

DECEMBER 2019

QUARTERLY REPORT #3

CPEP

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LAND ACKNOWLEDGEMENT

Acknowledgement of Traditional Territory

The land upon which we conduct our work is traditional unceded and unsurrendered Algonquin Territory. In acknowledging this, we are obligated to document and problematize how Canadian carceral institutions shape and are shaped by colonial policies and practices that must be challenged if we are to address pressing legacies, and the continued existence, of colonialism on Algonquin Territory and elsewhere on Turtle Island, including the mass incarceration of Indigenous, Black, racialized, poor, homeless and other marginalized people.





"This is by far the worst jail I've ever done time at. It's a shit jail."

"They keep bringing me back in because the jail is a business...Thousands of people are employed by 'Corrections.'"



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JAIL ACCOUNTABILITY & INFORMATION LINE

Background

The Government of Ontario has committed to policing and jail infrastructure that expands its capacity to arrest and cage more people, many of whom have been pushed further to the margins by cuts to essential services that contribute to community well-being and safety. Especially in times when state repression deepens, it is in the public interest to demand transparency and accountability for the exclusionary laws, policies, and practices that are carried out in their names to limit the damage they cause. The Jail Accountability & Information Line (JAIL) is a hotline operated by community volunteers working in solidarity with people who are incarcerated at the Ottawa-Carleton Detention Centre (OCDC) and their loved ones.

The JAIL hotline has two purposes: 1) Accountability (holding the provincial government, Ministry of the Solicitor General (MSG), as well as OCDC management and staff, accountable for the treatment of incarcerated individuals through tracking and resolving human rights violations within the jail); and 2) Information (providing information to people who are incarcerated at OCDC about their rights and community resources available to them upon re-entry into the community).

The JAIL hotline was founded by the Criminalization and Punishment Education Project (CPEP) in response to long-standing issues regarding the conditions of confinement at OCDC. A provincial jail in a suburb of Ottawa, Ontario, OCDC has an official capacity of 585 beds, including about 60 beds for incarcerated women in a separate unit. Roughly two-thirds of those incarcerated at OCDC on any given day are awaiting their day in court.

The JAIL hotline launched on 10 December 2018 and has taken calls on weekdays from 1pm to 4pm since that time. These hours of operation were chosen with the input of people who have experienced incarceration at OCDC. Currently, we have one phone line – 613-567-JAIL (5245) – that is staffed by up to three volunteers at a time. During its first six months, the hotline received 1,455 calls. By the end of its third quarter, the initiative had taken 2,390 calls. Our reports for the JAIL hotline draw on information communicated to us by callers (the vast majority of whom were OCDC prisoners at the time of their calls), documented in our intake and debrief forms that accompany each call. No information is gathered and documented without the explicit consent of callers.

OBJECTIVES

- Provide resources and information to incarcerated callers on their rights;
- Track human rights abuses at OCDC;
- Assist incarcerated individuals with filing complaints to relevant internal and external oversight bodies, while working with them to secure resolutions through other means where necessary;
- Reduce the isolation experienced by incarcerated people and increase empowerment;
- Connect callers to community supports;
- Generate awareness of the human rights and re-entry issues faced by people experiencing incarceration; and
- Bring the voices of incarcerated individuals to the forefront to be heard in the community when laws, policies, and practices impacting them are being debated.



NOTE ON LANGUAGE

The JAIL hotline is one of CPEP's initiatives that contributes to our broader work aimed at reducing the use of human caging and diminishing the pains of imprisonment. In order to accomplish this effectively, the humanity and perspectives of those who have experienced incarceration are at the centre of our collective work. When working with criminalized and incarcerated callers impacted by laws, policies, and practices, we refuse to use harmful words that dehumanize and degrade prisoners (e.g. 'criminals', 'inmates', 'offenders', etc.) in ways that often continue to stigmatize them even after the conclusion of their legal ordeals. We therefore do not use state descriptors that fail to capture the complexity of human conflicts and social harms (e.g. 'crime') or terms that distort the oppressive and harmful work performed by jails and prisons (e.g. 'rehabilitation', 'justice', etc.). Striving for inclusive, humane, and just alternatives to punishment where possible, requires working towards abolishing the stigmatizing capacity of state language that limits our field of vision in terms of what is possible to prevent and respond to social conflicts and harms. When writing with and/or about people who have experienced criminalization and others who are impacted by it, it is useful to use 'people first' language as an alternative to dehumanizing state descriptors (e.g. people who have experienced incarceration/criminalization, incarcerated people, etc.).

WHAT I EXPERIENCE: JAIL VOLUNTEER

I am just another human being who made mistakes. I harmed others and I should be held accountable. However, the dehumanization and state violence I endured as a consequence of my behaviours should not be tolerated in any facility. Do not call me an inmate. Do not call me a criminal. I am not offensive. I am a person, an individual, a human being. Being warehoused in a prison doesn't repair any of it. It just exposes me to the 'justified' cruelty of the state. To be accountable to myself, my loved ones, my community and society I work to end violence in all forms to improve our collective well-being and safety.

CALL INTAKE

The JAIL hotline received 2,390 calls during its first three quarters of operations (see Figure 1). Figure 2 shows the distribution of calls received by the JAIL hotline in each quarter. During this quarter, we were open for a total of 65 weekdays and we received 935 calls. Call volume continues to increase from our previous two quarters: in our first quarter we received 659 calls and in our second quarter we received 796 calls.

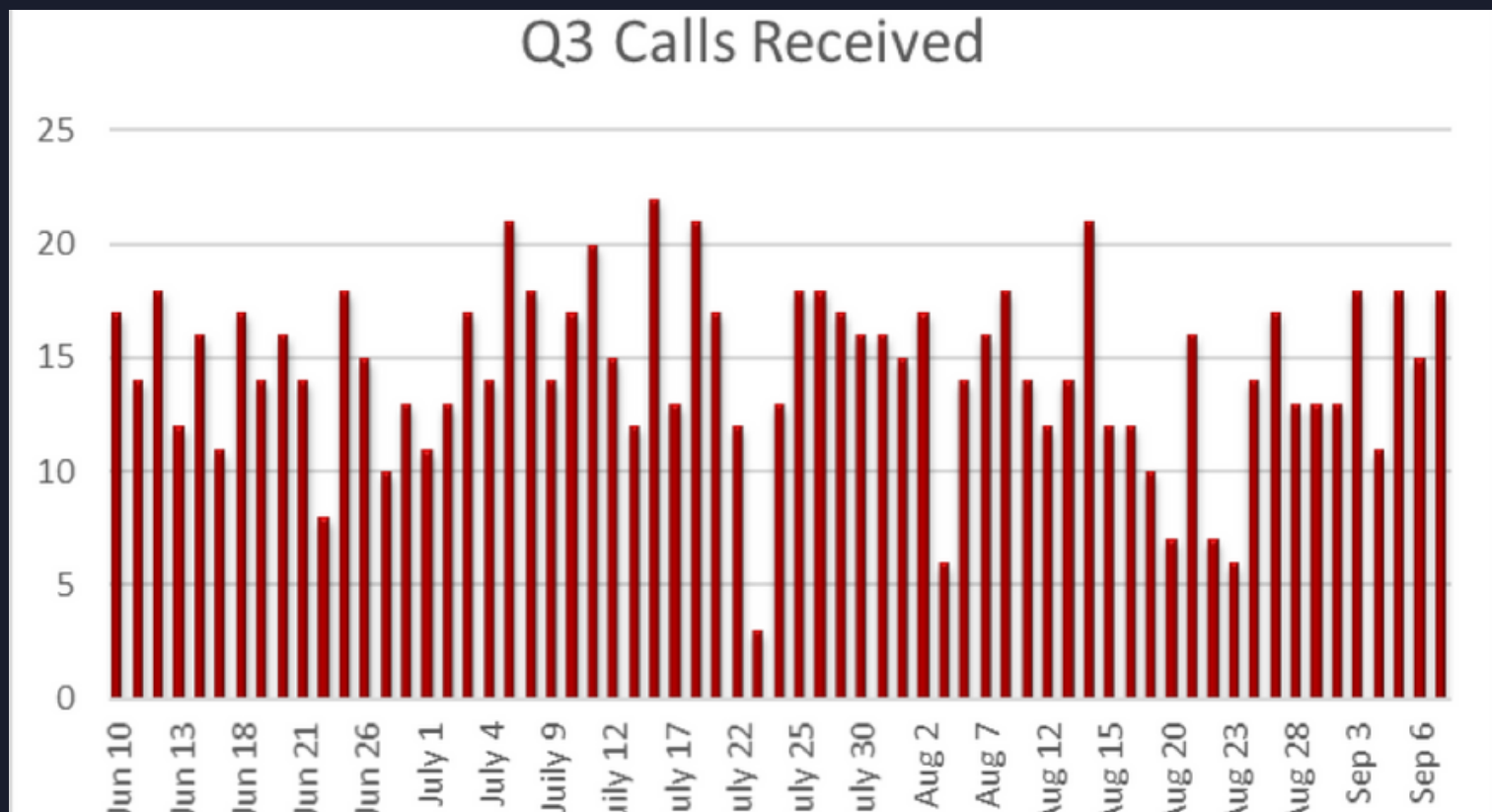


Figure 1: Q3 Calls Received

CALL INTAKE C'NTD

CALLS RECEIVED (10 DEC. 2018 TO 9 SEPT. 2019)

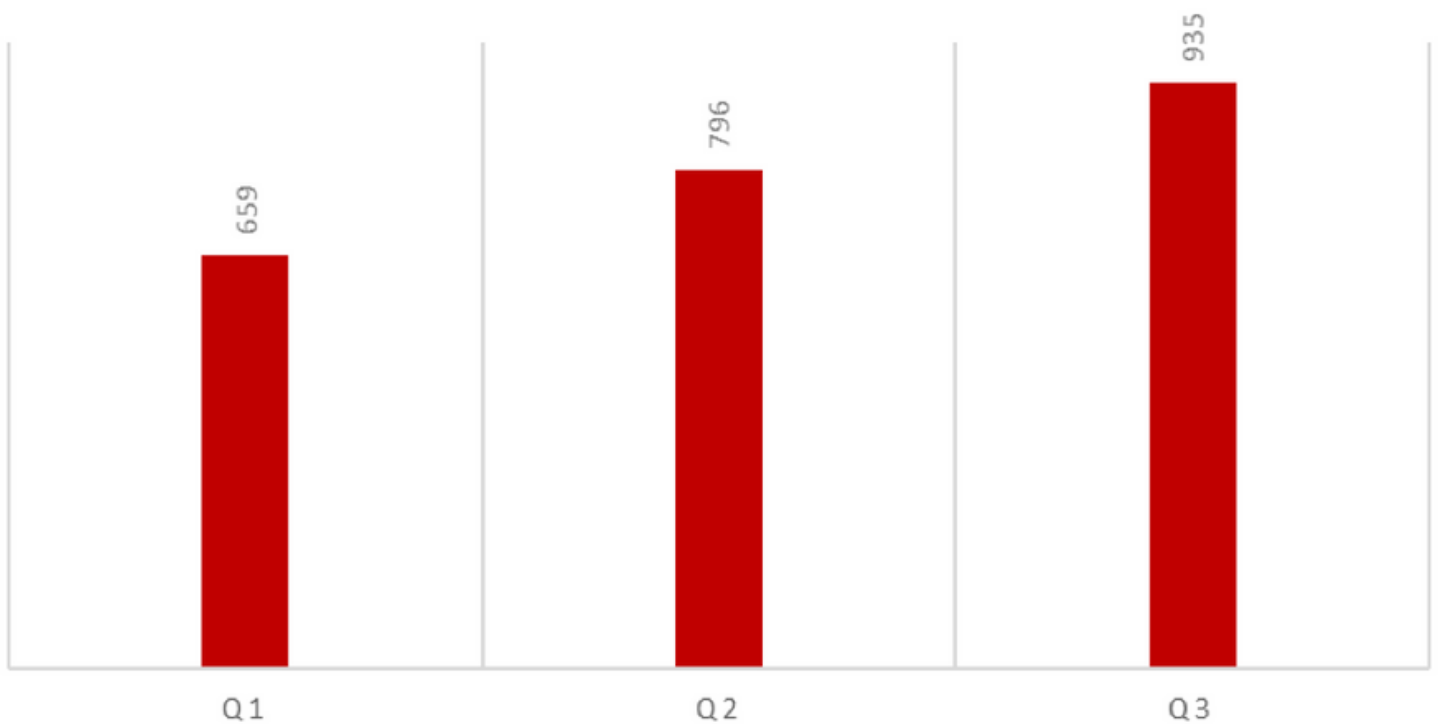


Figure 2: Q3 Calls Received all Q1-Q3



TYPES OF CALLS

During our first quarter, we received calls regarding inadequate medical and mental health care, the impacts of the restrictive and expensive institutional phone system, problems associated with canteen expenses and policies, the lack of appropriate winter gear to access yard time, barriers to access to justice, the excessive use of segregation, problematic interactions with staff, and poor conditions of confinement stemming from the management of intermittent sentencing. In our second quarter we received calls regarding these issues and the need for community supports, including bail programs, treatment facilities, cultural resources, other social services providers, health care professionals, as well as improved access to legal counsel and their loved ones. The restrictive and prohibitive institutional phone system currently in place in Ontario jails and prisons poses barriers to communication as is demonstrated in the recent release of our telephone system report. In our third quarter, we continued to hear about these issues. However, we also heard from callers regarding limited access to institutional regulations which resulted in unexplained misconduct charges, individuals being forced to choose between attending their court proceedings and getting access to their medications, poor dental care, difficulties obtaining counsel for bail, poor conditions of the institution, barriers to accessing legal information, and the hardship caused by the restrictions imposed on visitation (Figure 3).

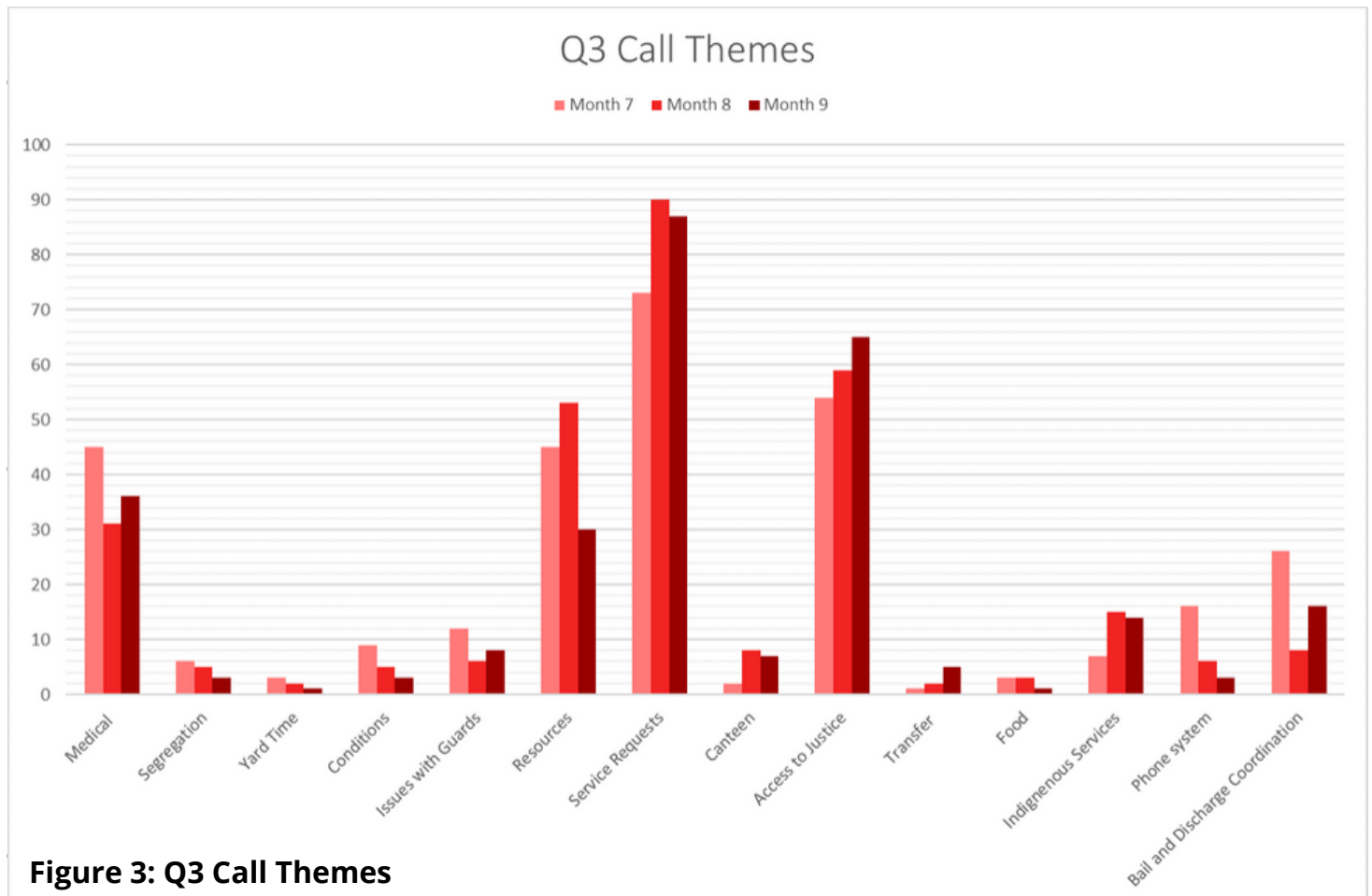


Figure 3: Q3 Call Themes

MEDICAL UNIT



Although jail and prisons are fundamentally unhealthy places, the ill-health experienced by prisoners is further exacerbated by the failure to deliver appropriate medical care within Ontario provincial institutions. Callers continue to raise issues with the healthcare unit at OCDC. This quarter we received 112 calls regarding the healthcare unit. Calls were primarily concerned with: 1) emergency dental care; 2) the misadministration of medication; 3) inadequate access to withdrawal management; 4) unanswered requests for healthcare; and 5) having to choose between healthcare and court appearances or yard time.

Dental Health

This quarter we heard from five callers who experienced issues accessing dental care. They informed us that rather than filling cavities and repairing damaged teeth, tooth extraction was presented as their only option for resolving emergency dental issues. Callers also reported experiencing long waits for access to dental care, including of several weeks in order to access tooth extraction alone. Long waits for access to dental care put people behind bars at risk of infection and further degradation of their dental health. Those incarcerated at OCDC should be provided options regarding how they would like to see their dental care managed. In light of the issues with dental care raised by callers we recommend that:

- 1) The MSG ensure that people behind bars receive access to free, adequate, and timely dental care.
- 2) That OCDC administration respond to emergency dental requests at the earliest possible opportunity.

**There is no funding for dental.
They just pull our teeth.**

**The dentist says, "I can pull your teeth",
but I don't want to lose them.**

**I had a filling from a cavity and it kept hitting
the nerve and hurting. I pulled a molar out
with tweezers because I couldn't take it
anymore! I had been putting green sheets - 2
per week - for 2 weeks and I still haven't seen
the doctor. I figured that the doctor would see
me because I have an infection.**

**I am so mad at the jail - I had to pull my own
tooth out because I couldn't get a dentist...I've
waited 10 months and need to see a dentist. I've
done tons of requests and forms, I am starting
to feel as if I am going to get an infection - my
gums are receding and I'm bleeding every time I
brush. I put in a complaint form 2 weeks ago.**

The Choice Between Healthcare and Other Rights

Callers reported that they were often forced to make a choice between getting access to their medication and other basic rights, including video or in-person court appearances and yard time. Callers explained that they were often not provided their methadone at the regularly scheduled time when they were pulled away for court appearances. For example:

I am trying to get methadone when I go to court. They don't give me methadone before going to court. They only give it when I come back from court. I usually get my methadone at 1:30PM. When I go to court, you are gone to the courthouse around 7am or 8am. They give you all your medication except the methadone.

Another caller described being called for a rare opportunity to access yard time at the same time that medication was being administered by healthcare staff:

When we have yard and stuff, the nurse comes and you choose between yard and meds. There is enough time throughout the day to allow people to enjoy yard without having to choose.

People imprisoned at OCDC should not be forced to choose between medication, yard time, and access to video or in-person court appearances. With this in mind, we recommend:

3) OCDC should ensure that people held at the institution are provided with their medications at the appropriate times regardless of scheduled court appearances.

4) OCDC recreation officers and healthcare staff should ensure that both yard time and access to medication are provided to prisoners and that they are not scheduled in conflict with each other.

Withdrawal Management

During our third quarter, several callers reported issues accessing withdrawal management. Callers continue to highlight that they are not being provided with the dose of opioid substitution treatment (OST) that they received prior to incarceration and that they are not provided their OST medication. Callers also described that in place of opioid substitution therapy they were provided with a 'withdrawal cocktail'. Opioid withdrawal attenuation cocktails are a series of medications, which when prescribed together are intended to address acute and anticipated withdrawal symptoms including anxiety, nausea, insomnia, diarrhea, and muscle pain. One caller described their experience being prescribed a 'withdrawal cocktail':

I have put in four medical requests to see the doctor to get OST (two last week, one the week before and one right now), the doctor did not see me. I filed the Opioid Substitution Form, it's been a little over 3 weeks.

I was sick as fuck when I came in here. They give you a pretty shitty withdrawal cocktail. I see people go through really bad withdrawal. You can die from fentanyl withdrawal. I want to see healthcare get better.

Someone who is coming down, they'll put them in cells or cellblocks or segregation. There are quite a few girls who waited a week in excruciating pain.

In cases where incarcerated people desire opioid substitution therapy, it should be provided to them at the earliest possible opportunity as opposed to only receiving a 'withdrawal cocktail'. Finally, callers expressed frustration with the lack of resources made available to them in order to address their issues with substance use while they were still behind bars. Callers requested increased access to mental health and substance use services in order to allow them to address the challenges they experienced to the degree possible in a detention setting.

Based on the input of callers, we reiterate the following recommendations from our previous quarterly reports:

5) The Ministry of the Attorney General and crown prosecutors should stop criminalizing people who use drugs for using drugs and for behaviours associated with drug use.

6) When state authorities fail to divert people who use drugs from imprisonment, admission and discharge officers at OCDC should inquire if newly admitted or exiting prisoners require OST.

7) Prisoners who request or indicate that they require OST should be evaluated by a physician who can prescribe the medication according to the latest criteria outlined by the College of Physicians and Surgeons of Ontario (CPSO) and the Centre for Addiction and Mental Health (CAMH) within 24 hours of their request.

8) OCDC should remove the onus of finding drug treatment clinics from incarcerated persons to ensure continuity of care post-release through the seamless transfer of medical, mental, and public health care between the jail and community.

9) The MSG should offer more accessible programs to support people who use drugs and/or are struggling with drug use.

We need more access to drug treatment and mental healthcare within the inside so you can get recovery [resources] before getting out

Misadministration of Medication

Callers who reported the misadministration of medication raised three primary issues: 1) the dilution of medication and extended release medication in water; 2) being administered the incorrect medication; and 3) the suspension of medication. Altering a patient's medication regimen is arguably a punitive measure that exposes them to significant risk. Several callers who had their extended and/or sustained release medication dissolved in water explained that it caused their medication to take effect all at once as opposed to over the course of the day. As a result, these individuals reported that they experienced severe crashes, after which they no longer experienced the intended effects of the prescribed treatment regimen. This has caused severe physical and psychological harm, stress, and other adverse effects. Callers explained:

They gave me the wrong medication four or five times. They put all the pills in a little Dixie cup and when the cart hits a bump the pills go into other cups. Last time, the nurse hit a bump and water got spilled onto the pills.

They put one of my medications in water. They said they will crush it and put it in water. I did not even hoard.

They cut me off Biphentin...[The nurse] accused me of hoarding and she got a CO to search me.

I was suspected of hoarding because I got sick and was puking. They are not supposed to put this medication in water, it is slow release. It gives me the spike and then I fall all day. The psychiatrist said, "I cannot change it because it is the healthcare manager and team who made the decision."

We understand that healthcare staff at OCDC systemically views incarcerated persons, who live with an intersection of stigmatized identities, as “drug seekers”, and thus withhold or modify their treatment. Those administering medication at OCDC should ensure that they are providing medications to people at OCDC as prescribed. We reiterate our recommendations that:

10) The jail’s healthcare staff stop seeing their patients through the stigmatizing lens of the “drug-seeker addict” and start nurturing relations based on an understanding that incarcerated persons are care-seeking human beings whose basic needs often go unmet due to the punitive and restrictive nature of the jail and the healthcare system within institutions of human caging.

11) The MSG should revise their policy around drug administration and prohibit the harmful practice of crushing and diluting medication in cases where it is not the patient’s choice and where it is not a common practice to healthcare practitioners beyond the walls.



Delays to Healthcare

Several JAIL hotline callers reported submitting over a dozen health care requests to the doctor to address delays to no avail. The callers explained that, although they detailed their medical concerns and expressed their needs clearly in the request forms, their concerns fell on deaf ears. The failure to respond to repeated requests for healthcare puts people at OCDC at serious risk as they continue to struggle with illness and injury throughout incarceration. This is partly a problem because of the institution's resistance to accountability towards confined persons. We recommend that:

12) The OCDC administration and frontline staff ensure that requests for medical attention are responded to promptly and addressed at the earliest possible opportunity.

13) The OCDC administration should provide forms printed on carbonless copy paper to prisoners in order to: a) insert some form of accountability in the institution's request system and b) to allow people under the institution's supervision to track their written interactions with the administration and staff.

I am going to go on suicide watch because that's the only way you see a psychologist.

Every week for the month of June going into July I requested a prescription I had during the previous time I was at OCDC and was never provided with it.

I have been begging for psychiatric help, but I still haven't seen no one from mental healthcare...when you are suicidal and have to talk through a metal hatch...[it tells me] they want to get rid of me.

ACCESS TO JUSTICE



*"If you don't know your rights,
they trample on you!"*

This quarter, callers continued to report barriers to accessing justice. We received a total of 129 calls during the third quarter regarding access to justice issues including:

- 1) misconducts and access to institutional regulations;
- 2) access to legal information; and
- 3) restricted access to complaint mechanisms and reprisal.

Misconducts & Access to Institutional Regulations

Misconducts are disciplinary actions taken against incarcerated people due to alleged violations of institutional regulations. Some of the rules for adult provincial jails and prisons are outlined in the Ontario “Information Guide for Adult Institutions”, however, callers reported that they were not provided with access to this document. Furthermore, callers highlighted that their lack of understanding of the functioning of the jail exposes them to harm and abuse through arbitrary and damaging use of power by staff. The MSG withholding the totality of rules, regulations, and procedures that govern the cages where individuals are forced to live from those same persons is an unacceptable obfuscation. This is a departure from what takes place in other jurisdictions. For instance, on the federal level the *Corrections and Conditional Release Act* mandates that the Commissioner’s Directives, which is the equivalent of the MSG’s policy and procedures manuals combined, is available to federally incarcerated persons, staff members, and the public.

Facing a dearth of information, callers reported that they have been punished and reclassified to higher security levels for unknowingly violating institutional rules for actions as trivial as rolling up the pant legs of their institutionally-issued clothing. Upon request for policy and procedures manuals, callers were informed that they would be required to file a Freedom of Information request to obtain them, which would cost five dollars – an amount of money that some callers did not have readily available to them. Callers explained:

When you want info, it is not available. You have to pay to get it.

We get charged with misconducts if we breach the rules and regulations set in the Ministry’s policies. But we don’t have access to them. We are told to get them by filing a Freedom of Information Request and paying for it.

People behind bars should have immediate and cost-free access to the rules and regulations that govern their daily lives. We recommend that:

14) OCDC ensure that the Information Guide for Adult Institutions is made available to people incarcerated in all areas of the institution.

15) The MSG ensure that their policy and procedures manuals, including, but not limited to, the Institutional Services Policy and Procedures Manual, the Health Care Services Policy and Procedures Manual, the Probation, Parole and Conditional Sentence Policy and Procedures Manual, and the Ontario Parole Board Policy and Procedures Manual are freely available to prisoners, staff, and the public.

Access to Legal Information

Callers reported that they faced barriers to access to legal information necessary in order to effectively participate in legal processes or represent themselves. Some callers called for access to the internet for the purposes of mounting a defense, including locating case law and self-teaching legal processes, and the ability to call cellphones in order to contact individuals with information relevant to their cases, such as expert witnesses, who may not have access to landlines that accept collect calls.

My right to fair trial has been in jeopardy because I am self-represented and it is a difficult case with co-accused and witnesses. I haven't been able to obtain evidence; I cannot Google caselaw; I have applied to have a phone available to me so I can call cellphones...This puts my chances to defend myself close to 0.

In cases where individuals are unrepresented or chose to be self-represented, they should be provided with all available avenues to accessing legal information and corresponding with those they are required to for the purposes of their cases.

Furthermore, several unrepresented and self-represented callers reported a very limited and sporadic access to their disclosures (which is the prosecutor's document where all the information about the charge(s) against the accused figure). This is due to the policies and procedures of OCDC, as well as technological barriers stemming from shifts to electronic media. First, OCDC Administration refuses to provide the persons accused who are not in segregation with copies of their disclosures. Second, due to the courts' shift towards technological media of information sharing, the evidence is often in electronic format (i.e. in the form of PDF files, videos, photos, and the like stored in compact disks). These issues create inaccessibility because of the operational constraints at OCDC and the prisoners' lack of access to computers. Staff members ought to escort incarcerated persons who would like to review their disclosures to dedicated rooms within the institution equipped with computers. On an operational level, confined persons often report that: 1) the time allocated to review their evidence is insufficient given the legal complexity and length of their documents and cases, and 2) their disclosure is sometimes misplaced even during their trials, a crucial time for accused to consult their files. The operational constraints created by the policies and procedures of the institution pose a great threat to accused persons' rights as protected by the principles of fundamental justice.

We recommend that:

16) The OCDC and the MSG should reform their policies and procedures around access to disclosure in order to avoid the problems cited above by allowing prisoners to access their disclosures in their cells and increasing the number of, and facilitating more access to, computers within the institution, including in the prisoners' cells and living units.

17) The MSG needs to provide people behind bars with access to the internet on a cost-free basis in order to support their access to justice and support connections to community which benefit those held in Ontario institutions both during and after release.

Restricted Access to Complaint Mechanisms and Reprisal

People incarcerated at OCDC continued to report difficulty utilizing institutional complaint channels due to both restricted access to complaint forms and reprisal. Callers reported that rather than being provided with complaint forms upon request, they were told by jail staff that the request was being referred up to a sergeant. Following this, the forms were either denied or the callers were asked by the staff member about the nature of their complaint following request for the form. One caller explained:

I've had people ask [for complaint] forms. The guards say I am going to talk to the sergeant and nothing ever happens. They never bring the blue forms.

Request forms should be made available in all living areas of OCDC so that these forms can be accessed without requiring incarcerated people to ask guard's permission to obtain one. Callers also shared that they were uncomfortable asking for request forms or filing complaints due to their fear of reprisals, including of involuntary transfers to other institutions, which was also identified as an issue last quarter. Callers explained:

You are in fear to complain because they threaten you when you complain.

I don't want to end up on a ghost train going to [Central North Correctional Centre.] That's why I don't want you to contact the jail on the issue with segregation.

Despite the JAIL volunteers' continued calls to MSG officials to ensure that OCDC frontline staff wear their MSG-issued uniforms as ordered by the Code of Conduct and Professionalism Policy (COCAP), several guards and nurses still do not wear their badges and/or refuse to provide their badge numbers to incarcerated persons and JAIL hotline volunteers.

We are currently in the process of obtaining an order from the College of Nurses of Ontario and an internal memo that oblige OCDC healthcare staff to provide their names to prisoners who seek to ensure healthcare services are delivered with the highest standards within OCDC. Considering the above issues identified by callers we recommend that:

18) OCDC make internal complaint forms available in all living areas within the institution.

19) Staff at OCDC make their badge numbers or names visible to prisoners at OCDC to promote accountability.

20) The MSG issue a directive that all provincial institutions refrain from the practice of involuntarily transferring people held in their custody under any circumstance.

21) The MSG appoint an independent body tasked with protecting incarcerated persons by preventing the threat of reprisals when prisoners try to advocate for themselves.

Bail & Release Coordination

This quarter we received 50 calls regarding bail and release planning for people incarcerated at OCDC. People contacted us to discuss the cuts to legal aid that interfered with their ability to obtain counsel for bail hearings, how the dysfunctional phone system limited their capacity to obtain sureties, and difficulties accessing bail beds. Callers also contacted us for support in establishing bail plans to attend treatment centres and substance use cessation programming.

I have a hard time getting bail... I can't get into a bail house in Ottawa because I have a conflict with someone who is there.

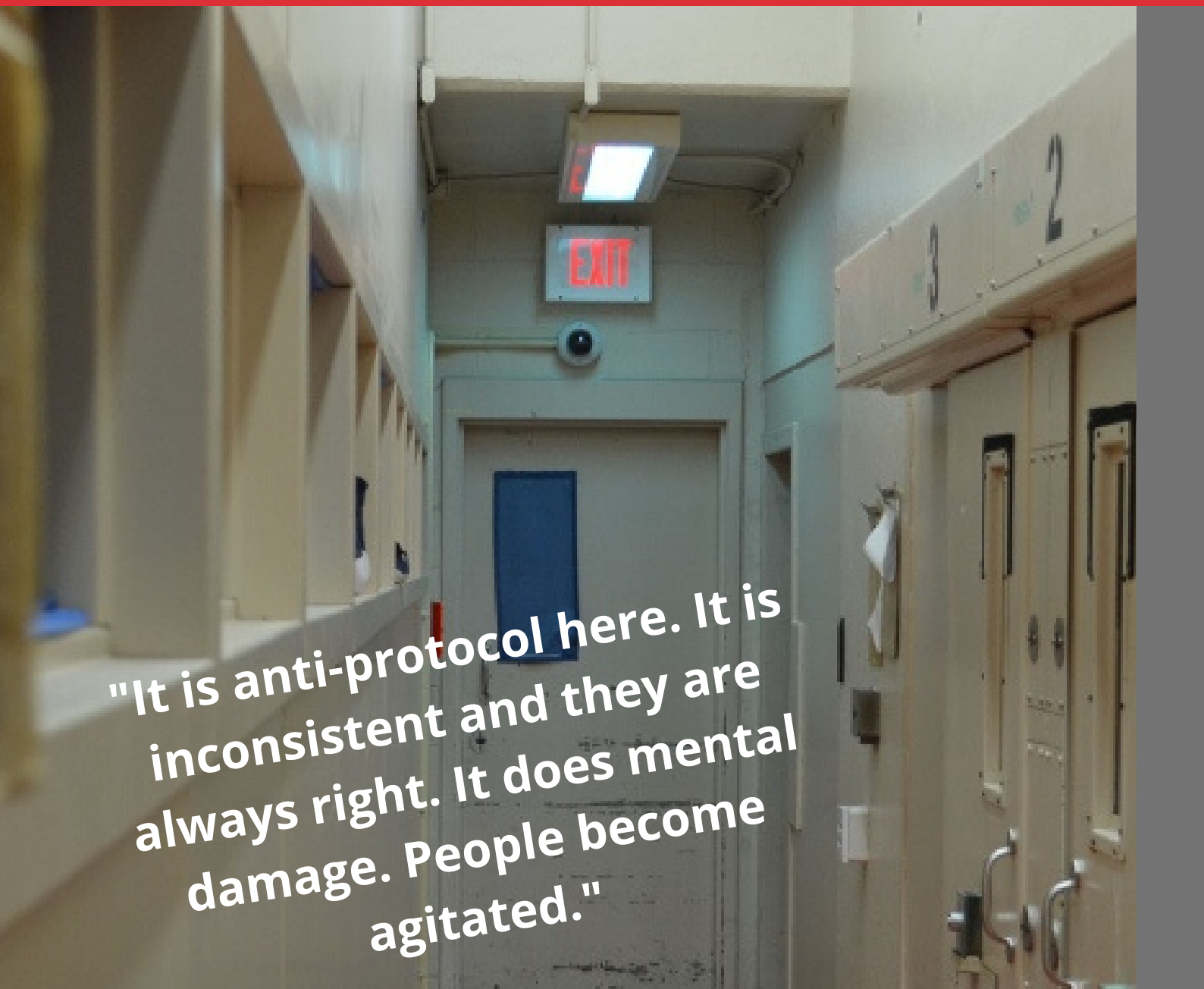
I do not think that I am going to get bail because of the cuts to legal aid.

With this in mind we recommend that:

22) The Ontario Government reinstate Legal Aid Ontario funding in order to allow people held on remand to access legal aid coverage for private lawyers to conduct their bail hearings.

23) The MSG support individuals who are seeking bail in contacting potential sureties by permitting them to make free, direct calls to cellular telephones.

CONDITIONS OF CONFINEMENT



"It is anti-protocol here. It is inconsistent and they are always right. It does mental damage. People become agitated."

Callers continued to inform us of a range of issues with the general living conditions of the institution which had detrimental effects on their day-to-day lives. We received 42 calls of this nature this quarter. Issues with conditions included structural issues like mold and poor seating, the unhealthy and insufficient cook-chill food system, and problems with visits and correspondence. Callers identified the behaviour of jail staff as “anti-protocol”, meaning that institutional rules and regulations, such as access to complaint forms, were not respected.

Mold

People incarcerated at OCDC report that they have experienced a decline in their health since entering the institution, in part due to mold, which is present throughout the facility.

The current conditions at OCDC are causing permanent damage to the well-being of the people incarcerated there. We recommend that:

24) The OCDC administration address the issue of mold by removing it, improving ventilation and controlling levels of humidity. Mold removal can be done without building new and bigger jails like the Toronto South Detention Centre where human violations and other conditions of confinement have worsened.

I came here perfectly healthy, now I have the sniffles and the cough. I know it's black mold because I'm a carpenter and I can tell that there is black mold.

There has been mold in our shower for months and months.

My mental health is going to shit these days. My chest pain is bad because of the mold... guys who don't smoke have the smokers' cough.

Can Health Canada take a look at these deplorable conditions? We are having breathing issues. Black mold is everywhere. 20-something-year-old prisoners are developing symptoms...you have mold spores hanging out from a ventilation shaft. Hanging above my bunk. Black dots on metal, above our bunks.

Visitation

Callers explained that the incredibly short window of time allotted for visitation – two 20-minute visits per week or one 40-minute visit – did not provide them with an adequate amount of time to check in with their loved ones. One caller explained:

People have to be approved for visits...People have to drive two hours for 20 minutes or 40 minutes max. or four hours for a 40-minute visit. I've been here 16 months with no visits. For people who are out of town, they should have some transportation to come here.

In consideration of the issues raised above we recommend that:

25) The OCDC increase the amount of time allotted for visits to 90 minutes.

Segregation

This quarter, we received 15 calls raising issues related to the use of segregation. Callers highlighted the dehumanization inherent in the use of segregation, their experiences spending protracted periods of time in segregation without being provided with justification, and the effects that the use of segregation had on them following their release both back into the general jail population and into the community outside of the prison. Callers explained:

I have spent 44 days in segregation and OCDC did not give me a reason why I was there.

When you are in the hole for a long time you get panic attacks when you're around people.

When you are in the hole, you are a person non grata. People in segregation lost their credibility because they either got into a fight or live with mental illness. Because of that loss of credibility, it's used as a justification for a lot of mistreatment. The further you are in the hole the more they dehumanize you.

The OCDC administration continues to segregate people who are living with physical disabilities or mental health issues for periods exceeding 15 days and past the point of undue hardship contrary to the Human Rights Tribunal of Ontario's public Remedies in the Christina Jahn case. Based on the experiences of the callers referenced above, and the findings from our previous two quarterly reports, we recommend that:

26) The MSG to abolish the use of solitary confinement.

Phone System

As demonstrated in our recently released telephone system report, callers continue to demand a phone system which allows them to stay in contact with their loved ones. The current system is prohibitively expensive and disconnects people from their communities, while also inhibiting their access to justice. We reiterate the recommendations outlined in our recent MSG telephone system report that:

27) The MSG provide cost-free telecommunication services for incarcerated persons.

28) The MSG allow confined persons to place direct phone calls to any telephone number – including cellphones – in Canada.

29) The MSG should increase or eliminate the 20-minute phone call limit.

When I first came in I wasn't able to get ahold of my parents for at least two months. I had to wait to get pulled out by a social worker. It can take two months.

We need free, direct phone calls. You can't get your stuff done. They cut us off community ties and support. I can't even set anything up for bail because I can't call cellphones. They cut you off and call it correction. All it is is detention and warehousing. It creates bitterness and anger in the people who are eventually going to be living in the community.

You are the first person I spoke to on the phone for two years. My mom doesn't have a house phone, I have no way to call my family. I haven't talked to them since I've been arrested.

ACTION TAKEN



"I received your package. Thank you for helping me understand how legal aid works."

While the MSG and OCDC have insisted that existing internal and external oversight mechanisms are adequate to address the concerns raised by prisoners, several callers have provided concrete examples of how such channels have proved inadequate when we tried to encourage them to utilize these mechanisms, instead of relying solely on us to work with them to impact change. For instance, some callers expressed concern that some jail officers were disposing of their blue sheets (i.e. Internal Complaint Forms), which prevented them from initiating complaint processes.

As shown in this report, the nature and number of calls we have received from prisoners in our first nine months suggests there is much work to be done to diminish the pains of imprisonment to the degree possible at the Innes Road jail. Most of these changes could be made quickly, with little to no costs, in a context where the province spends more than \$800 million per year caging human beings.

When JAIL hotline volunteers are requested to assist in a particular case or a systemic issue, we ask the callers to take-up the processes internal to the MSG, as well as external ones such as the Ontario Ombudsman, the College of Nurses of Ontario and the Human Rights Tribunal of Ontario. The type of work the JAIL hotline engages in is one that encourages the self-determination and empowerment of people who are imprisoned, while taking into account the limits, barriers, and risks they face, which we try to assist them to overcome.

Interventions

Most callers who contacted the JAIL hotline did so in order to request assistance for either a policy change within OCDC or a specific issue affecting them. These requests were handled differently depending on the nature of the issue at hand. For more general issues regarding the conditions of the facility, policies or supplies, the issues were most often addressed by contacting OCDC officials with a general outline of the matters in question, while protecting the anonymity of the callers. However, in cases such as unattended medical needs/emergencies, we contacted the appropriate OCDC sections where possible and identified the caller with their consent. Outlined below is a list of service work undertaken by JAIL volunteers during our third quarter (see Figure 4), along with more detailed descriptions of what these activities have entailed to date.

Interventions	Occurrences
Contacting the Community Advisory Board	8
Human Rights Tribunal of Ontario Filings	1
Support Letters	20
Mailing Legal Information Packages	10
Resource Requests	128
Service Requests	250
Policy Statements	1
Total Interventions	418

Figure 4: Work Undertaken in Q3

Contacting the Community Advisory Board

In cases where callers had already exhausted the internal complaint processes, and in emergency circumstances, the OCDC Community Advisory Board (CAB) was contacted. The CAB was contacted by email, primarily in cases that required urgent attention.

Support Letters

Support letters were written to inform OCDC administration of issues brought to the attention of JAIL hotline volunteers. These letters were sent via email to OCDC Superintendent Mike Wood. In some cases, Sam Erry (then Deputy Minister, MSG) and Mark Parisotto (Regional Director East, MSG) were copied on correspondence with OCDC administration. The response of the OCDC administration to written correspondence was limited to a generic email that outlines the restrictions of their communications about individual prisoners because of the *Freedom of Information and Protection of Privacy Act* and existing, though clearly insufficient, avenues through which incarcerated individuals can make complaints and seek resolutions.

With this said, some movement was realized on a few issues we have written support letters on. For instance, whereas OCDC previously only allowed for a maximum of six visitors to be pre-approved on each person's visitation list, following numerous letter exchanges between a person incarcerated at the maximum-security area of the OCDC and the Eastern Regional Director of Institutional Services, Mark Parisotto, highlighting the contradictions and issues generated by this arbitrary policy, the OCDC administration increased the limit to 12 pre-approved visitors.

Mailing Legal Information

We mailed legal information packages to callers who had questions regarding their rights or who were unrepresented or self-representing and required case law and explanations about court procedures. As people behind bars have limited access to the resources required to undertake the rigorous legal research required to self-represent in criminal court proceedings, our volunteers supported callers in identifying and interpreting caselaw, which was provided to them by mail.

Resource Requests

“Resource Request” was a broad term utilized to describe non-complaint related work undertaken by the JAIL hotline. This included supporting callers in finding lawyers or obtaining legal aid certificates, sending documents via mail that the institution has failed to meet its requirement to make available (e.g. Criminal Code, police complaint forms, CNO forms, etc.), providing information to individuals on their rights at OCDC, and compiling resource lists. This also included connecting people with resources for recovery, discharge coordination, and mental health services in the community.

Policy Statements

JAIL hotline volunteers produce public statements in order to provide input on municipal, provincial, and federal laws that impact criminalized persons. This quarter, we wrote a policy statement on a proposed amendment to the *Housing Services Act*. The proposed amendment would restrict people living with criminal records from accessing social housing. JAIL volunteers encouraged the Ontario government to work with municipalities and social housing providers to support more inclusive policies that better promote community safety and that reflect the Right to Housing approach outlined in the National Housing Strategy. The statement highlighted that excluding a group of people who are already pushed to the fringes of society threatens, rather than bolsters, the safety of our communities.

MOVING FORWARD



This report contains dozens of recommendations for change at OCDC informed or communicated by people whose rights and human dignity are routinely trampled on at the Innes Road jail. These demands are a call to action to support the work being undertaken by incarcerated people in Ottawa. Given that we took nearly 2,400 calls in our first nine months, and that our high call volume continues, it is clear that there plenty of issues at OCDC that can be addressed. The changes being proposed in this report are reasonable and realistic, and would improve living and working conditions at the jail. Despite a lack of uptake by the Government of Ontario, the MSG and OCDC administration, we remain steadfast in our commitment to continue this work, as well as optimistic that we can contribute to changes that will reduce the use of imprisonment, while diminishing the pains of human caging for both prisoners and jail staff on unceded and unsundered Algonquin Territory.

Recommendations

- 1) The MSG General ensure that people behind bars receive access to free, adequate, and timely dental care.
- 2) That OCDC administration respond to emergency dental requests at the earliest possible opportunity.
- 3) OCDC should ensure that people held at the institution are provided with their medications at the appropriate times regardless of scheduled court appearances
- 4) OCDC recreation officers and healthcare staff should ensure that both yard time and access to medication are provided to prisoners and that they are not scheduled in conflict with each other.
- 5) The Ministry of the Attorney General and crown prosecutors should stop criminalizing people who use drugs for using drugs and for behaviours associated with drug use.
- 6) When state authorities fail to divert people who use drugs from imprisonment, admission and discharge officers at OCDC should inquire if newly admitted or exiting prisoners require OST.
- 7) Prisoners who request or indicate that they require OST should be evaluated by a physician who can prescribe the medication according to the latest criteria outlined by the College of Physicians and Surgeons of Ontario (CPSO) and the Centre for Addiction and Mental Health (CAMH) within 24 hours of their request.
- 8) OCDC should remove the onus of finding drug treatment clinics from incarcerated persons to ensure continuity of care post-release through the seamless transfer of medical, mental, and public health care between the jail and community.
- 9) The MSG should offer more accessible programs to support people who use drugs and/or are struggling with drug use.

Recommendations

- 10) The jail's healthcare staff should stop seeing their patients through the stigmatizing lens of the "drug-seeker addict" and start nurturing relations based on an understanding that incarcerated persons are care-seeking human beings whose basic needs often go unmet due to the punitive and restrictive nature of the jail and the healthcare system within these institutions of human caging.
- 11) The MSG should revise their policy around drug administration and prohibit the harmful practice of crushing and diluting medication in cases where it is not the patient's choice and where it is not a common practice for healthcare practitioners beyond the walls.
- 12) The OCDC administration and frontline staff should ensure that requests for medical attention are responded to promptly and addressed at the earliest possible opportunity.
- 13) The OCDC administration should provide forms printed on carbonless copy paper to prisoners in order to: a) insert some form of accountability in the institution's request system and b) to allow people under the institution's supervision to track their written interactions with the administration and staff.
- 14) OCDC should ensure that the Information Guide for Adult Institutions is made available to people incarcerated in all areas of the institution.
- 15) The MSG should ensure that their policy and procedures manuals, including, but not limited to, the Institutional Services Policy and Procedures Manual, the Health Care Services Policy and Procedures Manual, the Probation, Parole and Conditional Sentence Policy and Procedures Manual, and the Ontario Parole Board Policy and Procedures Manual are freely available to prisoners, staff, and the public.

Recommendations

16) The OCDC and the MSG should reform their policies and procedures around access to disclosure in order to avoid the problems cited above by allowing prisoners to access their disclosures in their cells and increasing the number of, and facilitating more access to, computers within the institution, including in the prisoners' cells and living units.

17) The MSG needs to provide people behind bars with access to the internet on a cost-free basis in order to support their access to justice and support connections to community which benefit those held in Ontario institutions both during and after release.

18) OCDC should make internal complaint forms available in all living areas within the institution.

19) Staff at OCDC make their badge numbers or names visible to prisoners at OCDC to promote accountability.

20) The MSG should issue a directive that all provincial institutions refrain from the practice of involuntarily transferring people held in their custody under any circumstance.

21) The MSG should appoint an independent body tasked with protecting incarcerated persons by preventing the risk reprisal and the threat of reprisal when prisoners try to advocate for themselves.

22) The Ontario Government should reinstate Legal Aid Ontario funding in order to allow people held on remand to access legal aid coverage for private lawyers to conduct their bail hearings.

23) The MSG should support individuals who are seeking bail through contacting potential sureties by permitting them to make free, direct calls to cellular telephones

Recommendations

24) The OCDC administration address the issue of mold by removing it, improving ventilation and controlling levels of humidity. Mold removal can be done without building new and bigger jails like the Toronto South Detention Centre where human violations and other conditions of confinement have worsened.

25) The OCDC should increase the amount of time allotted for visits to 90 minutes.

26) The MSG should abolish the use of solitary confinement.

27) The MSG should provide cost-free telecommunication services for incarcerated persons.

28) The MSG should allow confined persons to place direct phone calls to any telephone number – including cellphones – in Canada.

29) The MSG should increase or eliminate the 20-minute phone call limit.