symptoms was initially treated with antibiotic without being seen or obtaining a culture. Access to examinations, tests, cultures and blood work appears to be minimal and often delayed. Doctors and Nurse Practitioners are marginally staffed which results in inadequate and delayed responses to any intercurrent medical problems. Nevertheless, this will be the same skeleton crew of providers that will need to diagnose, assess and refer for treatment any prisoner who might exhibit symptoms or distress from Covid-19 infection. At the current rate of access to medical care, it is unlikely that timely intervention for Covid infection will be available--promoting spread and poor outcomes for anyone who eventually becomes infected.

When, as is inevitable, Covid infection finally penetrates the prisoner population at Norfolk, it is clear that the infection will spread rapidly throughout the prisoner population--likely with devastating effects since this is the oldest and longest serving prisoner population in the DOC. Furthermore, Norfolk is filled to 100% of capacity. The so-called operating capacity of 1450 has been altered by the permanent decommissioning of 150 beds, reducing the true operating capacity to the actual current population of approximately 1300. When at some point the infection penetrates the institution, prisoners will become infected and the infection will likely begin to spread throughout units even before anyone is aware. This is because it is now clear that Covid routinely transmits in the days before symptoms appear. Having been sequestered, there is no herd immunity and the close quarters virtually guarantee cross-infection.

Even the current attempt to segregate prisoners by unit is regularly invalidated by the prison policy that continues to use prisoners from multiple units in communal spaces for work. For example, all during this lockdown, prisoners from multiple units have been working side-by-side in the Laundry and Industries and some other areas. There prisoners from multiple units come into contact with each other and officers, potentially cross-contaminating each other, especially with little cleaning available. The only protective gear provided has been face masks. These prisoners then return to their regular units throughout the prison where they mingle with other isolated prisoners. With Covid's high rate of transmission and the close and crowded conditions in the prison, there appears little doubt that once infection arrives, infection will spread rapidly throughout the entire prison. In most ways, conditions here are more conducive to spread than those that have been seen in vulnerable nursing homes and facilities for the elderly. This is because of the crowded conditions and the lack of staff and means for interval cleaning in communal areas. With the large number of older prisoners and high rates of vulnerability among long incarcerated prisoners who have high rates of pre-existing conditions, outcomes will likely be equally devastating.

[I hope to provide brief weekly updates hereafter.]

5/26/20

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May 20, 2020 Update from MCI-Norfolk

Starting May 11, 2020, prisoners are allowed into the yard for fresh air and exercise for two hours twice per week. Each unit goes out separately, using a portion of the yard and is allowed to use the limited equipment in that area (sit-up benches, dip and pullup bars, pushup areas). No group sports or activities are allowed. A spray bottle with cleaner is available in the area of the bars. Yard phones are off limits because of cleaning concerns. Masks are required and social distancing recommended. This comes after 5 weeks of not being allowed out at all. At that time, a response to my grievance requesting outdoor access was answered: "Due to current lockdown status, and for your safety as well as others, going outside cannot occur at this time". Nothing has changed and it is obvious that similar measures could have been safely allowed as soon as we were issued masks after the first two weeks. Conditions outside are safer than being corralled in 6 ft wide hallways. Many in double cells escape into those communal areas making every foray outside one's cell hazardous.

Spraying disinfectant is now being done more often, now mostly every 2 to 3 days. The chow hall areas are being sprayed and once or twice per week hallways and cell doors are being misted.

Showers are still one of the most dangerous activities because 32 men must use 2 communal showers. For half the men on the "dry" side (i.e. no toilets or sinks in cells) they also must use the two communal toilets and sinks in the communal bathroom. Cleaning here is marginal and no bleach is available. In the mornings, there is access to spray bottles with soap cleaner and disinfectant, but these are removed after the prisoner charged with cleaning finishes. There has been no special instruction or material provided to guide the cleaning of communal areas.

Meals have become worse and are now unhealthy. Breakfast continues to be the healthiest, with cold cereal and milk, occasional hot oatmeal and rarely two boiled eggs w bread. Lunch mostly consists of soy patties, chicken patties made from waste products, or cold cuts. Very rarely three meatballs (soy/beef) with tomato sauce. Occasionally lettuce or corn chips w salsa may be added. Dinners have devolved into routine cold cuts and chips, both excessively salty, w occasional carrot and celery sticks. Carrot sticks yesterday were slimy with mold. The meals are very high in processed food and salt, endangering anyone with high blood pressure.

5. To date, there does not appear to be significant penetration of infection. We are not hearing of prisoners complaining of symptoms. Men going to work in Industries mix with others from multiple units before returning to their own unit to mix with everyone else. These prisoners are issued only masks as protective equipment. This effectively breaks the otherwise strictly enforced quarantining of each unit from the others.

6. Medical care remains sporadic and difficult to access. Sick slips are answered only after delays. Prisoners are rarely seen for problems, many of which are addressed remotely with only second hand communication through nurses charged with administering medication. Renewal of monthly medication cards continues to be delayed, causing prisoners to miss maintenance meds.

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June 1, 2020 Update from MCI-Norfolk

Since the May 20 update, consent was obtained in advance for PCR nasal swab testing and almost all prisoners consented. I did hear rare concerns that this testing might not be above board or even, in some way, harmful. Such concerns are not that surprising coming from men who have lost faith that any state action can be trusted. The DOC's routine failure to inform or explain plans or intentions contributes to such thinking. Testing did occur relatively expeditiously on May 29 and 30. Outside personnel, appropriately garbed in PPE, performed the testing, although gloves were not changed between tests. Individualized kits, prepared in advance, were handed out by an assigned DOC officer after ID checks and consulting the consent list. Unfortunately, the kits were only numbered and not labeled with names or con numbers, so I must trust that the officer, who did appear to be conscientious, did not mix anyone up. Again, this is typical of the aforementioned DOC policy to limit any meaningful participation by prisoners. Results are due in 4 to 5 days, although it is doubtful that we will be individually informed unless testing positive which would presumably result in isolation. At present, prisoners have not heard of any prisoners with Covid-19 symptoms.

Another change is that we are now allowed yard access for a third two-hour period every week, under the same conditions as before: masks required to access the yard and if within 6 feet of others, and no communal activities, with each housing unit segregated into a separate, gated area.

As before, going down to the chow hall to collect meals remains a high risk activity. Exposure to common areas that are not cleaned between shifts is a problem. Although masks are recommended, there is no enforcement, and neither gloves nor PPE are available. Prisoners in dry cells still must share the common bathroom for all water access. Soap and paper towels are not provided in the communal bathroom and spray bottles of disinfectant are removed after the single morning cleaning period. Those in wet cells must also access the common bathroom in order to shower, with no available protection or interval cleaning. Misting with disinfectant in the chow hall and hallways now seems to occur mostly every other day.

Meals continue to be especially unhealthy with a steady diet of highly processed, salty cold cuts and chips for dinner. Occasional lunches include warm meals (3 meatballs, or chicken stew, or once a so-called 'sloppy joe'), but mostly consist of a soy burger, a highly breaded fish patty or processed chicken by-product patty, with a side of lettuce leaves or chips. Breakfast mostly consists of dry cereal with milk and 2 slices of bread.

Medline schedules appear to be marginally improved with greater efficiency in getting meds administered between 9-11 in the morning, 1:30-2:30 in the afternoon, and between 8-9:30 in the evenings. Keep on Person renewals remain a problem with difficulty getting the 30 day cards renewed. Further, when the cards are not delivered to the prisoner, those meds are not available to be taken at medline, because cards are stored in the medical dept. That means that some are not able to take their meds for weeks at a time--especially hazardous for many, including those with high blood pressure, because the meals, full of chips and very salty, processed cold cuts, are terribly high in salt. No routine med-calls, check-ups or follow-ups are being performed.

* end *

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June 13, 2020 Update from MCI-Norfolk

Since the June 1 update we have learned that of 1246 prisoners tested here, only 1 tested positive for corona virus. The grapevine tells us that he was in segregation, but I have no information how long he was there or how he might have become infected. While this is laudable, it does little to mitigate the crowding and other conditions to prevent the spread once the virus does penetrate our 20 foot walls. Since April 13, the date that reporting was mandated by SJC-12926, the prisoner population here has been reduced by only 19 prisoners. According to the subsequent lawsuit filed arguing that incarceration under such crowded conditions was unconstitutional under the Eighth Amendment and Article 26 of the MA Declaration of Rights, (Foster and others v Commissioner of Correction and others (SJC-12935)), even this paltry reduction is mostly due to prisoners whose sentences had expired, not release because of corona virus risks. In their ruling, the SJC denied the need to release any prisoners to ease crowding and reduce risk to elderly and vulnerable prisoners even as the Justices noted that prisoners age 10-15 years more rapidly than people in the free world. The SJC concluded that DOC efforts to reduce the likelihood of infection through screening of incoming officers and frequent cleaning was sufficient to protect prisoners, in spite of the acknowledgement that extensive spread of infection will be inevitable because of the conditions of confinement. It appears that the Justices have decided that because the virus has not yet penetrated most of the prisons, the Court is content to wait until outcomes become critical before taking action. That this is the same approach which the Commonwealth took with another high risk population, those in nursing homes and elder care facilities, and which led to disastrous outcomes, does not seem to have concerned the Court. Notably, MCI-Norfolk houses the oldest and most vulnerable population of prisoners in the entire DOC, including many very aged and vulnerable men.

As for conditions here, there have not only been no further improvements to sanitation, but rather a relaxation of efforts since phase 2 started on June 8. Disinfectant spraying is being done less frequently. Prisoner-accessible hand sanitizer is no longer available, with a single bottle only on the Officer's desk (in a frequently locked room). Communal space sharing remains a necessity, with communal bathroom and shower use, as well as communal access to obtaining meals and using the phones. I have previously reviewed some of these limitations and will not repeat them here. Additionally, more prisoners are working in Industries and others have started working in the kitchen and trash areas. This allows mixing of a larger number of prisoners from diverse units, mostly invalidating the strict segregation of prisoners by unit which is supposed to limit spread. All these workers return daily to their original housing units.

One bonus resulting is that meals have somewhat improved, with many days now offering a warm meal, rather than the previously unending cold cuts and chips. This once again emphasizes that without prisoner labor, state prisons cannot function. It appears that the food director and officers assigned to the kitchen are unable to keep the kitchen running without prisoner help.

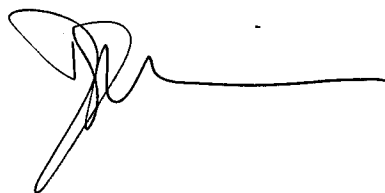
Medical attention continues to be an ongoing problem. No routine or semi-emergent medical visits are being conducted. Mental health issues are

(over)

escalating without access to services, especially for prisoners reluctant to share their concerns in the public setting of their units. Dental care also appears to be lacking, with at least one prisoner in my unit not called for assessment one week after submitting his request. Delivering "keep on person" medication continues to be erratic, with many prisoners not receiving these important maintenance medications for weeks at a time.

In short, we live in a state of suspended animation, waiting for the inevitable arrival of covid-19 and the virtually assured rapid spread in this elderly and vulnerable population. It seems predictable that once infection arrives, as it assuredly will, it will spread widely even before anyone becomes aware. It is not unlikely that the outcome will mimic the toll exacted in Massachusetts elder care facilities, which have contributed so heavily to the thousands of fatalities recorded in the Commonwealth.

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June 30, 2020 Update from MCI-Norfolk

Recent turbulence at MCI-Norfolk may now turn out to have been a false alarm. About 10 days ago we heard that a prisoner had "fallen out" in the main-line kitchen. Shortly thereafter, two prisoners in my unit who also worked in the kitchen were taken out and quarantined. We were told that all members of the shift working in the kitchen with the index patient were also quarantined. Shortly thereafter we heard that three (of the 20) units at MCI-Norfolk were being locked down. Some 5 days later, a fourth unit was locked down. The scuttlebutt was that Covid-19 had finally entered the prison population. This report is, in part, delayed as I awaited clarification which I had hoped (in vain, it appears) would be forthcoming. Last week we heard that there were three prisoners with symptoms/infection, presumably the cause of the multiple units being locked down. The latest rumor (as the DOC is almost never forthcoming with accurate or official information) is that the original index "patient" from the kitchen has tested negative. Additionally, rumor is that all prisoners in the three lockdown units were finally tested on Monday, June 29, and that results are pending. The fourth unit is no longer in lockdown as that "crisis" apparently was due to a urinary tract infection (also rumor). That unit has been released from quarantine and prisoners there have resumed working in the Industry area along with all those from other non-lockdown units. In short, the current scuttlebutt suggests that this has may all have been a false alarm. However, so far, none of the quarantined prisoners have been returned to their units. I am awaiting a copy of the weekly report to the special master about covid testing, although with the delay in testing it may be several weeks before final data are available.

Other than that, nothing much has changed here. Cleaning continues to be sporadic and prisoners continue to be forced into communal areas for getting food, showering, and using bathrooms and other shared facilities. In spite of losing the entire second shift in the kitchen to quarantine, the menu is now beginning to follow the three-week "cycle menu" which would be fed under normal circumstances; although for most meals many items are deleted and/or substituted so that neither nutrition nor quantity are properly provided for. This forces prisoners to continue to supplement with expensive canteen items which are equally dubious in nutritional quality or adequacy.

Prisoners in those units not quarantined still have four periods of two hours of yard time each week to walk or exercise in the restricted areas assigned for each unit. For unexplained reasons, the quarantined units are no longer allowed into the yard. Since yard access is limited by unit, it would seem obvious that prisoners quarantined in tight quarters and double cells would be at lower risk in the outdoors than when confined. However, they are now being denied this benefit.

Medical access has slightly improved and it appears that prisoners submitting sick slips are at last occasionally being seen in the outpatient department. Amazingly, today we had a single prisoner listed on the OPD schedule for the first time since April 4. During normal times, anywhere from a half to one dozen prisoners would be on the list for medical appointments each day. KOP (keep on person) medications are finally being delivered with lesser delays, although there is still some confusion.

Eventually, (likely through the rumor mill) we will learn about the status of possible infection here. It is unlikely that we will be officially informed because, as mentioned, the DOC revels in secrecy. Beyond that, we will need to await further developments.

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