April 6, 2020

Release Prisoners to Protect Public Health: Open Letter from Medical Professionals to Canadian Federal, Provincial and Territorial Governments

We the undersigned are medical professionals who are deeply concerned about the impact of the COVID-19 pandemic on people in prisons and jails. We write to urge provincial and federal governments to act swiftly to protect them in the interest of public health and human rights.

People in Canada's prisons and jails are already medically vulnerable. They are especially likely to have infectious diseases such as hepatitis C and HIV. They also have higher rates of many chronic illnesses, including cardiovascular disease, diabetes, tuberculosis, asthma and other respiratory diseases, that put people at risk of developing severe complications from COVID-19.¹ Many incarcerated people also use substances, and there is concern that the pandemic will cause the drug supply to become even more toxic and that COVID-19 may increase the risk of opioid overdose death.² The proportion of older people in custody is also rising, and people over 50 now account for 25 percent of the federal prison population.³

The prison environment heightens the risk of transmission for both prisoners and staff. Conditions are crowded, and prisoners lack the ability to practice social distancing. This is especially true for prisoners who share cells, but even single-bunked prisoners must be frisked and handcuffed by officers, line up daily for medications, share common spaces such as dining halls, and use common telephones, bathrooms, and more. They also lack access to some of the critical supplies people in the community are using to keep themselves safe, such as hand sanitizer, cleaning products and sometimes soap. Conditions such as lockdowns could actually *increase* close human contact, since multiple officers would be required to transport each prisoner around the institution.

These conditions, combined with the health profile of prisoners, create the perfect storm for COVID-19 transmission, illness, and death. If people in prison become infected, it will be essentially impossible to stop the spread of COVID-19 within a correctional facility.

¹ Kouyoumdjian, Fiona et al. "Health status of prisoners in Canada: Narrative review." *Canadian Family Physician* vol. 62,3 (2016): 215-22.

² BC Centre for Disease Control, "Information Sheet: COVID-19: Harm Reduction and Overdose Response." Online: <u>http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-harm-reduction.pdf</u>. See also BC Centre on Substance Use, "Guidance: Risk Mitigation in the Context of Dual Public Health Emergencies" (March 2020). Online: <u>https://www.bccsu.ca/wp-content/uploads/2020/03/Risk-Mitigation-in-the-</u> <u>Context-of-Dual-Public-Health-Emergencies-v1.2.pdf</u>.

³ The Correctional investigator of Canada and the Canadian Human Rights Commission, "Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody" (2019).

The window to act to prevent the spread of COVID-19 in correctional facilities is closing. We, as medical professionals dedicated to protecting the health of all people, call on our provincial, territorial and federal governments to stop admitting people to jails and prisons unless absolutely necessary. We also call on our governments to release as many people as possible, using all available mechanisms to do so, and to ensure people leaving custody can access necessities including housing, food, medications and healthcare in the community. We also urge our governments to particularly consider early or temporary release for people who have chronic health conditions and/or are age 50 or above.

We need to act now and take drastic measures to protect all Canadians, including people in detention.

Sincerely,*

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