Welcome and Thank You for joining the Press Conference on the Public Health Need for Decarceration

We will begin at 10:00 am
Agenda

• Welcome
  • Carlene Pavlos, Massachusetts Public Health Association

• Why Are We Here
  • Reverend David Lewis, Pioneer Valley Project and Mt. Calvary Baptist Church

• Speaking from Experience: Formerly Incarcerated People
  • Jasmin Borges, Families for Justice as Healing
  • Michael Cox, Black and Pink
  • Sean Ellis, New England Innocence Project
  • Stacey Borden, New Beginnings Re-entry Services and Families for Justice as Healing

• What Other Governors Have Done
  • Bob Marra, The Unlock Housing Coalition

• Calls to Action
  • Jasmin Borges, Families for Justice as Healing
  • Michael Cox, Black and Pink
  • Cassandra Bensahih, Massachusetts Against Solitary Confinement and UU MassAction

• Questions from Press

• Summary and Next Steps
COVID-19 behind bars
April - May

By May 11, MA counties reported:

- 5,997 total detained population (May 4)
- Only 422, or 7% were tested → 141, or 33% of those tested were positive.
- 364 staff were tested → 123 or 34% of those tested were positive.

By May 11, DOC reported:

- 2758 incarcerated people tested → 360 positive: 13% positive test results.
- 404 staff tested → 91 positive: 23% positive test results.

Middleton Jail Detox Room
Governor Baker Must Act

- **Decarceration is the best and only way to protect people who are incarcerated, correction officers, and communities** during this public health emergency in our prisons and jails. Releasing as many people as possible as soon as possible will help prevent the spread of this virus and allow for social distancing.

- **Lack of housing should not be used as a reason people cannot be released.** Many people have places to go. The Governor must use his power to make space for those who do not.

- Even after releasing as many people as possible as soon as possible the benefits of social distancing in detention facilities can only be realized if there is appropriate concern and resources for those not released because **solitary confinement is not an appropriate remedy.**
Governors in other states have exercised their legal authority to authorize the following actions:

- Accelerate the release of people within months of completing their sentence (time frames range from 4-9 months)
- Prioritize release for older people
- Encourage consideration of release to home detention
- Commute sentences
- Temporarily release people from state prisons that have committed non-violent offenses or are high risk of contracting COVID-19
- Release people with community supervision
- Sign an executive order that eases the restrictions on early prison releases for "good behavior" by waiving the required 14-day notification to the State Attorney's office
- Provide work release furloughs
Massachusetts Supreme Court Chief Justice Ralph Gants had a question for attorneys who argued Thursday that some state agencies should not be named in a lawsuit seeking to release more prisoners because of COVID-19:

"We've got the governor saying:
'Not my problem, I shouldn't be ordered to do something.'

We've got the Department of Correction saying:
'We manage the prisons, the only thing we're involved with is medical parole,'

We've got the parole board saying that:
It's not their problem.

So who's supposed to do it?"
Decarceration: Urgently releasing as many people as is possible will help slow the spread of the virus

1. Grant parole to qualifying individuals who have reached or are within six-months of reaching their parole eligibility date, review parole decisions for those previously denied parole, unless it is proven by clear and convincing evidence that the person would pose an immediate physical threat to the community if released under appropriate conditions and supervision, and grant requests for medical parole to eligible people.

2. Order the Parole Board to expedite previously-made parole approvals, and review those whose parole has been revoked for technical violations.

3. Withdraw warrants for minor parole infractions and return people to their home plans.

4. Use clemency powers to release people who are medically vulnerable and whose release would be in the interest of public health and safety.

5. Enable the DOC to similarly utilize its furlough process to release individuals who are within 6 months of completing their sentences or who are medically vulnerable.
Lack of housing should not be used as a reason people cannot be released.

6. Induce or compel cooperation from public and private educational institutions, and hotel and motel owners to increase available living space to quarantine new releases and those who are homeless.

7. Issue guidance to local housing authorities and landlords who contract with them to accept people being released from custody who wish to reside with their spouses, parents, or friends in these settings.

8. Working with the Executive Office of Health and Human Services, enable DPH hospitals and licensed facilities to accept those approved for release pursuant to medical parole.
For those who remain incarcerated, solitary confinement is not an appropriate or legal remedy

9. Ensure that the Department of Correction tests and retests all incarcerated people and staff for COVID-19, and provide everyone with masks and/or shields, safe medication dispensation, soap, cleaning supplies, tissues, extra uniforms free of charge, free phone calls, free emails, and daily outside recreation time.

10. Order an end to the long-term lockdown/solitary confinement conditions as they are an inappropriate means of protecting the health and safety of individuals and a violation of state law and the 8th Amendment of the U.S. Constitution.
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We've got the Department of Correction saying: 'We manage the prisons, the only thing we're involved with is medical parole,’

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Questions
Data Slides: COVID-19 In Massachusetts Prisons and Jails
DOC: Spread of COVID-19 Behind Bars in MA, March – mid-April

- March 20, 2020: 1st reported incarcerated person tested positive at MCI-Bridgewater;
- By early April, incarcerated people and staff had tested positive in 12 facilities.

Data sources: media reporting and DOC (World Peace Foundation, 2020).
## Facilities with no reported testing of incarcerated people

<table>
<thead>
<tr>
<th>Facility</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeastern Correctional Institution</td>
<td>157</td>
</tr>
<tr>
<td>Boston Pre-Release Center</td>
<td>79</td>
</tr>
<tr>
<td>Pondville Correctional Center</td>
<td>126</td>
</tr>
</tbody>
</table>

*Source for data on testing: ACLU, TRACKING COVID-19 IN MASSACHUSETTS PRISON & JAILS, UPDATED MAY 11, 2020.*
DOC: Testing remains low in many facilities.

(updated May 11, 2020)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Population</th>
<th>Percentage tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI Souza Baranowski Correctional Center</td>
<td>687</td>
<td>0.14%</td>
</tr>
<tr>
<td>Old Colony Correctional Center</td>
<td>723</td>
<td>0.14%</td>
</tr>
<tr>
<td>MCI Cedar Junction</td>
<td>548</td>
<td>0.18%</td>
</tr>
<tr>
<td>MCI Norfolk</td>
<td>1259</td>
<td>0.24%</td>
</tr>
<tr>
<td>MCI Concord</td>
<td>595</td>
<td>1%</td>
</tr>
<tr>
<td>MA Alcohol &amp; Substance Abuse</td>
<td>36</td>
<td>2.7%</td>
</tr>
<tr>
<td>S. Middlesex Correctional Center</td>
<td>44</td>
<td>6.8%</td>
</tr>
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DOC: Facilities with more testing – many with high rates of infection.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Population</th>
<th>% Tested</th>
<th>How many positive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI Framingham</td>
<td>188</td>
<td>20%</td>
<td>38% of total pop.</td>
</tr>
<tr>
<td>MCI Shirley</td>
<td>1262</td>
<td>20%</td>
<td>52% of those tested; 12% total pop.</td>
</tr>
<tr>
<td>LSH</td>
<td>22</td>
<td>*none noted after April 25</td>
<td>27% of total pop.</td>
</tr>
<tr>
<td>BSH</td>
<td>198</td>
<td>53%</td>
<td>11% of those tested; 6% of total pop.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Big increase in testing after 5/7, results in?</td>
</tr>
<tr>
<td>Massachusetts Treatment Center</td>
<td>540</td>
<td>99%</td>
<td>23% of those tested; 22% of total pop.</td>
</tr>
<tr>
<td>Old Colony Correctional Center</td>
<td>723</td>
<td>94%</td>
<td>0%</td>
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<td>Big increase in testing after 5/5, results in?</td>
</tr>
</tbody>
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DOC: Worst-Hit Facilities

Prisoners Tested Positive
Cumulative pursuant to SJC 12926

Note that prisoner deaths due to COVID-19 are not included in these data.