

FORCED TO DIE ALONE
A LONELY BED TO SUBSTITUTE GOD AND FAMILY

An epidemic is slowly taking root throughout the United States prison system. As of 2010, State and federal prisons house more than 26,000 inmates 65+ years old and nearly five times that number 55 and up.¹ The boom is a direct result of the "get tough on crime legislation from the 80's and 90's. These policies have generally caused the nation's inmate prison population to jump from 330,000 in 1980 to over a million by 1995; a tripling of the population representing an increase of 235%! As of June 2012 the Massachusetts D.O.C. confirms that the state will need three new specialized facilities to house an estimated 1,270 prisoners with medical issues.²

Here at MCI Shirley prison, the effects of the aging prisoner have already had an impact on the population at large. In the last five years several elderly inmates have died in the bowels of the hospital services unit (HSU) called the "skilled nursing facility." Most, if not all, died alone with nothing but a bed to comfort them in their last days. What's even more disturbing is oftentimes friends of these men who are housed in the general population do not hear of their passing for days, sometimes weeks later. For some this may seem like a trivial matter but it is indicative of a more serious issue that is slowly taking root among many of the lifer population; particularly the younger men serving life sentences.

Policies enacted here at MCI Shirley prohibit inmates from visiting anyone housed in the HSU area, that is, unless they work in the HSU as runners. This policy further prohibits anyone who lives in the HSU from leaving the HSU to attend programs, library, and religious services; in effect punishing individuals for being sick. Many of these men have served 10, 20 and 30+ years in prison. In that time some have lost contact with family and friends who live on the outside. In most cases, they've been incarcerated for so long that there's just nobody left to contact. In almost every instance these men have formed bonds with other prisoners that they've served time with - creating a family unit amongst each other. Men serving long term sentences serve more time living together than the ideal family unit, and yet, when one becomes sick it's very likely that neither of them will see each other again.

Imagine being told that a hospitalized "family" member is not your concern, nor can you visit them! Imagine being that individual who is terminally ill and knowing that you can no longer see, talk, or spend time with the very person you care

¹ <http://www.hrw.org/news/2012/01/26/us-number-aging-prisoners-soaring>

² <http://www.govtrack.us/states/ma/bills/187/h2173>

for and consider "family." It is a dire situation that the younger population sees and realizes, "this is what my future holds for me!" The hopelessness that instills deep within one's soul is palpable. To know that the only thing you have to look forward to at the end of your days is not friends or family or a religious community, but rather, a bed and four walls which the D.O.C. considers a humane way to die.

One, and maybe the only, reason for isolating the prisoners in the HSU according to the administration, is that the inmates are susceptible to germs. Consider the fact that these same prisoners are exposed to staff, nurses, and inmate workers, all of who are exposed to the general population and can be carriers just like anyone else. Apparently no one has noticed that! Nor have they noticed the lack of cleanliness which is the norm, particularly in the bathroom areas of the wards. Germs may be the reason but it is not the truth.

The restrictive policy of denying ill prisoners a sense of humanity in their dying days creates a climate of hopelessness that in turn creates resentment toward a system they truly feel is "killing them." So much so, that this dark, bleak, and foreboding outlook has become a reality to them. This "reality" has generated conversations among lifers that no one should ever have to have. Some of the men have expressed a desire to commit suicide before they get to that stage; some have even made pacts with someone they know to have them be smothered with a pillow; some have even gone so far as to make promises to one another that they will slip the other some medication to die of an overdose. In many instance inmates are refusing treatment and refusing to seek medical attention so as to avert being placed in the HSU area. The idiom among the men is to refer to HSU placement as a "death sentence."

It is understandable that the D.O.C. has not faced such a crisis until now but how they are responding to the effects so far is not promising. Although there is a positive effort to create a companion program, it does not address the issue of "family" meeting with each other. In addition to the companion program, allowing for meaningful access of those who have bonded and cared for each other the most is needed. For most of those dying in HSU, that's all they have left. To punish individuals for being sick may sound like idle banter or simple corrections but what it really is is a heartless means for end-of-life management.

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