

Justice required: vaccination in Canadian prisons



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Family physicians advocate for the most vulnerable and underserved. In this article, in collaboration with Drs Claire Bodkin and Baj Mukhopadhyay, Chair and member, respectively, of the Prison Health Member Interest Group, I hope to bring visibility to the state of health care in prisons. Lack of access to coronavirus disease 2019 (COVID-19) vaccination is the latest failure to attend to the needs and rights of prisoners.

Joëlle Beaulieu, of the Ojibwe Nation, contracted COVID-19 while incarcerated at Joliette Institution for Women in Quebec in March 2020.¹ She described inadequate access to personal protective equipment and a health care assessment that initially discounted COVID-19 given her lack of travel history. By the end of April, there were more than 80 confirmed cases at Joliette.¹

Mass vaccination for COVID-19 is under way; we cannot ignore the most vulnerable, including the 37 000 people incarcerated in Canada.² We think prison is an “away” place where we put people who have done bad things—out of sight, out of mind. But more than half of those detained in Canada are on remand awaiting trial—they have not been convicted of a crime and might return to the community when their hearing is held.³ Of those sentenced, median incarceration is 30 days.⁴ Prisons are congregate settings where people with high rates of comorbidity live before returning to the general population. They are also people in our communities and practices. Imprisonment is a punishment that deprives people of freedom—not their right to health care.

People often land in prison because of structural faults in health care, education, and social services. We disproportionately imprison Indigenous and Black people, those who are poor or living with mental illness and substance use disorders, and people who cross borders without approval. The justice system is based on policies that perpetuate systemic racism. Overrepresentation of Black and Indigenous people is not a mistake or a myth; it is the logical outcome of colonization and racism.^{5,6}

The pandemic exploits every weakness at the intersection of injustice and infectious disease. It spreads quickly and disproportionately harms those already traumatized by racism, colonization, poverty, and mental illness. Infectious organisms thrive in prison. Once an organism is introduced, it spreads quickly in a crowded environment that is often poorly ventilated and unsanitary. Because the health status of people in prison is often poor to begin with,⁷ infections wreak even more havoc.

There have been more than 3800 confirmed cases of COVID-19 in prisons across Canada⁸—80% among incarcerated people and the remaining attributable to staff.

A small vaccination program started in federal prisons in late January.⁹ Only 3 provinces mention correctional institutions as priority vulnerable populations. As we face the crushing second wave, we must prioritize rapid, widespread vaccination for those incarcerated—youth in detention, adults in prison, and immigration detainees. If we are serious about treating Canadians equitably and upholding human rights, we must ensure swift access to this life-saving intervention. Ethicist Alison Thompson thinks “the fundamental premise of all vaccination programs ought to be that all humans have equal moral worth. So if you take that as your starting place ... then we do have an obligation to protect prisoners because they are rendered more vulnerable.”¹⁰ 🍁

References

- Richardson L. Ojibwe ‘patient zero’ in Quebec prison files class action against Canada. *APTN News* 2020 Apr 23.
- Malakieh J. *Adult and youth correctional statistics in Canada, 2018/2019*. Ottawa, ON: Statistics Canada; 2020.
- Correctional Services Program. *Trends in the use of remand in Canada, 2004/2005 to 2014/2015*. Ottawa, ON: Statistics Canada; 2017.
- Research and Statistics Division. *JustFacts. Sentencing in Canada*. Ottawa, ON: Government of Canada; 2017.
- Owusu-Bempah A, Luscombe A. Race, cannabis and the Canadian war on drugs: an examination of cannabis arrest data by race in five cities. *Int J Drug Policy* 2020;102937. Epub ahead of print.
- Abraha L. Defunding the police is only the first step to abolition. *Rabble* 2020 Jun 25.
- Kouyoumdjian F, Schuler A, Matheson FI, Hwang SW. Health status of prisoners in Canada. Narrative review. *Can Fam Physician* 2016;62:215-22.
- CCLA sounds alarm as COVID in prisons reaches unprecedented levels. Toronto, ON: Canadian Civil Liberties Association; 2021.
- Aiello R. Federal inmates to begin receiving COVID-19 vaccines in pilot project. *CTV News* 2021 Jan 7.
- Wherry A. Back of the line: vaccines and the brawl over who goes first. *CBC News* 2021 Jan 8.

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Additional resources

The health of people in prison

- Iftene A. Life and death in Canadian penitentiaries. *Can Fam Physician* 2020;66:759-60.
- Policy statement on a human rights-based approach to managing the COVID-19 pandemic*: <http://www.ohrc.on.ca/en/policy-statement-human-rights-based-approach-managing-covid-19-pandemic>

Role of family physicians

- CFPC statement on COVID-19 vaccination: <https://www.cfpc.ca/en/policy-innovation/health-policy-government-relations/cfpc-policy-papers-position-statements/family-physicians-are-key-to-canada-s-covid-19-vac>
- Family doctors' role in vaccine rollout: <https://www.theglobeandmail.com/opinion/article-family-doctors-are-key-to-canadas-vaccine-rollout-we-must-include-them>

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