



**Testimony submitted to the Joint Committee on Public Safety and Homeland Security
In support of S.1493/H.2325
An Act related to rehabilitation, re-entry and human rights for incarcerated persons
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The League of Women Voters of Massachusetts asks the Joint Committee on Public Safety and Homeland Security to support S.1493/H.2325 and to report it favorably. This bill seeks to shift management and administration of our correctional facilities away from ineffective and punitive approaches to a system that will support rehabilitation and re-entry through expanded educational opportunities and rehabilitative programs. If enacted, the bill would also guarantee appropriate medical and mental health care and substance use treatment, require more humane living conditions and eliminate the routine use of solitary confinement as a behavior management tool.

League Positions

This bill aligns with policy positions adopted by the League of Women Voters. As stated in Impact on Issues (LWVUS 2022), the League supports:

- A focus on humane treatment and rehabilitation with the goal of promoting the successful reentry into communities of those who have been incarcerated;
- Reliance on evidence-based research in decision making about law enforcement programs and policies;
- Policies and procedures that ensure that all correctional systems provide humane, dignified, non-discriminatory treatment of incarcerated people and personnel, including appropriate health care and access to community-based rehabilitation programs;
- Elimination of the practice of solitary confinement; and
- Addressing recidivism by instituting programs that focus on rehabilitation, education, mental health treatment, substance use disorder recovery, and transitional programs.

The bill lists thirteen specific provisions to remedy harsh living conditions, inadequate health care and underinvestment in education and rehabilitation. Each one addresses shortcomings or abuses reported to be prevalent in our correctional facilities. This testimony highlights a few striking examples.

A crucial provision of the bill would requires eight hours out-of-cell time per day without being “handcuffed, shackled, restrained to a chair or table, or otherwise restrained.” The Massachusetts Department of Correction (DOC) has a history of holding people in isolation for extended periods of time (under different designations, including solitary confinement and restrictive housing). This practice has continued despite ample evidence that such treatment can severely damage mental and physical health. The 2018 Criminal Justice Reform Act (CJRA) set limits on the use of restrictive housing, but for the most part, DOC has circumvented them. After scathing criticism from the U.S. Department of Justice (U.S. DOJ, 2020) and other legal and medical professionals, and milder criticism by their own consultant (Falcon 2021), DOC announced a plan to eliminate restrictive housing (MA DOC, 2021). Nevertheless, DOC has continued to subject people to periods of extended isolation. For example, a “Behavior Assessment Unit” (BAU) has been established in most DOC facilities, with the stated purpose is of housing “individuals removed from general population due to unacceptable risk to facility safety and operations.” These units were set up when restrictive housing units were closed down. A person in a BAU

may be held in a cell formerly used for restrictive housing (PLS, 2022) for up to 21 hours per day, only 1 hour less than the limit for restrictive housing. As of April 1, 2023, 160 people across eight DOC facilities were being held in a BAU (MA DOC, 2023) under severe physical, social and program participation restrictions (PLS, 2022). Another descendant of solitary confinement is the Secure Adjustment Unit (SAU). The SAU was created with the stated goal of providing mental health services, education and structured recreation. In actuality, people in this unit have been restrained during out-of-cell time and subjected to the use of excessive force by corrections officers (Boston Globe, 2023). A person can be confined to their cell for up to 22 hours per day in this unit, with the possibility of being held there for months or even years (Boston Globe, 2023). Conditions in the SAU are so harsh that 19 men initiated a hunger strike in October of this year to draw attention to their plight. (Boston Globe, 2023). Allowing at least 8 hours per day out-of-cell time for all incarcerated people would finally eliminate the routine use of isolation as a behavior management strategy.

This bill also calls for substantially increasing opportunities to participate in rehabilitative programs, education, vocational training, work opportunities, and library access. For years DOC been underinvesting in education and programming, resulting in insufficient support for rehabilitation and ineffective preparation for re-entry. One consequence of neglecting education and programming is the lost opportunity to improve community safety by reducing the recidivism rate of returning citizens. A 2018 meta-analysis showed that “individuals who participated in a correctional education program while incarcerated had 28-percent lower odds of recidivating than individuals who did not” (Davis, 2018 & Bozick et al., 2018). Another consequence is a more dangerous prison environment. A review of 97 previous studies found that prisons where people are “engaged in purposeful activities they consider valuable . . . are less prone to be sites of aggression” (McGuire, 2018). The same report also noted that physically poor conditions, highly controlling regimes, and a perception that staff decisions are unfair or illegitimate can lead to conflict and assault (McGuire, 2018). A significant expansion of education and rehabilitative programming would help incarcerated people turn their lives around and improve public safety at the same time.

Another vitally important requirement included in the bill would provide all incarcerated people with medical and mental health care and substance use disorder treatment in line with state regulations. In 1976 the U.S. Supreme Court ruled that that people who are incarcerated have a constitutional right to timely access to appropriate medical care (*Estelle v. Gamble*, 429 U.S. 97, 104 (1976)). Nevertheless, allegations of inadequate care in DOC facilities have persisted. There is a history of legal action taken against DOC for failing to provide adequate care (Alsan, et al., 2023 & Kapoor, R., 2023), and complaints by people with first-hand knowledge have regularly been reported in news media (Becker, 2022 & Weill-Greenberg, 2023). DOC’s failure to meet the health care needs efficiently and effectively has caused unnecessary suffering for many people in their custody.

This bill also specifies minimum standards for living conditions related to health and hygiene. The fact that the authors of this bill saw the need to list such basic conditions as access to showers, habitable room temperatures, flushable toilets and drinking water that meets state standards speaks volumes about the serious neglect of the health and welfare of people in DOC’s custody.

Passing this bill would be an important step toward prioritizing rehabilitation and reducing the damaging effects of incarceration on mental and physical health. The League of Women Voters of Massachusetts, representing 43 local Leagues across the Commonwealth, asks this committee to report S.1493/H.2325 favorably in a timely manner.

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