



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

OPEN LETTER

TRANSFORMATION OF ONTARIO'S CORRECTIONAL SYSTEM

Hon. Kathleen Wynne
Premier
Room 281, Queen's Park
Main Legislative Building
Toronto, ON M7A 1A1

Hon. Marie-France Lalonde
Minister of Community Safety and Correctional Services
25 Grosvenor Street, 18th Floor
Toronto, ON M7A 1Y6

Hon. Eric Hoskins
Minister of Health and Long-Term Care
80 Grosvenor Street, 10th Floor
Toronto, ON M7A 2C4

Jan. 02, 2018

Dear Kathleen, Marie-France, and Eric,

We want to wish you all a healthy and fruitful 2018.

We also want to thank you for the opportunity for RNAO and the President of our Ontario Correctional Nurses' Interest Group to attend the Nov. 21 Ministry of Community Safety and Correctional Services (MCSCS) and Ministry of Health and Long-Term Care (MOHLTC) joint update on the proposed correctional legislation. We recognize that transforming the province's correctional services, similar to the ongoing transformation of Ontario's health-care system, will be tremendously complex and contain both policy and political challenges. What is also true of both systems is that principle-based changes that are evidence-informed will improve health and save lives, especially for people who are marginalized. We know that some of these changes will require great political courage. Rest assured, nurses are eager and ready to support government in this area.

As we have documented in our previous correspondence,^{1 2 3} RNAO urges transformation of Ontario's correctional system to address health inequities and meet international law on human rights. We urge and are keenly anticipating the introduction and passage of modernized correctional legislation in the course of the current legislative session.

In his recent independent review of Ontario's correctional system, Howard Sapers reported that more than 150 people have died in provincial custody over the past decade.⁴ Astonishingly, the exact number of individuals who have died is unclear due to varying definitions of what constitutes a death in custody.⁵ The majority of deaths in custody are not subject to thorough, independent, and arms-length reviews.⁶ Jury recommendations from coroner inquests that have been conducted over a decade have not been implemented or even tracked, which is not surprising given the lack of effective oversight.⁷ Mr. Sapers concludes that many of the deaths in custody could have been prevented through improved health services, better emergency response, making cells safer for vulnerable individuals, implementing harm reduction measures, and enhanced use of compassionate release.⁸

Premier Wynne, Minister Lalonde and Minister Hoskins, the status quo within our provincial correctional system is killing people. We don't even know exactly how many have died, let alone how many incarcerated people are left with worse health outcomes after being in the province's care. To address these deadly flaws, we urge the full implementation of all the recommendations made by Mr. Sapers in his first report on segregation⁹ and his second report on the broader correctional system.¹⁰ People who are incarcerated, their families and Ontario as a community need and deserve no less.

While we understand it is the intention of the MCSCS to work with the MOHLTC in a staged approach to reform correctional health services, it is imperative that the path ahead be enshrined in legislation and that the responsibility for health care in corrections be transferred from MCSCS to MOHLTC. This is something RNAO has requested since 2012 in meetings with Premier Wynne and with our current and previous ministers of health and corrections.¹¹

RNAO urges that the following key principles identified by Mr. Sapers for correctional health services be incorporated into revisions of the *Corrections Act for Ontario*:

1. A broad definition of health and health care
2. Ensuring equivalency, accessibility and continuity of care
3. Clinical independence
4. Integration with the provincial health-care system
5. Robust accountability mechanisms

6. A stable, health-focused employment environment for health-care service providers within corrections¹²

Moving beyond these principles, we urge you to implement the World Health Organization's whole-prison approach, which includes foundational principles of human rights, decency, health promotion, and social determinants of health.¹³

The changes nurses are asking for are long overdue. They are enshrined in international standards and in our lived experience as practitioners in the correctional system. They are contained in Mr. Sapers' report, which you commissioned. These changes – all of them – are principle-based and driven by strong evidence. These are changes essential to improve the health of incarcerated people and save their lives. We need you to take immediate action. We are eager and ready to support you in delivering what is right for inmates, their loved ones and Ontario as a society for all.

With warmest regards,



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Chief Executive Officer, RNAO



Carol Timmings, R.N. B.N.Sc., M.Ed. (Admin)
President, RNAO

Cc:

Patrick Brown, Leader, Official Opposition

Andrea Horwath, Leader, New Democratic Party of Ontario

Rick Nicholls, PC Critic for Correctional Services

Taras Natyshak, NDP Critic for Community Safety and Correctional Services

Jeff Yurek, PC Health Critic

France G elinas, NDP Health Critic

¹ Registered Nurses' Association of Ontario (2016). *Transforming Ontario's Correctional Service: Starting, But Not Stopping, with Segregation*. Toronto: Author.

http://rnao.ca/sites/rnao-ca/files/RNAO_submission_segregation_Feb_22_2016.pdf

² Registered Nurses' Association of Ontario (2016). *Letter to Minister Hoskins on improving health outcomes and health care within the provincial correctional system*. Toronto: Author.

http://rnao.ca/sites/rnao-ca/files/RNAO_to_Minister_Hoskins_health_in_corrections_-_dec_2_2016.pdf

³ Registered Nurses' Association of Ontario (2017). *Letter to Ministry of Health and Long-Term Care and Ministry of Community Safety and Correctional Services*. Toronto: Author.

http://rnao.ca/sites/rnao-ca/files/RNAO_-_Letter_of_Feedback_to_MCSCS_and_MOHLTC_-_July_7_2017.pdf

⁴ Sapers, H. (2017). *Corrections in Ontario: Directions for Reform*. Toronto: Independent Review of Ontario Corrections, 62.

<https://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/Corrections%20in%20Ontario%2C%20Directions%20for%20Reform.pdf>

⁵ Sapers, *Corrections in Ontario: Directions for Reform*, 70-71.

⁶ Sapers, *Corrections in Ontario: Directions for Reform*, 63-76, 83-84.

⁷ Sapers, *Corrections in Ontario: Directions for Reform*, 67-71, 83-84.

⁸ Sapers, *Corrections in Ontario: Directions for Reform*, 62.

⁹ Sapers, H. (2017). *Segregation in Ontario*. Toronto: Independent Review of Ontario Corrections.

https://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/IROC%20Segregation%20Report%20ENGLISH%20FINAL_0.pdf

¹⁰ Sapers, *Corrections in Ontario: Directions for Reform*.

¹¹ Registered Nurses' Association of Ontario (2012). *Improving Health and Health Care in Correctional Facilities. Resolution to the Canadian Nurses Association*. Toronto: Author.

¹² Sapers, *Corrections in Ontario: Directions for Reform*, 213-217.

¹³ Sapers, *Corrections in Ontario: Directions for Reform*, 192-218.