

Dorchester Institution

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I am a prisoner at Dorchester (medium security) and currently the chairman of this institution's seniors group. What really perturbs me about initiatives such as this collection is that a lot is said, but very little seems to come of it. You can publish in whatever journal you wish, but politicians do not read journals. I personally have been in this penitentiary system for 40 plus years without release and have engaged in several "studies" of various types concerning incarceration. I have yet to see any of them bare any fruit. But having said that and being the optimist that I am, I must go by the adage, "nothing ventured, nothing gained".

As early as the mid-1990s, people such as the then Correctional Investigator, started warning the powers that be that the federal penitentiary system was going to get bogged down by what was being called "geriatric inmates", which it could not handle. I am sorry to say that that prediction has come true. Health Canada and various organisations list a starting age of being called a senior at 50.¹ Using that as the starting number, we have approximately 100 seniors in this institution alone. This comprises approximately one quarter of the population. Of those, around 40 are 65 plus, in other words, retirement age. Among their many concerns, is that penal infrastructure continues to be built with a lot of stairs. A good portion of seniors have medical problems that make climbing stairs almost impossible. For the purposes of this report, I will be referring to prisoners of retirement age of which I am one. I just turned 69 this past March.

It is very hard for seniors to find employment on the street, never mind in a penitentiary system geared toward younger prisoners. The last government saw it fit to take away Old Age Security, so we basically have no income to purchase what we need to survive inside anymore. They tell us that we can get our pension back when we get released, but that means those lucky enough to get released, get released with nothing. We have absolutely no way to save anything for anything, let alone release.

That is just one of the problems that we face. Another, even more serious problem, is violence that is directed at us from younger prisoners. There was a time in the system when if you assaulted or in any way harmed a senior, you paid a severe penalty. I am afraid that those days are gone also. With all of the changes the previous government has made with the new sentencing laws and others, the violence level inside the prison has risen, especially violence towards seniors. The reason is obvious – we can no longer defend

ourselves. In the last ten years, in this institution there have been at least six suicides, two murders, one suspicious death, one death due to falling, and three by natural causes such as cancer, and so on. With the exception of one of the murders, all involved seniors. Of every ten men walking around with black eyes and fat lips, eight are seniors and there is not anything we can do about it, especially when the “system” denies that it is happening.

As if the above two problems are not bad enough, there are two others, but they can be combined into one. They are the institution’s health care facilities and the manner in which penitentiary units are being built. Most new units being built still have a lot of stairs in them, which results in seniors having to climb to get anywhere inside the penitentiary. As a good number of seniors are in wheelchairs or use things like canes or walkers, this makes getting around very difficult and, for some, impossible. When some still try to climb these stairs, many fall and hurt themselves. In some cases, as the previously mentioned death by falling, the fall can have serious consequences. However, it is not just seniors falling down and severely hurting themselves that is the only problem with health care. It is also the ailments that seniors have such as arthritis, rheumatism and other old age ailments federal penitentiaries are not equipped to deal with. Maybe I should not use the term “equipped”, but instead use the word funded. As we know, dealing with seniors’ ailments is more expensive than those of younger prisoners. As an example, in this institution, the only dental care we can get is to have our teeth pulled. There is no dental hygienist available at all. This part of the dental department was removed because funding was taken away by the government due to the rise of the senior population who, in many cases, require more serious dental care. And the mental health care is totally non-existent. In summary, the changes that effected this group of men are:

1. No funds
2. No mobility
3. More violence
4. More suicides
5. Less health care
6. No Hope (mental health issues)
7. Ailments
8. Released into society with no money

Having said all of that, please see the following proposal that would virtually eliminate all of the above. Of course, this is just a draft proposal and it is open to serious negotiation and change. It gives a base to start with to deal with the problems that seniors behind bars are facing. With new sentencing laws that promise to incarcerate more people with fewer release opportunities, things are not going to get better, they can only get worse.

PROPOSAL FOR ELDERLY PRISONERS

It is obvious that looking at prisons in general that they were never designed to handle geriatric prisoners. They all have stairs, which limits the mobility of those prisoners in wheel-chairs, using crutches or canes, or those who for various health reasons, have a difficult time getting around. And judging by the construction of newer institutions, the problem of geriatric prisoners is still not being looked at or being taken into consideration. Not only are the penitentiaries themselves not being built to accommodate geriatric prisoners, neither are the health care facilities. Virtually all of the health care facilities are geared towards younger prisoners. As an example, I use my current institution's Health Care Unit. It has five beds, three of which are already occupied, two by geriatric prisoners. Millions of dollars have recently been spent here to expand office space for the doctors and the nurses, but not one cent was spent updating the area where the prisoners are housed when necessary. That fact in itself proves that nobody is looking at the problem. There are various reasons why seniors are not being considered for release:

1. Their crimes
2. Family left to take care of them and no retirement home will take them
3. They have given up hope

Let us deal with each of these items individually.

Their Crimes

It is no secret that in their younger days, many of the men in question committed very serious offences. I use the term younger days because the majority of the men in this category have served well over 30 years without ever being released. There does come a time, when, regardless of

the offence, due to their age, they are no longer a danger to anyone. The federal government needs to seriously evaluate alternatives to incarceration for aging prisoners.

Reintegration Barriers

There are two main reintegration barriers faced by aging prisoners. One, the most prominent, is that residences for seniors are fearful of housing a former prisoner. The second, is that even if they are willing to take them, there is no bed space available. As I stated earlier, most of these men have been inside for thirty plus years and during that time, most if not all of their family has passed away. So, in effect, if they can't find a retirement home to take them, they have no place to go.

Loss of Hope

In far too many cases, the person in question has just plain given up. This leads to severe mental deterioration such as depression, which could lead to suicide. Since 2007, three seniors have committed suicide in this institution: one due to paranoia; one was a drug addict who was locked in a cell to go cold turkey; and one for depression. During this period, one senior was murdered by a younger prisoner.

On top of all this is the issue of mental problems such as Alzheimer's, dementia, Pick's disease, secondary dementia, senile dementia, and toxic dementia to name just a few. In the late 1990s, there was actually a case of a senior with Alzheimer's at Mountain Institution in British Columbia. For obvious reasons this man could not be left on his own so he had a palliative care trained prisoner assigned to be with him at all times. It should be noted at that time that there was an accredited palliative care training program in Mountain Institution. It was training prisoners to care for prisoners. Unfortunately, the program was discontinued for reasons unknown.

Mental health problems are not the only thing that seniors need to worry about. Previously, I mentioned that one senior was murdered by a younger prisoner. Seniors being assaulted by younger prisoners is an ongoing problem in the federal penitentiary system. Because they can no longer defend themselves they are beaten and robbed of their canteen and other personal items. In far too many cases, they are also sexually assaulted. In almost all cases, this activity is being either ignored by penitentiary staff or when it is serious enough that they have to take notice, it is swept under the carpet.

A Solution

Failing the implementation of more humane and less costly alternatives to confinement for geriatric prisoners, build them their own facilities. Pick a spot that is centrally located and build a single-story prison with cells and cell doors large enough to accommodate wheel-chairs and other devices that seniors may need.

Re-establish the accredited palliative care training program and have one wing built to accommodate prisoner orderlies. By doing this you would negate having to hire a large number of nursing staff. One orderly could be assigned up to six patients to care for depending on the seriousness of their problems. They would, of course, be supervised by nursing staff. By having prisoners like this, all the healthcare facilities would have to deal with would be geriatric prisoners.

Remember that we are only dealing with those aged 65 and older, and who are of retirement age. If you were to re-establish their old age pension you could make this almost self-sustaining. For example, the geriatric prisoners would need a pay level. The average payment is approximately \$1200.00 per month. \$350.00 of that would automatically be deducted for food and accommodation. Out of the balance they would be expected to pay for over the counter medications they may need such as items currently sold in our hygiene accounts and purchasing catalogue. They would also be expected to pay for cable just like in regular institutions. That should leave a large enough balance for regular canteen purchases and other expenditures. A certain amount would go into a savings account, but seeing as how many of these men will not be going any place given the nature of their offences which are unlikely to be swayed by positive changes when before Parole Board of Canada members during hearings, that account will not be necessary.

As for institutional maintenance, that could be done by those still able to get around. There will still be some able to do cleaning, work in the kitchen, handle a snow blower, general plumbing, and the like. An institution like this would not need as large of an administration as regular institutions. All you really need is a warden, maybe an assistant warden, head of security, and some guards, and maybe someone in finance to handle accounts. The outside perimeter could be medium-security, while inside could be minimum or at least low-medium. Remember that we would be housing geriatric prisoners, whose fence climbing days are long gone.

CONCLUSION

Seniors are getting tired of being beaten and robbed, raped, and murdered behind bars. It is time for the Government of Canada to do something about the problem of geriatric prisoners before things get out of hand and they have to start explaining why nothing has been done about a problem that was brought to their attention decades ago. While alternatives to confinement ought to be promoted, having our own penitentiaries is the next logical solution to the problem. Of course, having said all of that, transfer to this type of facility would be voluntary. There may be some seniors who still have family visiting or may have some kind of support in the community where they are. It is important that the decision be theirs.

ENDNOTES

- ¹ Office of the Correctional Investigator (2015) *Annual Report of the Office of the Correctional Investigator 2014-2015*, Ottawa. Retrieved from <http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20142015-eng.pdf>