



## OPINION

# Commentary: When closing prisons, remember the people inside them

During closure preparations, the incarcerated may lose access to essentials such as family visits, programming and health care appointments. DOCCS should allow outside experts to advise on the process.

By **Jonathan Monsalve**

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Great Meadow Correctional Facility in Washington County is seen Aug. 4, 2024.

Lori Van Buren/Times Union

Tensions are high with news of the closure of Great Meadow Correctional Facility. Prison staff, families and concerned residents recently [organized a well-attended rally](#), where elected officials representing Washington County and union leaders gave impassioned speeches. Calls for the state to come up with solutions for replacing local jobs followed.

Now, it's time to give consideration to the other stakeholders impacted by this decision: the people who are incarcerated, and their families.

The announcement by Gov. Kathy Hochul and the Department of Corrections and Community Supervision that Great Meadow and Sullivan prisons would close, with up to three more facilities likely to follow, is commendable. DOCCS is reported to have made these decisions after careful consideration of empty beds, infrastructure, security levels, relocation possibilities, specialized services and avoiding repeat closures in the same communities. Since the number of incarcerated New Yorkers has decreased by nearly half since 2008, the goal is to adapt to changing circumstances while minimizing negative effects to staff and surrounding communities.

Yet when a prison is slated for closure, we know that pain results — both for the people living there and for communities that may have relied on prison jobs for decades.

Unfortunately, stress and frustration among corrections officers during the closure process can transfer to people in their custody who had no part in these decisions. Over the years, our prison services nonprofit has seen reduced access to outside medical care, shortened or canceled family visits, eliminated programming and additional trauma for people who are incarcerated as they await news of where they will go. They have lost legal documentation, letters from loved ones, and other precious property. It is a very tense and worrying time for them and their families, too.

That's why we strongly urge DOCCS to allow outside experts to advise on and assist with the closure and transfer processes to ensure that the health, mental health and safety of people in all prisons designated for closure are

considered. People who are incarcerated should not be punished for efforts to shrink the system. They must be taken to appointments, see their families on visits, and have access to hot meals, recreation and programs. Incarcerated people and their families have no union, so we must speak up for them.

While closing prisons is the right decision, we do not wish economic hardship on anyone. We recognize the agony of family separation for people who are incarcerated — too often from historically overpoliced and underinvested-in communities of color that endure the intergenerational effects of incarceration. We also acknowledge the strain for officers who lose time with loved ones because staffing shortages have them working triple shifts. Everyone living and working inside a prison is someone's family member.

But the prison-building boom as an effort to prop up declining local economies was deeply misguided. It tied many rural communities' livelihoods to a system that perpetuates harm, increased racial and economic inequality, and treated incarcerated people as commodities rather than human beings. In our view, prison should not be anyone's family business, and the mass incarceration of Black and brown people should never be the policy choice made in the name of public safety.

Because in such a world, no one thrives.

*Jonathan Monsalve is president and CEO of [Osborne Association](#), a nonprofit that works with people affected by the criminal legal system, including providing prison-based parenting education, family visits, restorative justice and health and reentry planning services.*