

## AND THE BEAT(DOWN) GOES ON

BY: Ken Seguin  
May 10<sup>th</sup>, 2013

Two more suicides at MCI Shirley by lifers ... and the trend continues from the Massachusetts prison system leading the nation in per capita suicide rate from a few years back. Don't investigate though because the Department of Corrections will say one death was from cancer and the other from a drug overdose. Yet, if you dig one inch under these soiled deaths, its clear – two lifers afraid to be exiled to the “Skilled Nursing Facility” of this Massachusetts prison; afraid to be isolated from friends who have become their inside-family over the decades of their imprisonment, fearful of dying with people they don't know.

Lenny ██████████ an extremely skilled jazz musician and leader in the prison system knew something was wrong but he avoided having it looked into until he simply could not put one foot ahead of the other. His cancer had fully invaded his body and by the time he had to be carried to the skilled nursing care facility, it was a matter of weeks before his demise.

Mark ██████████ wheelchair bound for some time and under treatment for HIV also felt his health degrading. In April 2013, several of us on the prison block who witnessed his suffering encouraged him to seek medical attention. He simply did not want to chance being condemned to a ward in the skilled nursing facility with four other dying men, unable to come back out to population or have long-time friends come in to see him. Recently, knowing we, on the block, had discussed taking him to medical against his will the last time he was in bad shape. Then he got really sick again. He did end up being wheeled out in the middle of the night, dying the next day. It was a suspected drug overdose. Mark had quietly Kevorkianed himself to avoid a slow death, in isolation, at the skilled nursing building.

Something has to change. Yes, the skilled nursing facility here has a “companion program” that started in 2013; a good first step with inmates keeping the facility clean and the patients better kept and cared for, but this does not address the isolation from confidants/close friends that have been forged over years in a non-trusting environment of prison. This is needed for the hospice setting the skilled nursing facility is – in reality. The extremely sick and dying inmates in skilled nursing should not be isolated from other inmates they have long-time friendships with. They should be allowed such visits at appropriate times. Yes, their actual family members can schedule visits but for lifers who have decades of incarceration, time has included a slow separation from actual family.

Further, support for a compassionate release of terminally ill inmates is needed. Right now, before the Massachusetts legislature, Bill S-1139 will be coming up for vote; a call by Massachusetts residents to their legislature to state you support this Bill is important. This would allow men to die in a more humane setting better amenable for their care, and more apt to bring family back to their bedside without D.O.C. pat-downs, timeframe restrictions, escorts, monitoring and other controls to dehumanize a visit.

Be a part of the effort to cause this change in an aging prison population – the fastest growing segment of prisoner population in Massachusetts. Better treatment of the sick and dying, regardless of their criminal status, is done in most of the United States – why not Massachusetts too?

Ken Seguin is in his third decade of incarceration, has worked in the skilled nursing facility in past years, and still visits the wards one hour a month in the only Protestant service provided them. He is also an active member, on the steering committee for MaCURE Massachusetts chapter of the **Citizens United for the Rehabilitation of Errants** dedicated to the reduction of crime through the reform of the criminal justice system and holding the Department of Corrections to their legal mandate to rehabilitate. You can join by writing MA CURE @ GMCC, 670 Washington St, Dorchester, MA 02124