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DECLARATION OF JUSTICE AINOOSON

1. I am a 37-year-old prisoner at MCI Concord. I am serving a life sentence with the possibility of parole for second degree murder. I am parole eligible and am currently awaiting a decision from the Parole Board.
2. I currently live in the J-2 unit. There are around 80 inmates in my unit. I am double-bunked, and so are most of the other inmates in the unit. We are in bunk beds with a toilet/sink, a desk, some foot lockers, and a shelf for each inmate's TV.
3. We do not eat in the chow hall. They bring food to us and we eat in our cells.
4. We are in 23 hour a day lockdown right now. We get between 30 and 60 minutes of rec time a day. We are not currently allowed outside for rec time.
5. They let out six or seven cells at a time, but they do not disinfectant or clean the common area in any way between the groups. The only cleaning occurs in the morning when an untrained crew of volunteer inmates sprays the unit down.
6. We have little access to cleaning materials ourselves, so we can't regularly clean our own cells to keep ourselves safe. Every day, I am forced to make a decision between cleaning my cell or showering, because I don't have time for both.
7. Every day, I see corrections officers either not wearing masks at all, or just hanging them around their necks without covering their nose or mouth. I see this during the day shift, night shift, and overnight shift. Videos from the institution will show this.
8. They are usually not isolating inmates who get sick by moving them out of the unit. For the most part, they are leaving them on the unit and isolating them in their cells, where the air can still circulate to the rest of us.
9. I have no access to programming right now. They have a program where they pass out journals to inmates, but it's not nearly as good as regular programming.
10. Access to medical and dental care is minimal. I was due to have my teeth checked in June, but still haven't heard from them. Sick slips can take weeks, and sometimes over a month, to turnaround.

11. The stress level in here is very high. People are losing family members to COVID and aren't able to see loved ones. I am managing, but it is very difficult.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 14, 2020

/s/ Justice Ainsoon

Justice Ainsoon

Signed w/ approval

/s/Justin Drechsler

Justin Drechsler, BBO #676968

Declaration of Ju-bang Allah

1. I am a prisoner in the Massachusetts DOC and I am currently at MCI Concord. I am 40 years old. My only chronic health issue is a heart murmur. I am serving a three to five year sentence, and will wrap up in 2024. My parole eligibility date is in 2021.
2. I live in L1, which is a dorm. It usually has 60-70 people in it. I sleep on the top bunk and someone sleeps directly below me. I am within six feet of someone else 24 hours per day.
3. On November 30 I was tested for COVID-19 along with everyone else in the dorm. My test came back positive. I was feeling very sick. I had shortness of breath, chills, diarrhea, loss of taste and smell, a cough, and an awful headache. I was confused and didn't know what was going on. I thought I was going to die. I felt like I was outside of my body. I couldn't eat anything. I was slurring my words and had a hard time answering questions.
4. During the two week period I was the sickest I was moved from the dorm to the Health Services Unit, then to the Restrictive Housing Unit, then I went back to the dorm, then back to the HSU and then to Emerson Hospital because I wasn't responding to Tylenol and Motrin. I was only at the hospital for a few hours because the doctor said there was nothing they could do for me. When I came back from the hospital I was in the HSU until I got moved to the dorm.
5. When I was moved back to the dorm, everyone in the dorm was positive. A lot of people had been moved out, but the count was still about 51.
6. In the dorm, I still had symptoms. I was feeling bad. After I had been back for about a week, on December 15, I was moved back to the RHU and the nurse said it was for 5 or 6 days to finish off my quarantine because I was still showing symptoms of low oxygen and diarrhea. The next day, on December 16, I was moved back to the dorm. I was told my quarantine was over. I am still having the same symptoms. There are now about 70 people in the dorm.
7. When I was in the RHU, I was treated like I was in seg. The only time I saw someone from medical was at med times. In the HSU I was in a room by myself. Medical staff came and checked on me. They gave me a pitcher of ice water so I could stay hydrated.
8. In the dorm we only see medical staff when they come for med pass. They do not come to check on anyone even though a lot of people are still sick.

9. About two weeks ago, when I was starting to feel sick, a code was called for another guy in the unit named Kelly. This was before people were tested. I saw medical put a thing on his finger to test his heart rate and oxygen and they said it was low and took him out really quick. On December 15, an officer told us that he died.
10. This illness is no joke, it's crazy. I think the only reason I made it through is because I don't have severe health issues. The experience was scary. I am still having shortness of breath and diarrhea.

I declare under penalty of perjury that the foregoing is true and correct.

December 14, 2020

/s/ Ju-bang Allah

Ju-bang Allah

Signed with Approval

/s/ Rebecca Schapiro

Rebecca Schapiro, BBO #688781

Declaration of Robert Anderson

1. I am a prisoner at MCI Shirley. I have been in the custody of the Massachusetts DOC for many years before the COVID-19 pandemic began.
2. Since the beginning of the COVID-19 pandemic and the lockdowns I have experienced since April, my physical and mental health have undoubtedly declined.
3. I live in unit D-1 at MCI Shirley. The unit has about 64 prisoners. There is one common area with ten round tables in the center of the unit. I live in a single cell. I know of two cells on my unit that are double-bunked. Even though almost everyone in my unit lives alone in a cell, social distancing is not possible. I would estimate that I am within six feet of someone else at all times when I am out of my cell, and come into close contact with all or nearly all the other people who live in the unit every day.
4. I have been designated as a person with a Serious Mental Illness (SMI).
5. Meals are delivered to the unit on trays in a food warmer. Half of the men in the unit are let out at a time to line up to take a tray. When approximately 30 men line up a time, I am always within six feet of at least one other person. When there are bananas, they are all in a box. Each person reaches into the same box and takes a piece of fruit. Some guys handle multiple pieces of fruit before picking one.
6. There are two banks of four telephones in the unit. When I speak on the phone, I am within arms reach of the person who is on the phone next to me.
7. Medications are distributed three times a day. First they would bring the med cart to the officer's podium and everyone would line up or sit at the tables to wait for their meds. Now they distribute them from the CPO's office in the unit. Anyone in the unit who needs to take meds has to line up together. I am within six feet of other people in line to wait for medications. After I take medication I have to take off my mask and open my mouth for a mouth check. To do a mouth check you open your mouth as wide as you can and lift tongue up and down so the officer can make sure you swallowed the medication. The officers doing these often don't wear a mask.
8. When canteen purchases are distributed, anyone in the unit who purchased something has to cluster together in the common area and wait for their name to be called to get their bag.
9. We were locked down under very restricted conditions in the spring until July, and then again since the middle of November. Until the first week of

December, we were locked in our cells 23 hours per day. We got one hour out of our cells to make phone calls, shower, or heat something up in the microwave.

10. During the initial lockdown, talking with my family got me through it. I would talk to my sister twice a week for 40 minutes (two 20-minute calls) and my cousin for about the same amount of time. My family all live in Minnesota, Nevada, and Texas though, so when we were only allowed out for one hour early in the day, I was cut off from communicating with them because of the time difference. Talking to someone every other day was keeping me safe.
11. Social contact with other people in the unit is another thing that keeps me going, and when we were locked in I am cut off from contact with other people in the unit as well.
12. During the lockdown in the spring, I was cutting up and self-injuring a lot because of being cut off from communicating with my family and because of lack of mental health support.
13. During this lockdown I have been even more cut off from my family than in the spring because I was being let out of my cell only midday, which was too early to call my family.
14. Starting the first week of December, we are allowed out of our cells for about six hours a day, but only inside in the unit.
15. Right now there is no outdoor recreation, no programs except for a bluebook journaling program, and no religious services. People with certain jobs continue to go out to work. Before April 2020, we had access to the main outdoor yard for between 5 and 7 hours a day, and I tried to spend at least two hours a day outside. In June 2020, we had some access to the main yard and smaller courtyards right outside the unit. It's now cut off again.
16. I am supposed to have regular mental health appointments with my personal care clinician. I was in the ISOU (Intensive Stabilization and Observation Unit) after a suicide attempt in August. I came back to MCI Shirley on October 15. Since then I have had only one one-on-one appointment with a clinician. The only other contact with mental health I've had has been when I'm in crisis.
17. Since we've been locked down starting in November, mental health has only done rounds some weeks. When they do rounds, an officer announces that mental health is in the unit and then anyone who needs to talk to mental health has to line up at the podium in the middle of the unit. That means that to talk to mental health, you have to stand in the middle of the

- unit with guys lined up behind you, people walking by, and with officers standing two or three feet away. There is no privacy or confidentiality. I had this experience once and I refuse to do it again because there is no privacy.
18. I have had multiple mental health crises since we got locked down. On November 25 I asked to go on a mental health watch because I was going to self-injure. An officer told me she would call mental health, but no one ever came to see me. That night I pulled out four toenails. On November 27 I asked to speak with crisis and no one from mental health came to see me. The next day I asked the nurse at medline to speak with mental health, and again no one came to see me. Each time, I cut up with a razor blade.
 19. Medical care has basically been thrown out the window. I am supposed to get physical therapy for my spine because I get pain and weakness in my left leg and right arm and hand. Sometimes I get shooting pain down my arm into my elbow and then paralysis down my arm into my hand. It's bad enough that I sometimes can't hold a pen. I haven't had any physical therapy since January 2020. I was reassessed in August 2020 and told I still need it, but have not had any appointments.
 20. A nurse comes to the unit three times a day to distribute meds and three times a day to give insulin shots. Other than that, I hadn't seen a nurse do rounds or triage sick slips from the middle of November until December 11.
 21. The only exception is that on December 8, three nurses came to the unit and gave flu shots to the men who had requested them. This was only after I put in a grievance about the fact that I was being denied a flu shot.
 22. There is also a delay in medical responding to sick slips. On December 7 I put in a sick slip describing what I believed was COVID-19. I had a fever, chest pain, abdominal pain, diarrhea, shortness of breath, nausea when I ate, and I was very lethargic. There was no response until I put in a second sick slip. Then on December 11 I was moved to quarantine in the HSU. My symptoms were mostly gone by then. In the HSU, I am locked in a single cell 24 hours per day. After I was there for two days I was allowed to take a shower.
 23. I did not get swabbed for a COVID-19 test until December 14. Despite the fact that we have been quarantined in the unit for nearly a month, on December 16 I was informed that I was positive for COVID-19.
 24. There is no way to protect myself from COVID-19 here. The lockdowns have caused my physical and mental health to suffer. During this most recent lockdown, I was waking up every morning wishing I wasn't waking up. The stress of being cut off from my family and being denied recreation

was getting to me. I was fighting not to do something more serious than cutting myself. I've lost all faith in mental health treatment and staff. Even before the pandemic, there wasn't mental health treatment, we were getting band-aids and clearing crises. Now we're not even getting that.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: December 16, 2020

/s/ Robert Anderson

Robert Anderson

Signed with Approval

/s/ Rebecca Schapiro

Rebecca Schapiro, BBO #688781

DECLARATION OF JOHN BAPTISTA

1. I am a 67-year-old prisoner at NCCI-Gardner. I am doing a 15-30-year sentence. I have been in prison for 22 years.
2. I have back and shoulder issues, including the need for steroid shots in my back. I currently have a torn rotator cuff in my shoulder that is very painful but I am unable to receive medical care because the DOC is delaying or stopping care because of COVID-19.
3. I live in Thompson Hall, unit 1, in a single cell. We are not currently locked down in Thompson 1.
4. During meal time they open all the doors on my side of Thompson 1 and all the guys congregate before going to chow. When we go to chow, we are all standing in line right next to each other and there is no social distancing at all. Medications are brought to us in the unit and guys are on top of one another in line.
5. Last week prisoners upstairs from us had their temperatures taken and some were taken out of the building. I have no idea if they have COVID or not. The staff came around and took my temperate but they didn't tell me why.
6. I usually get steroid injections three times a year for my back, but I have not had a steroid shot in eighteen months. I think the DOC uses COVID as an excuse to deny me medical care. During the summer we were not locked down, but I wasn't sent out for my shots. Then when COVID started up again, I was told I couldn't go out because of the virus.
7. My health has gotten worse since March because I am not getting injections for my back and that makes it hard for me to get around. When I have the steroid shots, the pain in my back goes away for 3 or 4 months. I have an EMG nerve test scheduled for my back, but I was told it won't be until at least June. If I stand or sit too long my legs go numb, I get pins and needles in my legs and I have trouble with my balance. If I must stand up for a long time, I have to lean against a wall to hold myself up.
8. The medical staff say they are trying to minimize the footprints going into the Health Services Unit but sometimes they do not respond to my sick call slips. They are supposed to have 72 hours to respond and a lot of times it is past that time or they don't respond at all.

9. I must come in close contact with at least 30 different prisoners every day even though I try to keep to myself.
10. I have a job where I sweep and mop a small area in front of the CO's station and I get 5 days of good time for that. I am unable to earn any other good time right now.
11. I had an attorney who filed a medical parole petition for me last year, but the petition was denied because I'm not going to die within 18 months.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 16, 2020

/s/John Baptista
John Baptista

Signed w/ approval

/s/David Milton
David Milton, BBO # 668908

DECLARATION OF JAMES BOWEN

1. I am a 57-year-old man incarcerated at MCI Norfolk. I've been incarcerated since 2014 and I wrap up my sentence in March 2022. I think I see parole in May 2021. I saw parole in May 2020 and they denied me.
2. I have COPD and I believe I have COVID, but I tested negative with a rapid test on December 10-11. They said the whole building, the CRA building, tested negative. The Superintendent came in along with a Captain and two sergeants. They spoke with a nurse and then an officer came to the door and said, "okay, you are all negative." I know that can't be true though because there are about 20 guys in the building who have lost their sense of smell or who are sick.
3. I haven't been able to smell anything since about December 3rd or 4th. I have a horrific cough and chills and I am having a hard time breathing.
4. My coughing is much worse than it usually is with my COPD. Usually the only time I have a hard time breathing is when I am exercising, but I am just standing here talking to you and I am having a hard time. It almost feels like I am being waterboarded, like there is all this liquid in my lungs.
5. I came to Norfolk from NCCI Gardner on October 15. I had a cellmate in 8 block who was there for about a week. I was then by myself for about 10 days-2 weeks. Then I had another cellmate for about 3-4 days. He was sick. Shortly after that I started feeling sick, that was around November 15 or so. After another day or so by myself I got a new cellmate for another 5-6 days. He was lugged to the hole and the next day they moved another guy in. He was also sick. He left after about 4 days.
6. Around December 3-4 I was moved to the 7-3 block where I am now. I am in a six-man cell that has four men in it. Two of them have had COVID and recovered. Two of us tested negative but we are sick.
7. I told a nurse when I lost my sense of smell, which was around December 3rd or 4th. She said everyone would be tested in a few days, so I waited. I was tested on December 10 or 11th with a rapid test. I was tested before on November 4th or 5th and they stuck it all the way into my nasal passage, but this time a nurse just swabbed inside my nose.
8. I see the medical staff every day when they are on the unit to give out medications. I tell them that I have this cough and that I feel like I am being

water boarded and they just tell me, “well you’ve been tested and you are negative,” and they keep giving me Tylenol.

9. I have COPD; I had a heart attack in 2013; and last year I went out for cancer surgery to remove skin cancer from my right leg.
10. I don’t receive any medical treatment other than albuterol and Tylenol. I have put in 10-12 medical request forms since I got here on October 15. I have a couple of herniated discs in my back and I need a medical order for a standing locker so that I don’t have to lay on the floor to get into my locker, but I can’t see medical to get one. I have also been asking for sunscreen because of my history of skin cancer and I have lesions on my scalp and arms. I got a letter about a month ago from a physician’s assistant that said they would examine me once the institution reopens.
11. We’ve been locked in for 8 months now. It wears on you. It ups the irritability. You see a lot more fights in here than you ever did before. It's hard to describe but it is a constant feeling of despair. Like, when is this going to end?
12. I used to work out 5 times a week but it is very difficult to do that inside a cell. Since COVID started my health has declined. I have probably lost about 20 pounds.
13. The last time I was able to see my wife in person was a year ago. She lives in Florida, but she used to fly up every month or month and a half. I have older sons I used to see once a month, but I haven’t seen them in nine months. I miss my family and get upset a lot. I have 8 grandchildren and I don’t see them anymore either. I find myself teary eyed more often.
14. I think it was certainly avoidable for me to get COVID. They are well aware here of how widespread it is. They knew about it and by moving those four cell mates into the cell with me when I was in 8 block, they made it inevitable that I would contract COVID. If they had housed me by myself I would probably be okay right now.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 16, 2020

/s/ James Bowen

James Bowen

Signed with Approval

/s/ Jessica White

Jessica White, BBO#673332

DECLARATION OF ROBERT BROWN

1. I am a 45-year-old prisoner at Massachusetts Treatment Center. I am currently serving a civil commitment of one day to life.
2. I live in the B-2 unit of the Massachusetts Treatment Center. There are about 25 inmates in my unit. We are single bunked and had been even before COVID.
3. Right now, we are locked down for about 21 hours a day. We have been in this lockdown for about 5 months. Before that, we were on nearly 24 hour lockdown for approximately 4 months. Before the pandemic, we were out of our cells for 10 hours a day.
4. We eat our food inside of our cells. Portions have been much smaller than before the pandemic. So small that I have had to file complaints about it.
5. There is no social distancing happening right now in the prison. They have pieces of tape on the floor, but there is no enforcement. We also are forced to use our hands to dispense water from the same jug, but they don't clean it.
6. Cleaning supposedly happens every day, but the showers, chairs, tables, sink, and other communal spaces are not thoroughly cleaned with disinfectant.
7. Mental health is making their rounds in the units 2-3 times a week, but inmates aren't able to take advantage of it like we used to. We don't receive one-on-one counseling and all of our groups have been eliminated.
8. There are serious mental health crises going on in the treatment center right now. I am personally aware of three people who attempted suicide by slicing their throats since our lockdown.
9. In addition to our groups being canceled, all programming has been canceled. They give us program pamphlets associated with the programming, but this is not effective when we are left to do it by ourselves without feedback from treatment providers or other group members.
10. We also don't have access to other inmates who are part of our social support network, and this is a significant part of the programming.

11. We also have no access to the library and no education. I have been to the library just once in the last 9 months. Before the pandemic, I went to the library at least once a week, and usually several times a week.
12. About two weeks ago, someone in A-1 unit who had symptoms tested positive for COVID. They moved him out, but didn't test any of the rest of the unit. Instead, they cleared out the entire unit and moved these inmates to the remaining five units in the treatment center, not knowing whether they were positive or negative for the virus. About a week later, they did testing and there was an explosion of COVID in all the units. On my particular unit, we got three transfers from the A-1, and then when testing happened, we had eight positive tests.
13. As of right now, they are taking all of the positive tests and moving them to A-1 as a quarantine unit.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 16, 2020

/s/Robert Brown
Robert Brown

Signed w/ approval

/s/Justin Drechsler
Justin Drechsler, BBO #676968

DECLARATION OF STEVEN BROWN

1. I am a 31-year-old man and I am serving a life sentence for second-degree murder committed when I was 14 years old. I have not yet seen the parole board and do not have an out date.
2. I am currently incarcerated at Old Colony Correctional Center (OCCC). I moved to OCCC from Souza-Baranowski Correctional Center (SBCC) on November 25, 2020.
3. I have resided in the Secure Treatment Program (STP), the Residential Treatment Unit (RTU) at SBCC, and the RTU at OCCC over the last year during COVID-19.
4. **Secure Treatment Program (STP) at SBCC:**
 - a. I transferred into the STP in November 2019.
 - b. The STP is an alternative unit to long-term solitary confinement in the Department Disciplinary Unit (DDU) for men with serious mental illness. I have PTSD, which made me eligible for the unit. I was considered one of the highest functioning people in the unit.
 - c. Men in the STP live in single cells.
 - d. The STP is an unsanitary environment generally and my anxiety was intensified during the pandemic.
 - e. In normal times, prisoners in the STP meet with mental health staff throughout the day for individual and group therapy. When I was in the STP during COVID-19, there were long stretches of time when mental health staff were not permitted to meet with us for individual or group therapy. The mental health staff would occasionally walk through the tier and they would respond to crisis calls. After some period of time, they started “in cell programming,” which involved staff passing out sheets of paper with questions for us to answer in writing.
 - f. We were locked in our cells 22.5 to 23 hours a day. We were only permitted outside of our cells on the recreation deck for either 60 or 90 minutes a day. The recreation deck is like a large dog kennel on the roof of the building. Otherwise we were in our cells except when taking a shower.

All of this lock-in time increased my anxiety and PTSD. My PTSD is from severe childhood abuse and my crime. Being left alone with my thoughts during the lockdowns aroused a heavy amount of anxiety and increased my nightmares.

- g. All of the solitary time, lack of treatment, and lack of programming caused many men in the STP to deteriorate. The reason men are sent to the STP is because they have serious mental illness and are not safe in solitary confinement in the DDU. During the lockdowns I saw more self-harm than any other time in my 17 years of incarceration. There were numerous crisis calls and in general there was a feeling of desperation in the unit.

5. **Residential Treatment Unit (RTU) at SBCC:**

- a. I transferred into the RTU in June 2020.
- b. The RTU is a specialized unit for men diagnosed with serious mental illness. There are less than 30 men in the unit and many of them are severely impaired. I was considered one of the highest functioning men in the RTU.
- c. During normal times, men in the RTU are permitted out-of-cell most of the day and have access to clinicians on an as-needed basis. Many hours of programming are offered a day during normal times.
- d. As a result of COVID-19, we were locked in our cells 18 hours a day and group programming was held inconsistently. We were permitted to go to the yard twice a week for approximately two hours at a time. The RTU was the only unit in the building allowed out of cell for this period of time. The rest of SBCC was locked in their cells for 22 to 23 hours a day.
- e. There were periods when we met for group therapy six people at time, but more often than not the groups were canceled. We continued to have individual therapy.
- f. Not being able to have mental health groups was a major stressor for individuals in the unit, especially for the men who relied on art therapy. There were constant conversations among the population about the stress of not being able to have group therapy. Without daily treatment programming, the RTU is no longer a treatment unit.

- g. There were also no visits, which was a major stressor. They eventually started video visits, but they were only 30 minutes once a week and families have to pay \$9 per visit. There were many technical difficulties and if the connection went out one minute into the video visit, my family would lose the entire \$9 and could not reconnect.

6. Residential Treatment Unit (RTU) at OCCC:

- a. I transferred to the RTU at OCCC on November 25, 2020.
- b. There are approximately 74 people living in the RTU OCCC. Most of us, including myself, are double-bunked in cells. I have been told by other people imprisoned at OCCC that pre-COVID, prisoners were permitted out of cell most of the day.
- c. Because of COVID-19, we are currently permitted out of cell approximately three hours a day. Any time spent going to appointments or in the medication line (which can take up to 40 minutes or longer) counts towards that three hours a day.
- d. Forty-five prisoners are allowed out of cell on the tier at a time.
- e. Until it snowed, we were allowed to go to the yard daily. Now that there is snow, the recreation decks and yard are closed. The phones have been shut off in the yard since COVID-19 started, which does not make sense because the phones are allowed on in the units. The phones being shut off in the yard incentives people to stay inside and not go to the yard.
- f. OCCC is a medium security prison, but the men in the SBCC RTU (maximum security) are permitted out of cell for more hours a day than the men in the OCCC RTU. I think this is because the SBCC RTU has fewer people.
- g. In general, OCCC is dirty. Chemical cleaning is done only three times a week, which other people in the unit have told me is the same as pre-COVID-19.
- h. The health services unit is unsanitary. On December 14, 2020, I went to Boston Medical Center to receive an injection for a severe back injury. When I returned, I was placed in the health services unit for observation. I was housed in a ward with three other men who all went to a different

hospital (Shattuck) on different days. The floor of the ward was dirty. The bathroom reeked of urine like it had not been cleaned properly in a very long time. While the CO gave me chemicals to clean, there was no soap or hand sanitizer in the ward. When I asked for soap, I was told they did not have any. I had to get my cellmate from my regular unit to send my soap over to the health services unit.

- i. There are no visits at OCCC. There are still no video visits, even as we are nearing Christmas. I was supposed to have a video visit just after Thanksgiving at SBCC, but then I was moved to OCCC three days before the visit and so it could no longer happen because there are no video visits at OCCC. I always fall into a depression during the holiday season, especially because the anniversary of my older brother's suicide is just before this time and his birthday is also in November. My mother and siblings and I have been through a lot and maintaining our connection is the most important thing in my life.
- j. Since arriving here, I still have not been assigned a mental health clinician. Because of COVID-19, there is currently no programming. Mental health staff have had even less authority to interact with the prison population, such as responding to crises and providing individual counseling. Between my severe back injury (for which surgery has been delayed) and lack of mental health treatment, I have gone through waves of severe anxiety, depression, and stress.
- k. There is also no programming of any kind in the building. In normal times the OCCC RTU offers group therapy throughout the day, just like the SBCC RTU. Like the SBCC RTU, there is no group therapy because of COVID-19. The consensus is that groups are everything and without them, it's no longer a treatment program.
- l. Masks are not being worn consistently by staff. There is a main control "bubble" which is approximately 12 feet by 10 feet where COs work. The bubble has bars on it but is otherwise open to people walking by. In order to attend an appointment of any kind, a prisoner must walk by the bubble. Staff are not wearing masks in the bubble. It is common practice for staff throughout the building to not wear masks, especially when in the main control bubble or unit bubbles.
- m. Rapid testing at OCCC began on December 15. As of this signing, I am aware of 22 positives in the building from different units. The people who

tested positive were moved to one side of unit A-3 and some who tested negative were placed on the other side of the unit. Some of the people from A-3 who tested negative were moved to different units throughout the prison. Four individuals who were in A-3 and tested negative have been moved to my unit. This is very concerning because these men were not put in quarantine before being moved to my unit. In society, people who have been exposed to individuals who have tested positive for COVID-19 are generally required to quarantine before interacting with other people.

7. Around December 17, 2020, DOC started opening windows throughout the building to increase ventilation. I understand that fresh air circulating is a good thing and supposed to help stop the spread of COVID. However, it is the middle of winter and we are not given proper clothing to withstand the constant cold temperatures.
8. As of yesterday, we have now been locked in our cells 22 hours a day. I have no idea how long this will last with us only being allowed out two hours a day.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 20, 2020

/s/Steven Brown
Steven Brown

Signed w/ approval

/s/Lisa Newman-Polk
Lisa Newman-Polk, BBO #665570

DECLARATION OF JERMAINE CELESTER

1. I am a 48-year-old prisoner at MCI Norfolk. I am serving a sentence of 15-life for 2nd degree murder. I've been incarcerated for 28 years. I have open parole, with eligibility in 2021 or 2022.
2. I live in a unit with over 90 inmates. I have a single 10 ft by 12 ft cell with a toilet and a sink and I am locked inside of it for over 20 hours daily. In a single day, I have not had more than 4 hours outside of my cell since last March.
3. Most days I am allowed 1-2 hours, sometimes twice a day, for a shower and a phone call. Social distancing is nearly impossible. 45 inmates are out of their cells at the same time as me, using the same 8 phones and 9 showers. Each phone stand has 2 phones, so when I talk on the phone, there is someone less than a foot away from me talking on the other phone. Outside recreation has not occurred since November 12, 2020.
4. Contact visits were suspended in March, 2020. The last time I had a visit was in 2019. 1 hour non-contact in-person visits were briefly allowed in late September, but they were disallowed on November 12 due to the new surge of COVID-19 cases. I have only one child, my daughter, and she lives 2 hours away. When in-person visits were briefly allowed, she could not come because of the travel time. I have 2 brothers, but they both live too far away to visit me for only an hour.
5. Though they are not as frequent as other inmates' visits, my summertime and holiday visits are very important for my mental health. The cancellation of visits has been extremely disheartening.
6. It looks like the technology for video visits is being set up. However, the screens face each other and are only 6 feet apart, so I do not see how inmates will be able to social distance during video visits. There will also be no privacy.
7. Medical care has become almost nonexistent since March. I have not seen a health care staff member do rounds since June or July. I have hypertension and take blood pressure medication. I had one chronic care appointment for my hypertension over a month ago. At that appointment, my blood pressure was very high, and they scheduled me to get daily blood pressure checks. My blood pressure has not been checked since.

8. I am a COVID-19 survivor. My breathing was affected, I had back pain, and a mild fever. I got infected from another inmate in my unit who displayed symptoms after working in the staff kitchen last April. He was sent back to my unit with symptoms, and then 25 people got COVID-19. They moved a few really sick people out of the unit, until the RSU, or “seg,” was filled up with sick people. The rest of us who were sick were left in the unit, using the same showers and phones as people who were not sick. They designated my unit the COVID Unit, and brought in sick people from other units.
9. I am very concerned about the long term physical and mental affects of COVID-19, especially because I have had swelling in my legs and feet, which makes me think there is something wrong with my heart. I have not had any follow up visits since I was sick last spring, even though I have put in 3 sick slips – 1 for the swelling, 1 because I wanted to donate plasma, and 1 because I need glasses.
10. The lockdown conditions have been very difficult to deal with mentally. I am depressed: I am not sleeping, I am anxious, I am worried about family members, and I am worried about getting COVID again. I’ve been isolating myself, and people are avoiding me because I had COVID. I haven’t been taking care of myself the way I normally do – I’ve gained 30 lbs., and I haven’t cleaned my cell or gotten my haircut. The stress of this experience is making my blood pressure dangerously high.
11. Mental health workers do rounds every week or every other week.
12. In order to get parole, I am required to complete a program called CRA, but it is impossible to attend this program during lockdown. I have completed all other programs and schooling, including the Mt. Wachusett business administration course.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 17, 2020

/s/ Jermaine Celester
Jermaine Celester

Signed w/ approval

/s/Chauncey B. Wood
Chauncey B. Wood, BBO #600354

DECLARATION OF TODD CUMMINS

1. I am a fifty-seven-year-old man serving a life sentence for first degree murder at North Central Correctional Institution (NCCI) in Gardner, Massachusetts. I previously submitted a declaration in this case regarding prison conditions during the COVID-19 pandemic in the spring of 2020.
2. When I submitted my previous declaration in April, I was housed in the A building. Around two months ago, I was moved to the H building. I was told by a corrections officer that I was moved because the guards in the A building were tired of me complaining, among other things, about them not wearing their masks while on the unit.
3. Like the A building, the H building is set up as dormitory-style housing. There are two floors of housing: H1 and H2, each with around 56 people. Both floors are nearly full, with no more than a few empty beds on each. The bunk beds are arranged close together, with about two feet between them. To try to provide more protection, some people hang towels from the top bunk to make a sort of barrier, but sometimes the officers won't allow it. Each of the housing floors has two small bathrooms, each with a urinal, four toilets, and a few sinks.
4. Below the two housing floors, there is a day room with three tables, a pool table, and a couple microwaves. Below the day room, there are showers in the basement.
5. Before the pandemic, I was able to move freely throughout the NCCI compound. Now, because NCCI has been locked down due to the pandemic, I am confined to the H building except when going to pick up my food. No one is allowed to leave the building without having a guard escort them. For the past two weeks, no one has even been allowed outside for recreation on the yard.
6. All in-person visits have been suspended. A couple machines have been installed for video visits, which I was told would start in December. I understand that they will charge \$10 for a half-hour video visit, and that each prisoner will only be allowed to have two people approved for video visits.
7. When NCCI was locked down during the spring, each prisoner received two free phone calls per week. Now, since we've been locked down again this winter, prisoners receive only one free phone call. If an answering machine picks up, that counts as your free call, even though you do not speak to anyone. These free calls also cannot be made to family or friends outside of the U.S.
8. It is not possible to maintain social distance from others. Throughout the day, I am constantly within six feet of others. Because of the virus, the chow hall has been closed, so people eat on their beds within six feet of one another. We also have to line up when we pick up our food trays, and when we receive medication. People in the lines are not six feet apart.

9. The quality of the food has declined since the pandemic started. Most of the time, we get unsweetened cereal, cake, and milk. We do not get any condiments or sugar. We do not get any warm drinks or soup.
10. My access to mental health services has been limited during the pandemic. Before the pandemic, I had a clinician who I would see once a month, or more frequently if needed. Meetings with my clinician were held in her office and lasted about an hour, and we would discuss my progress addressing specific ongoing mental health issues. Now, because the facility is locked down, some different mental health workers come to the unit a couple time a week. They offer to speak with people, but the conversation has to be done on the unit, in the open and within earshot of other prisoners and the guards. Because I am not able to discuss my mental health issues in private with my regular clinician, my mental health has suffered. In particular, I have been more short tempered and aggressive in dealing with others.
11. My medical care has also suffered during the pandemic. Last year, I had two major surgeries: a hip replacement and a hernia surgery. I continue to have pain from the hernia surgery, for which I have been prescribed Motrin, but it is not being refilled on time. Since the pandemic started and they began distributing “keep-on-person” medication in a new way, I have also not gotten my blood pressure medications on time. Since my hip replacement, my other hip has deteriorated to the point where I require a cane, but I still have not been given one. I have asked for a cane and to have the hip evaluated, but I was told that NCCI is trying to decrease the traffic in the medical unit because of the pandemic. Some of my medical slips have not been answered at all, despite submitting them two weeks ago.
12. Since the pandemic, there have been fewer chances to speak with staff to learn what is happening in the prison. Before the pandemic, there were staff access hours twice a week where anyone could ask questions. When the pandemic started, those were suspended, but the superintendent and others in the administration would come around the unit a couple times a week to talk to us. But in the past month, I have not seen anyone in the administration besides the director of security. Because there are no opportunities to ask questions, people do not know what is going on and are afraid. For example, some prisoners are worried that they will be put in solitary confinement if they get sick, so they hide their symptoms. We hear rumors about other units being locked down or cleared out, and about people testing positive for the virus, but it is impossible to separate fact from fiction without transparency from the administration.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 14, 2020

/s/ Todd Cummins
Todd Cummins

Signed w/ approval
/s/ Michael J. Horrell
Michael J. Horrell, BBO #690685

DECLARATION OF JOHN DUTCHER

1. I am a 64 year old man serving a 20 to 40 year sentence for burglary and sexual assault at MCI-Norfolk in Norfolk, Massachusetts. I have been incarcerated for thirty-three years.
2. I am currently housed in Unit 8-2. I was moved to 8-2 this week because I tested positive for COVID-19. 8-2 is a quarantine unit which houses a little over eighty people total. My unit has cells, which each contain two people who share a bunk bed. There is virtually no room in the cell for us to social distance from each other, and we are locked in all day. Prior to moving to 8-2, I was housed in 6-1. On 6-1, we were housed in a mix of single and double-bunked cells. When I lived on 6-1, I was not able to avoid coming into contact with other people. I was in contact with more than a dozen people on my unit from 7:30 in the morning until lock-in at 9:30PM.
3. Because the chow hall is closed during the pandemic, we eat in our cells. An officer will walk around to pass out our meals in Styrofoam containers. However, our meals are always cold by the time they get to us, because they will be delivered to our unit hours before they are passed out. We ask to use a microwave to heat up our food, but are denied by the staff.
4. In my current and previous unit, we line up to receive our medication, but are not required to distance ourselves while in line. This was the case before people on my previous unit, 6-1, became infected with COVID-19, and I believe it could have been a source of infection. Now, people do not distance in line because many of them already had or have the virus. There is no oversight over these practices by organizations outside of the prison, which puts us at risk of infection.
5. I was tested for COVID-19 last week, and it took five days to be notified of my positive result and moved to 8-2 for quarantine. In those five days, others on my block were pulled for testing positive, including an officer. My cellmate was notified of his positive result within 24 hours of being tested. I was re-tested after my cellmate was pulled, but was kept in the cell that we shared for almost a week before being moved to a quarantine unit.
6. Despite my positive status, I currently have no symptoms. However, I was very sick a few weeks ago, and was never tested. I had severe stomach cramping and diarrhea, but cannot say for certain if they were symptoms of COVID-19.

7. MCI-Norfolk is under lockdown due to the pandemic. When someone tests positive on a unit, the entire unit is quarantined for fourteen days and put on lockdown cell status. The fourteen day quarantine period restarts with every additional positive test. Because of this, we've effectively been on lockdown status since the spring. On 8-2, I am locked in my cell 24/7 with the exception of occasional yard time. We get an hour outside for yard some days, but not every day. There are no programs available to us, and only a few jobs.
8. There is currently no visitation allowed, and it has been that way for most of the pandemic. They opened visits for a two week period about two months ago, but I was not able to have one in that time. I used to have regular visits with my loved ones. I have a big, loving family, and it hurts to not be able to see them. It is mentally debilitating. They are currently setting up stations for video calls, but they are not active yet. My understanding is that it will cost \$10 to \$15 for half an hour of video chat.
9. Access to phones is poor. There are only four phones on the unit shared between eighty people. We sometimes get kicked off our calls so that others can use the phone. We are only allowed one phone call per day, and have to choose between legal and personal.
10. My eighty-seven year old mother suffers from dementia, and she cries on each phone call between us. She tells me the family needs me and asks me to come home. She does not understand why she cannot see me in person, and why I cannot come home. She worries that she'll forget who I am before she'll ever be able to see me again. It leaves me heartbroken. I don't know from one day to the next if I'm going to call her and get bad news.
11. The hardest part about lockdown for me is the mental anguish. I never know when someone might be coming to grab me and move me into isolation or another unit. The environment is also mentally taxing. In my housing unit, my cell is in the middle of the tier, between two large doors. They're usually always open, but have been kept shut during the pandemic. When people move through the doors to use the bathrooms, they let them slam closed because we are afraid to touch surfaces. So all day long, people are coming in and out and slamming doors. I suffer from Post-traumatic Stress Disorder, and am triggered by the constant noise. When my PTSD is triggered, it's like I can feel the blood racing through my body. I used to use different interventions to keep myself from acting out. I used to stay active, and I've definitely gotten out of shape and physically deteriorated in lockdown. I was in the gym in the mornings, I'd work in

industries during the day, and then I'd be back in the gym or out at yard. I used to keep myself busy. But now, there's no keeping myself busy. I can only watch TV.

12. Access to medical care is much poorer during the lockdown. We are told that an infectious disease nurse makes decisions about our care and housing placements, but she has never done rounds in the unit. I also have a torn rotator cuff which causes me a lot of pain. I put in almost ten sick slips about it, but still have not been seen by a provider. In my experience, it takes six or seven slips just to get a response from medical staff. We are able to keep certain medications ourselves, but they have not made a delivery of KOP medications for two or three weeks. It sometimes takes months to get our medications, and I seriously worry about running out of my thyroid medicine. There are no non-emergency outside medical appointments at this time. I have two painful cavities, but cannot be seen by a dentist. I just want to be able to get my medical needs taken care of.
13. Mental health care has also suffered in a time where our mental health is in serious jeopardy. They will do rounds in the unit, but an officer is always at their side. This makes me and others uncomfortable, and the lack of privacy discourages us from seeking clinicians' help. Not being able to leave our cells really hurts our mental health. I don't understand why we can be packed together like a herd of mules to get our medications, but must otherwise must be locked up all day.
14. There are times of mental health crisis in lockdown. After thirty-three years in prison, there are times where you feel like you'll never go home. I dwell on the hurt and frustration it causes my family. In honesty, I sometimes think it would be better if they just came and got me in a box. I would not take my own life, but that doesn't mean there aren't times where you don't think about it. It's hard to understand the mental anguish we experience here.
15. I am seriously worried about the long term impacts of this virus on my health. I understand that it can attack your heart and lungs, and I have a compromised immune system. I try to do everything I can to stay healthy and active. Even when I am sick, I force myself to exercise, because I need to make my immune system do its job. I need to survive this prison to make it home and see my mom. But they insist on keeping me double-bunked and in close quarters with others. The truth is that my life is always in danger while I'm in here.
16. I am not getting any Earned Good Time in lockdown. Before the pandemic, I got fifteen days per month by working in industries. I told the staff on my unit to put me down to shovel snow for EGT if possible. They offer a journaling program to

earn Good Time, but I am uncomfortable answering some of the questions because I fear they will be used against me for parole purposes, so I am not participating in the journaling program and there is no other way for me to receive Good Time to shorten my sentence.

17. I am eligible for parole. I have seen them on twenty-three occasions, including in May of this year. Despite consistent participation in programs and sex offender treatment, I have been denied every time.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 17, 2020

/s/ John Dutcher
John Dutcher

Signed w/ approval
/s/ David Milton
David Milton, BBO #668908

DECLARATION OF AMOS DON

1. I am a 34-year-old prisoner at MCI Norfolk. I am serving a life sentence for murder.
2. We have been on lockdown since April 3, 2020. I am in my cell for 22-24 hours at a time. I am 240 lbs., and I share my cell with a 300 lbs. man. We sleep in a bunkbed and share a table. There is 1.5 ft between the table and the bed, and the cell is about 10 ft. long. We eat in our cell and only one of us can sit down.
3. My legs lock up from standing still, so I go out to the tier to move around. It is 4-5 ft. by 20 ft., and it is the only space for the 15 people on the tier to move around most of the time. There is no way to social distance on the tier.
4. 30 people share 2 sinks, 2 toilets, 2 showers, and 1 urinal; the bathroom is cleaned once a day, and the spray bottle for cleaning in between uses is usually empty. In order to wash my hands, I have to twist the knobs on a sink shared by 30 other people. There is no way to social distance in the bathroom, which is the size of a rich person's closet, and frequently has 6 other people in it.
5. My connection to loved ones, particularly my 12 year old son, has been severely disrupted. I have had no in-person visits since February, 2020, and my access to the phone has been reduced dramatically. I used to get 2 8-hour visits with my son every month, and I had predictable access to the phone throughout the day, Now I get one call a day, at random unpredictable times. My loved ones do not know when to expect my call, and they are frequently working, in school, or otherwise unavailable.
6. The most difficult thing about the DOC's response to the pandemic has been trying to maintain my mental health. Being stuck in a tiny cell with no room to move, and nothing to keep my mind off of the stress and anxiety of my situation keeps me up all night, reliving trauma, worrying about my family, and thinking about how I will never go home. In the past, when I was having a tough time, I would go to the gym, take advantage of programs, and do other things to cope. I also used to have a job with MassCor industry, which got my out of my cell for 6 hours a day. These healthy distractions are now unavailable.
7. It has been difficult to continue being vigilant about preventative measures when there are so many ways that I'm exposed that I have no control over. For example, we used to get fresh t-shirts every 3 months, but I haven't gotten a new shirt for a year. It's hard to convince myself that it's important to stay clean and

wash my hands when I am wearing a filthy shirt. This sense of futility, as well as the depression and anxiety, make me feel like giving up. I also have a lot of anxiety about the fact that when they test you, they don't tell you the results. Some people are taken out of the unit, and that's the only indication of what the test results might have been. It is very uncomfortable to be around people, not knowing if you might be spreading the virus, or contracting the virus.

8. Before the pandemic, if I needed help for mental health issues, I could privately request help with a sick slip. Now, when I need help more than ever, my tongue is heavy to speak because there is no privacy. Mental health workers call out in front of everyone-inmates and correctional officers-"Does anyone need mental health treatment?" I know that if I ask for help in front of everyone, that information would be used against me, by correctional officers and inmates. Even if I did ask for help, my conversation with the mental health worker would be within earshot of a correctional officer.
9. In November, everyone in my unit was tested, and there were no positives that I am aware of. Then I started hearing correctional officers talk openly about a policy of only letting inmates who had tested positive for COVID work in the kitchen. Their reasoning is that people who have had COVID are now immune, and "if everybody would get it then this place would run normal again." After sick people worked in the kitchen, everyone in my unit was tested again, and many people came back positive. Many people who I was in contact with have been taken out of my unit because they tested positive. I do not know my test results, and I had symptoms of COVID – I lost my sense of smell.
10. People who tested positive and were taken out of the unit are quarantined for 2 weeks, but when they are brought back to the unit, some of them are still sick and coughing.
11. I am anemic, and my symptoms have been worse, so I put in a sick slip over 2 weeks ago. I have not been seen by a health care worker yet.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 17, 2020

/s/Amos Don
Amos Don

Signed w/ approval

/s/Chauncey B. Wood
Chauncey B. Wood, BBO #600354

DECLARATION OF WILLIE DORTCH

1. I am a 48 year old prisoner at MCI Concord. I am serving a sentence of 10 years to 10 years and one day for a non-violent breaking and entering/habitual criminal case. I was granted parole in February of 2019, but the Board rescinded my parole in February of 2020. I see parole again in February of 2021. I believe I will wrap up my sentence in February or March of 2022.
2. I was granted parole on February 12, 2019. My parole was conditioned upon approval of home and work release plans as well as 18 months of pre-release. I was transferred to NECC pre-release and began accepting work assignments. In September of 2019, I received an unauthorized visit while I was in the community on a work assignment. A friend gave me a bag that contained sneakers. At that time, I was taken off of the work assignment but kept at NECC pre-release. On February 20, 2020, the Board rescinded my parole due to the unauthorized visit. I was subsequently transferred to MCI Concord, a higher classification.
3. When I became aware that people who suffer from underlying health conditions can get severely ill or die if they get COVID 19, I requested an attorney to file a motion to reconsider my parole revocation. I was hopeful that I could get my parole reinstated because my only violation was the technical violation of an unauthorized visit while on a job site. I did not commit any new crime. The bag I received at the job site did not contain contraband.
4. I am currently being treated for diabetes, hypertension, high cholesterol, gout and a heart condition. I am also obese with a BMI of 31.6. I am prescribed lisinopril, low does aspirin, allopurinol, atorvastatin, amlodipine, metformin and metoprolol. These conditions make me particularly susceptible to serious complications from COVID 19.
5. On September 10, 2020 my attorney filed a Motion to Reconsider the parole revocation. She argued that I was at an elevated risk of complications and/or death from COVID 19 due to my underlying health conditions. She secured a placement in a sober house for me and filed a release plan together with my medical records that verified my underlying conditions.
6. On September 16, 2020 the Board denied the Motion to Reconsider. The decision by the Parole Board did not mention my elevated risk of serious complications from COVID 19. It does not appear that they considered the risk of COVID 19 to me in any way.
7. On or about November 11, 2020, I was being housed in a dormitory style unit at MCI Concord. The unit is a large room with numerous beds in the open. At around 10AM, prison staff came in and gave the whole unit rapid COVID tests. I estimate that there were about 40-50 men housed in the unit at that time. 17 men tested positive that day on the rapid test. I tested negative. The 17 men who tested

positive remained on the unit for the next 8 hours. They were finally removed from the unit that evening at around 7PM.

8. I remained on the unit until November 14, 2020. At that time, I developed a cough and other symptoms of COVID 19 and I subsequently tested positive. I was removed from my unit and brought to the hole. My symptoms worsened over the next 3 days and I was brought to HSU. I believe I was brought to HSU on November 17. I remained there for a few days and was then brought to J4 on November 20. J4 is a quarantine unit for inmates who were COVID positive. I laid down as soon as I got there because I wasn't feeling well. A nurse came around and she decided to move me back to the HSU because I didn't look good and had a high fever. She told me to pack a bag and they would transfer me soon. As I was packing my bag to go back to HSU, I collapsed on the floor of my cell. My cellmate called for the guards and I was brought to HSU. HSU evaluated me again and decided to send me to Emerson Hospital because my fever was so high and I had low blood pressure. I was hospitalized for a full week. While I was there, I was told that my kidneys were not functioning properly and I was placed on an IV.
9. I was released from the hospital on November 27, 2020. At that time, I was brought to J1 which is another COVID unit. I had to remain there for at least 2 weeks for quarantine due to the trip to the hospital.
10. On the J1 unit, I have been in lockdown for 23.5 hours a day. We are only given 30 minutes out of our cells each day. They only let out 6 men at a time. During that time, we have to take care of all of our needs including washing/showering, using the microwave and speaking to our families and attorneys. Often our rec time is after business hours so many of us cannot call our attorneys. The remaining 23.5 hours per day is spent in my cell that I share with another inmate.
11. The quarantine units are so unpleasant that no one wants to get moved to one. It is as if we are punished for getting sick.
12. Even though I was released from the hospital over 2 weeks ago, I am not back to normal. I have frequent pain in my chest and sides. My lung capacity is very small and I continue to have difficulty breathing. I am very concerned about the long-term impacts of COVID 19 on my health.
13. If I had been granted parole when I filed my Motion to Reconsider parole revocation, I believe that I would have been able to protect myself from the virus.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 16, 2020

/s/ Willie Dortch
Willie Dortch

Signed w/ approval

/s/ Lauren McDonough

Lauren McDonough, BBO # 664967

DECLARATION OF JOHN ECKER

1. I am a 60-year-old prisoner at NCCI-Gardner. I am currently doing a two and a half year on and after sentence. I wrap up in July of 2022. I have less than 19 months to go. Before this I did a 5-7-year sentence. I have spent almost seven and a half years in prison.
2. I suffer from hypertension and Atrial fibrillation or AFIB. I take 20 different medications for these and other conditions. I also am diagnosed as having Autism spectrum disorder and schizoaffective disorder. I am unable to meet with my mental health counselor during the lockdown and it adds to my stress and makes my mental health worse.
3. I live in the H1 dorm. There are thirty-two other men in this unit and the bunk beds are about four feet apart. There are also thirty-eight prisoners in the unit upstairs that mingle freely with the prisoners in our dorm. There is no room to social distance in the day rooms, hallways or in the dorms.
4. I am allowed to use the bathroom facilities upstairs if the downstairs bathroom is full and the prisoners in the upstairs are allowed to use the bathroom and showers on our floor.
5. Prisoners from both floors mingle freely in the basement and there is no social distancing taking place here. Sometimes the basement is like Grand Central Station. There are upward of ten people in the basement at a time so there is no way to social distance. The communal showers and the phones are also in the basement so that adds to the crowding.
6. On Tuesday, December 15, 2020 a nurse from the Health Services Unit came to H1 and did a COVID screening of one prisoner and that prisoner was removed from the unit. I have no idea if he tested positive or if I was exposed. As of Wednesday, December 16, 2020 we are now locked down in the H1 unit and our meals are brought to us. I have no access to the recreation yard while we are locked down.
7. When we are not locked down, recreation is limited, there is no access to the gym or exercise equipment. We can only go to the yard three or four times a week. Half the time the yard is closed.

8. Now that we are locked down and I get no law library or regular library and I have pro se litigation pending and it is an impossible situation in these conditions. Before this most recent lockdown, I only got 4 hours per week in the law library.
9. I am taking a computer course but I have no access to the computers during the lockdown. The whole point of “Introduction to Microsoft” is to be able to actually learn how to use the computer but we are just given booklets.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 16, 2020

/s/John Ecker
John Ecker

Signed w/ approval

/s/David Milton
David Milton, BBO # 668908

DECLARATION OF DIANE FARLEY

1. I am a 67-year-old prisoner at MCI-Framingham. I am serving a sentence of life without the possibility of parole. I live in the Laurel unit or “honor unit” right now. I am lucky to be in a single cell but some of the women here must live in a cell with another prisoner. There are roughly ten double cells in this unit.
2. I suffer from medical and mental health issues. My medical conditions include Crohn's disease and severe anemia. I currently have 20 ulcers from the Crohn's. The ulcers cause me pain, cramping and diarrhea. I also suffer from severe depression, anxiety and Post Traumatic Stress Disorder (PTSD) and I have severe spinal stenosis and disc issues in my back and neck.
3. I am awaiting spinal surgery and had surgery on my neck to fuse vertebrae 3-7. I need to use my walker a lot and I am afraid of atrophy if I don't exercise my legs. The pain in my lower spine is unbearable and I have severe nerve damage from cortisone shots as well. I am suffering in pain and without the specialized medical care I need.
4. During the outbreak in the spring, after a hospital trip, and I had a fever of 104. I was sent out in an ambulance and kept at Framingham Union Hospital for a week. I was given oxygen as soon as I got there. I was also hooked up to an IV medication.
5. When I returned to the prison, I was locked in a cell in the hole for ten straight weeks and this greatly affected my health and mental health. I was only allowed out for fresh air after seven weeks of being locked in my cell. I do not want to go through that again. I was severely depressed and anxious during the time I was locked down. No one would tell me when I would be released or if I would be released. I cried many days and nights inside my cell. I was just locked in a cell with nothing to do and nothing to occupy my mind. On my last day in the hole, I was given a loaner tablet.
6. During my ten weeks on full lockdown in the hole, I was denied medical care for my Crohn's, my back pain and my mental health issues. This caused me both physical pain and mental anguish. Nurses came by my cell to check on me but they didn't provide any medical care.

7. I am anemic and need iron infusions depending on my blood levels. Iron infusions can only be done at an outside hospital. In November, I was sent to Lemuel Shattuck Hospital and when I got there the Correctional Officer on duty was taking prisoners' temperatures and touching the thermometer to each prisoners' head without cleaning or sanitizing the thermometer. This made me very nervous. I don't want to test positive for COVID-19 again and be locked down.
8. I am suffering from memory loss that I believe is caused by COVID-19. I am forgetting things I used to always be able to remember like my families' address and phone numbers. No one knows what the long-term affect of contracting COVID are and this makes me very anxious and concerned for my future health. I am not the only person here that had COVID that is experiencing long term effects.
9. I was given a program packet by staff, but nothing stays in my head. I can't remember what I just read. I even forgot my granddaughter's name and called her by a different name. My family was mad at me but then they remembered that I had COVID. I found out this week that members of my family are positive for COVID-19 and this makes me very nervous.
10. I also receive treatment and counseling for mental health issues. I have diagnosis of severe depression, anxiety, and PTSD and I take 2 sleep medications and 2 medications for anxiety and depression. Usually, I also receive one-on-one counseling but now I am getting many fewer one-on-one sessions than before the lockdown in the spring. In order to see someone from the mental health staff I must explain to the officer on duty why I want to see mental health. It is hard to explain to an officer why I need to talk to mental health and this makes me uncomfortable and makes me not want to ask to see mental health.
11. The lockdown was never fully lifted from the spring. The big difference now from before the lockdown is that everything is cut down. Recreation time is cut down as is time get to the phones. I have less of everything and I'm not allowed to move outside the unit unless called. There are no religious services.
12. I try to stay more to myself now than before. It is hard to social distance so I stay in my cell at night during tier time.
13. I am very anxious about getting the virus again and being locked down. That was something I never want to go through again.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 16, 2020

/s/Diane Farley

Diane Farley

Signed w/ approval

/s/Bonita Tenneriello

Bonita Tenneriello, BBO #662132

DECLARATION OF STEPHEN FOSTER

1. I am forty four years old and incarcerated at MCI-Norfolk. I previously submitted a declaration in this case about prison conditions during the pandemic. I tested positive for COVID on November 29, 2020.
2. I was denied parole on June 28 or June 29, 2020 and Commissioner Carol Mici also denied my request for medical parole. Commissioner Mici cited a criminal record that wasn't even mine for the medical parole denial.
3. In the last week of October and first week of November I was tested twice for COVID and I was negative both times. The first test was around the 20th or 23rd of October and that is when they locked us down for the quarantine lock in. Then I was tested again on November 3rd or 4th. There were no COVID cases on my unit. An hour after the second test I was moved to the building I am in now, the CRA building. No one here had been tested at that point. Less than 24 hours after I got to the CRA building they tested the building, and within a couple of days they pulled out at least 6 people who were positive. So in the middle of a pandemic quarantine they were moving people from building to building without any care that they might be spreading the disease or moving us into a disease ridden building. To my knowledge that is how I got COVID, from being put into a building full of people who already had it and hadn't been tested.
4. When I got to the CRA building I was put into a four-man cell with three other guys. There was a wall separating us from a two-man cell with two guys, but the two cells were connected with shared spaces. I was on a bunk right on top of another guy. The two-man cell next to me was emptied within that week, and I asked to move over to create more space. They let me at first but then within three days they forced me back into the four-man cell, leaving the two-man cell empty for at least a week. At that point the four-man cell had three guys in it. They had no regard for social distancing.
5. On November 29th one of the guys in my cell tested positive. They brought the other two of us to the hole--*i.e.*, the RHU (Restrictive Housing Unit)--and tested us about an hour after we were there. Both of us ended up testing positive.
6. Once I tested positive I was sent to unit 8-2, which is a block designated as a quarantine unit. I was kept there until December 8th, when they cleared out the whole block and moved us to P building, which is a dorm they reopened that day to use for a second quarantine block. I think this was because the positive population was growing again.

7. I was released from quarantine ten days after testing positive, on December 9th, and brought back to the CRA building. I wasn't tested before being released from quarantine. I still had some mild symptoms, sinus headaches and loss of smell. My sense of smell has since come back, but I am still having problems with my sinuses and a mild cough. They did rapid tests of the whole unit on December 10 or 11 and said everyone was negative, but there are people here who are sick. They have kept the building under semi-quarantine conditions even though other places that tested negative have opened back up. While I was in quarantine, I understand that they continued to move new people into this building from other units, before the building was tested.
8. Although I was lucky to experience fairly mild symptoms from COVID, including scratchy throat, headaches, body aches, and loss of smell and taste, I am concerned about long term impacts on my health. I have bio prosthetic valves in my heart. I am very worried about long term damage to my heart and my kidneys, both of which have had problems in the past. Could this shorten the length of time I can keep these valves? Could they be damaged? I don't know because I haven't been checked out. I am also concerned they will not be able to protect me from getting it a second time, and I will not fare so well next time.
9. There are 54-55 guys in my unit right now and the full capacity is 60-61.
10. I'm in the Correctional Recovery Academy program and I get packets to complete while I am here in the unit. I missed two weeks because I was in quarantine and they didn't give me any packets then. We do the packets on our own and don't see any staff to help. There are guys here that would have graduated the program but they are stuck here waiting for their panel test, which is when you sit in front of a panel of people and they fire off questions to ask what you have learned in the program. They have to take it to finish the program and get their boost time and completion credits. The panel tests have been on hold because of COVID, although one guy just recently received a panel test packet. I am not sure what that will end up entailing or when he will get the test. Some were told they would get parole when the program was complete, but they haven't been able to complete the program so they haven't been able to get parole.
11. There are guys here that only have 28-29 days to go until they can go home and they are not letting them out of here. One guy is under 20 days to wrap up.
12. I used to get in-person visits once or twice a month from my father, and a couple of close friends would come to see me every month or two. I haven't had any

visits since February. The building was only open for visits through a partition for about a month before the second wave hit.

13. I miss my family. That personal contact with someone that is friendly and familiar helps you get through your time. Not having that takes a mental and emotional toll.
14. Before I got COVID I wondered, would I get it, will I ever see my father again? Now that I got it I worry that they won't be able to protect me from getting it a second time. I wonder, am I going to make it out of this? I have a year left. Am I going to make it home to see my family?
15. I am supposed to have access to the phone for 30 minutes a day. They put your name on a list for a certain time and you come and try to get on the phone. But if you call your attorney, that is it, you don't get to call your family after that.
16. The hardest part of the day is the whole day, especially from 1pm to 6-7pm. I don't have anything to do. Outside recreation was completely shut down for a little over a week, from about December 3rd to December 12th. Since then we have been getting outside about three times a week. For the most part we sit here and talk about how DOC is handling COVID. We are fixated.
17. I have gained about 40 pounds in the last 6-7 months from not being able to be active. I'm overweight now and I shouldn't have this much weight with my heart condition.
18. Mentally, this has taken a toll on me. I am afraid I won't see my family again. I have unprecedented worry about whether or not DOC is going to take care of me. They have been incompetent so far. They keep messing up my medications. They have let me get infections. They didn't take care of me after I had surgery. And then they moved people around during quarantine and I got COVID. They are being irresponsible and I worry that they are not competent to keep me alive for the next year until I get out.
19. My medical needs have often been ignored, and I don't feel like DOC is being held accountable for its responsibility for my health in care and custody. There is nothing that makes them do what they are supposed to do.
20. The last time I saw any medical personnel in response to a submitting sick slip was on October 5. I was triaged a couple days after that for lower back pain. Since then I have not seen any nurse practitioners or doctors in response to requests for

medical attention. Since October 5, I have put in 9 or 10 different sick slips with no response. I have been requesting pain management for an existing fracture in my face and for lower back pain. They have also failed to give me medications that have been ordered for a long time. I have hypoallergenic skin and have a standing order for Aveeno soap. I was transferred to Norfolk from Old Colony Correctional Center on September 20-21, but I just got my first bar of Aveeno soap here on December 10. Sometimes it has taken me 2-3 weeks to get my heart medication. A few of the nurses go out of their way to help, but others won't even accept sick slips that I try to submit asking for help. The only way that I can get any type of help is by advocacy from my attorney from Prisoners' Legal Services.

21. I suffered a serious facial fracture in the fall of 2019. I had two facial surgeries and was originally supposed to have a third in April of last year. It couldn't be scheduled because of COVID. I had a follow up video call with a doctor at BMC and she wanted to schedule it for June, but it was not scheduled and my surgeon has now left the hospital, so I will need to get a new surgeon familiar with my medical conditions. The surgery has been postponed since then. I had a CT scan in July and there was supposed to be follow up after that, but there hasn't been. This has left me in a lot of pain, especially because they frequently do not give me my pain medication.
22. I am supposed to see mental health because I have PTSD. I am not on medication for it but I am supposed to see a therapist once a month, and more if I request it in writing. But I have not seen a therapist since the first week in October. At this point I don't ask to see them because I've lost faith in that part of the system.
23. Their failure to manage my pain has blocked me from being motivated to do anything. Ultimately them not treating me medically, not giving me my heart medication, not helping my face pain, it is all a mental drain on me. I ask myself why I don't deserve to be taken care of and treated with respect.
24. They moved me around during the quarantine period without any concern for the fact that they were exposing me to COVID. With my heart condition, me getting COVID could have been a lot worse, and they didn't care. They had no way of knowing that my symptoms would be mild, and they just took that chance. I feel like they played russian roulette with my life.

I declare under penalty of perjury that the foregoing is true and correct.

Signed: December 17, 2020

/s/ Stephen Foster
Stephen Foster

Signed with Approval
/s/ Jessica White
Jessica White, BBO #673332

DECLARATION OF JAMES GARREY

1. I am a 43-year-old prisoner at MCI Concord. I am serving a sentence of life without parole.
2. I live in a double cell which is roughly 6' x 9' with bunks.
3. We eat in our cells, they bring the food to us on a car.
4. Medications are sometimes brought to the door, sometimes we wait in med line. It seems ad hoc as to how this happens.
5. As to the phone, we get one hour a day out. They let out 7 or 8 cells at a time. I am only able to get the phone at those times. Essentially, this is "seg" status except I am in a double. It has essentially been this way for 8 months.
6. Our out of cell time was at 1/2 hour a day in April through June, then it increased in the summer to 2 1/2-3 hours. In October, we got 1 hour. From November to December 13, it was 1/2 hour. Now it is 1 hour.
7. They tested my whole block yesterday, December 14, 2020.
8. We have had no visits since at least March.
9. They do not clean the phones or the showers in between groups.
10. I am in my cell at least 23 hours a day, always within 6 feet of my cellmate.
11. Currently, there is no rec, no programs, and no jobs.
12. Before COVID, out of cell time was roughly 9 hours a day, consisting of chow, programs, yard, gym, library, and block time. Yard was roughly 2 hours a day.
13. Now, we do not go outside at all. I have not been let outside since September.
14. This is a toxic environment. The guards are still shaking down cells. Staff are not going out of their way to distance. The guards are still roughing guys up in their cells simply because they are yelling. They are still tossing cells, still doing pat downs, and still collecting urines.
15. There are no in person visits. My last one was in January.

16. We have no access to mental health or medical.
17. To my knowledge, they have not seen anyone for anything this last month and a half.
18. It is really important to me to have access to mental health. I have serious addiction issues and get no treatment for it. As a result, I became reinfected with hepatitis C. I was sent to an outside hospital in October for an ultrasound of my liver. Because I am on epclusa for hepatitis C, I am supposed to get blood work every four weeks while I am on it. I started on October 5th and the treatment ends December 27th. I have not had a single round of blood work since October 5.
19. I would like to start medication assisted addiction treatment, but this prison seems to drag their feet. It never started.
20. At this point in my life, I just want this struggle with addiction treated because it affects every single aspect of my existence, from my physical health to my mental state. I hope my voice will be heard on this issue.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 15, 2020

/s/James Garrey
James Garrey (W66342)

Signed w/ approval

/s/David Nathanson
David J. Nathanson
BBO#633772
Wood & Nathanson, LLP
50 Congress Street, Suite 600
Boston, MA 02109
(617) 248 - 1806
dnathanson@woodnathanson.com

Declaration of Alan R. Gaudreau

1. I am 58 years old and serving a two year sentence for breaking and entering, with a 6 month county sentence reckless driving, to be served immediately after. My sentence ends on July 20, 2021 but with earned sentence reduction credits I have already received I am currently scheduled for release on February 1, 2021.

Social distancing

2. I am currently housed in the 7-2 housing unit of MCI-Norfolk. This unit has two tiers, (floors) housing a total of some 65 people. Each tier has ten double-bunked cells and ten to twelve single cells. These cells are arranged along a narrow hallway, with five doors on either side. The cells do not lock and about half do not have a sink and toilet inside. I am in a single cell on the upper tier.

3. During the COVID lockdown, we are limited to our cells and the hallway for nearly the entire day and cannot access the day room downstairs as we would normally. People are out in the hallway all day long, often four or five people at a time. There is no way to keep social distance in the hallway since it is only 5 feet wide.

4. Even though I have already had COVID, I try to keep my distance from everyone. But I have no choice. There is no way to avoid being on a tier all day long with 19 other guys. You could stay in your cell, but it's only as big as a bathroom, with just 18 inches between the desk and bed, and maybe six feet from wall to door. These cells were built for single occupancy, and built for people who were out of their cell most of the day. Now the only option is to stay on your bed or be with others in the tier.

5. Even the Corrections Officers cannot social distance in the unit. For the most part they wear masks in the unit. But they have a small office, about four feet by seven feet, and when they are in there they keep their masks off, even when there is more than one of them talking together. If you come to the door to speak with them, most will put their mask back on but some don't.

6. It is also impossible to socially distance in line for food. Meals are served in the kitchen, which is about eleven feet wide, but with a corridor only about five feet wide between the tables, where people line up. There is no social distancing on the line. When you get your food, there is only a 12" shelf between you and the server and CO standing behind the shelf.

7. The same is true of the line for medication, which is handed out in the same place. When you get medication, a CO checks your mouth. While they wear masks, they are of all different kinds, and sometimes they are just like a bandana draped over the face and not secured at the bottom.

Restrictions on movement and activities

8. With the current lockdown, we are allowed no more than two hours of outdoor recreation four days a week. I have a job collecting trash from around the prison camp every day, but others get no additional outdoor time.

9. I am in the Correctional Recovery Academy (CRA) program but, like all other programs, in-person groups have been cancelled and we just get one packet and one test a week. This is not useful; it's just a dog-and-pony show. Religious services, AA groups, inmate self-government meetings, and all other groups have been cancelled since March 20.

10. During normal operations, everyone is allowed to be in the yard, the gym, or in meetings most of the day, from 8 am to 8 pm, except for "lock-in counts" from 11:30 am – 1 pm and 4:30 – 6 pm. I would normally spend about six hours a day in CRA groups.

11. At MCI-Norfolk we have not been able to visit with loved ones since the lockdown began in March, except for a two-week period in September when visits briefly resumed. The visits were limited to one hour, because only about 10 people can be in the visiting room at once, and they had to be scheduled in advance. I would love to see my wife and my brother, but I told them it was not worth it since it takes them over an hour to travel here. I have had no visits since before I was transferred to Norfolk in February, because there was not enough time to get my visitors approved here before the lockdown began.

12. We are each allowed one 20-minute call a day, with one time slot for each of us in the unit, so you have to choose between a call with a loved one or an attorney. We do not have any access to video calls.

13. I'm glad I can make a call every day, but the lack of visits is affecting my marriage. My wife has multiple sclerosis and I worry about her health all day long, that's all I do. I'm all she has. She is an only child. Our daughter died of ovarian cancer, her father died, and her mother lives in Florida. She needs companionship. Stress aggravates MS, and she is extremely stressed. I am also stressed. I only sleep about three and a half hours a night, from 11:30 pm to 3 am, and then I am awake.

Medical and mental health care

14. When I was transferred to MCI-Norfolk in February they took me off the mental health caseload because I had been focused on my emotions around losing my daughter, and they told me they don't do that kind of work. So I do journaling about that.

15. During the lockdown, nobody has had 1:1 mental health visits with a mental health clinician, even though it has been a time when people with mental illness need it the most. The mental health clinicians just do rounds in the unit once a week. They hand out puzzles and ask if anyone has any questions or concerns. They don't even

come into the tier, they just stand in the doorway at the end of the unit. A lot of guys won't talk to them.

16. Mental health sick slips right now are not getting addressed. If you say you have a mental health crisis, they will pull you into the CO's office for like 10 minutes to see if you need to go on suicide watch, but that is not therapy.

17. With medical care, they answer sick slips sporadically. They don't take you to medical, you see an RN who comes to the unit. I need a tooth filling but have been informed that all dental care is cancelled until after the pandemic. Nobody has been seen for outside medical trips except for emergencies taken to the hospital by ambulance. Nobody is getting telehealth visits.

18. I am seen for chronic care because I have high cholesterol and pulmonary heart disease. Normally I am seen every three months. Because of the lockdown, I was not seen from February to October, and they only saw me in October because they thought I might have a brain haemorrhage. That runs in my family, and I had bad symptoms during the night such as severe headache and vomiting so I was taken out to the hospital for a CT scan on October 28. That was the day that MCI-Norfolk went back into lockdown and I have not seen medical since, nor have I been told the results of my CT scan.

19. They are low on medical staff because staff has been sick. In fact, it is well known among staff and prisoners that the first identified case of COVID-19 was a nurse. She had contact with a number of the correctional staff, who spread it to the units. It is easy for the virus to spread in the medical area because medical and correctional staff take off their masks when they are there, even when prisoners are nearby in a locked holding area with an open mesh door

COVID quarantine

20. When everyone was tested in early November, I tested positive along with 47 other guys from my unit. We were all sent to the P-1 dormitory, a decrepit building that had been condemned by the Board of Health but was re-opened in October for COVID quarantine.

21. When I was there, there were about 76 of us in the dormitory. People were vomiting and throwing up blood. But we were expected to do all the cleaning ourselves and we had no laundry service until we fought for it. There were five men who had been there for ten days before I arrived, and they told me they had not seen anybody clean or had any laundry done during that whole time.

22. The bathrooms were dirty and in complete disrepair. Of the nine sinks, five were broken and three were clogged – one from a guy throwing up blood. They gave us normal soap to clean but no bleach or other disinfectant. Of the seven showers, three did not work and one was so clogged up you could only use it for a moment. Only two

out of the three urinals worked. And this was for 76 COVID-positive people. After I complained to the administration and PLS, the toilets were fixed and some of the sinks were fixed.

23. People with COVID-19 continued to be quarantined in the P dormitory units until Monday December 14. At that time about 95 people were housed there. They were housed in 50 double-bunked beds, so even very sick prisoners were housed on upper bunks. There are no ladders for the upper bunks.

24. On the afternoon of December 14, they emptied the P units. Some of these COVID-positive people went to the restrictive housing unit, known as the RB, and others went to the 8-2 unit. Previously, people suspected of exposure to COVID but not yet confirmed were housed only on the third floor of the RB, and the floors below that were regular restrictive housing for discipline and other reasons. Now, all the floors of the RB have both COVID-positive people and others. Some people in the 8-2 unit were sent back to their regular housing block after they tested negative, even though they were exposed to COVID during the period they were waiting for their test results. So they could be transmitting the virus to others.

Request for early parole consideration or home confinement

25. I submitted a request for home confinement to Commissioner Mici in September. I have never received any response.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 17, 2020

/s/Alan Gaudeau
Alan Gaudeau

Signed w/ approval

/s/Bonita Tenneriello
Bonita Tenneriello, BBO #662132

DECLARATION OF MICHAEL S. GOMES

1. I am a fifty-one year old man serving a two year sentence for a probation violation at MCI-Concord in Concord, Massachusetts.
2. I am immunocompromised. I am a liver transplant recipient, and take medication which weakens my immune system. I was scared for my life when others in MCI-Concord started testing positive for COVID-19 because of my medical vulnerabilities.
3. I am currently housed in a segregation unit for quarantine. My regular housing unit is L-1, an 80 man dorm that houses prisoners in the Correctional Recovery Academy (CRA). L-1 has 40 bunk beds, each roughly three and a half feet apart. I was moved from L-1 to J-1 on December 2nd, after all of L-1 was tested for COVID-19 and my test came back positive. J-1 contains 30 cells. The bottom tier is single bunked, and the top tier is double bunked. It currently serves as a quarantine block, where I was held for two weeks until being moved to segregation on December 15. I was told that I was being moved to segregation for quarantine because I am immunocompromised, but I already quarantined for two weeks in J-1 after testing positive for COVID-19. I feel as though I am being punished for having a compromised immune system.
4. I can put together some events that may have led to the recent spread of the virus in MCI-Concord. In the beginning of November, there was a positive case somewhere in the prison. The entire prison went on lock down. Correctional officers began to perform duties that prisoners typically would, such as working in the kitchen. Officers from multiple units across the facility began preparing our food. Some officers complained about this work and decided to have prisoners resume work in the kitchen. Eleven prisoners were pulled from my unit, L-1, to help out. Positive cases began popping up in our unit and around the facility soon after. It seems possible that a positive officer in the kitchen infected one of the prisoners there, who brought it back to L-1.
5. I experienced a few symptoms after testing positive for COVID-19. I had a headache and backache for about a day, but at the time attributed it to receiving a flu shot. I experienced no other symptoms.
6. My mental health has suffered significantly because of the lockdown. Since moving to J-1 on December 2nd, I have been locked in a cell 24/7. The last time I had outdoor recreation was November 22nd or 23rd, and we had not had it for months before then. My cell in segregation is small, and I have nothing to keep

myself occupied here. There is no form of entertainment, no TV, and no programming. It messes with my mind.

7. I only have 69 days of my sentence remaining. Prior to moving to quarantine, I was receiving fifteen days per month of Earned Good Time through the CRA program. I do not know if I am still receiving those days. I hear rumors that the CRA staff are no longer allowed to come in, but cannot get a clear answer from staff if my EGT is affected. The journaling program is available to us, but only offers ten days of EGT. I have not completed that program yet because I want to know if I am still getting my usual Good Time. In March, they offered everyone close to their wrap-up date a program called the Covid Package to earn 30 days of EGT so they could wrap early. They have since done away with this program.
8. I was also supposed to earn a ten day boost for completing the CRA, but I no longer believe I will be getting this boost. With those ten days and my usual EGT, I would have knocked five months and ten days total off my sentence by the end of this month.
9. I was denied parole in July. I only had nine months of my sentence remaining at my hearing. Despite this, I do not believe that my medical vulnerabilities were taken seriously by the Parole Board.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 12/21/20

/s/ Michael S. Gomes
Michael S. Gomes

Signed w/ approval
/s/ David Milton
David Milton, BBO #668908

DECLARATION OF MICHAEL GOMES

I, Michael Gomes, hereby declare the following:

- (1) I am currently an inmate at Massachusetts Correctional Institution, Shirley; I have served most of my sentence at Shirley Medium but have recently been moved to Shirley Minimum. I am serving a sentence of 15 years to 15 years and a day; if all goes well, I hope to wrap in 2022.
- (2) I am 45 years old and suffer from diabetes and asthma. Part of my left lung is also compromised from a previous car accident.
- (3) While at Shirley Medium, I contracted COVID-19 over the summer. I believe I contracted it from a nurse who was working there, who got sick and then disappeared for a while.
- (4) The unit was already on lockdown at the time. Everyone remained in their cells 23 hours a day.
- (5) Those who tested positive had their cells marked with a "B" on their door, those who refused testing marked with an "A," and those who tested negative with no mark. They would take all the positive people out to shower at one time, all the refusing people at another time, and all the negative people at another time.
- (6) We spent months locked down this way, staying in our cells 23 hours per day.
- (7) I was asymptomatic when I first tested positive, but then I lost taste and smell, and then breathing became difficult, with one night in particular that was very scary.
- (8) Following contracting COVID, my asthma and diabetes have both been worse. I have had to switch the type of my inhaler for asthma and the type of insulin for diabetes. My blood sugar has been much higher than before the pandemic, reaching a HbA1C level of 12.3.
- (9) My last asthma attack was roughly a month and a half ago, when I was walking up the hill to the HSU to get my medicine. It was relatively mild, but I am worried that my next one could be worse.
- (10) I am concerned because Shirley Minimum does not have on-premises 24-hour medical care as was available at Shirley Medium and as I am aware some other minimum-security facilities have. Instead, we have about 13 hours of medical coverage per day, with off hours requiring calling someone from a neighboring facility and waiting for them to

arrive, which makes me worry about what will happen if I have a severe asthma attack during this time.

- (11) Recently, COVID-19 has flared up at Shirley Minimum.
- (12) I currently live on a unit with 32 people; 20 of them tested positive and were removed to quarantine (in “Mod B”). An additional inmate was not originally removed, but then told that he had tested positive but had been overlooked, and he was removed as well.
- (13) The other day I saw an ambulance outside “Mod B,” where people were quarantining, but did not know at the time what was happening.
- (14) After some relaxation of our lockdown over the summer as the pandemic eased, it tightened up again in the past 3-4 weeks.
- (15) I am sharing a cell with one other person; the most distance I have from my cellmate inside is about 5 feet.
- (16) We line up for meals in a room in front of the unit, with little room for social distancing. I eat meals in my unit, usually in my lap while sitting in bed.
- (17) I also need to get regular insulin shots and line up for that as well.
- (18) On a typical day, in addition to the inmates in my unit, we see three correctional officers (one times three shifts) plus I see the CO who gives me my insulin.
- (19) We are not able to do most jobs normally available, only jobs on the unit.
- (20) I am doing the Correctional Recovery Academy program, which is supposed to involve meetings, one-on-one counseling, and jobs; but because of the lockdown the program currently only involves reading packets we receive once a week and then taking written quizzes on Friday.
- (21) Our rec time is in the unit and in a back porch off the unit – but with no access to the gym, basketball court, track, or barber shop that would normally be available to us.
- (22) We have no access to in-person visits from family. During the last lockdown, in the spring and early summer, we received two free calls per week and two free text messages per day; now we receive only one free call per week and one free text message per day. As of today, they are installing video visit hardware in the units, but it is expected to be expensive.

(23) My last in-person visit was roughly one year ago.

(24) Spending this pandemic in prison has been frustrating, disrupting, confusing, and at times scary.

Signed under pains and penalties of perjury this 14th day of December, 2020.

/s/ Michael Gomes
Michael Gomes

Signed with approval by attorney:

/s/ Jeffrey A. Garland
Jeffrey A. Garland, BBO # 679100

Declaration of Eugene Ivey

1. I am a 43-year-old man incarcerated at MCI-Concord. I am currently on parole for second-degree murder committed by joint venture in 1994 when I was 17 years old. I am on parole while in prison serving an on-and-after sentence of four-to five years for assault and battery on correctional officers committed in 2001. I was granted parole on the life sentence on March 26, 2020 and began serving the consecutive sentence in mid-April 2020.

2. I currently live in the J-6 unit, which has 45 cells on three tiers. The cells are mostly double-bunked, and there are approximately 75 people in the unit.

3. There is no such thing as social distance in prison. When we come out for tier time, half of the tier comes out together. As a result, there may be 12 people in the common area, which includes five tables, a TV on the wall, eight telephones, a computer kiosk, and a CO desk. The phones are lined up next to each other, which means that anyone talking on the phone is right next to other people talking on the phone.

4. Prisoners usually wear masks but not always. There are some COs who wear masks, others who don't, and some who wear their masks halfway on their faces.

5. In the spring of 2020 when the pandemic resulted in lockdowns, I lived in J-1 (the dog training unit) and we were locked in our cells for 23.5 hours a day. This 30-minute period was the only time I had per day to shower and make a phone call. This lasted for a while. At some point the out of cell time increased by 30 minutes so that we were locked in our cells 23 hours a day. In June, the lock-in time changed to 22 hours in our cells per day. We were then permitted outside for two hours per week. My memory is that this lasted through the summer.

6. On October 28, I was moved to the Restrictive Housing Unit (RHU) because I had been experiencing cold symptoms. After determining that I did not have COVID-19, I was released back to my regular housing unit several days later.

7. On November 7, I was moved to the J-6 housing unit due to 12 positive COVID-19 cases in my then-unit, J-1. J-1 shared outdoor recreation time with two dormitory units that had people who contracted COVID-19. The people in my unit who did not test positive, including myself, were moved to different units. I was moved to J-6. The whole prison went into lock-down status and we were allowed out of our cells for only 30 minutes per day. This 30-minute period was the only time I had per day to shower and make a phone call to family or my lawyer.

8. On December 10, our time outside increased from 30 minutes to 60 minutes out of cell on the tier.

9. As of December 16, 2020, we are off of lockdown, but my unit remains on quarantine status due to one positive test in our unit. I am now currently permitted out

of cell four hours a day. I do not know how long this will last before we go back into another lockdown.

10. Currently, I have been outdoors for yard time only 90 minutes since late October.

11. Before COVID, we were out of our cells most of the day, from 9-11 am, 1-4:30 pm, and 6:30- 9:30 pm. We could go to the yard outdoors four hours a week, use the gym, and go to classes and programs.

12. I share a cell with one other person. The cells were not made for two people to spend the entire day inside. It is hard to move around. Even though I have a medical history of two hernias and underwent surgery last year, I am on the top bunk because my cellmate is in his 40's with back issues and had seniority in the cell. Because the bottom bunk dominates the cell, I spend almost all of my time lying or sitting on the top bunk bed. When I do come down to move my body, I can walk about six steps from the door to my cellmate's locker. It is awkward for me to walk in the cell because my cellmate watches TV and I can only do so much pacing in the cell. I am stiff as a board and my joints ache.

13. Being locked in my cell is also hard for me because I was in solitary confinement in the DDU for 12 years and 8 months between 2001 and 2014. I have PTSD from this experience and so being locked in the cell brings back painful memories of my time in the DDU. I do not sleep well and I have racing thoughts. I find it hard to stay focused on one thing for too long, such as reading or writing. When I was in the DDU, reading was my lifeline to keep myself sane. During these COVID lockdowns, I cannot seem to focus on reading. I am depressed, but I worked hard every day to keep myself going mentally. My lawyer, friends, and family help me cope through the little bit of time I can speak with them or correspond by email and mail.

14. Visitation has stopped during the lockdown. Not being able to see family or friends has been difficult, as I feel better mentally when I am connected to other people.

15. We can make phone calls during the tier recreation period. During the lockdowns when we are out of cell for only 30 or 60 minutes a day, it is hard to make more than one 20-minute call because there are only eight phones on the tier and so other people are usually waiting for the phone.

16. I was in the Tufts University Prison Initiative Tisch College of Civic Life and attended classes several hours a day. I was also in a book club that met every week for about two hours.

17. Now there are no in-person programs. The only opportunity to earn good time is through a journaling program, for which I receive only 10 days of good time. I have heard of a couple different programs for people close to re-entry that are also in-cell and involve reading and writing.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 17, 2020

/s/Eugene Ivey
Eugene Ivey

Signed w/ approval

/s/Lisa Newman-Polk
Lisa Newman-Polk, BBO #665570

DECLARATION OF JAMES KEOWN

1. I am a forty-six-year-old prisoner at MCI-Norfolk (MCI-N) serving a life sentence without the possibility of parole. During the course of the pandemic, COVID-19 has been cited as one of the primary reasons for my denial of adequate, timely medical care. Since I tested positive for COVID-19 on December 9, the virus has been an immediate threat to my health and wellbeing that DOC has proven unfit or unwilling to properly address.
2. On the evening of December 9, I was informed that I tested positive for COVID-19 and was moved from Unit 2-2 to Unit 8-2, a quarantine unit at MCI-N. I was allowed approximately fifteen minutes to pack up everything that I would need for at least the next ten days.
3. On December 10, I was retested using a PCR test, which confirmed the positive rapid COVID test.
4. Everyone within the quarantine unit has tested positive for COVID-19. Because of my medical restrictions, I am held in a single cell within the quarantine unit. However, most people are in double cells. The heat for the cells in the quarantine unit does not work properly, leaving many cells, including my own, uncomfortably cold. I am confined to my cell twenty-four hours a day, except to use the shower and to make one phone call per day. In the one week that I have been held in quarantine, there have been only two opportunities for fresh air, but my preexisting medical limitations and worsening COVID symptoms did not allow me to do so. Meals are delivered to the unit in styrofoam trays that are not kept in a warmer, so most meals are cold when they are served.
5. Since my first positive test, I have experienced mild symptoms that worsened for several days. My initial symptoms included congestion, a persistent headache, mild cough, and issues with my breathing, which are exacerbated when I move. I also experience very painful muscle cramps in my core. After six days, some of my symptoms started to resolve. I continue to experience shortness of breath and muscle cramps. I have reported all of these symptoms to the medical staff.
6. I first reported my COVID symptoms on December 10. On December 11, I was called out for an evaluation by a nurse. The nurse only expressed concern about my shortness of breath. They checked my breathing using a stethoscope and checked my oxygen levels. Other than this evaluation, the only interaction I have with nursing staff is for twice daily temperature, oxygen, and symptom check.
7. COVID has exacerbated the symptoms of my preexisting neurological condition, especially my muscle cramps. There have been times that cramps in my core have been so bad, that I must lay on the floor. I do not move much as it is, but even with the minimal movement that I do, I am concerned by my shortness of breath - especially because there may be long-term effects.

8. Prior to my positive COVID test, I wrote two letters to the administration at MCI-N and spoke to a captain about my concerns related to staff noncompliance with orders to wear masks.
9. I have also expressed concerns to staff about the prison prioritizing convenience over safety by continuing to force men at MCI-N to line up for meals by floor. This requires upwards of twenty men at a time to stand in line, roughly a foot apart, in a confined space with no ability to socially distance.
10. Four days prior to testing positive for COVID-19, I was told by another prisoner that one of the officers regularly assigned to my housing unit tested positive. The administration never informed us that the officer tested positive and never came to our unit to attempt any level of contact tracing.
11. Since the second week of November, there has been no communication from the Norfolk administration to prisoners about the status of an outbreak inside the prison. The only official acknowledgement of the ongoing spread in Norfolk made to prisoners is the implementation of daily mandatory temperature checks, which began around December 1, 2020.
12. I have submitted for a temperature check each day since the mandatory checks began. I have never presented with a fever and had no symptoms until after arriving in the COVID quarantine unit. I have been told that I must remain in the quarantine unit for at least 10 days from the time that I first tested positive.
13. I have been denied timely and adequate medical care for two serious medical issues during the course of the COVID-19 pandemic. First, an abnormal growth in my left inguinal lymph node. Second, an undiagnosed progressive neurological condition.
14. In December 2019, I was diagnosed with a mass in my right inguinal lymph node. A CT scan of the mass revealed a lymph adenopathy. A biopsy of my lymph node was recommended by a nurse practitioner at MCI-N on January 6, 2020, and DOC approved the recommendation on January 20. An urgent order for the biopsy was submitted, which indicated that the procedure must be performed within the next fourteen days.
15. Due to DOC's COVID-19 restrictions, I was not seen by the oncological surgeon tasked with performing my biopsy until July 10—six months after an urgent order was submitted. Because of the delay, the surgeon recommended removing my lymph node altogether instead of performing a biopsy. The lymph node was finally removed on August 6, 2020.
16. I have experienced even greater difficulty obtaining timely and adequate medical care for my still undiagnosed neurological disorder. I first presented noticeable symptoms consistent with a progressive neurological condition in early 2020.

17. I first reported my neurological symptoms through a sick call to MCI-N's Health Services Unit (HSU) on February 14, 2020, including weakness on my right side. I later developed muscle twitches, and cramping. My symptoms caused me to walk with an irregular gait, which led to regular stumbles and secondary injuries to my ankle.
18. I continued to report the progression of my symptoms to the HSU throughout Spring 2020. In the several months since the initial onset of my symptoms, my condition has progressed to the point that I now struggle with basic tasks, including writing, typing, buttoning my shirt, tying my shoes, rising out of bed, shaving, holding a cup of coffee, and chewing. I can no longer walk without a walker and I struggle to sit or stand upright for more than a few hours per day.
19. On August 10, 2020, my primary care provider communicated to me their preliminary diagnosis of either multiple sclerosis (MS) or amyotrophic lateral sclerosis (ALS). Since mid-August, I have submitted 12 sick calls related to medical care for my undiagnosed neurodegenerative condition. Only one sick call has been responded to directly.
20. Despite several requests to be seen by my provider to evaluate and monitor the progression of my symptoms, I have only been seen by my medical provider once since August 10, 2020. While I have occasionally had passing conversations with nursing staff on my housing unit, 2-2, they have not provided any substantive medical care.
21. Most significantly, I have been denied an in-person neurology evaluation, which was first clinically indicated on an urgent basis by a neurologist at Lemuel Shattuck Hospital on September 22nd. I was subsequently scheduled for an in-person evaluation in the first week of November, but my appointment was cancelled due to an outbreak of COVID-19 at MCI-N. In lieu of an in-person neurology evaluation, my medical records were reviewed by an e-consultant in late November. The e-consultant strongly agreed with the recommendation made two months prior that I receive an in-person evaluation.
22. Despite two clinical indications by neurologists that I receive an in-person evaluation, I have yet to receive one. The consultant did not make a clear diagnosis, but Wellpath's Statewide Medical Director did not detect a level of urgency high enough to transport me during the pandemic.
23. Based on my conversations with nursing staff, the fact that my case is not being treated urgently suggests that I should not expect to receive an in-person evaluation until Spring 2021 at the earliest.
24. I have spent the past several months using my waning physical strength and energy to advocate for my proper medical treatment. The burden to track the progression of my symptoms has been passed fully to me because there is no accurate record of my symptoms being kept in the electronic medical records.

system. This has become increasingly difficult as my physical condition has declined. It has become more difficult since I have tested positive for COVID-19.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 15, 2020

/s/James Keown
James Keown

Signed w/ approval

/s/David Milton
David Milton, BBO #668908

DECLARATION OF TIMOTHY LAVIN

1. I am a 43-year-old prisoner at MCI Shirley. I am serving concurrent sentences of 20 to 22 years for home invasion and other crimes.
2. I live in the F-1 unit at MCI Shirley. I have a roommate, like most other inmates in my unit.
3. My cell has a set of bunk beds, two lockers, a desk, and a toilet/sink combination. We wash our hands in the same place where we defecate. My best guess is that my cell is about 8 feet by 10 feet.
4. We do not eat in the chow hall. Our food is brought to our cells and I eat with my cellmate.
5. I have no outdoor rec time. I haven't been out in over a month and a half.
6. When I am allowed out of my cell, there is almost no social distancing. As one example, when inmates are in the med line, they are directly next to one another. There is no six foot distancing.
7. Our showers are filthy. They are rarely cleaned and definitely are not disinfected regularly.
8. Every day, I see corrections officers wearing their masks below their nose and mouth. This is not happening for seconds or minutes at a time. It is happening for long periods of time.
9. I am an opioid addict and I want to get clean. I have been desperate for drug treatment programming, but none is available right now. Our only programming is handouts from the prison. We get our good time if we fill them out, which I am doing.
10. I have not had any in-person visits since March of 2020. My mother and my son used to visit me every few weeks, but they can't because of COVID. Not being able to see my family has had a real negative effect on my mental health.
11. Our medical care right now is awful. It takes about a week to get a response from a sick slip.

12. On a Thursday about a month ago, our whole unit got locked down because of a positive test. That Sunday, we were all given a rapid test and two people got taken from our unit. After that, they never tested us again. People in the unit started getting sick, but they didn't want to tell the COs because lots of infected inmates were being taken to the hole and nobody wants to go there. Everyone just stayed in their cells and fought through the sickness on their own. I am sure that most of my unit had COVID even though only a few people tested positive.
13. The prison is short-staffed right now because so many of the COs are out because of COVID. They can't handle the work that needs to be done with the staff they have.
14. The entire situation is very stressful. I'm lucky because I'm doing okay, but lots of guys aren't. There's so much pressure on everyone right now.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 14, 2020

/s/Timothy Lavin
Timothy Lavin

Signed w/ approval

/s/Justin Drechsler
Justin Drechsler, BBO #676968

DECLARATION OF JON LITTLE

1. I am a 56-year-old prisoner at MCI Norfolk. I am serving a sentence of life with the possibility of parole for second degree murder. I am currently parole eligible and my next parole hearing will take place in approximately 3 years.
2. I am currently housed in the P-2, which is the probation block at MCI Norfolk. My understanding is that this is a condemned unit.
3. I was placed here because of recent COVID-19 outbreaks at the prison. I am not here because of any violations of prison rules.
4. The unit is dorm style. Inmates do not have their own cells and we are all housed very close together.
5. Meals are eaten in the unit. I either eat in my bunk or at a table with other inmates sitting directly next to me.
6. I am in contact with people all day every day, and am almost always within 6 feet of another person.
7. For months now, the corrections officers have not been properly wearing their masks. They very often wear them around their chins, not covering their mouth or nose. Sometimes they do not have masks on at all.
8. There is no programming available to me right now, and there hasn't been for a long time.
9. The prison gives handouts and worksheets, but these are not at all a good substitute for real programming.
10. I have been working hard to care for my mental health during the pandemic, but it is very difficult. Mental health does not see us as often as before the pandemic, and when they do, we are not able to meet face-to-face for long periods of time.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 14, 2020

/s/Jon Little

Jon Little

Signed w/ approval

/s/Justin Drechsler

Justin Drechsler, BBO #676968

DECLARATION OF MICHAEL MARAMALDI

1. I am a 36-year-old man serving a sentence of 1.5 to 2.5 years for a probation violation for failing a drug test, with an underlying charge of receiving stolen property. I am at MCI Concord. I previously submitted a declaration in this case back in the spring, where I explained that I was afraid of catching the coronavirus because of the conditions here.
2. I am still living in the L2 dorm I described in my prior declaration. We had a large COVID outbreak here in the dorm last month. On November 11, 2020, the DOC tested everyone in the dorm. At the time, there were around 40 people. 15 of them tested positive and were taken to quarantine later that night. Even though DOC used the rapid test, which gives you results in just a few minutes, they left the positive people in the dorm for eight or nine hours before removing them. Two or three more people were taken out the next day when they developed symptoms.
3. While the lockdown let up for a few weeks during the summer, everything has been shut down again since the number of positive cases started rising. I have not been outside of this dorm room since October. There's no real ventilation since the windows can't be opened, and we are not allowed to go outside. I can't exercise, go to the library, or go to the gym. We don't even leave the dorm to get food or medication. We just stay in the dorm all the time. I feel like the whole prison has just halted. Everything's stopped.
4. It is not possible to social distance in here. All day and night, I am within six feet of other people. When I sleep, there's someone under me and on either side of me. The beds are only three feet apart, and there are currently around 80 people in the dorm. People eat on their beds or at tables a couple feet from each other. We have to line up to get medication, and people are less than a foot from each other like when they're lined up at the register at a grocery store.
5. Visitation has been suspended for several months. They're putting a video visit machine in the unit, but I have heard they will be charging \$9 for each visit, so you have to pay to see your family. We get one free phone call a week, and two emails a day are reimbursed, but I can't use the emails because you have to pay for them first and my account is frozen.
6. I am currently parole eligible, but my parole was denied in the summer. I requested reconsideration, but I have not heard back yet. My current wrap date is in June, and could be March if I am able to earn good time, so I would only be on parole for a few months before finishing my sentence.
7. Currently, I am earning 15 days of good time per month from the journaling program and from completing packets for the church program. There is no opportunity to earn boost time or completion credit. You can normally get a 10 day boost from completing the violence reduction program, but that program has

been suspended because of the pandemic. In March, DOC was giving COVID packets that provided completion and boost credits to people that were close to wrapping their sentences, but they haven't done that again.

8. People are afraid to seek medical treatment because if you say you have a headache or any little symptom, DOC will say it's COVID related and quarantine you. People are afraid to tell them anything because they don't want to be put in quarantine for two weeks. Getting medical treatment is also very delayed. For example, I've been waiting on a dental appointment for months now.
9. The mental health people come around once a week, but if you want to meet with them, you have to have a meeting in front of everyone else in the dorm. Before the pandemic, I met with mental health once a month to talk about my anxiety, but I haven't spoken to them since the lockdown because there is no point in talking about my issues in front of everybody.
10. No one here knows what's going on. We just have to sit and wait. Before the pandemic, we had regular staff hours where we could ask questions. Now the deputy superintendent comes around occasionally, but we can't really talk to anyone in the administration. If we write them, they don't ever write back.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 16, 2020

/s/ Michael Maramaldi
Michael Maramaldi

Signed w/ approval
/s/ Michael J. Horrell
Michael J. Horrell, BBO #690685

DECLARATION OF EMMETT MULDOON

1. I am a sixty-four-year-old prisoner at MCI-Norfolk (MCI-N) serving a thirty to thirty-five year sentence. I suffer from a host of medical conditions, including atrial fibrillation (AFib), coronary artery disease, congestive heart failure, diabetes, hypertension and multiple sclerosis (MS). Several of these conditions make me particularly susceptible to COVID-19.
2. I live on unit 3-3 at MCI-N. The housing unit holds roughly sixty-eight inmates. Due to medical restrictions, I am required to live on the first floor with seven other inmates. The floor is divided into three connected rooms: one four-man room and two two-man rooms. I am housed in one of the two-man rooms. All eight men share a single toilet and a single shower.
3. On Monday, June 22 around 3:30am, six other inmates on my floor and I were informed that the eighth man on our floor tested positive for COVID-19. We were then taken to the segregation unit and quarantined there for thirteen days.
4. The man on my floor who contracted COVID was housed in the four-man room, which is furthest from mine. He is a seventy-five-year-old man with prostate cancer. In the week leading up to that date, I overheard him complain multiple times to the medical staff on the unit that he did not feel well. His complaints were ignored and he was not given any treatment until he was taken to Boston Medical Center (BMC).
5. While I was quarantined, my single-man segregation cell, room 314, was stifling. The cell had solid steel walls and a solid steel door. The only very limited air circulation came through a four foot by eight foot window. The window could only be opened three to four inches and had two layers of mesh that further restricted airflow. The room faced West, meaning that the sun was beating down on me for long periods of the day. I requested placement in a different cell that was not facing the sun, but I was denied. As a result, the temperature of my cell in the afternoon of Wednesday, June 24 was recorded by Captain Parcell as being approximately eighty-nine degrees. These high temperatures severely impacted my MS, causing weakness in my legs and torso, as well as a brain fog.
6. While quarantined, I was only allowed out of my cell to shower. I was given daily shower time, although there was often not any hot water. I was not allowed any exercise outside of my segregation cell, let alone any exercise outdoors. The meals served to me were never warm by the time they were delivered to my cell.

7. While quarantined, I experienced two medical issues. First, the dosage of my diabetes medication was significantly increased without my knowledge. I was repeatedly refused the opportunity to speak with a doctor regarding this change to my medication. I both submitted sick slips and spoke with nursing staff about this issue. I also submitted medical grievances. Second, my feet were swollen due to a pitting edema. The edema went from my feet to about three quarters to the knee. I informed medical staff on the unit and requested to see a doctor, but that request was also denied. I did not see a doctor regarding my medication or edema until my release from quarantine.
8. Both before and after my quarantine in segregation, I was held in lockdown within my housing unit. The only break in this lockdown period thus far has been between roughly the beginning of August and the end of October, during which some restrictions were lifted. I was permitted to write to the Director of Treatment to request one hour in the law library each week. I was also permitted between three and four-and-a-half hours of outdoor recreation per week.
9. While my unit is under lockdown, I am confined to my cell the entire day, except for limited out-of-cell time to pick up food and medications, and place phone calls. Given my medical restrictions, I also have free access to the showers and bathroom, but most access is much more limited for those on other floors of the unit. I would also be allowed to leave my cell for a medical appointment or attorney visit.
10. During lockdown, I am permitted to pick up meals and medications, which are brought to the unit. When doing so, I am required to stand in line with others. Social distancing and mask orders are not always followed. I am given one thirty-minute time slot to place phone calls every day. Finally, I am permitted to shower and use the bathroom that is shared between me and the seven others on my floor.
11. The only programming that has been offered during lockdown is a journaling program. When you turn the journal in, you receive ten days of earned good time for the month. I did not participate in this program because of my medical restrictions related to MS. I have declining cognitive abilities and limited dexterity in my hands, which make it very difficult, both physically and mentally, to write the required fifteen to twenty pages.
12. Medical and mental health staff perform rounds on the unit on a regular basis. That being said, there is virtually no privacy while speaking with medical and mental health staff because conversations must take place in the open dining area where others on the unit can pass by and can overhear.
13. Two weeks ago, I noticed bed sores on my buttocks that cause bleeding. I filed a sick slip regarding this issue and have not been seen by medical staff.

14. I am very concerned about COVID-19. I had known Milton Rice for several years, prior to him passing away. He and I would often discuss medical parole issues, among other things. All of a sudden, he got ill with COVID and passed away within six or seven days. It made me understand that this stuff is all around me in my housing unit. There were probably 15 inmates that were taken to the hospital, either for plasma transfusions or given remdesivir. I had known Milton for years, but within six or seven days, he was gone because of a virus. It brought things into focus as far as my own vulnerabilities.

15. Having read and seen on tv who is most vulnerable to COVID-19, I understand the danger that I am in. Given my age and underlying medical conditions that make me particularly vulnerable to COVID-19, I am at high risk of serious illness or death from the virus. In addition to my vulnerabilities, the recent resurgence in positive COVID cases at MCI-N makes me fearful for my life and my long-term health.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 15, 2020

/s/Emmett Muldoon
Emmett Muldoon

Signed w/ approval

/s/David Milton
David Milton, BBO #668908

DECLARATION OF GABRIEL MEGNA

1. I am a fifty-six-year-old prisoner at MCI-Norfolk that suffers from morbid obesity, heart failure, degenerative joint disease, sleep apnea, and GERDS. I was also hospitalized at Norwood Hospital for pneumonia this summer, which has had long-term impacts on my lungs. Due to my poor health and medical needs, I live in the Clinical Stabilization Unit (CSU) along with approximately nine other men who are also too sick to live in general population. I've lived in this unit for about six months now.
2. The CSU is a dorm setting, where we eat, sleep and live in the same room. Besides two bathrooms, there are two rooms in the CSU: one with all of our hospital beds, and one day room. Last week, all the furniture from the day room was removed, so I started spending all day in bed along with the other residents.
3. There are two younger prisoners who live in general population and work in the CSU. One works 7am-2pm and the other one works 2pm-7pm. Their job is to keep the CSU clean, do the laundry, take out the trash and change our sheets. Last month, both of these men contracted COVID and had to isolate for approximately two weeks. While they were gone, there was no one available to help us. The correction officers and medical staff did not do our laundry or collect our trash, and did not send anyone else in to help us. The unit got dirty without these two workers, and we were left to fend for ourselves.
4. Last week, one of my friends here in the CSU was taken to the hospital and tested positive for COVID, so we all got tested the next day. In the morning of last Friday, the results started coming back and almost everyone tested positive for COVID. At first they started moving guys out who tested positive, but there were so many of them and not enough isolation cells in the Health Services Unit that they turned around and brought these guys back to the dorm. The three of us still waiting on test results were moved to the day room. They also moved our hospital beds and a portable toilet on wheels into the day room. There was no sink or running water. I have since been moved back to the dorm. The mail has not been delivered to or sent out of the unit.
5. They moved me back to the dorm because all of us who live in the CSU have COVID now. I have muscle aches and my throat and chest are on fire. I have extreme shortness of breath. I lose my breath so easily that I now use my CPAP machine whenever I lay flat in my bed. I hope I survive, but I have a weak heart, weak lungs and am very overweight. I just had serious pneumonia. I can't afford to have COVID. I am in a lot of danger here in the CSU and I hope I make it.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 15, 2020

/s/Gabriel Megna
Gabriel Megna

Signed w/ approval

/s/David Milton
David Milton, BBO #668908

DECLARATION OF RAMON OLAN

1. I am a 35-year-old prisoner at Pondville Correctional Center in minimum security. I am doing a 19-20-year sentence and a 2-3-year sentence. On Nov 13, 2020 I received a positive vote for parole with the condition that I spend 9 months in lower security.
2. During this pandemic, I cannot work and there are no moves to pre-release happening. I asked the parole board to reconsider the conditions of my release but I have not heard anything yet. I spoke to the Institutional Parole Officer, he said he is waiting for a response to the reconsideration.
3. The parole board has already said I am safe to go to the street so I don't understand why I am being put at risk of catching COVID-19.
4. Pondville did some testing about 2 weeks ago here and I heard on the news that one person came up positive.
5. I was in a double cell but I am now in a single cell at Pondville in the 2-2 unit. I have to go to the chow hall to get meals and bring them back to my cell. I wait in line to get meals and there is only one stairwell to the chow hall and sometimes I am rubbing shoulder to shoulder with prisoners on the stairwell. There is no way to social distance.
6. We are not supposed to hang out in the day room but we can use the microwave, kiosk, vending machines, laundry machines and phones. During bad weather people hang in the hallways. Sometimes there are 4-6 other prisoners in the hallway or they are hanging out in cells and there are 4-6 prisoners in one cell. The gym is not open and no work crews are going out right now. We all share the same bathrooms, showers, laundry machines and phones. All the prisoners at Pondville use the same microwave, kiosk and vending machines.
7. There is a KOP line and there is not really social distancing in the line. When we are called to pick up canteen there is a line. They call a unit at a time and I wait in line about a foot from the person in front of me.
8. There are three phones on one pole and there is definitely no social distancing. It is less than a foot and a half from one phone to the next. The person next to me can listen to my conversation, that is how close it is. I try to clean the phone after I use it, but the spray bottle is sometimes empty.

9. There is a prisoner that sprays chemicals from a backpack with a hose to kill germs. I think this happens five times a day but the phones are not sprayed.
10. I am given a packet or booklet for programming but there are no mentors or counselors to help answer questions.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 18, 2020

/s/Ramon Olan
Ramon Olan

Signed w/ approval

/s/David Milton
David Milton, BBO # 668908

DECLARATION OF ANTHONY OLSZEWSKI

1. I am a 61-year-old prisoner at MCI Norfolk. I am serving a sentence of life without parole.
2. I live in a single cell which is roughly 6' x 10'.
3. Currently the heat is not working. It has been extremely cold. The blower hasn't worked for the past several days.
4. I eat in my cell. We get our food and bring it back to the cell. We go half tier at a time, for every meal. You are always within 6 feet of others in the chowline.
5. For most lines, they are not enforcing 6 feet separation. Med line can be up to 45 guys. I am in med line twice a day. I try to go last so I can stay away from others.
6. Phone access is accessed by a signup sheet. Some guys don't come down for med line or testing either because they didn't hear or because they don't want to be in line.
7. I have contact with other people all the time. Whenever I come out of my room. In our unit, the rooms are not locked, the hallways are. In the showers, you are definitely in close quarters with others. There are 3 showers and they allow two at a time. People hang out outside waiting for the showers.
8. I am currently in my cell, 22-23 hours per day.
9. There is no access to programming or jobs right now.
10. Before COVID, I could access the gym and I went to religious services 3+ times/week.
11. The difference with access to outdoors is night and day. I have a traumatic brain injury which affects my gait and my speech. I used to try to walk on flat surfaces outdoors for therapy, to keep strengthened for walking. My inability to walk outside during COVID has harmed my strength, stability, and balance. I don't want to walk up and down the hallways inside because it invites trouble. I am older and vulnerable to falling, an easy target. I can feel my stability getting worse. But when I go to chow or medline, I have to go down the stairs. But I can't

bring my cane with me, because I have to have one hand to carry things and one hand on the railing. I fell recently because of this.

12. In person visits are not allowed. I last saw my lawyer in person in 2019, I believe.
13. Because of the TBI affecting my speech and having to wear mask, it is hard for people to understand me on the phone. I have to repeat a lot of things and that causes us to run out of time on the call.
14. Phone access is by sign up sheet. Often the list is full. I can try to use the phone anyway if I need to, but it depends on the guards' whim. Phone access times are currently, 830-1130, 1-430, and 6-9. Night time slots are packed.
15. Video calls are only available for telemedicine. They are not available for family.
16. Nurses come by regularly but sick slips are generally not responded to. They do not see anyone unless it is an emergency.
17. My last sick slip was last week. I don't believe it was responded to.
18. I postponed a Shattuck neurology appointment having to do with my TBI because of my fear of catching the coronavirus. I also did not want to be put into isolation ("RB") for 15 days because I went to an outside appointment.
19. Mental health comes by every once in a while and hands out puzzles.
20. I prefer not to answer questions about suicidal feelings.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 9, 2020

/s/Anthony Olszewski
Anthony Olszewski, W39527

Signed w/ approval

/s/David Nathanson
David J. Nathanson
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DECLARATION OF JOSEPH PALMISANO

1. I am a 32-year-old prisoner at Old County Correctional Center. I am serving a sentence of 15 to life with 4 to 6 on and after for second degree murder and related convictions. I am parole eligible in January 2024.
2. Since the pandemic started, I have observed some correctional officers wearing masks, and some not. They frequently keep their masks off until they come close to inmates.
3. There is no way to social distance in my cell. It is 8 feet by 12 feet, I have a cell mate, and we are in the cell together for 21 hours a day. We sleep in a bunkbed. Correctional officers come in the cell to do searches while we are in it. In fact, while I have been drafting this declaration, I observed a correctional officer enter an occupied cell with no mask and no gloves.
4. One night I was put in a cell next to someone who had just tested positive for COVID-19. This inmate was upset and threatened to throw urine and feces at the correctional officers for hours. I asked to be moved to a different cell to minimize my exposure to COVID-19, but I was not moved for 7-8 hours. I was not tested after this exposure.
5. I am diabetic and need insulin three times a day. Each time I go to the diabetic line, I stand or sit in a line less than 6 ft apart from approximately 15 other diabetics. An officer comes into close proximity to me to pat me down before I get my insulin in a room the size of a closet, and then I am in close proximity to another officer who pats me down as I leave. The surfaces in the room are not cleaned before a new person uses it.
6. Yesterday, December 16, 2020, many inmates were tested for COVID-19. I have not been removed from the unit, so I assume I tested negative. However, at least 4 people who are in the diabetic line with me 3 times every day tested positive.
7. When I get my other medications, there is a plastic divider between the nurse and me, but the correctional officers perform mouth checks - asking inmates to pull our masks down and open our mouths – and they frequently ask us to come around the divider so they can see.
8. I use the phone 2 times a day. There are 4 phones attached to a single fixture, so that while I am on the phone, there are 3 other unmasked people about 2 feet

away from me, speaking on the phone. There is a sign informing inmates that it is “our responsibility” to clean the phones before and after use, but I have never seen anyone do it.

9. Before the pandemic I had 5 – 6 hours of recreational time outside my cell. Now I go outside to the yard with about 90 other inmates for an hour each day. It is not possible to social distance in the yard. In addition to that I have indoor recreation with 45 other inmates for an hour each day. It is not possible to social distance during rec.
10. I used to do all of the programming that was available. Now, the only programming available is the spectrum “blue book” – blue pamphlets are distributed to our cells and if we write answers to the 15 questions every day of the month, we can earn 10 days good time. There is no way to earn the additional 5 monthly good time days that used to be available. There is no school, no college classes, and job opportunities are drastically reduced.
11. The most difficult thing about the pandemic lockdown has been the excruciating isolation, combined with nothing to do. Being stuck in my cell, stuck in my head, stuck in a small space with one other person for 21 hours a day has really messed with my head. My mental health has deteriorated so much that it has been life-threatening. I have attempted suicide twice in the last 4 months, and as a result was hospitalized twice for 30-day evaluations under M.G.L. 123, section 18A.
12. I am supposed to be on a special diet to manage my diabetes. Since the start of the pandemic, correctional officers and inmates have been responsible for bringing me my food. They have been giving me food that makes me sick – for example, for months, I have been getting cake instead of toast in the morning. My blood sugar has been out of control. I have them call the kitchen to correct it but the same food gets sent down again, only this time someone has written “ADA” on the tray.
13. The combination of being diabetic and mentally ill makes me unable to withstand the conditions of lockdown. When I was suicidal, I ate 1000 grams of sugar and refused insulin for a week. I went into diabetic ketoacidosis was hospitalized for 2.5 days.
14. When inmates call crisis, correctional officers ask, “are you going to hurt yourself?” and if the inmate answers “no,” the correctional officers do not inform the mental health workers of the call for help.

15. I have had no in-person or video visits with my family - not even my daughter who lives only 20 minutes away. The only in-person visit I have had since March was with a social worker for a forensic evaluation after I tried to kill myself.
16. The only other time I have experienced this level of lockdown was in 2012 at Souza Baranowski Correctional Center when a correctional officer was stabbed.
17. Due to my medical and mental health conditions, my well-being is particularly threatened by the DOC's response to the pandemic. However, the standard avenues for early parole and release are not available to me. I have an attorney helping me apply for release to a hospital or home confinement, but she is extremely pessimistic about my chances of success.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 17, 2020

/s/Joseph Palmisano
Joseph Palmisano

Signed w/ approval

/s/Chauncey B. Wood
Chauncey Wood, BBO #600354

DECLARATION OF ARIEL PENA

1. I am a 34-year-old man serving a sentence of six to eight years for drug possession with intent to distribute. I previously submitted a declaration and testified in this case regarding prison conditions back in the spring when I was at MCI Shirley. I have since moved to the Pondville Correctional Center.
2. I am currently eligible to be released on parole, and in September, I received a positive parole vote. But the parole board said that I needed to be at a minimum security facility for nine months before I am released. In November, I requested that they reconsider the decision, but they denied the request and said that I need to show continued positive adjustment. I'm not sure exactly what that means, but I can't participate in programming here because they are not accepting new participants during the pandemic.
3. The only program I am currently doing is the journaling program, which the DOC started during the spring and restarted recently after stopping it during the summer. If you complete the journals, you can earn up to 10 days of good time each month. If you were in a program before the lockdown, you might be able to continue by completing packets in your room, but they are not accepting any new people into the programs. I also have a job shovelling snow but that does not provide any good time.
4. Back when I was at MCI Shirley, I was in the Boston College college program and earning 15 days of good time per month. The college program was suspended because of the pandemic, and then I transferred to Pondville where the program isn't offered. I was able to complete my class by mail, so I received the college credit, but I didn't receive any good time credit for completing it.
5. In-person visitation has been suspended for over a month. Back in the spring at Shirley, we got two free calls each week. Now with the new lockdown, we only receive one free call.
6. My room is in unit 1-3, which has 9 or 10 rooms, with about 16 or 17 people. I am in a two-person room with a bunk bed. We eat meals on the unit instead of at a chow hall because of the pandemic. I normally eat while sitting on my bottom bunk while my roommate eats on a chair right next to me. I am within six feet of another person 75 to 80 percent of the day.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 18, 2020

/s/ Ariel Pena
Ariel Pena

Signed w/ approval
/s/ Michael J. Horrell
Michael J. Horrell, BBO #690685

DECLARATION OF CHE POPE

1. I am a 42-year-old man imprisoned at MCI-Norfolk. I am serving a life sentence for a murder that I committed in 1995, when I was 17 years old. In 2016, I was released on parole after serving 20 years in prison. I served nearly four years in the community and worked hard on parole. In December 2019, I was arraigned in the Boston Municipal Court on a new charge and a parole detainer issued. Even though the BMC ultimately released me on personal recognizance on the new charge, I have been held on the parole detainer since December 2019.
2. I was born blind in my left eye and am losing eyesight in my right eye. I suffered a traumatic brain injury when I was hit by a car at 13 years old. I have uncontrolled type 2 diabetes with hyperglycemia with long term and current use of insulin, high blood pressure, asthma, polyneuropathy secondary to diabetes, lower extremity edema, chronic lower back pain, and a recurrent abscess on my low back. The polyneuropathy secondary to diabetes causes me to have pain in my hands and feet, which makes it difficult to walk. I also suffer from depression, anxiety, and PTSD.
3. I am very fearful of what might happen to me if I catch COVID-19. My health problems put me at high risk of complications. My diabetes has been poorly controlled in prison. My endocrinologist from the community, Marie McDonnell, MD, at Brigham and Women's Hospital, has reviewed my prison medical records. She has repeatedly told my parole lawyer that my diabetes is not well controlled. Dr. McDonnell has written two letters to the Parole Board urging my release home, stating that "poorly controlled diabetes increases risk of dying from COVID-19 by up to 7 fold." Seeing the spread of COVID-19 at MCI-Norfolk has made me scared. I try to stay in my cell away from people.
4. My parole lawyer has filed three separate petitions asking the Parole Board to release me to home confinement. They have denied each petition and will not release me.
5. My appellate counsel filed a lawsuit against the Parole Board, alleging that their failure to release me violates my constitutional rights and my rights under the Americans With Disabilities Act. The court said that my case could not proceed because of this class action.
6. I am innocent on this new charge. In fact, I have not shown aggression in over twenty years, something that I take pride in. But so far, I have been waiting one year for a trial on the BMC charge which I need to resolve in order to properly address my pending parole revocation matter. I have no idea when my BMC case will be resolved and until that happens, I am just sitting in prison slowly mentally and physically deteriorating, scared for my life because of the COVID-19 pandemic. I feel like I am guilty until proven innocent.
7. Living in these prison conditions feels like torture. There have been over 400 cases of COVID-19 at MCI-Norfolk. I feel like nobody in the system cares about

me or all of us living in these cruel and unusual conditions and that our right to speedy trial seems to no longer exist. We are people, we are humans, and we have been left to sit and stare at walls and wonder if we're going to die.

8. At MCI-Norfolk, I live in a dorm with 5 other people. There is one bunk bed and three singles. The distance between each bed is about three feet and we all sleep head-to-foot. I am always close to my cellies and there is no way to stay six feet apart.
9. My tier has three floors and people can move freely around the three floors. There are about 50 men on the tier. I am on the second floor with about 25 other people. There are three toilets that we all share. I have to go downstairs to the first floor to use the phones. I never really go to the third floor.
10. MCI-Norfolk has not allowed in-person visits since I got here in June and there are no video visits here yet. Not being able to see my fiancée and other family has made me even more depressed.
11. Under lockdown, I cannot leave my unit except for appointments or yard time. I am not supposed to go down and use the phones without getting a time slot. We are not allowed to use the day room or the chow hall. I rarely get my diabetic breakfasts and my other meals often come late, which is bad for my diabetes. I have not had regular medical appointments to keep up with my high blood pressure. The last time my blood pressure was checked was about two months ago. I should be getting insulin 3 times per day, but often I get it less frequently. My blood sugar is frequently too high.
12. I became very depressed when I returned to prison in December 2019. I was just beginning to pull out of that in early 2020. I started playing chess to keep my mind active. But then the pandemic and lockdown hit, and we could not use the day room to play chess. So, the one thing in the prison that was helping me, was taken away. There is no programming or anything constructive to do during the day. My fiancée has sent me books, but I have difficulty reading because I can't focus or see well. Now, I just sit in my cell and sleep. I have a television and a radio to pass the time, but I cannot concentrate on them, so they are just playing.
13. Prison is like a nightmare. The lockdown conditions are like the things that give you night terrors. It's not just the nightmares that you're living, but it's compounding the worst parts.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 18, 2020

/s/Che Pope
Che Pope

Signed w/ approval

/s/Melissa Allen Celli
Melissa Allen Celli, BBO# 666171

DECLARATION OF MIGUEL RIVERA

1. I am a thirty-eight-year-old man serving a sentence of four to six years at North Central Correctional Institution (NCCI) in Gardner, Massachusetts for drug distribution. Currently I am eligible for parole on September 24, 2021, and my wrap date is in September 2023. Both my parole eligibility date and wrap date will be sooner if I can earn good time credit.
2. Until recently, I was housed in H block. Like all the other housing buildings in the prison except one, H block is set up as dorms. H block has two floors of open dorms. Each floor has beds for around 40 people. I was on the first floor, and the dorm was practically full. The second floor is similar.
3. Social distancing is impossible due to the fact that the bunk beds are about three feet from each other. If I laid down on my bed and spread both of my arms out, I can lay them on the beds next to me, and I am only 5' 9".
4. Before the pandemic, the prison compound was pretty much open. Every hour, we would have 10 minutes to move to other parts of the prison. We could go to the rec yard, the track, the weight room, the library,
5. the gym, the school building for programs, or to religious services.
- 6.
7. In March and April, the facility locked down and movement was restricted. It opened up some during the summer, but then we were locked down again this winter. Currently, we are only allowed to leave H block to go pick up our meals--breakfast, lunch, and dinner. We have not had access to the yard for the past two weeks.
8. Before the pandemic, visitors could come on Friday, Saturday, or Sunday, and we could spend most of the day with them. All visits were cancelled in March. We didn't start getting visits again until the fall, and we were only allowed one or two visits per week. These were no-contact visits and limited to just 50 minutes. For the past month, all visiting has been cancelled again. My family usually comes to visit me every week, and it has been difficult not being able to see them.
9. When the lockdown first started in the spring, we received two free, 30-minute phone calls per week. The length of the calls was eventually shortened to 20 minutes, then 15 minutes. In August, when things started to open back up some, the free calls were stopped. Now that visits have been cancelled again, we only get one 20-minute phone call per week.
10. Similarly, from March to August, we were reimbursed the cost of sending two emails per day. Now that we have been locked down again, we are only being reimbursed for one email. Because you have to pay to send the email first before it is reimbursed, so I still can't send any emails because I do not have any credit on my account.

11. Recently, a system has been installed for video visits, but it is not working yet. I have been told that we will be able to have up to two video visits per week, but only with two people that have been pre-approved and only if they pay for it. I believe the cost is something like \$10 for 20 minutes. If anyone else enters the video frame, the video will be disconnected without a refund. DOC has not agreed to provide any free video visits.
12. I am on the waitlist for several programs, but all programming has been cancelled since November. The only exception is a journaling program, which they did from April to August and have now restarted in November. You are only able to earn 10 days of good time credit per month for participating in the journaling program. There are currently no opportunities to earn boost time or completion credits because everything has been suspended.
13. I have a history of serious, chronic asthma that puts me at risk from COVID-19. I have gone to the emergency room and been admitted to the hospital several times as an adult because of my asthma, and I have had to have a bypass procedure done while admitted to allow me to breathe. Currently, I am prescribed two different types of inhalers to manage my asthma. I also have chronic pain from issues with my lower lumbar discs.
14. On Tuesday, December 15, 2020, I started experiencing tightness in my chest, difficulty breathing, and I couldn't smell or taste anything. I told the nurse, who told me I needed to be quarantined. They brought me to a quarantine cell and tested me for COVID-19 that day. The quarantine unit currently has five people in it, each in his own cell. Me and two of the others are still waiting on our test results. The other two people have already tested positive. On Wednesday night, they opened the doors on the quarantine unit and all five people from the cells congregated together. After that, I started feeling worse, but I have not been retested for the virus. I also haven't seen DOC clean anything since I've been in quarantine, including the showers that all five of us share.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 12/18/20

/s/ Miguel Rivera
Miguel Rivera

Signed w/ approval
/s/ Michael J. Horrell
Michael J. Horrell, BBO #690685

DECLARATION OF PAUL ROBINSON

1. I am a 73-year-old prisoner at MCI Norfolk. I am serving a sentence of life without parole.
2. I live in a single cell, roughly 6' x 9'. There are about 15 men per tier and roughly 60-64 in my unit. There are doubles in my unit that are the same size as my single.
3. We bring our food back to our cell. They call us 4 at time.
4. In the chow line, you are less than 6 feet apart. I don't think any line is consistently 6 feet apart
5. I am in contact with roughly 30 people per day.
6. I spend most of the day in my cell (about 22 hours a day), but it is still frequent that I am within 6 feet of other people.
7. There is no rec and no yard currently. Previously we were getting yard by unit, not by tier.
8. Currently, there is no programming and no jobs. Essentially, there is no out of tier time other than chow, tier, phone, and kiosks during quarantine. If we were not on quarantine, we could leave the tier.
9. Currently, there is no yard time. Previously, we got about 2 hours 4 times a week.
10. Phone access is by sign up sheet. We can access the phone daily most of the time.
11. There are no in person visits at all. I have not had an in person visit since last year. My niece was supposed to come up right before the March lockdown, but that was cancelled. The idleness of a lockdown, having nothing to do is mentally difficult. It creates anxiety.
12. The idleness is really difficult. There is only so much TV and reading you can do. You can't work, can't exercise, can't see friends outside the unit, can't go to religious services.

13. Exercise is very important for me for managing anxiety. I also use exercise to manage high blood pressure.
14. Previously, I was very involved in religious services. I attended 2-3 religious services per week: Catholic mass, Vietnamese prayer group, and a Cursillo prayer group. I have not attended services since March.
15. I see a mental health counselor once a month. I haven't seen her since October. Mental health only comes by once or twice a week to walk the unit. You can go talk to them in the dining room area sometimes. There are no appointments.
16. My understanding (not personal) is that sick slips are not being acknowledged at all. Nurses come by only for temperature, oxygen checks, and medication.
17. I have really noticed a decline in physical and mental health due to lack of exercise.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 15, 2020

/s/Paul Robinson
Paul Robinson

Signed w/ approval

/s/David Nathanson
David J. Nathanson
BBO#633772
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DECLARATION OF JOHN ROONEY

1. I am a 57-year-old prisoner at MCI Norfolk. I am serving a sentence of life without parole.
2. I live in a double cell, which is roughly 6' x 10'. There is a bunk bed and a toilet / basin down one wall. There is a locker, a 3' table, and two clothes racks on the other wall. You have to turn sideways to move from bed to window
3. There are 64 people in the "house" I live in. There are 40+ cells per house.
4. We get our food and take it back to our cells. In chow line, everyone is on top of each other. We are called by floor. There are people going up and down at the same time.
5. Food and med lines are long at times. We try to police ourselves, but it is not always possible.
6. Showers are problematic because there is confusion about who should be showering when, and then people get locked out. People therefore push to get in right away so they don't get locked out.
7. On a typical day, I could possibly encounter up to 64 detained men plus 10 CO and staff.
8. I try to distance, but I'm locked up with someone 22 hours a day, every day.
9. There is very little to no rec time, no programming, and no jobs. I do clean on weekends, but I do "wipe only" jobs because of my physical limitations.
10. Previously, I was could be outside up to 8 hours a day. During the initial lockdown, I got out twice a week. In September and October, I could get out up to 4 times a week weather and staff depending.
11. There have been no visits since April. My last visit was with my priest in February. It is devastating to not be able to visit with him.
12. Phones are accessed by a sign up sheet. It is difficult to get sign up times. It is especially difficult for me to get appropriate times because I have family in Ireland and Germany.

13. There are no video phones currently. But when they are set up, it appears they will have no privacy because the screens will be able to be seen by everyone. Previously, there was a video phone for a deaf prisoner in the new man unit. He filed suit over this lack of privacy.
14. The COVID lockdown has been physically and mentally difficult. I have put on a lot of weight since the lockdown because of physical restrictions. This is a real problem for me because I have multiple medical conditions. My lung collapsed in January and I was in an outside hospital for several weeks. I now have difficulty walking on stairs. I cannot walk for exercise inside because I would have to go up and down stairs. I struggle and become out of breath on stairs.
15. The medical situation is really bad. Nurses simply aren't seeing people unless there is emergency. I am diabetic, I have asthma, and I have COPD. I am repeatedly having trouble getting diabetic and other medications. Currently they are only giving people over the counter medications. The situation is getting worse. I haven't had new KOP medications for 10 days now.
16. This has resulted in respiratory problems. My breathing is loud and labored. I am being refused nebulizer treatment because they do not want me to breathe out the nebulizer. They are trying to tell me not to use nebulizer at all unless I am in the hospital wing. I have a CPAP machine with a hose and mask that are leaking. I cannot get an answer as to when I will get a replacement.
17. I recently fell out of bed. I believe I broke my hand. It was swollen and painful. After a long delay, they finally came to look at my hand, but they refused to bring in an X-ray tech. They are also refusing to bring in medical staff like dentists. They are being told they are on "covid standby," whatever that means.
18. I know of probably 40 men with similar problems in terms of accessing medical care.
19. There has been no clothing or bedding exchange since February, 2020 in my house. There are a lot of guys are walking around in rags.
20. Inmate workers are working in the hospital wing (ADL) and then being sent back to our houses, even though the ADL is infected.
21. Staff don't want to interact with us for any reason other than COVID. The only way to be seen for medical help is to call a code 99 (medical emergency). I am aware of a man with no immune system who needs treatment every two weeks.

They made him wait for three and even then the only way he got see was by calling a code 99.

22. Mental health is dropping off puzzles. They are doing rounds, not visits.
23. I have had a number of outside hospital visits cancelled: one neurological, one heart specialist, one pulmonary, one eye doctor, and one for my rotator cuff. These were all cancelled during lockdown. Some of them were cancelled because of erroneous recordkeeping about my transportation restrictions, some were due to COVID.
24. My mental health has really suffered from the stress and strain of lockdown, increasing my anxiety and depression.
25. I applied for medical parole and was denied.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 15, 2020

/s/John Rooney
John Rooney

Signed w/ approval

/s/David Nathanson
David J. Nathanson
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Wood & Nathanson, LLP
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DECLARATION OF HUBERT SMITH

1. I am a 63-year-old prisoner at MCI-Norfolk. I am serving a life sentence for first degree murder.
2. I live in a single cell in a unit that houses up to 60 men. There are 50 prisoners in the unit right now. There are two COs assigned to the unit – one comes for the morning shift and the other comes for the night.
3. Some of the men in my unit have tested positive for the virus and recovered, while others have either tested negative or have never been tested.
4. The unit is on a modified lockdown due to COVID-19. We have to stay in our own unit almost all the time. The only times we can leave the unit are:
 - a. We can go outdoors for 2 hours of rec time on Saturdays, Mondays, Tuesdays, and Wednesdays.
 - b. Inmates that have already tested positive for the virus and recovered are allowed to go to jobs doing laundry, supplies, trash, and working in the kitchen. There are about seven men in my unit who leave to go to jobs.
 - c. If you get an appointment for a one-hour time slot, you can visit the law library. Only one person is allowed in the library at a time. I submitted a request over a month ago (on November 11, 2020). I haven't gotten a visit yet. Last week one person from my unit got a turn in the library. He was the first person from the unit to get a library visit since October.
 - d. If your attorney schedules a zoom call you can go to the visiting area for the call.
5. No in-person visits are allowed. They just installed videoconference kiosks in the units that we're going to be able to use to speak to family and friends. The kiosks don't work yet.
6. The programming buildings are closed. No programs are available.

7. The gym is closed. Indoor rec means wandering the halls of the housing unit or hanging out in the chow hall (see #10). I had been working out 5 days/week until April when the gym closed.
8. At lunchtime, we pick up food from the chow hall and eat in our cells.
9. As of last Saturday (12/12), the men in my unit are allowed out of our cells more than we were before. We are now allowed out of our cells from 7:30 am – 11:30 am, from 12:30 pm – 4:30 pm; and from 6:00 pm – 9:30 p.m. Other units that are still quarantining due to COVID-19 exposure are locked in their cells 23 hours a day.
10. We are allowed to access the entire unit when we're not in our cells. We can visit the chow hall (and we can sit together at the dining tables to play cards, even though we're not allowed to eat meals at those tables together). We can use the phones. There are four phones in my unit. Two of them are less than two feet from each other. If the facility closed off one of the phones, then the three others would be more than six feet from each other, but they let us use all the phones. With 4 phones to 50 men, all of the phones are usually being used at the same time.
11. The facility says we're supposed to maintain social distancing. They put lines on the floor to mark where to stand when we're in line for food. But nobody enforces that rule. And nobody observes it. We all stand wherever we want and sit together and talk together. The reality is that the only way to maintain social distancing in this facility is to stay in your own single cell all day every day.
12. The medical staff comes to the unit. Nobody goes to HSU for a sick call. A nurse recently examined me in the bathroom in my unit.
13. Mental health visits take place in the unit too. Even crisis calls. The counselor and the inmate have to sit at a table in the chow hall. There is no option for a private meeting. Some of the men choose not to call for therapy because they feel funny about it being so public.

14. I tested positive for COVID-19 myself in late October. There was a huge outbreak at the time. 23 of us got put in the old abandoned Probation unit to quarantine. At the height of the outbreak, there were 74 inmates housed in the Probation unit with only 4 toilets, 6 showers, 4 urinals, and 5 working sinks. We got the virus because there were two COs that had it. One of them didn't know he had it and kept working for about 4 days before getting a positive test. The other knew he was sick but came to work anyways.
15. I was allowed to return to my regular unit after 10 days in the quarantine unit. They didn't re-test me first, but I didn't have any symptoms.

I declare under pains and penalties of perjury that the foregoing is true and correct.

Date: December 17, 2020

/s/ Hubert Smith
Hubert Smith

Signed with approval,

/s/ Michelle Menken
Michelle Menken, BBO No. 644537

DECLARATION OF JONATHAN WESTGATE

1. I am a thirty-three year old man serving a two-year sentence for Breaking and Entering at Nighttime with the Intent to Commit a Felony at MCI-Concord in Concord, Massachusetts.
2. I am housed in the L2 dorm. My unit houses about 72 people total. The unit is essentially one big room. It is open dormitory-style housing with bunk beds. There is approximately two and a half feet between bunk beds in the unit.
3. Social distancing is not possible in my dorm. I am within six feet of others all day, beginning at 7:30 in the morning and all through the night. People in my unit congregate throughout the day, and some stay up walking around the unit at night. I do my best to not interact with many people, but still come into contact with roughly 25 different people on a typical day.
4. When we line up to receive our medication, we stand single file with virtually no space between us. Our entire unit shares six bathroom stalls and eight sinks, so we have to wait outside the bathrooms or stand in a line with only a foot of space between us.
5. The chow hall has been closed due to the pandemic, so a prisoner and correctional officer walk around the dorm to pass out meals. We eat on our beds, within six feet of one another.
6. MCI-Concord is on lockdown due to the pandemic. We have been confined to our dorm since the middle of October. We spend our time two and a half feet apart in one big room that we cannot leave, with the exception of a few jobs. We do not go into the hallways unless we speak with mental health. Because the windows are screwed shut, we do not get fresh air.
7. The most difficult restriction to deal with is not being able to leave the unit or be in programs. There is nothing to keep us occupied, and every day feels the same. I sometimes ask officers and administrative staff if we can go outside, but they usually don't answer. It's very stressful. I wake up at 7 in the morning for count, wait to pick up my medication, and then watch TV or stay in bed all day. I sometimes want to watch movies, but I try not to so I can distance myself from others, so I usually stay in bed and read. It's very depressing. I sit on my bed staring at pictures of my family, wondering if they're okay on the outside. I get nervous when they don't pick up the phone, and wonder, "did something happen to them?"

8. The effects of lockdown on my mental health are severe. I suffer from Post-Traumatic Stress Disorder, which is already very difficult to deal with. On the unit, I hear people screaming and yelling all day. There is no relief from it. It's a constant reminder of how bad things are, and triggers my PTSD.
9. Access to mental health care has suffered during the lockdown. In terms of priorities, it feels like the lowest man on the totem pole in this facility. Mental health clinicians will sometimes come by the unit around 9AM and offer a crossword puzzle to those who are awake. If we actually want to be seen, they tell us to put a sick slip in. However, when we seek help, they tell us there is nothing they can do for us. We are afraid to call crisis because we know we will be put on suicide watch, and being in isolation and without our property is even worse for our mental health. It discourages us from seeking care. I was incarcerated at MCI-Cedar Junction prior to being transferred here, and there were three suicides between February and September of this year. Despite that, I still do not think they take our mental health care as seriously as they should. It is very discouraging.
10. I have experienced a mental health crisis a few times during lockdown. During my incarceration at MCI-Cedar Junction, I asked to speak to mental health after being put in quarantine. It took putting a razor blade to my neck for them to have a clinician come see me while in crisis.
11. Our access to medical care is also seriously diminished in lockdown. All of my outside appointments have been postponed because hospitals are not accepting non-emergency visits. We cannot go to the Health Services Unit, so our care is limited to what nurses can do on the unit. Nurses come to the unit three times per day to distribute medication. They sometimes ask how we're doing, but do not provide actual care at this time. I write grievances and the Health Services Administrator frequently, but often don't get a response. At best, I will get a response after 30 days. It's a really slow process.
12. I have not tested positive for COVID-19, but I have experienced symptoms on two occasions. The first was at the end of September, when I experienced a fever, headaches, chills, nausea and vomiting, and diarrhea. It felt much worse than the flu. I mentioned my symptoms to a nurse, who told me they would lock me in a cell and only give me Tylenol if I brought up my symptoms. I did not want to get locked in a cell with another infected person, so I did not get tested. The second time I experienced symptoms was in my current dorm about three and a half weeks ago. I lost my sense of taste and smell and experienced severe chest pain,

constant headaches, and whole-body cramps. I suspect that these were symptoms of COVID-19, but cannot be sure because I was not tested.

13. I also suspect I was positive for COVID-19 because others in my unit experienced symptoms. An officer that worked the nighttime shift couldn't smell or taste. A prisoner three bunks down from me had the same symptoms, and another prisoner two bunks down from me had symptoms and has since passed away from COVID-19. In early November, our dorm was tested. They received the results, and an officer laughed at us and said "I would wear my mask if I were you, there are positive people in here." Despite that, positive prisoners were not pulled from the dorm for eight hours. All of these are potential sources of infection around me.
14. I am very concerned about the long-term impacts of COVID-19 on my health. I have severe asthma and heart conditions, and worry that the severe chest pain I experienced could have serious implications for my health down the line.
15. When I first arrived at MCI-Concord in September, there were no opportunities for Earned Good Time. In October, the Deacon started a self-identity program for which you can earn 7.5 days of EGT. In November, the journaling program became available again, and gives us the opportunity to earn 10 days.
16. My release date is in July 2021. If I continue earning EGT, I could move my release date forward to my granddaughter's first birthday in April. However, I worry that opportunities for EGT will once again be suspended before then.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 16, 2020

/s/ Jonathan Westgate
Jonathan Westgate

Signed w/ approval

/s/David Milton
David Milton, BBO #668908

DECLARATION OF RANDY WILLIAMS

1. I am a 46-year-old prisoner at Old Colony Correctional Center. I am serving a sentence of life with the possibility of parole for the crime of second degree murder. I am parole eligible and am currently awaiting a decision from the Parole Board related to my September 15, 2020 parole hearing.
2. I live in the A-2 unit of Old Colony. There are about 75 inmates in my unit. I am in a double cell, but I currently don't have a roommate. Most of the other inmates in my unit are double-bunked.
3. Right now, we are locked down for 21 hours a day. Before the pandemic, we had at least eight hours a day where we weren't locked down. We receive outdoor recreation once a day. That outdoor time is shared with two other blocks.
4. Our food is brought to our unit and we eat inside of our cells.
5. There is no social distancing happening right now in the prison. In the med line, people are directly next to each other.
6. Many corrections officers wear their masks around their chin. They don't make any effort to put it over their mouth or nose. And they make no effort to distance themselves from inmates. This has been happening for months and there is no accountability for the officers.
7. As I was talking to my lawyer on the phone about this declaration, I watched a captain walk up to an inmate and ask him to put his mask on. There was a CO directly beside the captain that wasn't wearing a mask and nothing was said to the CO. This happened at 9:58 AM on December 11th.
8. The camera footage from the last eight months in this institution will confirm all of the things I'm saying about social distancing.
9. Mental health is a huge problem right now. Inmates are cutting up, swallowing things, and hurting themselves in other ways. There is so much pressure on us that you don't know what to do with yourself. There are guys that are a lot worse off than I am, and you can see the effect on them. They don't know what to do but hurt themselves.

10. I am only in a good situation with my mental health because I have spent so many years in programming working on myself. I can't imagine what it is like to be some of these other inmates right now.
11. We have no programming. We get pamphlets that can be filled out in a couple of hours. It doesn't compare to real programming. And I know because I have done dozens of programs during my time.
12. Medical care is also terrible. I put in a sick slip three months ago to get my eyes checked for glasses. I haven't heard anything, so I put in another last week and still haven't heard anything.
13. A CO just came back to our block a few days ago. He was out with COVID. Even though he worked on our block, we weren't tested after he learned that he had the virus.
14. Over the last 10 months, I have only been tested for COVID three times.
15. It is obvious that they aren't doing any real contact tracing.
16. This week, they tested everyone in A-2, where I live, and A-3, which is another block. Everyone in A-2 came back negative. Some guys in A-3 were positive. After those positive tests, I learned that they were planning to move the guys from A-3 who tested negative over to our block. They were doing this without quarantining them first. I don't understand how they could think this makes sense and I feel very unsafe that the prison is doing this.

I declare under penalty of perjury that the foregoing is true and correct.

Date: December 17, 2020

/s/Randy Williams
Randy Williams

Signed w/ approval

/s/Justin Drechsler
Justin Drechsler, BBO #676968

DECLARATION OF EDWARD WRIGHT

1. I am 59 years old and am incarcerated at MCI Norfolk.
2. I suffer from diabetes and high blood pressure, among other conditions.
3. I filed a petition for medical parole on May 25, 2020. The petition was denied on July 8, 2020.
4. On November 3, 2020, my unit was tested for COVID-19 and I tested negative.
5. About one week later, I was assigned to a cell mate who had been transferred from the 8-2 unit. The 8-2 unit is where inmates who test positive are housed.
6. My cell mate was ill with symptoms, including body aches, lethargy, and cough, and was released around December 1st, upon completion of his sentence.
7. I was retested for COVID-19 on December 9, 2020, and I tested positive. On that date, I was moved to the 8-2 unit.
8. I was placed in cell 109 with a broken window that would not open. I was alone in the cell for five days.
9. Inmates who tested positive for a second time while in the 8-2 unit were moved to the probation unit, which was a dorm style unit considered to be the second COVID-19 block.
10. On December 13, 2020, about 40 inmates from the probation unit were transferred back to the 8-2 unit and placed in two-man cells. I was told that I would be placed with a cell mate who was just transferred from the probation unit.
11. This person had not been originally housed in my unit at MCI Norfolk, and so I feared that he might have contracted a different strain of COVID-19 than what I had been exposed to. Because of this, I was concerned about the possibility of reinfection.
12. I spoke to a Sergeant and explained my concerns about sharing a cell with an infected inmate, given the broken window and lack of ventilation.

13. I was instead placed in the Restrictive Housing Unit (RHU), where I am currently housed. While in RHU, I am locked down, except for 20-minute shower access daily, and access to the yard 2 days per week.
14. Since the onset of the COVID-19 pandemic in April of 2020, an array of restrictions have been imposed on inmates at MCI-Norfolk.
15. For about the first month, we were completely locked in our units, with no outdoor time. After the first month, we were permitted 2 hours of yard time once per week. Over the course of the next few months, our yard time was expanded to 2 hours, four times per week.
16. Family visits were prohibited for the first several months. Eventually, one-hour, non-contact family visits were permitted for about three weeks before they were again prohibited. All visits were required to be pre-scheduled by phone. My last family visit was over three months ago, and currently no visits are allowed.
17. In April or May, we were told that video visits would be set up so we could see our family members. To date, no video visits have been made possible with family.
18. Because we cannot see family members, there is a constant state of anxiety here with everyone worrying about their loved ones. We do not know if they are sick or will get sick. It is nervewracking.

I declare under penalty of perjury that the foregoing is true and correct to the best of my ability.

Date: December 18, 2020

/s/Edward Wright
Edward Wright

Signed w/ approval

/s/Radha Natarajan
Radha Natarajan, BBO # 658052
Executive Director
New England Innocence Project
1035 Cambridge Street, Suite 28A
Cambridge, MA 02141