



## Unlocking Dignity: How to Improve the Reintegration Experience of Justice-involved People with Life-limiting Illnesses into Community

Presenters: **Mar'vana Fisher, PhD (c)**, CNS, palliative care First Nations Health Authority  
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Howard Society of Canada, Grow, Transform, Belong (UK), 7th Step BC & Yukon  
March 6<sup>th</sup> 2025: 12pm-1pm

| AGENDA<br>ITEM                 | DISCUSSION  |
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| <b>Learning Objectives</b>     | <ol style="list-style-type: none"> <li>1) Understand the importance and current options for end-of-life care for justice-involved people</li> <li>2) Identify barriers and gaps in community-based palliative care</li> <li>3) Explore interdisciplinary collaborations and generate actionable solutions to improve reintegration into community</li> </ol>  |
| <b>Presentation Key Points</b> | <ul style="list-style-type: none"> <li>• <b>Legal Framework:</b> Canada adheres to the Nelson Mandela Rules, which state that incarceration itself is the punishment when a crime is committed, and incarcerated individuals should receive the same healthcare standards as the general population. From this perspective we need to legally move forward and address the inequities.</li> <li>• <b>Over-Incarceration:</b> Social, economic, and political forces disproportionately funnel vulnerable groups, especially Indigenous and Black people, into the criminal justice system.</li> <li>• <b>Systemic Inequities:</b> Structural inequities and systemic injustices target marginalized communities, leading to over-incarceration and poor health outcomes. Incarcerated individuals face higher rates of chronic and life-limiting illnesses due to experiences prior to incarceration (lack of access to primary care, trauma and racism experienced in institutions such as hospitals). Barriers to timely diagnosis and treatment, especially for those in rural/remote communities.</li> <li>• <b>End-of-Life Care options in correctional settings:</b> As outlined in Correctional and Conditional Release Act (CCRA that guides federal prisons). <ul style="list-style-type: none"> <li>• parole by exception –Assessment is primarily based on fulfillment of parole conditions rather than health indicators and often poor health acts as a barrier for the person to be able to fulfill those conditions and then not able to receive parole</li> <li>• temporary absence – cost and availability of escort and availability of community services prevents fulfilling this option. Some community settings unwilling to receive and provide care to this population</li> <li>• royal prerogative of mercy - In extraordinary cases where hardships and sufferings are disproportional to the committed crimes, this option is least accessible, least granted and most protracted</li> </ul> <p style="text-align: center;">*All three options during end of life are rarely accessible or timely*</p> </li> <li>• <b>Older Justice-Involved Individuals:</b> Older individuals (50+) in the correctional system face significant barriers to community reintegration, including lack of support, severed family ties, and limited access to resources for housing and employment.</li> <li>• <b>Women in the System:</b> Women face unique challenges, including lack of social and financial resources and skills, criminalization and victimization once released. Women serving longer sentences report lack of access to prescribed medications and primary health care and experience high rates of acute admissions.</li> </ul> |

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|                                      | <ul style="list-style-type: none"> <li>• <b>Financial Responsibility:</b> Improving integration for people leaving the correctional system is not only morally and legally just but also financially responsible, as it reduces the burden on the healthcare system.</li> <li>• <b>Lack of Community Alternatives:</b> There are very few halfway houses or community alternatives in BC that accept individuals with life-limiting illnesses coming out of correctional settings.</li> <li>• <b>Parole Challenges:</b> Many individuals granted parole struggle to use it successfully due to the lack of community support, caregivers, and family support. Restrictions placed by parole or temporary measures often prevent individuals from returning to their homes or Indigenous communities, especially in rural areas.</li> <li>• <b>Canada’s system</b> - Iridian shared some of the history of penitentiary system in Canada. The system came into play about 30 years prior to confederation. Trying to move and change practices inside this enshrined and entrenched system is challenging and takes time. <ul style="list-style-type: none"> <li>• Iridian shared some of his story what led up to 30-year incarceration and some of experiences while incarcerated.</li> <li>• In Canada we haven’t had a prison system since 1951, that was the transition to the correctional services of Canada. The word prison doesn't exist in the legislation or the regulations surrounding incarceration in Canada. We have to first of all change the mindset about how we think of prison and how we think of prisoners.</li> </ul> </li> <li>• <b>Challenging the narrative</b> - Iridian shared two individuals who came into his life while incarcerated challenging the narrative about incarceration and the correctional system in Canada. The first taught Iridian to have great respect for the rule of law. The second, B Rhodes, with training and experience in social work and corrections started the Rhodes Wellness and Counselling College. Rhodes approached Iridian with the offer to take basic peer counselling training with a group of other men.</li> <li>• <b>Peer counselling</b> experience was empowering and received inmate employment as peer counsellors. Learning more about trauma and how it affects people and using the practice of empathy in peer counselling and I started to feel compassion and empathy for the stories I was hearing <ul style="list-style-type: none"> <li>• As peer counsellors we then started to visit hospital wards. Men here were critically ill and there was no opening for them to be back in the community. Saw how difficult it was for these individuals at end of life to die with dignity with their family.</li> </ul> </li> <li>• <b>Saying yes to change</b> - People think it’s impossible until they just make it possible. To say yes requires resources and paradigm change, and you have to overcome your own biases. Shift our thinking to bringing palliative care to incarcerated people</li> </ul> |
| <p><b>Discussion and Q&amp;A</b></p> | <p><b>Q: Knowing you’ve done a lot of work internationally have you seen things in other areas that you could see maybe being a model that could be reworked or used within our system here in Canada?</b></p> <ul style="list-style-type: none"> <li>○ <b>A:</b> Yellow Ribbon Run in Singapore. Comes from the song – Tie a yellow ribbon around the old oak tree that tells the story about a man who was coming home from incarceration during the Civil War in the United States. And his letter to his sweetheart was tie a yellow ribbon around the old oak tree if you still want me. Singapore uses this concept, using it as a symbol for reintegration for folks coming out of prison. And it wasn't specifically for end of life options, but just folks coming out. A huge inspiration for me because it was community led, and the run itself was led by the prime minister of Singapore. The message to those incarcerated saying we want you back in the community and part of society.</li> <li>○ First Yellow Ribbon Run in Canada in Abbotsford March 22<sup>nd</sup> <a href="#">Yellow Ribbon Run — 7th Step Society of BC &amp; Yukon</a>. Larger run we are planning in Victoria in May.</li> </ul> <p><b>Q: Any plans to bring the run to other provinces?</b></p> <ul style="list-style-type: none"> <li>○ <b>A:</b> we're envisioning as a grassroots movement led by 7th step BC people who experience incarceration and then once it’s established here in BC we would collaborate and pattern up to share our experience to help make sure this happens anywhere</li> </ul>   |

**Q: I recall a patient who was handcuffed to his bed in the surgical ward and had a corrections officer in the room with him. I read in his chart that he was a sexual offender. I'm wondering if my fear of being in the room with him got in the way of my compassion. How do you address the fear that healthcare providers have sometimes even though they want to be non-judgmental and compassionate?**

- **A:** I became a counsellor for those men who were sexual offenders. I got training on empathy, atonement and encouragement. I don't know if nurses or other care providers get this type of training. Important to normalize that a person is not their offence.
- **A:** We don't know which patients may be aggressive towards health care providers. Nurses and others have experienced aggression by patients you wouldn't assume. We have some safety protections in place (ie. purple dot). My experience supporting justice-involved individuals they feel nothing but gratitude that you see their humanity and provide care. Challenge our mindset, employ our trauma-informed approaches and using our safety protocols we do have in place. Focus on the humanity for the person on a serious illness journey in front of us.