

# Solitary Watch

## Criminal Justice Issues and Prisoners' Rights

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Advocates Say Release Not Solitary Confinement Is the Right Response

by [Shabnam Danesh](#) | June 23, 2020

In April, as coronavirus swept through MCI Framingham, Massachusetts sole women's prison, Kimya Foust said she and a group of other incarcerated women who had been exposed were moved into a large, shared quarantine unit.

This place did not take the proper precautions to stop spreading this disease when it started, she wrote. I am quarantined in a giant room because my cellmate has tested positive for the coronavirus two days ago. So I am still at risk of catching this vicious disease. She complained of mouse droppings and lack of hot water in the makeshift quarantine unit.

By mid-June, 85 of the 183 women in MCI Framingham [46 percent](#) had tested positive for the virus, according to Massachusetts Department of Correction (MDOC) data compiled by the ACLU of Massachusetts. Throughout the state's prisons, 400 incarcerated people and 192 staff members have tested positive.

Advocates and lawmakers say that large-scale release is the best way to protect incarcerated people from coronavirus. But according to the ACLU dataset, as of June 17 [only 13 people](#) have been released from Massachusetts prisons for coronavirus-related concerns.

Instead, the MDOC has attempted to limit the spread through a [state-wide lockdown](#), which went into effect on April 4.

In its one big solitary cell, Cassandra Bensahih, coordinator at Massachusetts Against Solitary Confinement, told Solitary Watch. Bensahih said everyone in Massachusetts prisons are locked down at least 23.5 hours a day, and that incarcerated people have to choose between taking a shower or making a phone call during their 30 minutes out. There is not enough time to do both.

Leslie Creedle, who was formerly incarcerated in Framingham, [told The Boston Globe](#) that living in the prisons cells feels like living in a bathroom with another person making lockdowns mentally difficult, and making it nearly impossible to socially distance.

In fact, Kimya Foust had been instructed to socially distance from the three other women in her shared cell in April, according to her close friend Stacey Borden. Borden said Foust and her cellmates complied by sleeping in opposite directions in their bunks. But it didn't stop one of the women from becoming sick with COVID-19 and the others from getting sent to quarantine. (Calls to MCI Framingham for comment were not returned.)

Massachusetts's robust community of advocates are working to push the state to reduce its prison population. Families for Justice as Healing, a nonprofit made up of formerly incarcerated women, organized a [car rally](#) outside MCI Framingham in early May, where more than 100 participants pressured the state to release every woman in the facility.

In the state legislature, Rep. Lindsay Sabadosa (D-Northampton), has [proposed an emergency bill](#) calling for the state's prisons to release on a case-by-case basis medically compromised individuals, as well as those who are being held pretrial, those with short sentences of less than six months, and people incarcerated for parole violations or inability to pay fines. Sabadosa told Solitary Watch the bill could lead to the release of 1,500 to 3,000 people up to 25 percent of the prison population.

Sabadosa said the bill aims to balance public safety with public health, noting that the rate of COVID-19 in prisons is 2.5 times higher than the rest of the population. Were not asking to change procedures, were asking for a prison sentence not to be a death sentence, she said. A [law signed earlier this month](#) required facilities to report COVID infection rates and deaths.

Prisoners Legal Services of Massachusetts (PLS), a non-profit that provides civil legal assistance to incarcerated people, [filed a class action lawsuit](#) in April calling for the release of medically compromised people, as well as 150 others who are civilly committed solely for treatment of an alcohol or substance use disorder.

In early June, the Massachusetts Supreme Judicial Court issued what PLS [described as a mixed decision](#), acknowledging that conditions are unsafe in DOC facilities, but putting off a decision on releases, and transferring the suit back to the prior court for more fact-finding and litigation.

Our clients in the DOC have been enduring eight straight weeks of solitary confinement conditions and have only recently been allowed to get a few minutes a week of fresh air, said Elizabeth Matos, PLS Executive Director, in a [statement](#) on the Courts decision. In addition to a public health crisis, there is a serious mental health crisis in our prisons and jails. COVID protocols are also preventing clients from even accessing basic medical care. Without releases, the dangerous conditions we are seeing now will only escalate.

Incarcerated women are at particular risk: They are often survivors of physical or sexual abuse, and in Massachusetts, they are [twice as likely](#) as incarcerated men to have mental health issues. According to the [most recent figures](#) available from the MDOC for women held in state prisons at the end of the 2018, 74% were open mental health cases, 15% had a serious mental illness (SMI), and 56% were on psychotropic medication.

Bensahih believes that the lockdown adds to the physical and psychological health risks. On Monday, the Unlock the Box coalition, to which her group belongs, [released a report](#) based on research and analysis provided by Solitary Watch, documenting a 500 percent increase in the use of solitary confinement across the country since the COVID-19 pandemic hit. The increase is due to the advent of broad lockdowns in Massachusetts and many other states, as well as the federal Bureau of Prisons, and to the widespread practice of placing incarcerated people in solitary when they have been exposed to the virus or exhibit symptoms. The report, entitled *Solitary Confinement Is Never the Answer*, also outlines more humane and effective ways to control the virus in prisons and jails.

Even before the coronavirus pandemic and state-wide lockdown, solitary confinement was a major concern in Massachusetts prisons. Although the state legislature passed a 2018 reform package that was supposed to limit the use of solitary, incarcerated people and advocates say the [DOC has repeatedly sidestepped these requirements](#), and used its power to impose emergency regulations to create new, highly restrictive units.

MCI Framingham is one of the oldest prisons in Massachusetts and has a history of poor maintenance. The asbestos-ridden prison was cited for [116 repeat violations](#) during its most recent inspection in January. Violations included rusted shower door frames, soap scum in the showers, missing shower tiles, overflowing water fountains, and exposed wires. It is slated to close in 2024.

Now, Stacey Borden worries about the health of her friend, who she said suffers from asthma, high blood pressure, and diabetes.

Borden and Foust became close when they were incarcerated together at Framingham. After her release in 2010, Borden completed advanced degrees and opened New Beginnings Re-Entry Services, a non-profit that helps formerly incarcerated women. She credits Foust's influence for setting her on her current path. She saved me by teaching me how to let go of my pain and tell my story, Borden said.

She deserves not to die in prison.

Shabnam Danesh was a research and reporting intern for Solitary Watch. After working as a criminal justice researcher and legal administrator, she is now a reporter at WMDB-TV (CBS) in Peoria, Illinois.

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