Women & Incarceration Project
Center for Women's Health & Human Rights
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Show us the evidence: With the lowest population in years, why is Gov. Healey planning to spend $360 million on a new women's prison complex in Massachusetts?

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On June 30, 2025, the Healey-Driscoll Administration announced it would spend $20 million as the first step in a $360 million plan to rebuild Massachusetts Correctional Institution-Framingham, the state's prison for women, where the population has dropped 63% since 2017. The announcement took women in the prison, advocates, state legislators, and Framingham officials by surprise, showing a lack of transparency and consultation with interested parties.

MCI-Framingham has older and newer buildings in various states of disrepair. It is a medium security prison. Governor Healey says her plan "represents an investment in people, a commitment to second chances." We say this is a very expensive and misguided approach to investing in women, especially as the vast majority of women incarcerated in the prison meet *minimum* security criteria that should make them eligible for community placements. In addition, the state is bracing for massive cuts in federal funding for health and human services on which women and all residents rely.

How many women currently are incarcerated at MCI-Framingham? About 218 women. On an average day the population includes 14 women who have been civilly committed for drug-related problems and 162 serving sentences, including a small number serving shorter county sentences of less than 2.5 years. The remaining 42 are waiting to go on trial in Middlesex County courts. In contrast, women waiting for trial in all other county courts or serving county sentences are incarcerated in local or regional jails, not the state prison.

Who are the women incarcerated at MCI-Framingham? The age range is 18-79 and the average is 42. Most are mothers. The racial breakdown is: 66% white, 15% black, 11% Hispanic, 3% Asian/Pacific Islander, 1% American Indian/Alaska Native, and 4% unknown. Most have experienced domestic violence, sexual assault, or other forms of abuse. Most suffer from chronic illnesses, including poor mental health and substance use; about half have at least one disability; and all experience "accelerated aging" from being in prison. Some use wheelchairs, and some have dementia.[1]

What is the cost of incarcerating a woman at MCI-Framingham? The most recent data, from fiscal year 2023, put the cost as $235,000 per woman per year. The Administration's plan would spend about $1.5 million on construction per woman on top of that. The Administration has not shared projections of the yearly cost of operating the renovated prison; however, the higher the security level, the more costly it will be to run.

The Administration's plan is to renovate MCI-Framingham and maintain its status as a medium security prison. Does the evidence support this plan? No. Approximately 80% of women at MCI-Framingham score as *minimum* security risks according to the Dept. of Correction's own system. But

because the state designates the prison as medium security, all the women incarcerated there are reclassified as medium security (see here for more details). The Administration has not released any analysis projecting the need for a medium security prison, when so many women meet minimum security criteria. In terms of both human rights and cost, people should be incarcerated in the least restrictive setting for which they qualify.

In 2022, the state-commissioned Strategic Plan for Women Who Are Incarcerated (a.k.a. The Ripples Report) found that minimum security/pre-release centers run by community organizations are appropriate for the majority of women at MCI-Framingham, who pose little risk to public safety.

Why did the Administration decide against this approach in favor of rebuilding a medium security prison? No one has said why. The Governor's Administration has not evaluated each woman for eligibility for release from prison or transfer to a non-prison facility. For example, women who are terminally ill or permanently incapacitated cannot get the care they need in prison; it would be more clinically appropriate and cost-effective for them to live with relatives or go to a nursing home or hospice.

The Governor says she wants the prison to be a "national model of rehabilitation and correctional innovation" that will provide "trauma-responsive care." **However, our review of over 200 published studies shows that correctional institutions cannot fulfill the Governor's wishes.** The coercive nature of incarceration undermines the goals of therapy and treatment. Even the architecture firm hired to "re-imagine" the prison acknowledges the harm incarceration causes to people's health and the difficulty of providing adequate care behind bars – in contrast to the tangible benefits of community-based treatment and policies that reduce incarceration.

What impact would releasing women from MCI-Framingham to the community have on public safety? Very little. Studies show very low recidivism rates among women released from prison, especially middle-aged and elderly women and women convicted of violent crimes, a category that includes being present at or an accessory to a crime committed by another person.

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[1] The racial breakdown uses the Department of Correction (DOC)'s categories. The U.S. Bureau of Justice Statistics' nationally representative data show 67% of women in prison reporting at least one chronic illness and 49% at least one disability. DOC does not collect this data for Massachusetts.