



Testimony submitted to the Joint Committee on the Judiciary
In support of H.3071 - An Act Reducing Recidivism, Curbing Unnecessary Spending, and
Ensuring Appropriate Use of Segregation
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June 19, 2017

People need social interaction, including touch and communication, or they can decline mentally.¹ I have heard from a former Massachusetts prison psychologist that she has seen prisoners in segregation act out violently just to be able to have human contact, even if it is just to be held in place by guards in full protective body gear. It does not make sense that these individuals, who are treated as too dangerous or too difficult to be integrated into the prison population, can currently be released directly into the community without reentry services.²

The League of Women Voters of Massachusetts has lobbied for over 50 years for measures to protect the civil and individual rights of offenders, promote individualized treatment, provide humane living conditions, encourage gradual reintegration of prisoners into society, and allow a prisoner more freedom and responsibility as merited.³ Therefore, we strongly support this bill, sponsored by Rep. Holmes.

In Massachusetts, mentally ill, pregnant, juvenile, deaf and blind prisoners, as well as prisoners assigned to protective custody, can be held in segregated detention. This can mean isolation in a 60-to-80-sq.-in. cell for over 23 hours a day. In addition, Massachusetts is one of only three states that allow prisoners to be sentenced to segregated confinement for disciplinary issues for up to 10 years. This bill limits who may be placed in segregation, especially if they are from a vulnerable population.

Since 95% of all incarcerated persons are released back into the community, it is disturbing to learn that prisoners can be released directly into the community from segregation without any reentry training. Therefore, we particularly appreciate that this bill allows for access to all reentry programming, even if prisoners are held in segregation for the final six months before their release. We are also heartened that this bill provides for oversight by a mental health professional on a daily basis, and that it includes requiring a plan so that prisoners can earn their way out of non-disciplinary segregation through positive behavior.

The ACLU has determined that the practice of segregation of prisoners is dangerously overused, costs too much, results in more violence in prisons, increases recidivism, and results in more mental health issues.⁴ This bill prohibits transfer to a segregated unit unless an individual poses a threat to others or to the operation of the facility. It also

minimizes segregation to the briefest term possible and under the least restrictive conditions consistent with the rationale for placement.

Rep. Holmes' bill allows for non-disciplinary segregation but under conditions similar to those in the general population, including access to recreation, the canteen, radio or television, ability to earn good time credits, to retain property, and to have disability accommodations. Perhaps most importantly, this bill limits segregation to 90 days (with few exceptions) and will produce data on oversight and segregation to be reported out to the public annually.

LWVMA feels that the provisions in the bill for oversight, special training for corrections officers, individualized treatment, allowances for emergency segregation for extreme cases, transparency for the inmate, mandated reentry training and data collection to make recommendations on how to decrease the segregation of prisoners are strong steps to decrease the inhumane treatment of prisoners, particularly those who are mentally, physically or otherwise disabled, and improve the prospects of decreasing recidivism.

Long-term solitary confinement has no place as an enforcement measure. There is no need to segregate vulnerable individuals for periods longer than 10 or 15 days for disciplinary infractions. Prisoners' Legal Services of Massachusetts has documented better ways to decrease violence in custody through the use of rehabilitative programming and mental health treatment.⁵

¹ http://solitaryconfinement.org/uploads/sourcebook_02.pdf

² http://www.aca.org/ACA_PROD_IMIS/Docs/Corrections%20Today/2015%20Articles/March%202015/Guest%20Editorial.pdf

³ <https://lwvma.org/wp-content/uploads/2014/03/Where-We-Stand.pdf>

⁴ <https://www.aclu.org/other/stop-solitary-briefing-paper>

⁵ http://www.plsma.org/wp-content/uploads/2017/02/PUBLIC_Solitary-Confinement-The-Case-for-Change-in-MA_Nov.-2016.pdf