

## CRM 2309: Social Determinism of Health and Prison Life:

- 1971: universal health care system, formalized. Canada is known for the universal public health care system.
  - 1974- Lalonde report. "Canada a new perspective on "- gained a lot of variety. First time thinking that are health are beyond biomedical factor. Not just biology anymore but environment put you in a vulnerable position in terms of health.
- What are the SDH?
  - (social determinism of health) : things like gender.
- 5 areas where Canada has fallen particularly short... (compared to other 36/37 countries)
  - Specifically: 1. redistribute of impact of tax and transfer policies
    - 2. reduction of family and child poverty
    - 3. Housing policy: Rent cause- buy a home, mortgage that home
    - 4. Early childhood education and care - subsidised childcare
    - 5. urban and metropolitan health policy. (toronto - big gap between rich/poor)

### Health Care - SDH (pg.46)

- Income / social status - impacts forms of child care (staying home on wealth-fare, instead of paying for daycare), lower paying jobs with health insurance (dental care), can't take time off, cant afford good shelter and quality of living, money stress (causing health effects), certain disease can't get good treatment from good professionals (Lyme's disease/MS), 1 in 10 can't afford to fill their prescriptions, polarization of upper class and those at the bottom [greater divide more than ever], inflation and minimal wage [food more expensive, wage not adjusted accordingly]
- social support - little in coverage for mental illness (and substance abuse programs), prisoners -> going into jail toughest time in life (usually) and deprived of liberty and friends on outside can't really help and need that added support,
  - in 90s, provision cutbacks, there getting 370\$ for rent.. can't survive on that
- education - better education usually better job, but at the same time better education cost more. Education on health issues so that you can be healthy and make good decisions about health (Eating, about disease), Literacy (rates are high of illiteracy) - have to be able to read/ write so you can help treat yourself with hep b and etc. WINN- craft there questions based on gr 5 level of understanding [still can't get everyone], applying for a job w/o knowing how to read and write.
- employment/ working conditions - seen a rise in part time, contract, seasonal jobs (which are lower paying, less benefits) decrease in full-time position. Remove the ability to have unemployment insurance, increase in competition (to get in to university and to get in to the job market) [50s/60s stay in one line of work]. Part time is not stable secure work - hard to live off and support yourself. Canada among highest countries of low paying job at \*\*. 1 in 7 Canadians are living in poverty conditions. -Stigma of criminal record. Manual labor jobs are most common upon re

lease - which are physically demanding and elevated risk of work injuries. Go out to the oil sands (fort mcmurray) - now can't even do that, some agencies will higher them like dispesstis removal

- physical/ Social environments - (referring to housing)- can't get a house without a job can't get a job with a record. (Catch 22 of homelessness). Housing pricing are going up. We have more safe guards now but still rent cost are high in Ottawa, in ontario: can raise rent yearly (if built after 1997), lack of rent control has created challenges. Rooming houses - bad conditions, with bed bugs and other problems cause you cant get out of that living with a higher paying job
- healthy and child development - health canada - not rated that well compared to places like Sweden. Child care - not uniform across canada. Expensive to put your child through that. Health of mother while pregnant - detox , etc. Ex. Judy in Carleton prison system, went to jail in nonviolent offenses, went into labor - guards dismissed it and ended up giving birth in jail, baby passed away due to high-risk birth, institutional neglect? Separate child/mom during jail - set them up to emotional challenges
- health services - access and quality in Canada; waitlist (2h - 5h wait time- for walk-in clinics), impersonal, cost of prescriptions (trying to come out with synthetic versions of prescriptions), privatization of healthcare- going against what we want in being access to everyone. ex. MRI, waitlist of 3 months compared to paying to get to use one. Available for upper class but no one else. Accessibility in terms of geographical location (running out of tylenol in a small town up north?), nunavut's food shopping - constraints peoples food choices
- gender - woman tend to live longer than men - women face higher stress related illnesses [anxiety, rates of lung cancer], women tend to be paid less, overrepresented in certain areas. woman incarcerated on the rise for non-violent poverty related crimes
- culture- overrepresented aboriginal prisoners, and black prisoners- can go back to inequalities on the outside- position people into tough circumstances. having a parent in jail elevates the likelihood of you going to jail later in life.
- \* important takeaways: when looking at prison populations - at every one of these levels they are at a disadvantage,
- Canada is experiencing change in population health when compared to other developed countries
- Reflecting on the topic of SDH-what can be said about their application to the Canadian prison population?

#### Prisoners as Subject/ Agent:

- Canadian article - talking about the change in administration
- In Canada, as in many other countries, prisoners in the penitentiary system suffer from the same illnesses as the general population but in much higher proportions.
- Implication on health care for prisoners-

- prisoners consuming more of health care budget. Considerable drain on health care system. West prisons - charging user fees, pay a sum to see a physician within the prison to try to mitigate some of the cost and demands. Concerns that prisoners are making up symptoms so they can get prescription or get out of work → morality ? suspicion is definitely raised - because there convicted felons.
- **Old public health model vs. New Public Health model**
  - **main argument is that we transformed over the years. Under the old model: we had state making decisions on behalf of the overall community on what was good for their health (mandatory vaccinations - seen for greater good). Historically E. fry or J. Howard - fought to improve sanitary conditions inside prisons (cleaner cells, access to bathing and clean water- helped reduce illness). State made decisions - people don't decide for themselves. This approach was successful - resulted in longer life expectancies.**
  - **in 1960s, emergence of new public health model. Neo-liberal principles - instead of state making decision on behalf of community. We are putting the onus on the individual. Freedom of choice and trying to privilege this idea. it is our responsibility to manage our health accordingly. (children vaccination - hard debate- some disease are coming back ? Parents have the ability to chose compared to before, H1N1 people lining up for vaccinations).**
- **“ Less eligibility principle”** (p. 355) - idea that we have to provide health care services to prisoners - balancing act, must give them the services, but not better than the services given to those on the outside on the lowest form of economical society. Can't make it better than people on the outside have. Not fair for prisoner to have better access to health care who doesn't have criminal record. it is a balancing act.
  - treatments for hep c like chemotherapy - but its an eligibility issues.
  - methadone clinics- people that have addictions to crack/cocaine/heroin- limits on acceptability to these programs. Health care always top 3 things that is grievances. (having to wait). HIV have to take pills same time everyday and lockdowns might change timing o these things. Crisis with double bunking - forcing prisoners to share cells → leads to higher rates of violence, etc. When overflow of prisoners- resources shrink. Working with fewer staff but greater number of prisoners.
  - observation of prisoners putting to solitary because refusal to take medication.
- **\*Actuarial Justice** - refer to a change in correctional philosophy where the goal is not to transform or rehabilitate in- mates (discipline) but rather to manage the risks they represent.
  - healthization of actuarial justice. Within corrections they like to use assessment roles. Parole board when you don't finish substance abuse program. Difficult to exercise that power.
  - Tattooing - help reduce high rates of hep c/b within prisons.
- Why look at food in prison?
  - learn a lot about survival in prisons. Different places in world prisons go on hunger strikes. Symbolism of food in Society - BBQ might be equated with friends, family, being outside and freedom of it, good food. [Painting a certain picture]. You have ability to chose what you want to eat. Food is part of some peoples identity (veg-heads).
  - Food at prison - takes away that ability. Constraints, cant get your favourite meal. Limited choice of food inside prisons.
- Link to health:
  - food that is served is highly processed, high sugar, food that you can make it big batches. No fresh veggies, or organics. Arguably so cant give them food better than outside.

Nutriload in US (punishment food ?) - easily made and served at regular. But on the whole, prisoners felt frustrated on the limited access on food and the way it was prepared. Deep frying - overcooking and not good on health to eat on regular basis. Feeling frustrated not having access to certain meals that are accommodating to ethnic /culture needs/dishes.

- Challenges for prisoners:

- 4 different ways prisoners produce was of resistance:

1. "Individual adaptations and adjustments" (p. 259-260)

- "that's actually one thing that I've come to try to avoid is a lot of these food flyers.

Because it's kind of dangling a carrot in front of a starving horse, right? you know, it's like 'it would be so nice have that', you know? so you just kind of try to be satisfied with what we do have"

- avoid watching commercials, ads with DQ, they would avoid it. change channel right away, etc. Think about how hard it is to turn that temptation off? Food in a sense is a reminder of freedom lost.

2. 'Individual displays of Oppositions' (260) - cafe - a lot goes on during that time. Everyone in the same place during the same time. 1 on 1 exchanges conflicts between: guards, kitchen, etc. all usually involving around food. occasionally physical; throwing food and/or plates, some institutions were so bad prisoners were deterred from going down to the cafe. Living off canteen food (limited stores, still full price food, candy/coke/unhealthy foods ) 8h day - 6.90\$ a day for work. Inmates prepare prisoners/guards foods, prisoners would make up rumours of tampering with the guards food.

3. ' Legitimate Group Activities' (262) - groups are actually able to come together in certain institutions. Put in request to bring in certain dishes. Joyceville pretty good for this. Seem some rise in this. Prisoners reporting generally pleased. def. not uniform tho... another note, in Canada, loved ones - weekend visit, family can spend 72 h there. Families limited on buying the items on the institutional list.

4. Illegitimate Group Activities" (263) - behaviors such as prisoners stealing institutional food and then selling it in the underground prison market. Prison markets inside : sex trade, food (not easily available), gambling... sold to other prisoners. Instances where communal dining was problematic. Prison context ... people had certain spots, totally different dynamic . class example of people having their own spots in the class. Designated spots, new people don't have no one to identify with. Major consequence.

\*think about the symbolism of food. What can we learn about the way prisoners can resist, little ways of exercising some agency in a place where they have none.

Lecture 2: (Guest Lecture [Karen]): Oasis: you have to be HIV +, or immediate risk due to drug risk, sex risk, have to be homeless or marginally housed. Have to have mental health issues, and have to be barred from majority of other services

-Van = heroin, Ottawa = crack

"*harm reduction*" - dirty words... think of harm reduction: safe injection site in Vancouver.

Supervised injection sites. Outreach, needle provision.. (started in Netherlands) learned people were injecting and HIV progressed quickly. Led to prescribed heroin (story about prof getting heroin- tolerance built-jail-clean-back to doing it. (All are far end of the scale)... Other end of the spectrum - Abstinence, working with youth, change the pattern, change in quantity, change in method (of injection - crack pipes compared to needles? Sex - stop unprotected anal sex first

and go from there.) Preventing them from burning face when smoking up, prevent sharing. Idea is to keep peoples lives.

- sometimes a slow process

-HIV - transmitted through bodily fluids and die when not inside body(blood - on floor - will die ). (vaginal, semen, buckets/buckets/buckets HIV).. use to progress to AIDS. It's a chronic disease instead of death bed (for avg people. homeless - don't have that luxury)

-Hep C- blood- blood: it'll live outside the body (blood on ground still alive - make assumption blood is contaminated anytime see it).

- institutionalization - (say have HIV+ man- going to jail. Your going to go off your meds (so guards don't know) when go off meds, then on again, reduces the efficiency of the medication.

- iTrack- huge longitudinal study (1986) - from active drug users - their infection rate. What are their risk behaviours ?

### **Project Rock:**

Age 16-24. Had to be active within the last 6 months. Can only get equipment if they are 18. how is that age affecting ?

-participatory action research - involves the people being studied, they have input all along. "nothing about us without us."

- qual not 1-10. but asking open questions, recording interview.
- Thematic analysis - gotta transcribed these interviews.
- structure questionnaire- quantitative part

Questionnaire- backpack method

- use of HR services :
  - didn't like mouthpieces .. hard to screw on, wouldn't use them
  - no knowledge- didn't know what they could get from it, effects memory, concentration
  - they didn't care about consequences. So what? my life is shit...
  - embarrassment - didn't want to be labeled as drug users. Didn't want ppl to see them
  - appearances - they didn't wanna look like they needed any help or anything
  - bonding - sharing equipment is a bond ? bro bowls?

Sexual risk behaviour:

- trust sex partner
- fear of rejection - we have to use a condom {rejection} , undesirable, already unwanted - dont want that rejection. Wont have sex with me , wont have place (sex survival)
- insufficient knowledge - some ppl still don't think its transmissible female to male. Can get infected through oral sex

Contributing factors:

- opportunistic - if its there ill use.
- Safer inhalation practice - hours of operation
- housing/ homelessness - survival sex
- poverty- condoms (didnt know could get for free at health centers) sex trade cause poverty
- mental health issue- compromise negotiations for sex
- marginal - dont want people to know ...

## Strategies :

- education - fun , not BLOCK letter. Language they'll understand
- peer involved.

## Experimentation (real prof again):

- Prisoners saying they were experimented on in the late 60s, (anybody serving long term sentences or life sentences). People coming forward in the 90s now. Queens u and federal government working together. Not much record of the experimentation. Don't know numbers in Canada that were experimented on. A lot more research in the US. Might look at today as unethical, but back then it was an entirely different social context that was going on. They were done in the name of "science", offender process and other ones were trying to help the broader society (vaccines, effects of drugs, Johnson/Johnson big company that use to do it.)
- CSC (federal level) - said that their accusers are looking at the standards today and using them to judge the past. This was the time of revolution and no better people to do it on than prisoners. Had people were vulnerable, people that didn't have anything to do (boredom), or any money (much higher value in a prison... high end - 6.90\$/day). Anything to seem that you were being cooperative. but at the same time coercive..
- "Presentism"
- 1955-1975: solitary confinement. '55 put them in black environments (hope was to have calming effect - but kept in several days) this was the test for the SHU ... special handling - 24/7 solitary confinement (for high-risk dangerous offender). Outcomes varied -> some had calming effect. Others: people panic, reality breaks, hallucinations. Recommendation - shouldn't be used on any mental illness, disability people. However, usually this is often the immediate response (Despite research showing this actually makes it worse). Also did electric shocks, forcing prisoners to hold hands in bucket of ice ( measuring addicts for lower thresholds for pain ? ) .. all for exploratory.
  - Pharmacological/therapeutical - Kingston women (LSD) - thought to help depression. Also total capsule (put in naked - put on a liquid diet- drug that would produce withdrawal - go through experience and promote self-reflection about their human behavior)
  - Non-therapeutic - J/J . food additives, (US as well), some prisoners offer bodies to inject cyriams?
  - thought to be greater good - did something illegal, way to make amends.
- 3 keys:
  - 1. ethical standards (Nuremberg Code (1947) and Declaration of Helsinki (1964)- w/ world medical association) .. different agencies have their own ethical guideline (uottawa- ethics board- make an application- rigorously pick apart your study) .. back then still new. Important takeaways - don't ban testing on prisoners. Still a lot of refining that needed to be done. Ideal opening for psychiatrist (easily obtainable population to study on)
  - 2. medical industrial complex - diffusion of medical knowledges around medicine and prescription meds, and at the time pushed the view that experimentation risks would be FAR outweighed by the benefits. (moral duty, help save a life of another person, social- wellness) really creative marketing strategies behind curing personal problems by pills
  - 3. correctional philosophy - Positivistic approach - huge demand for psychiatrist. Garland talks about social engineering- try to restructure prisoner with the help of professionals.

- Idea was to treat prisoners like patients. Prisoners conditioned to think participate would help society and help their own rehabilitation.
- pharma - industry - profit to be made in this industry.

### **Documentary - Acres with Skin:**

- prison in Philly, Pennsylvania. 1950s-early 70s. Slathered with hallucinating drugs, poisons, etc.
- most men were awaiting trial or serving time under 2 years. Sentenced to science as well
- No other alternative than to be guinea pigs or lab rats. Many are embarrassed, mad, angry
- Anything that anything could be done to a human could do it. Doctors never said no. Entrepreneur as much as a doctor.
- they were poor, uneducated, people that were vulnerable (large pop too).
- Horrendous experiments - surgeries. Cut guy's back and took out random skin
- Holmsberg medical experiments
- flashburn study, live cancer injections,
- Pennsylvania - had 9/10 prisons that were doing experiments most states only had 1. Holmsberg top of experimentation
- Nazis - testing on Jews - 7 death sentence and other life jail. Led to **Nuremberg Code** - voluntary consent of the test subject- person involved free power of choice, sufficient knowledge to enable to make an enlightened decision.
- don't see individual (prisoner) as equal status
- athletes foot in the prison- trying to be helpful- 100s of hopeless prisoners. Felt like a farmer seeing a fertile field for the first time.. saw that men were not educated
- allowed Klugman to perform studies - sealed with a handshake - Largest human experiment practice.
- more inmates would take part in more studies than any other place.
- Klugman already used retarded children to try for poison ivy - carried over to prison - prisoners lining up to get given poison ivy
- face, scalp, penis → warts, ringworm ... received 1\$/2\$ a day for participation. They were interested in gaining money, desperate.
- inmates were glad about it (prospect of \$\$)
- j/j , diet drinks, mouth wash , tooth paste , dandruff, hormone testing
- athletes foot- brought to cell, plastic bag wrapped around right foot up to knee- powder dumped into it, duct tape around the leg. had to wear the bag for a full week. Attendant removed the bag after over-> odor was so bad (almost passed out), leg shrivelled up (lack of moisture). Next day no problem, the day after fell flat on face. Nerve was severed on right leg.
- dandruff test- rub something on chest ... all hair will fall out
- toothpaste - use toothpaste then teeth would fall out
- don't take any liquid- b/c those who drank it would walk into the wall.
- made them seem non-threatening.
- only oversight in 1966 - orchestrated DFSO experiment - disqualified researcher. they lobbied the government said the harm would come if stopped.. so gave him back his qualifications
- doctors/hospitals can't be trusted anymore. Taking healthy people and giving them diseases.

thoughts?

- Factor eight ... institution in Arkansas

## Assisted Suicide/ Euthanasia:

Considering death in different contexts

- Death Penalty - issues around botched executions, not a doctor who administers sanctions because of the hippocratic vote, promise to always do safe... don't have that safe guard.
- Assisted Suicide/ Euthanasia- Coming to a point where we have to rectify these challenges with doctors... where trying to regulate/decriminalize assisted suicide but still not legal. Euthanasia - involuntary or voluntary - pulling the plug, withdraw water (physician oversight) .. not necessarily physician, someone makes that decision with taking the life of that person, that person not able to do it themselves.
- Media - Sue ? Rodriques- old lady, said she was in pain, maybe ALS, she argued that it was her right to die, no one held accountable (speculation)... A lot of media coverage, took it to the Supreme Court and not granted that right and still committed suicide. Also case of Robert Latimer - happened in the 90s, kick started the debate around peoples rights, to the point where we are today, in terms of physician assisted suicide
- Public opinion debate - 77% of canadian support physician assisted suicide (toronto sun), significant amount of support inside canadian society. Movement today - tedious political platform
- Political stance - number of politicians wanted to take it on in their platform a few years ago .. now not so much why? hard to go against agencies like right to life and a riskier endeavour. So people it is against there moral code. Also could be a religious thing.. Completely different in the CJS then the everyday offender.
- Criminalization - why would an individual go down that path of physician assisted suicide? When individual has exhausted all their resources (no cure for a disease), if don't have anyone else in life that is meaningful. Canada has poor home care (For the aging population- if live in rural area, much more difficult to get nurses- end of life care- very poor, not having access to equipment inside your house, financial component, compassionate benefits (still not enough [55% of insurable earnings], a lot of drugs still not covered- \$\$)
  - knowing you have that control could be important to and individual to make someone feel better and maybe ultimately not going forward with it.
  - Why 12 months for mat leave (beg of life) and none for the end of life ?
- Sentencing Punishment - maximum up to 14 years for assisted suicide (going back historically- technically not fully legal), is it severe too severe? not euthanasia remember- discussion could be important .. if it was voluntary, they had mental illness, etc.
  - Euthanasia (much more controversial) - treated as a case of murder. Our sentencing for murder in canada is life sentence (never finished parole, could get out but arguably more difficult than like a B'n'E- can't travel to different countries, etc.) deterrence theory - make an example of individual so that others won't do same crime. when looking at mandatory minimum sentencing, life sentencing, doesn't have the sae effect. Doesn't play out but it =is that moral example, so that noone else will get those ideas
- Differences? -
- Consequence of current risk for criminalization - about 9 in the article, tried to do studies of where physician assisted suicide are available (people are allowed to get prescription but not might go through with it, imperial fact). Equality is denied - some people argue those who are physically able to end their life can do that, those who are unable to do so without assistance.

Some people individuals would go through prolong pain - live out the last days, weeks, months in more pain than they can imagine. Goes into another point around autonomy - its violated. These individuals are forced to continue living when they do not chose to do so. Some individuals might die earlier if euthanasia is not available, because they chose suicide early cause they know down the road wont have that opportunity. Some individuals would chose to die alone because of the implications of friends/family - know love ones could go to jail for a long time. Family and friends are under an extraordinary high - levels of stress . Dont have training to do this in a safe manner.

- there concerned around jury - jury will refuse to commit in some cases (cause they know the severity of the sentencing, they wont think they warrant a life sentence or other side, prosecutors will not charge because of jury nullification, either sentence or equit.
- amount of free will, have your own choice to do with what you want with your own life. Dying with dignity website.. Barb's story - when 59- she was diagnosed with vag cancer-disease will never go away, disease will someday end her life. It is terrifying that she doesn't have a chance to decide what she wants to do with her life. Wants the choice for family and herself.. wants her last decision to be her choice. 9 Judges were in consensus. Wants that choice if disease takes her over, another argument on the other side - one day have a lot of pain and want to die and next day they'll feel a little better and want to live longer. .. slipper slope - if we let people with lou gerrit disease do it - then let cancer patients do it, then we let others do it.. where does it stop? Where do you draw the line with age to ? Also where do we draw the line with physical illness and mental illness? Also we are constantly coming out with new drugs - practice of medicine is constantly evolving, coming up with treatments to various illnesses
- 
- Case study : Robert Latimer - case of euthanasia, farmer in saskatewan. had a daughter that suffered from cerebral palsy- they argued provided the best type of life for her - very a tight knit family, no background in law - just average worker- she was in severe pain for years, years, years - after multiple surgeries - became more difficult to eat, swallow, talk - in a lot of pain because couldn't take any pain killers because of multiple symptoms - felt like he needed to alienate the pain - she died in 1993 at 12 years of age. Initiatively he was dishonest, police confronted him with the high levels of CO2 in her body. He confessed and thought this was the best way to ease her pain. Initiately charged with 1st degree murder.. then changed to 2nd degree murder (Received life - 10)..
- received lots of coverage and controversial because it was a 12 year old child - do they have the ability to consent ? never said she was in pain - right to life - was saying this is in complete violation of right to live (took this away from her) for this girl.
- Robert- was saying he was doing this out of compassion - loved her so much and couldn't see her in pain anymore - exhausted all their resources - given their circumstances it was the right thing to do.
- latimer took the case to supreme court - he argued he was doing the right thing and nothing was more difficult in life that what he had to do . . . defence - contested his charter of rights - doing the life sentence is a form of cruel and unusual punishment - doesn't measure up to the unique circumstances in this case. Not going to be high-risk of recidivism not in the everyday "offender" category. When first went up for parole in 2007 he was denied (wouldnt have been full parole) - why did they turn him down .. he maintained innocence, still didn't feel he was wrong. Parole board looks for remorse... cause concern of recidivism. Now back in community on full parole - thoughts ???
- interview with robert latimer

- utility of restorative justice - yes there was a deterrence that guided the sentencing - did it really change anything in the circumstances? putting more of a context back in. in tradition system categorical .. latimer - offender, tracy - victim... and when crime committed, it is a crime against the state. some may argue that robert was suffering as well - also could be the victim.. restorative justice - completely different approach , when a crime is committed (not offense against state but a violation of social relationship, a rupture to a community or a particular family) - more about relationship - that the criminal justice system doesn't account for..
- RJ - provides enhanced accountability and responsibility . get more of each . No strict guidelines in RJ - lots of variation- victim/offender remediation .. have an encounter/dialogue - have a better outcome than the CJS.. people dont feel voices are heard. and RJ tries to settle this.. more voice to victims. Have things such as : circle sentencing, family group conferencing, victim/offender remediation.
- RJ - proven to b highly effective- people can tell each other how they were affected and makes them reflect more.. have more accountability. Also have possibility for diversion mechanisms.. dont give them a consequence but might be more meaningful than a life sentence.
- proactive, preventative focus. through prevention its also looking at how to improve/bringing in members of the department of health to affiliate it with particular instances, and learning more about things we are talking about, end of life care, lack of social support... shown to be more empirically creditable
- RJ - more inclusionary and democratic process. has that participation embedded in it. Agreed upon outcome that comes out of it, usually.

### **Midterm format: (30%)**

- M/c (14 pts)
- 2 SA questions (8.5 pt)
- 1 long answer (7.5 pts)
- All readings, guest lecture, video Jan 13- up til today
- Film "how to kill a human being" will not be tested on
- Reading: key concepts, theories , findings, central arguments
- with the readings : go back and have a look at things like key theoretical concepts, key theories, findings, central arguments.. familiar with some of the results and so forth
- no choice on s/a or L/a .. predetermined.

### Women Prisoners and Pregnancy

Why look at women prisoners and pregnancy ?

- fastest growing (on the rise) . most are mothers, about two thirds have kids on the outside. Women can come in not being pregnant (because Canada: pregnant during time at the 'federal level)
- Overall 80% of incarcerated women are in their childbearing years, and at least 6% are pregnant at arrest (that we know of, institutions don't administer pregnancy-tests".. the median age for women in prison is 31.
- what kinds of challenges do pregnant women come to prison with?
  - high levels of stress (anxiety + added bonus of being pregnant- the profiles of offences that women commit? - typically non-violent, sex, or poverty related crimes)

- pregnant suppose to be this wonderful experience -> but as your being criminalized your kind of that double edge sword- women prisoners are more likely to be disciplined (refusing to come out of cell, getting in fights)
- majority women are poverty offences (socio-economic status) (50% women arrested are under the influence at times of arrest) all these negative things going on, not likely to do your checkups, appointments
- its important to the aware that most of the women have had the history of being abuse and early childhood trauma (domestic, growing up, adults, child, dysfunctional family upbringing, sexual abuse —> often called pathways)
- early childhood trauma - take to street life - survival sex (substance abuse - coping mechanism... higher chance of having background of trauma)

Her answers:

- Abuse (drug culture still thriving inside prisons)
- Substance dependency
- Mental illness
- Poor overall health (battling with addictions - not likely to be eating healthy)
- Poor prenatal care (not going for checkups or not having the money)
- General course of action for women prisoners in labour:
  - coming from health standpoint (short term jails are worse than federal jails because there overcrowded - elevating all those risks of anxiety , emotional deterioration , less access [trying to do more with less], jail setting most problematic) .. not in for accommodate for long-term prisoners like the federal level (such a high turnover, not a high investment for health care)
  - important to remember that pregnant prisons don't get preferable treatment, no special accommodations. Occasionally we could have a proactive prison governor (not as big in Canada)
  - the use of shackling women prisoners when going into labor (us - still allowed), article has a bunch of cases where women are shackled to bed and doctors aren't able to administer the labor .. (not allowed in Canada but has been seen). Shackling primary concern -> flight risk, realistically is a pregnant women going into labor a flight risk ?!
  - officers - observation that women prisoners being shackled in the hospital (sometimes even used belly chains) - women had no support with them. (friends and family usually forbidden in the states)
  - you don't have that continuum care - sometimes first time going into a hospital since being pregnant (uncomfortable).
  - if pregnancy is not complicated (within 1 day have to go back to jail).. usually goes to foster care. Childrens aid will investigate women prisoners, will have to be lucky to have someone on the outside, and hard to get approval so that you can raise the child. Women prisoner has no say in the foster family as well (no control over where there placed and if/when you can have contract with them)
- Outcomes?
  - Snapshot of women in prison: high rates of illiteracy , 35% have gr 9, unemployment (nearly 60%), living off 400-600 dollars a month.
  - Offense types: involvement in the sex industry, drug crimes, non violent... if violent occurring usually because of an domestic violence
  - Socio-economic history: talked about

## - What is a doula ?

- very similar to a midwife, very natural process... person of support, kind of like a sisterhood, providing non-medical care. Specialize in giving practical support and care. Some specialize in prenatal, or postpartum period. And some level of education - simple steps
  - Doula project: 18 jailed pregnant women prisoners/ voluntary participation for 2 years. Doula's were already trained but gave additional 16 hours dealing with women prisoners. They would pair a doula with an inmate, go to the hospital with them and during postpartum, check-ins. Part of it was interviewing the women - getting life stories, what brought you into this, and also what the struggles are
  - Role of doula: support often not there, very helpful having that. At the hospital would be heightened... taking pictures at the birth, document the birth, write a birthing story (what was happening, what was exciting), talk about the mother's first words to her child... what was said, how did she react when responding to mother's voice. Humanizing the experience for the prisoners that they otherwise wouldn't have had.
  - Demographics: over half were African American, 2 were First Native, 16/18 reported annual income, some wasn't first child
  - Annual income: 10,000\$ or less
  - Substance abuse : common, 13 admitted to smoking cigarettes, drinking, using drugs during pregnancy.
  - p. 317 "i would have been absolutely petrified..." "doula was holding my hand telling me it would be okay, had someone on my side"..
    - typically been through negative experiences with others, women committing crime + added element of pregnancy
  - p. 318 "I felt like a guinea pig, all those students and male student doctors. every doctor had 2/3 students with him"
    - problematic because if had history of abuse - or domestic violence usually men. one prison in the prairies .. prisons say wouldn't cross paths.. but high risk women placed with men.. Ottawa/Carleton detention centre each on separate side.
1. Early Childhood Victimization: "my mom is a heroin addict. Dad was a women abuser, starting hitting her harder and harder" (p. 319) ... exposed to substance abuse within the family, introduced to the criminal lifestyle that way.
  2. Addiction & Pregnancy: " I was using coke since i was 12.. but at 13 I liked the high, it kept my weight trim" (pp. 320-321). women discuss how there was no substance abuse treatment or detox within the jail that they were residing ... some were reported using substance abuse and being pregnant or found out after using drugs for some time... drugs are available, anxiety factor is high - (drugs to cope)
  3. Pregnancy and Birth as an Inmate: "you're looked at as an inmate... They don't treat you civilly. As far as feelings... " (p. 322).. Divide between prisoners and guards (not likely to get support from them or institutional members), some reported having support from other prisoners (and very difficult) ... Julia - dismissal of pregnant symptom where a woman had a concern - unfortunate because component of morality of prisoners (stereotype - liars, not trusted)
    - Role of other women prisoners (some would offer some of their meals to share, advocate for more treatment programs, a lot of women felt physically unsafe. Prisons are unsafe: stabbings, people killed, weapons made/brought in).. women often have anxiety or caught in the line of fire and not being able to protect the unborn baby. Comfortability (extra pillows, mattresses, etc.), some think fair - but child is not guilty. Some women reported being

exposed to toxic material (air quality in some prisons, bleach all on the ground, ventilation is not good)... exposed to ticks inside as well.

4. Separation From Infant: Loss and Grief: “ Since i had the baby it’s hard to eat, i feel empty inside.. it takes time” (p. 322) .... a lot of children end up in foster care - link between that and women being involved in foster care themselves (and reporting bad experiences). Emotionally + Physically (your body is set to breast feed, have that mother/baby attachment, postpartum bleeding, breasts not being able to breast feed):
  - Postpartum: all but 1, had stress .. about what was going to happen to baby.. reminder of disconnection that they had from other children .. closed visits (behind glass, behind phones) .. some prisoners won’t want visits which is problematic because toddlers don’t understand it.. Attachment theory - bond between father/mother/child NEED.
5. Plans for Release, Hopes For the Future: “I want to be more involved with myself and my son, instead of on the streets” (p. 324). Silverlining in their narrative - envision future, try to get child back into their life... not easy process. Getting a job, getting into addiction treatment.. high hopes and dreams to succeed on the outside, reality of the situation for the women that not going to have that support to achieve these goals (getting into treatment program- long wait lists)
6. Policy Recommendations:
  1. a lot of women loved having the support - thought that it was invaluable, was low-cost (not expensive) .. what cost of incarceration of women prisoner? 211,000 \$ woman vs 117,000 \$ for men... issue around food- woman going hungry (duty of care to provide nutrients and care - eating more, nutritious snack, etc.).. mental health services in the jail and in the community.. financial and structural support.. criminal record almost impossible to get a student loan. Lifeline - hired ex offenders who got put on life , life - low recidivism .. idea of mentorship. cancelled because of conservatives. US reintegration process- women leaving finding a safe residence. letting women out of prison at midnight ... maybe no money, id , etc.
  2. Concluding thoughts:
  3. Early intervention \* - on harm reduction programs at time of arrest. Value of harm reduction and working with the user.. a lot of women were actively addictive before they knew they were pregnant.... If someone is not violent offences is appropriate for them to be in a prison setting ? Can we not provide something more suitable... not denying they need help
  4. impact on child development .... kids often have to move, get bullied in school when finding out parents are in prison. Adult stereotyping them. also affects the childs physically symptoms - regress in potty training, easily scared, substantially makes them feel angry, make poor choices.

Documentary: Lockup Return to Valley State:

- womens fastest growing segments ... male 29% , females nearly 50% .. valley state-crowding, vicious cycle - drug addiction. try to make it a family, a game (more fun with it)
- 250 miles from LA - built in 1995.
- 3600 inmates.. careful way you walked , talked.. seen women OD-ed ... most are in for drug related offences.
- support drug habits - petty theft, etc.
- gloria henry- warden..
- new inmates tested psychologically .. where they will spend there time rest of the sentence

- women live 8 to a room... overcrowdedness. get use to prison routine - 630 am (break served, then rest of day majority educational, classes, groups, therapies) - 10pm lights out
- inmate segregation unit - adsay... temporarily lockdown. SHU - more serious problems looking for a more permanent situation... only allowed out for 3 showers a week... yelling, cursing,
- rubber bullets, meals through windows... check un transparent bottles, weapons (anything close to a stabbing weapon)
- ADsay - to protect themselves from other inmates.
- health care one the biggest challenges.. each day line up - health care - one of valley states biggest problems.. under staffed and over burdened ... 10 positions to care for 3000 inmates... - - 175babies each year to valley state.
- when ready to deliver- brought to hospital , guards posted outside the room... babies are delivered (mothers aren't allowed to take home , family has to pick up in 48 h or put into foster care)
- triplets - high risk - dangerously premature ... soon after - 2 still living ...
- "have them better off than when they came in" .. different skills even cosmetology. ..

#### Elizabeth Fry: A society of Ottawa: Change: one step at a time:

- help women or at risk women inside the prison system
- practical support - women may not know where to go, first time inside jail system
- offer visits within the ottawa detention centre- go in and provide support
- julia - was incarcerated here and gave birth here.
- also have a half-way house

#### **Pregnant women and mothers in conflict with the law:**

- "when thee builds a prison, the had better build with the thought ever in thy mind that the and thy children may occur the cells" - e fry
- Prior to the criminalization and imprisonment of their mothers, children were most likely to live with their mother before prison and most wish to live with their mothers once they are released from prison.
  - Some people find out from media , schoolyard ( from others in a small community). A lot of moms are afraid to tell the children but research shows it should be transparent. Not good to lie at such a young age. Grey area for parents - about disclosure. Term used in-forced separation .. where children are separated from parents.

#### **Case Example: Grand Valley prison for Women:**

- In September of 2005, an inspection was conducted at the Grand Valley Prison for Women. It was conducted by the HIV Chief Inspector of Prisons for England and Wales
- In the seven years that the prison had been open, 13 children had lived with their mothers in the prison (not a lot)
  - concerns : environment not child friendly
- A child in this prison is provided with a cot with a mattress and bedding and age appropriate chairs. No separate bathroom for the children. The mother needed to rely on outside support to get particular food, vitamins, clothing, developmental toys (any kinds of supplies) \*  
remember most women are abandoned by love ones (disadvantages them further)

- Canada is considered a luxury because we can have kids live with moms in prison (if eligible) from 0-5 (and then part-time residency).. U.K. not the case. Bad ? - stressful life, loud, what can that environment do to a child ? is it in the child's best interests to be in this environment. Yes (to be with his/her mom) but the harmful society (will this affect child later on in life). Child who is innocent deciding in a place to punish prisoners.
- Public Safety Minister Stockwell Day was quoted in the Globe and Mail being concerned about "the message that is sent to serious offenders when they are permitted to retain custody of child while incarcerated". Several months later, the minister announced that the mother-child program would exclude mothers from the program who have been convicted of serious crimes, with no requirement that the nature or context of their convictions be linked to their abilities to parent. He also indicated that women who would not permit their children to strip-searched should not be permitted to participate in the mother-child program
  - invasion of child's privacy (mothers desperate - sneak things (drugs, weapons) into prison through children
  - usually lineup , get patted and drug dog gets in front ... (one woman child got bit - and became distressed)

### **Types of Mother-Child Contact in the Prison Program**

- 3 Types of possible mother-child contact in prison:
  1. Full-Tie Residency - for children aged 0-5 years
  2. Part-Time or Occasional Residency
  3. Regular Visits: if it is in the best interests of the child, he/she may visit with her/his mother in the visiting area of the prison- provided there is someone willing to transport the children and be present during the visits. (usually about 2-2.5 h visits - lockdowns can delay or get cancelled visits)
- \* these are federal prisons - usually far away. Have to go on a bus , train, bus to get in ... also hosts of issues that come out once they are there . (child may feel rejected, might have a fight last time)

### **Impact of Incarceration on Families:**

- Mothers are most often the primary caretakers of the children. It is accepted in almost every culture that the mother is the more nurturing, caring and involved parent in a child's life.
  - child will often blame themselves for in-forced separation

### **Attachment Theory:**

- when a child's mother is taken away from them and thrown into prison, her child(ren) may face residential disruptions, school changes, separation from siblings, foster care or periods of time spent with convenient but inappropriate caretakers, feelings of shame, isolation and guilt, and even trauma from witnessing their mother's arrest.
  - hardly any awareness to children about prisons and mothers, schools need to understand a lot of children have an incarcerated mom (sesame street - US)

### **The Julie Bilotta Case:**

- **Didn't believe she was in labour**
- Julie Bilotta of Cornwall, Ontario gave birth to her son, Gionni, on the evening of Sept. 29th, 2012, without medical assistance and while she was in a segregated jail cell at the Ottawa-Carleton Detention Centre

- When she was detained, she was not found guilty yet. She was required to stay despite her knowing she was in the last trimester of pregnancy. Her offences also were non-violent in nature. (drug offence and cheque fraud).
- Bilotta has alleged guards and nurses ignored her cries of pain for several hours before she gave birth and said she was “traumatized” by the experience and the “degrading” treatment she received
- “It wasn’t only Julie’s human rights that were violated in the case, it was also baby Gionni’s” she said
- “His life was put at risk by a breech birth with no assistance.”
- Complications with baby - stopped breathing. Did not call ambulance to see the feet. Major rights violation
- went into e. fry halfway house.

#### Ottawa jail staff disciplined over Julie Bilotta cell birth:

- Employees of an Ottawa jail have been fired, and others disciplined
- Ministry of Community Safety and Correctional Services confirmed Tuesday that the investigation into the matter is now complete, as is a review of the healthcare practices at OCDC
- the ministry has taken steps to discipline “some individuals” (official reprimand, multi-day suspensions and dismissal)

#### Issues of remanding of pregnant woman:

- Julie Bilotta was nearing her due date and not yet guilty of a crime when she was placed in remand custody to await trial
- People are placed in remand prior to trial for three reasons: they are a flight risk, a danger to the public or, in order to maintain confidence in the administration of justice.

#### What has happened since?

- EFry Ottawa and the Council of Elizabeth Fry Societies of Ontario have lobbied the provincial government for changes to health care practices in general and conditions of confinement in Ontario jails. Some gains including:
  - Right of access to all jails that house women for yearly systemic issues inspections
  - Ministry health care review - some small changes
  - Recent Human Rights Tribunal settlement resulted in significant changes including access to information on policies and rights for prisoners and mental health care reforms.
- Gionni now dead from respiratory symptoms - investigation in if the high-breech had any effects

#### Other pregnancy related issues currently before the Ombuds office:

- JS - OCDC pregnant with IUD - surgery had to happen before 15 weeks but wasn’t taken to outside consult until 16 weeks until it was too late
- AT - OCDC pregnant - dizzy spells and blurry vision and hernia. Doctor ignored and told her “it is a side effect of pregnancy” and when requested no fish diet, denied it and told “you won’t starve” Also denied pain meds for tooth infection
- Woman who was thought to be miscarrying taken in back of prison van to hospital and guards stopped for Tim Horton’s on the way (did not offer to bleeding woman in back).

#### What if i am pregnant while in prison?

- correctional policies do not provide for differential treatment for women who are pregnant . If you are pregnant, you should receive pre-natal and post-natal care. This a right you have under section 23 of the *united nations: Standard Minimum Rules for the Treatment of Prisoners*

### **Dental and Oral Health of Prisoners:**

- Taken from US department of Health and Human Services american surgeon general's report (200): Oral health in america
- Oral health = public health (oral health is a mirror into the rest of their body.. communities with poor oral health = poor health of population. Link to other problems
- Stigma - stereotyping - uneducated, poor, doesn't take pride in appearance. Judgements of drug abuse, self-inflicted (whatever going on with team - their fault- individual responsibility). Reality - link to nutrition, what we are drinking, consuming. (communities with good fluorine in water - oral health much poorer)
- global links - communities don't have school based sealant programs, often in that lower socio-economic society the greatest issues that come up. A few vulnerable populations : prisoners, senior citizens, and low minority racial groups
- oral health often excluded yet remains key in maintain overall health of body (only number of privilege people that have access to it: electric toothbrush, fluoride, wisdom teeth removal, orthodontist, braces (invisiline products), cosmetic, bleaching industry (laser, bleach)).
  - diseases - cardiac problems, HIV/aids (some markers), autoimmune disease, cancer,
- 1840 dental school USA - first dental school - saw division (medical one way, dental another) , not on an equal playing field.
- Application to aging population? (one of the vulnerable populations identified) - aging - tooth loss, elderly have dentures or in process of getting them, changes of what you can and cant eat, different medication (diabetes, whole host of things) which can have a negative effect - some produce dry mouth (bacteria grows - in mouth - at risk - gum disease, infections, etc.). prison pop - aging as well

### **Dental and Oral Health in Prisons:**

- Prisoners = greater oral health needs than general population (approx. 1 in every 2 have substance abuse problems - immediate concerns, also smoking (400\$ a pack of smokes inside). Also prisoners brew alcohol inside (sometimes use toxic things [hand-sanitizer]) - can affect dentals
- What contributes to poor oral health of prisoners: drug use (smoking crack - not worried about brushing teeth but getting fix)
- Risk factors: tobacco use (74%), substance abuse (38%), nutrition in prison (cariogenic food - high sugar, highly processed (french fry, chips, cola, diet cola), questions around accessibility (access to dental floss, toothbrush, access to dental hygienist), violence in prison , hot drinks with sugar (tea, coffee), cookies (82%), (fighting - easily lose teeth), detox = tooth pains too
- Products for dental hygiene: have to give toothbrushes (prov./fed - standard), 68% report not flossing ... new brunswick - did not offer - saying weapon (but can make weapon out of anything), extraction most common outcome in prison...
- Male 40X more likely than outside to be treated with diabetes.
- over 20% had anxiety about receiving dental care -fear of access

### **Dental impacts of substance abuse:**

- How does substance abuse deteriorate teeth?
- Link to prisoners

- Notable substances: meth, crack, prescription meds (crunch them and eat them and staying in teeth),
- meth - highly toxic , made with all these household products that destroy... meth - produce long high (8-12 hours) - not thinking about brushing, clinging - stimulant that is desirable.. side effects - hallucination, panic, anxiety, cardiac problems, hypothermia..
  - meth-mouth- pictures... pocketing,

### Next lecture:

#### Health concerns: amongst aging women prisoners:

- why bother looking at aging prisoners inside?
  - baby boomers, population is aging. (what effects the outside also effects the inside. Also diseases and other health benefits effects criminals at an higher rate)
  - aging on the outside: “golden years” - leisure, family time ... in prison environment everything gets turned on its head
  - **3 different types of aging offenders:** chronic (those who are in the system for extended periods of time, 1st/2nd murder people- 1st (25 year no parole), first time offences later in life (example: 73 year old client, first time ever in a prison/system, completely new experience and had no knowledge on how to survive prison life), serial recidivist (grown old with the system, they’ve seen the generational changes)
    - this is from one of the assigned articles
    - we’re keeping people in prison longer (from previous conserv.. got rid of 1st time offender clause)
    - age the senior bracket starts at is : 65/67... prison it starts at: 50... keep in mind the prison population is growing too... bigger, more congested. Why lower end of the spectrum?
      - 50 - because prison environment is said to accelerating the aging process (what is stressing? -lack of sleep (from yelling), overcrowded (increase the potentiality of violence), malnutrition (dietary concerns- give way to diabetes, cardiac disease, obesity, vitamin deficiency), drug culture (and the quality of the drugs your using), air quality, mourning loss of family (high likelihood someone is going to die when your inside), prison structurally (not designed to accommodate the elderly- designed for young male inmates- don’t have things like wheelchair accessibility)
- Setting the stages what are the challenges for aging prisoners and aging women prisoners more specifically?
  - 85% of older female prisoners will have common health problems (diabetes, immune system functioning, amnesia) access is very poor to health professionals (a lot will overprescribe medicines)
  - support is not there for women coming out of the prison system - especially aging women - kind of forgotten.
- Common health issues/ diseases?
- Research findings: links to aging women, release and identity
  - the identity factor for women coming into community at a aging bracket having to deal with this dual identity [women - committing a crime (predominantly a male associations/ stigma associate with the prison jargon) and your also and elderly women (nurturing, passive, fragile, innocent)]

### Findings Continued:

- Low income ( why ? - hard enough to find a job let alone put the criminal offence in there— weed out these people. Also the subsidies weren't there to meet there needs- have to live on very little)- fear people can tell that their inmates on the outside.
- Hostile Environments
- Finding employment and housing (housing catch 22, can't have a house without a job, cant have a job with a record)
- Reconnecting with their families (a lot of these elderly women will have grandchildren that they haven't even spoken to before.) - how do you mend those ties that were broken before
  
- Impact of scoring poorly on risk assessments
  - women are low risk of recidivism - and in theory good candidates for parole (that aging factor- unfortunately what we see is that their less likely for parole because of these risk assessments - they are designed for men not for women - make it seem like they are really high risk because women have needs... this is something that has been challenged - we need a separate risk assessment for women and for aging women
- Mental deterioration of imprisonment and fear
  - a lot of concerns for women who are coming back into the community around going out and socializing (one example: one of the women all she was doing was watching the surveillance camera- took on the role of the guard that she was residing.). Also because institutions were subpar dealing with health issues (one women needed cadarack surgery - wasn't addressed and accelerated process), menopause and other diseases are addressed in pamphlets (some might have difficulties reading/writing and putting on the wall how much is it going to do ? ]
- Coping with effects of institutionalization and release
  - a lot of the women that come and go see that they are getting things like cancer, ALS, doesn't prison environment have association? make it a challenge to reintegrate.
  - dance and theatre (not sure about aging pop though)
  - using substances and gambling (because a lot of women have that problem going into the institution - stress of coming out too.)
  - mobility/accessibility (some women have fibre milage) - finding transportation to/from, \$ for the bus — — staying in because fear of falling on ice.
- Access to services in prison and in community : poor except in Ottawa (CACC community care access centre)
  - CACC - trying to do so much with little funding... available for aging people who do/dont have criminal records ... help with transition, coming out of the hospital , do a lot of practical support, advocate on behalf of that senior - ottawa- shortage of family doctors. Connecting them to whatever resources are there.
- Mobility and weather:
  - given 4.10\$ a day... 28\$ a week, cant collect OTSP, or social support ... and when having needs for vitamins and stuff - therefore not going to have very money left. Access to certain meds that aren't covered.
- Concluding reflections: more research needed to identify needs and to start addressing them in prison.
  - look at how we can better accommodate women coming out of prisons
    - especially emotionally (surviving the pressures,) would be wonderful if we had something set up for women who could use this help.

**Documentary :** - fill in blanks of what we've talked about... look at male prisoners  
Prisoners of Age:

- hamilton - institution for aging .. nursing home basically
- takes pictures of what he's curious about - allowed entrance to their world... heres a lifestyle that you've never seen before and not your own. Pass on to the public... visa into their life through his images
- Robert braxton - 63 looks like hes 53... big guy on campus... had a chance to go pro baseball - attitude problems - working out takes out a lot of that frustration — feel good physically then you feel good mentally... feel good - you do good...
  - most folks broke -
  - when you get old - think about- is there a heaven or hell ? (deep things, getting near that time) ... just trying to do the right things before leave this earth
- Young guns - are the old guys ... book projects - much different sentiments ... most want there stories told. one guy killed his wife cause she was jealous - said he'd do it again - no remorse
- other guys like robert has so much remorse ...
- one guy on a life sentence - paramedic - moved into with a go-go girl - asked her to not bring drug dealers over - situation started - arguments - fights - hits - pistol - went of the deer end - struck her with the gun and killed her ... live out of underneath drawer - cannot get any closure because she's dead ...
  - almost like a family - us against the world - garbage of society - till human beings - waste to be in good health and accomplishing nothing ...
- guy killed his baby brother ... drinking and driving, he was so close to him — couldn't go to the funeral ... go the nerve to go to the cemetery and he just stood there for 4 hours... didn't know what to do... he's going to be at his crib for the rest of his life - life with it the rest of his life that hes the reason his brothers dead
- face looks like an old man - doesn't look like any one else different than the outside - then you read there story and your life wow this guy did so bad and he could be my grandfather
- riding a fine line ... dont want to dehumanize them but dont want to glorify them ... want people to make up minds
- guy that is 68 - crime back in 1967, wrote two songs about it ... "county prison, life no parole, drink beer and whisky, " wrote song in 1968...
- hard to get parole in state of alabama - a lot of them will die here...
- leon davis - attempted murder - shot a women , she was drinking hadn't been she would have died...
- gary pinyon - murderer- law enforcement for 8 years - been locked up for 14 years... life sentence , fell in love with a women who was beaten by her husband who wanted her husband killed... took him a year before she convinced him to do it.... most content with life now...
- become powerless - told when everything is done. when to eat, what not to do , old guys happy with just sitting around watching tv all day ... it's like an old age home - taken care of em , feed them , that deteriorates you, old age deteriorates you... die at 65 or 67
- pill call - 80 different types of illnesses, schizos ... ptsds, anxiety, depression , alzheimers, just make them comfortable - hard to have any hope going to be here forever... younger 20,000 a year and older 60,000 .. need oxygen, nurses and all the equipment like crutches, wheelchairs, full time care
- most have chronic disease - they tend to trade infections ... like army//nursing home - easily spread by contact...
- guy with crowens disease

- when he was there last housed the health inmates now expanded the sick outwards ... one guy on his death bed.... mr whitley - cancer in esophagus - turn maybe into a correctional hospital
- have a prison like this in every state soon enough... this is what society is paying for... look at how many inmates are in there thousands on thousands and what it is costing us... must be a better way of doing this.
- in '97 .. make a global kind of story ... started photographing quebec , womens, norkwood... outside of toronto... standard prison - huge gate , walls... only 600 inmates but the largest work force... this is where they segregate all the elderly inmates. ... 174 lifers -
- don campbell - after a car crash - life 25 - involved in work around library- health fare, senior symposium .. in canada they try to rehabilitate more than the states... into 1/2 way house and into society... barber shop, car repair, cabinet making, car body shop, .. try to get involved with a community service project... fire truck, makes them feel like the community. . . give them a trade so when they get out - wont be without a trade.
- francis - druggy , alcoholic, speed, lsd, pot, hash, alcoholic was always been his drug of choice.. double life sentence ... got into tattoos.. police said cold blooded murder— one mother said why'd you kill my son ? - nothing you can say , or do , cant bring him back ... heavy price to pay for his alcoholism and his pride / ego.. said he won ? but who won .. 25+ years and the other guy is dead... why would he want to drink....
- mcclure- sex assault- indefinite - aging in prison - difficult- system not set up - he takes 25 pills a day - heart, lung problems ... diabetic, thyroid
- guy sexually abused his brother for a number of years
- robert henderson - 45 years already in prison -
- Dr says : ..... prison - gives you time to think - older men - feeling of loss life- only having one hand to play and playing it poorly, no longer have the skills to survive on their own and in a supportive community... dont know how to make a meal for themselves... long term institutionalizing makes it even worse... not practising those skills and over last few years made worse... because of technology- media makes it bad... some haven't even seen a bank machine ... real world is fast paced and these men know they cant participate in a meaningful way.
- large number of aging offenders - indefinite sentences - means it might not get out - deal with those individuals up to the point of death - what we see today is just the tip of the iceberg... want to shock people , what is going on here? what are these old men doing here in prison ? and some others might feel they should stay in there

Class again :

Reactions:

- shock - things we take for granted.. and inside they lose the ability of doing ... depth of instutionalization and fear of how I'm going to make it if i do get released.. how to prepare a meal for myself ...
- technology we know how to use - bank cards, online banking - such a big challenge for those who are able to apply for parole an able to come out...
  - guy got hired in a hardware store as a clerk - guy would go in an hour early to get a better sense of it... put in so much effort and couldn't keep up with younger staff there after a month
- contrast between Alabama and the Canadian ... "out of sight and out of mind" .. never think you would see a 80 year old man in prison ... criminal justice system losing sight on what the real justice is ? .. maybe get released to a family member huge ripple effect.. bigger debate on what to do about the situation ?

- try to take a more positive look ... things have changed since then even .. Eligibility in Canada has been tighter... have to go through more hoops... older - better relationship with the guards too. dynamic was good on the whole- much more passive unlike the younger more repulsive... at a different stage in their life. reflecting on the last few years of your life cycle

What think of broader idea, level of risk there vs. cost effectiveness?

- should we do something like compassionate release ?
  - maybe go to a different institution but with no guards ?
  - finding another institution to take them as well .... some nursing home don't take prisoners ...
  - correctional community centre to seniors ?
    - in our legislation in our correctional conditional release act - and we do have a clause around a compassionate release - can apply for in an exceptional circumstances .... parole by exception ..
      - problem : very bureaucratic, waiting, paper work .... some die before even get denied/approved... very hard to get as well... peter holland's - 1st degree of police officer around 80s... had advanced stage of bladder cancer...
- what'd you think of programs at the Canadian institution ?
  - symposium
  - conditions compared to Alabama -(which was overcrowded, sea of beds, over capacity, warehousing, mentioned it as like during the war, where people had limited access to health care, also looked very filthy, bunk beds in an elderly facility ... doesn't make sense ..
  - bonus : significantly less material to study
    - - 15 MC (15)
    - 1 short answer (6)
    - 1 long answer (9)

testable:

- all assigned articles, class lectures, video presentations X2 (prisoners of age./ documentary return to valley state) both are accessible online
- feb 24- march 9
- see course specifics...
- april 14th ... submit at school ... timeframe.. 1130.. no forgiving timeframe 13002
- you have to be present
- student card
- 1 inch, 12 pt, reference page ... course reader.. integrating your discussion, evidence points, key concepts, 5 articles, robair articles is included.. one example from film desperately can highlight ...
- 5 page of length no.. title/reference, no subheadings required
- no intro/conclusion
- no outside sources... for your benefit. material in class
- language and precision .. old public health vs new health public, one principle explain and applying correctly .. ensuring everything is complementing each other well
- marks are awarded to flow, style, spelling, go back and keep correcting it.
- cant exceed pg limit
- walk us through that article... testing on midterm one... integrating into the entire semester, new public health model describe all of it to you... using theoretic framework

- substance abuse, something prisoner are engaging in themselves .. talk about correctional responses to this tend to respond to security / punishment over health and wellness... health and wellness applying to prison context... pull out contradiction - pull on the examples on the articles you chose to investigate.
- removing priviledges,