



# Jail Accountability & Information Line

## **Quarterly Advocacy Report #1 – 2019**

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**Period covered:**

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## **ACKNOWLEDGEMENT OF TRADITIONAL TERRITORY**

The land upon which we conduct our advocacy 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 the continued existence of colonialism on Algonquin Territory and elsewhere on Turtle Island and its legacies, including the incarceration of Indigenous, Black, racialized, poor, homeless and other marginalized people.

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## **Executive Summary**

This quarterly advocacy report provides an overview of the issues discussed during 659 calls from Ottawa-Carleton Detention Centre prisoners and their loved to the JAIL / Jail Accountability & Information Line during the first three months of our operations. It also summarizes the advocacy activities of hotline volunteers.

As noted in our first report released in January 2019, most of the calls (n=148) received during month 1 of our work reported inadequate medical and mental health care, the impacts of the restrictive and expensive institutional phone system, problems associated with canteen expenses and policies, lack of appropriate winter gear to access yard time, and poor conditions of confinement stemming from the management of intermittent sentencing.

During months 2 and 3 of our operations, we continued to receive calls (n=272 and n=239) regarding these issues, notably concerning medical and mental health care and the jail phone system. A number of concerns newly reported via the hotline during this period include inadequate access to drug treatment medications, barriers to access to justice, the excessive use of segregation and problematic interactions with some staff members. These issues require resolution and we have included 23 recommendations to reduce the damage of incarceration at OCDC to the degree that is possible in a detention setting.

# About the JAIL Hotline

## *Background*

The JAIL / Jail Accountability & Information Line 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 line has two components: 1) Accountability (holding the provincial government, Ministry of Community Safety and Correctional Services [MCSCS], 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 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 not there to serve sentences, but are awaiting their day in court. The institution has a long history of poor conditions of confinement.

The JAIL hotline launched on 10 December 2018 and has received over 600 calls on weekdays from 1pm-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.

Our advocacy reports for the JAIL hotline draw on information communicated to us by callers, the vast majority of whom are presently incarcerated at OCDC, 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 prisoners 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 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 the Criminalization and Punishment Education Project's initiatives that contributes to our broader work aimed at reducing the use of imprisonment and improving conditions of confinement. In order to accomplish this effectively, the humanity and perspectives of those who have experienced incarceration are at the centre of our collective work. In advocacy related to laws, policies and practices impacting people subjected to criminalization and incarceration, we refuse to use harmful words that dehumanize and degrade prisoners (e.g. 'criminals', 'inmates', 'offender's, 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.). To promote the use of 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 about and/or with people who have experienced criminalization 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.).

As one of the JAIL volunteers with lived experience of criminalization and incarceration explains: "I'm just another human being who made mistakes. I harmed others and I should be accountable. However, the dehumanization and state violence I endured as a consequence of my behaviours shouldn't be tolerated in any society. Don't call me an inmate. Don't call me a criminal. I'm not offensive. I'm a person. An individual. A human being. I recognize the harm I caused. 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 its forms to improve our collective well-being and safety".

## Intake

### *Number of Calls*

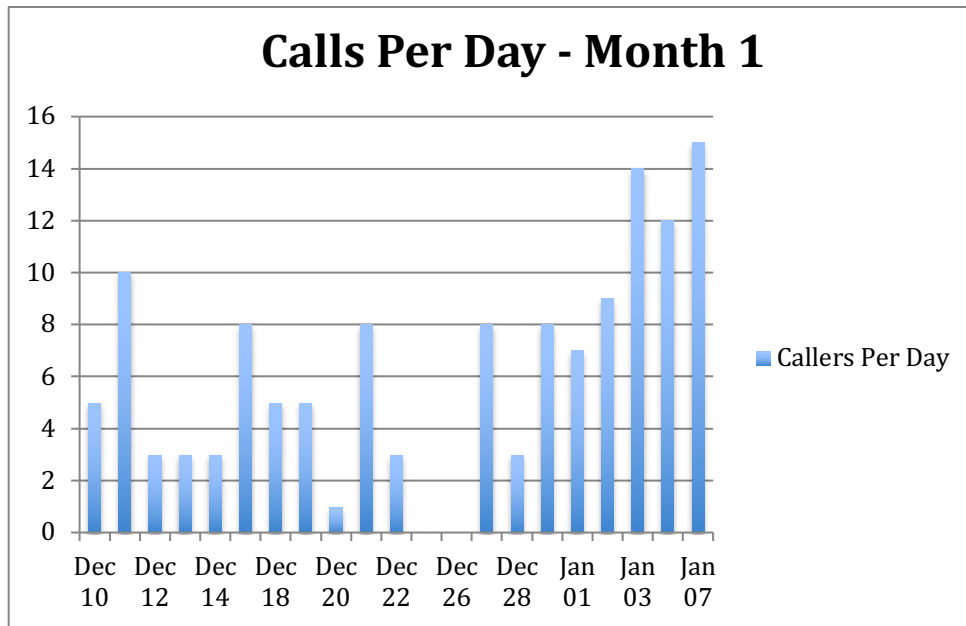
Since launching the JAIL hotline we have received 659 calls. As no calls were received from women incarcerated at OCDC during our first month of operation, JAIL hotline volunteers strived to raise awareness of our initiative amongst this population and their families over the past two months. This was done through the distribution of business cards with our contact information to prisoners' families (see *Figure 1*), as well as outreach to organizations that serve incarcerated and formerly incarcerated women in the community. As a result of our efforts to further engage incarcerated women, we have received 6 calls from women in the past two months.



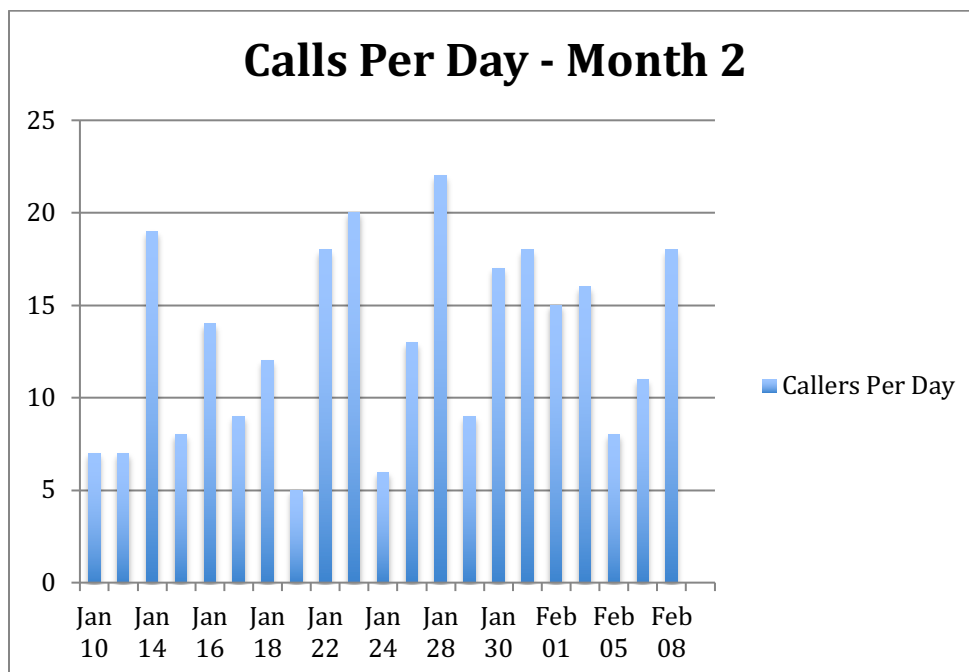
**Figure 1: Jail Accountability & Information Line Business Cards**

*Figure 2* shows the distribution of calls received by the JAIL hotline from in our first month of operation. During this period, we were open for a total of 21 weekdays and we received 148 calls. *Figure 3* shows the distribution of calls received by the JAIL hotline in our second month of operation. During this period, we were open for a total of 22 weekdays and received 272 calls. *Figure 4* shows the distribution of calls received by the JAIL hotline in our third month of operation. During this period, we were open for a total of 20 weekdays and received 239 calls.

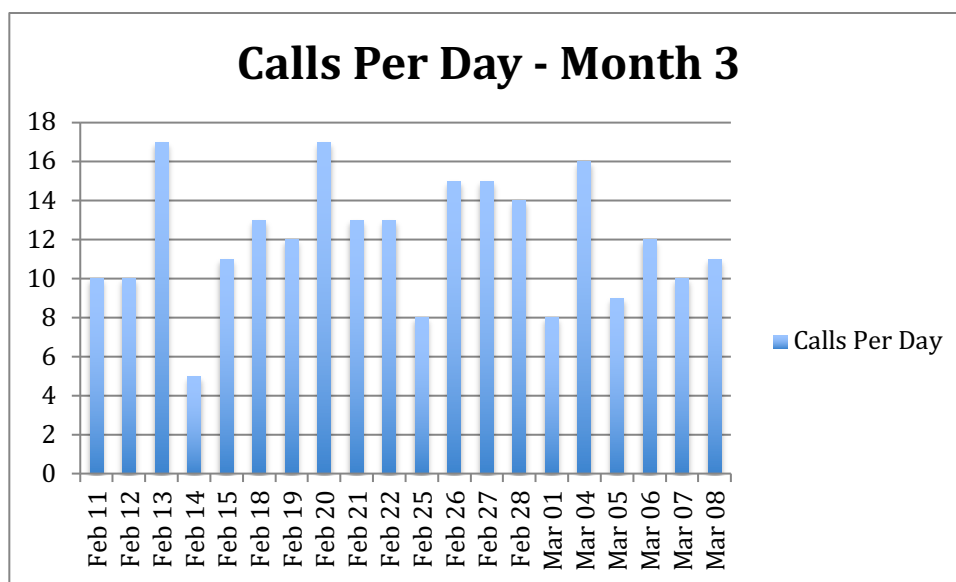




**Figure 2:**  
Calls Per Day from 10 December 2018 to 7 January 2019



**Figure 3:**  
Calls Per Day from 10 January 2019 to 9 February 2019

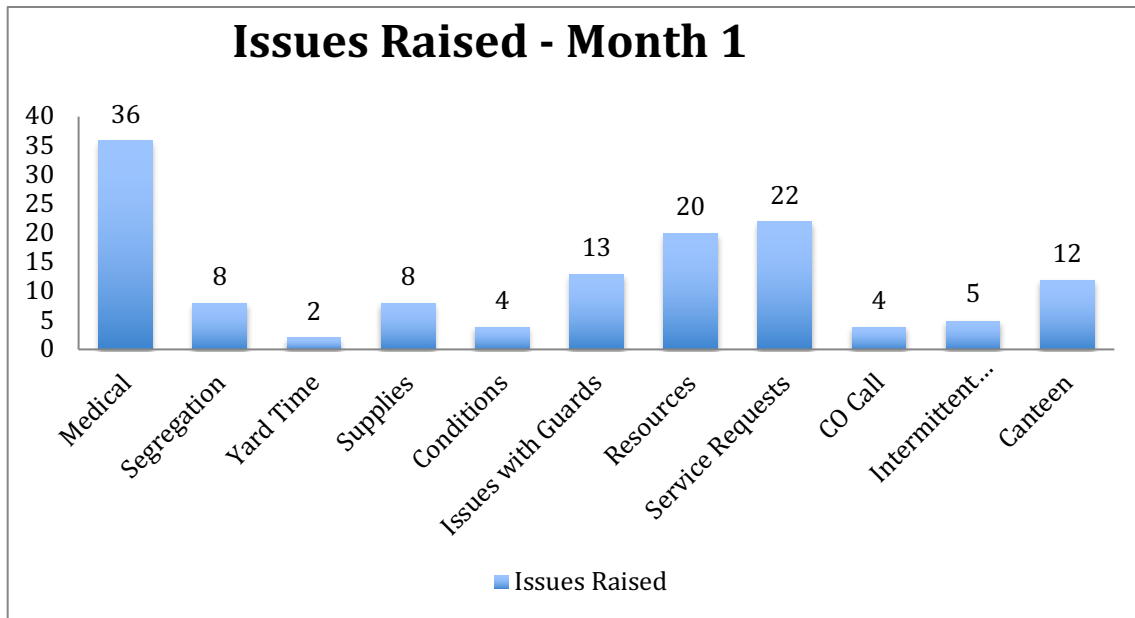


**Figure 4:**  
**Calls Per Day from 11 February 2019 to 8 March 2019**

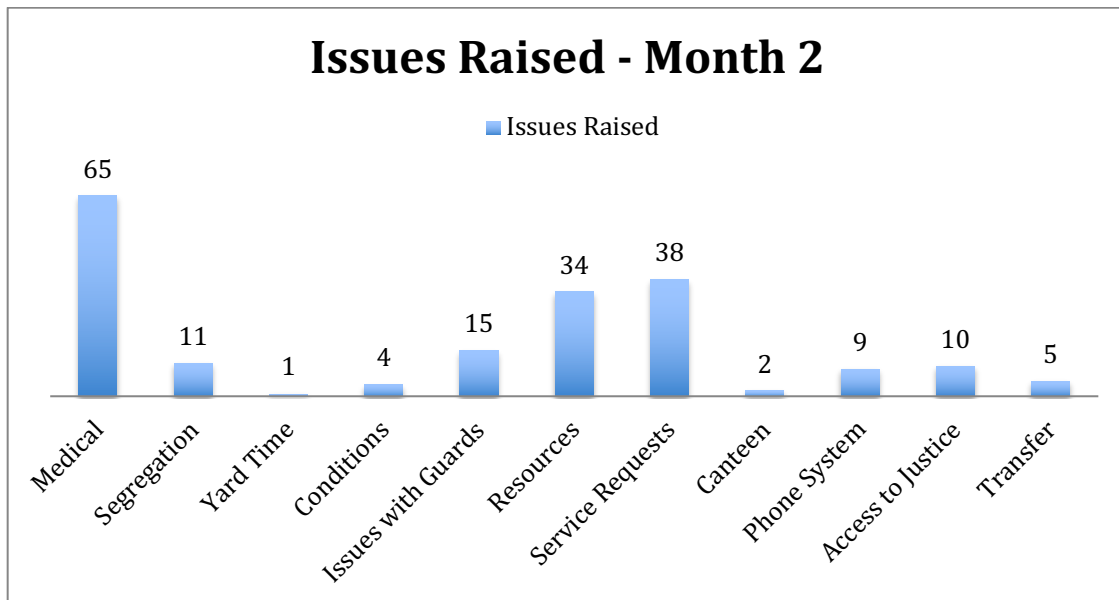
### ***Types of Calls***

In month 1, most of the calls we received pertained to inadequate medical and mental health care, the restrictive and expensive institutional phone system, canteen expenses and policies, lack of appropriate winter gear to access yard time, and poor conditions of confinement stemming from the management of intermittent sentencing (see *Figure 5*).

During month 2, we continued to receive calls regarding these issues, notably concerning health care and the jail phone system (see *Figure 6*). We also received number of calls received concerning access to drug treatment medications, the use of segregation and problematic interactions with staff.

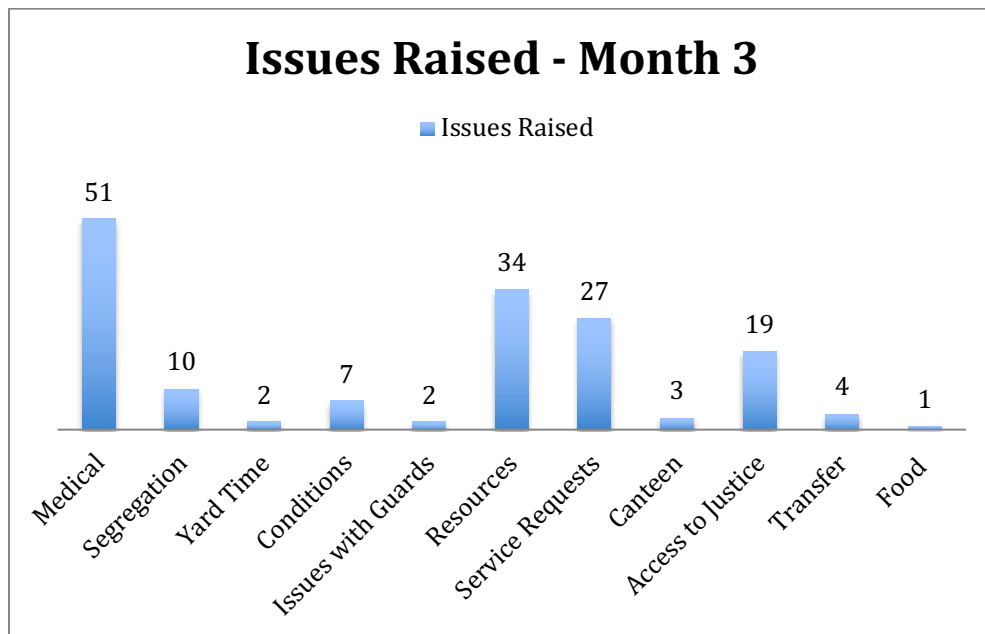


**Figure 5:**  
**Primary Issues Raised by Callers from**  
**10 December 2019 to 9 January 2019**



**Figure 6:**  
**Primary Issues Raised by Callers from**  
**10 January 2019 to 9 February 2019**

During month 3, we continued to receive calls regarding issues raised in the first two months like inadequate health care, opioid substitution treatment and segregation. We also received a number of calls concerning access to justice and involuntary transfer to other institutions (see *Figure 7*). Much of what is reported below represents additional challenges reported to the hotline that require resolution if the damage of incarceration is to be limited at OCDC to the degree that is possible in a detention setting.



**Figure 7:**  
**Primary Issues Raised by Callers from**  
**11 February 2019 to 9 March 2019**

## **Issues Raised and Recommendations**

As illustrated by the figures above, the vast majority of the calls received by the JAIL hotline were related to conditions of confinement. We provide details about the nature of the issues raised and recommendations to address them put forward by prisoners and their loved ones.

### **Opioid Substitution Therapy**

Individuals incarcerated at OCDC reported several barriers to accessing Opioid Substitution Therapy (OST) services. The three primary barriers reported were: 1) failure of the institution to provide OST within the necessary timeframes; 2) challenges accessing services through Recovery Ottawa; and 3) the inability to contact recovery houses to coordinate bail or release due to the outdated institutional phone system.

### **Methadone and Suboxone Administration**

Over the last three months, 58 callers have reported issues with their access to opioid substitution treatment at OCDC. Many reported they were not being provided with the dosage of methadone or suboxone they had received prior to incarceration, and others reported not receiving any of these necessary medications at all. This had a serious impact on those experiencing opioid withdrawal. Callers expressed their frustration, associated with delayed access to OST, especially when spending a short-term in the Innes Road jail:

*"They told me to contact my doctor to fax the dose for verification, but I still haven't received anything. I'm only going to be here for a maximum of three weeks. This [OCDC] doctor doesn't seem to give a fuck about anybody in the institution. He's impossible to deal with. I literally smashed my head off the wall to get his attention".*

*"I've been on methadone and suboxone for six years and they aren't my giving me methadone even though my doctor already faxed the prescription. They're trying to take me off my [other medication] – I can't do it. I need to be on something".*

*"Right now, it's almost 1:30pm and I haven't had my medication since yesterday at 12pm. Sometimes I don't get it till 8:00pm at night, sometimes I get it at 12:30pm, sometimes I get it at 3:00pm... I should be getting my medication as prescribed, there should be no delay."*

Lack of timely access to OST has serious consequences both during incarceration and afterwards. Callers shared the harms they had observed and experienced as a result of the inability to get timely access to OST. These harms included illness, overdose and death.

*“Some people get cut off their methadone inside. Then when they get released the methadone clinics are closed, and people get heroin with fentanyl in it and they OD”.*

*“I have a front row seat to guys [with mental health and addictions issues] dying in here when they could just be sent to mental health centres”.*

*“I was tapered off Suboxone while at OCDC. Within three weeks they tapered me down to 2 milliliters. After release, I wasn’t able to make it to my methadone clinic and ended-up overdosing... I told jail staff if you guys don’t let me see the doctor before I get released I am going to have an overdose”.*

*“I just want to get back on suboxone so that when I get released I don’t relapse”.*

In order to access methadone during incarceration, prisoners who do not have an OST prescription with their regular doctor are required to obtain a prescription and proof of commitment by an outside methadone provider to take them on upon release. One of the barriers to OST access was that callers reported that they were being advised by OCDC staff in healthcare unit to call Recovery Ottawa to arrange the signing of Opioid Substitution Treatment Agreement forms. However, prisoners were unable to call Recovery Ottawa because the service’s main line is not set up to accept collect calls. Several individuals incarcerated at OCDC recommended that **the resident doctor at OCDC should be permitted to prescribe methadone in the short-term without the need for a community opioid substitution agreement form [recommendation 1]**. Callers explained:

*“We’re stuck in here, coming-off a heavy drug and no access to doctors to prescribe necessary medication to come-off opiates”.*

*“The doctor at OCDC doesn’t take my case seriously nor respect my [prescribing] doctor’s choice. I spoke to Recovery Ottawa and they faxed [the Opioid Substitution Agreement form] twice. I would like a head-start on my recovery. When I was on my proper medication, I was at a better place. I just want to get my [methadone] back”.*

Substance use cessation is further complicated when prisoners experience additional illnesses that restrict their mobility within the institution. Several callers gave examples of how managing other illnesses made using the methadone program at the healthcare unit near impossible. In addition to failing to provide the appropriate and necessary care for incarcerated individuals in need of OST, these barriers posed by a lack of access to care reportedly also interfered with access to justice:

*“Last bid, I couldn’t walk for a full month because of a serious infection. I was lucky if I got one meal because I couldn’t walk to the hatch. Because I couldn’t walk, I often didn’t get my methadone unless a nurse brought it to me. I was supposed to do 2/3 of 90 days, but ended-up doing 120 full days because they wouldn’t bring me to court. I said that’s enough – I dragged myself to a wheelchair and dragged myself to the transfer wagon”.*

This was not an isolated incident. During a bout of illness that made its way around the minimum ranges this month, one prisoner explained:

*“The guys who are on methadone and suboxone had to leave the range [to get their OST]. Some of them who were in the middle of throwing-up, were told that if you don’t come right now, it’s too bad, you won’t be getting anything today”.*

For those who do receive their OST, some callers reported that their dosages were being administered at inconsistent times. **It is critical for OST to be provided at the same time every day in order to prevent incarcerated patients from experiencing severe withdrawal symptoms [recommendation 2].** It was reported by multiple callers that a few officers weaponized the administration of OST as a retaliation tool to ‘discipline’ incarcerated individuals. Two callers located on different ranges explained:

*“A lot of guys are having inconsistency on their timing [of MAT], one day they will get it early or really late – it’s not a consistent time at all – guys are pretty [dope] sick during the day.”*

*“I went to the hole, was in the hole 3 o’clock usually I get my methadone at 12:00pm – the guard knocks on the door and says I’m not giving you methadone until 20:45 because you fucked with one of my brothers”.*

Finally, as many recovery houses do not accept collect calls, several prisoners reported that they experienced challenges arranging bail or release from custody when treatment was required. Given this barrier, **the Ministry of Community Safety and Correctional Services and Bell Canada, the phone system operator, need to put in place measures to allow OCDC prisoners to make non-collect calls to community service providers or community service providers need to put in place the necessary infrastructure to accept collect calls [recommendation 3]**. The current situation undermines well-being and safety, both for the individuals affected and the communities the vast majority of prisoners eventually return to.

### **Access to Justice**

JAIL hotline volunteers have received 29 calls in the past three months regarding barriers to access to justice. For example, several callers reported that the request forms they had submitted requesting access the *Criminal Code of Canada*, the *Charter of Rights and Freedoms*, as well police complaint and College of Nurses of Ontario complaint forms were not responded to by OCDC staff. Hotline volunteers often mailed individuals these necessary resources not provided by the institution within sufficient timeframes, despite multiple requests. **Documents that enable people to advocate for their rights to be respected should be available in every living unit at OCDC [recommendation 4]**.

Access to disclosure was also an issue. Callers who are representing themselves in court reported that the institution was not respecting their court-ordered access to disclosure or access times. Further, they reported that the software



currently installed on the computers where disclosure can be reviewed at OCDC was out-of-date and not compatible with the evidence they were required to review. However, following communication with JAIL hotline volunteers, a Legal Aid Ontario (LAO) in-reach worker resolved the issues with the software. Several callers also reported being unable to reach Legal Aid Ontario over the last few months as the phone number many prisoners in solitary confinement and segregation were provided to reach LAO does not accept collect calls. **Further work needs to be done to ensure that prisoners, regardless of where they are located in the jail, have the correct phone number for Legal Aid Ontario [recommendation 5].**

Access to justice is also at stake when it intersects with the restrictive and prohibitive phone system. Numerous individuals were not able to reach their sureties to make the necessary arrangements for upcoming bail hearings. This resulted in people that are presumed to be innocent under law spending longer periods of time behind bars, which was directly caused by the inability to place direct calls to phones that cannot accept collect calls.

Furthermore, the inability to call cell phones posed barriers to callers who needed to contact their lawyer to discuss important and timely legal matters. Most lawyers' offices accept collect calls. However, when lawyers are not in their offices for professional or personal reasons, their incarcerated clients cannot reach them due to their inability to call cell phones.

**To facilitate time-sensitive calls between prisoners and prospective sureties or their lawyers, the jail phone system needs to allow calls to cell phones at affordable rates [recommendation 6].**

## **Segregation**

Over the last three months, we have received 29 calls from individuals inside OCDC regarding issues related to segregation. While some called regarding the length of their segregation period (e.g. one caller reported having been in solitary confinement for over 280 days), others called because they had not been informed of the justification behind their placement. One caller explains:

*"I've been down here since December and in that time period I have told them repeatedly that all I want from them is my reasons for being here. I don't know why I'm down here in the first place".*

Often, OCDC administration justifies placement in administrative segregation for "security considerations", which cannot be verified by the person who has been placed in segregation. As one caller reports:

*"[The administration is] telling me that there are notes written by other prisoners against me and that I'm not welcome on the unit I'm choosing to be on. Yet I can't have access to the accusations directed towards me. This is a tactic they're starting to use to segregate people they want to control".*

Individuals experiencing administrative segregation often find themselves against a bureaucratic wall that hampers their ability to access justice. **Review mechanisms need to be put in place to verify the allegations legitimating segregation placements or to appeal the decisions made by the OCDC administration when the "security" pretense is operationalized [recommendation 7].**

Callers are also reporting a discrepancy between OCDC administrators who sometimes make contradictory orders. In one instance, for example, a sergeant promised a person held in solitary confinement that they would be transferred back into general population. Following this communication, a deputy ordered the sergeant to retract their promise, which resulted in the person being held in 'the hole' for an extended period of time.

Since 2016, new regulatory changes prohibit Ontario jails administrations from punishing individuals to periods of disciplinary segregation of longer than 15 days. This change came after an ombudsperson report outlining the poor conditions of confinement at OCDC and other Ontario jails. While the disciplinary segregation label is not used for placements beyond the 15-day

limit, people incarcerated at OCDC observe that the jail's administration and staff systemically use administrative and managerial tactics to circumvent this prohibition. Sometimes after the 15-day period has expired individuals immediately face new misconduct charges or are placed in segregation units rebranded as 'behavioural units.' As one caller explains:

*"They placed me in segregation even if I finished (sic) my 15-day sentence 16 days ago. They cannot give me more than 15 days, but they give people more misconducts when their sentence is over. I asked to be put back in population because solitary confinement is affecting my mental health. They refused. They said that the only way I can get out of the hole is if I accept to go to the behavioural unit 4B. If I would accept, they offered to give me back my personal stuff that they seized from me. When they put me in 4B, they let me out to the dayroom to take shower and use the phone. However, when I was given access to the dayroom I was by myself. I'm a human being. I need to interact with people".*

**The May 2018 *Correctional Transformation Act*, which includes limits on who can be placed in segregation and for how long, as well as review procedures, ought to be proclaimed into force by the new provincial government [recommendation 8].** While imperfect in that the legislation falls well-short of abolishing the torturous practice of solitary confinement, the implementation of the legislation would go a long way in alleviating some of the unnecessary pains caused by the current regime of segregation.

## **Outdated and Expensive Phone System**

As noted in our January 2019 advocacy report, calls from OCDC payphones can only be made to other landlines which are set up to receive collect calls. This poses significant challenges as it leaves many incarcerated people unable to contact their loved ones who only have cell phones. This month, we received nine phone calls regarding the restrictive phone system at OCDC. One caller, noted the disconnection resulting from the flawed phone system in place:

*“For three weeks, I have been unable to contact anyone from outside – Everyone has cell phone numbers”.*

Many prisoners also reported that making collect calls was expensive, which often meant that they could not speak to their loved ones for lengthy periods of time without the latter incurring significant financial hardship. **Bell Canada, who is the service provider for the phone system, needs to work with the Ministry of Community Safety and Correctional Services to offer Ontario’s prisoners an alternative to imposing upon their loved ones the predatory rates they pay to stay connected [recommendation 9]. Bell Canada and the Ministry also need to put in place what is necessary for prisoners to call cell phones at affordable rates [recommendation 10].**

The current situation not only does harm to them, but also undermines community safety by serving as a barrier to connections that improve re-entry outcomes for prisoners. **Should Bell Canada and the MCSCS not be able to put in place a more accessible and less expensive provincial jail phone system within the span of their current contract, the Ministry ought to contract these services to another telecommunications provider who can do so when a new agreement is signed in 2020 [recommendation 11].**

## **Issues with OCDC Staff Members**

The JAIL hotline has received 30 complaints about a small number of officers at OCDC who reportedly 1) failed to wear their nametags and badge numbers during their shifts; 2) behaved disrespectfully towards prisoners; or 3) used force excessively.

Three separate callers, two of whom were from different ranges, reported that several officers were not wearing their badge numbers and were refusing to provide them upon request. One caller estimated that at least 75% of officers at the jail do not wear their badge number. **It is critical that officers provide their badge numbers in order to ensure prisoners have avenues available to report mistreatment [recommendation 12].**

Prisoners shared a variety of examples that illustrate mistreatment by some officers. For example:

*“Some guards are telling people what the people are here for and the people get beat up. They’re not as professional as they should be”.*

One caller explained that when asking a nurse for a cast a guard answered for her stating “it should be on your fucking bed convict”. Another caller shared that prisoners on his range were told by a sergeant to “quit your complaining” and to stop calling the JAIL hotline or run the risk of getting “shipped out of here”. **OCDC management and staff should not tolerate disrespectful and threatening statements made by any of their colleagues that deepen frustration within the institution. Such instances should serve as additional opportunities for pro-active peer-mentoring to enhance the climate at OCDC [recommendation 13].**

Examples provided by callers of use of force include the use of pepper spray and assault that have caused immense harm to those exposed to it. While we will not recount the incidents of excessive use of force reported to the hotline here in order to protect the callers, **it is imperative that all staff hold themselves to the highest standards and that where colleagues fail to do so that appropriate measures are taken to ensure professionalism [recommendation 14].**

## **Healthcare Revisited**

Healthcare issues remained at the forefront of problems reported by people incarcerated at OCDC. Out of 659 calls in the last three months, 152 were regarding **the healthcare unit at OCDC, which needs to be better staffed and resourced to provide medical and mental health care in a timely and appropriate manner [recommendation 15].** Although issues with the healthcare unit listed in the January 2019 report including lack of confidentiality, misadministration of medication, and the failure of the institution to respond to requests for care persisted, additional issues were raised.

## ***Lack of Medical Privacy***

Callers continued to express concerns regarding medical confidentiality and the protection of their personal health information (PHI). Callers reported that medical and mental health staff have continued to speak with prisoners through their doors, sometimes without even opening the slot regarding confidential health issues. Callers were concerned that their peers had access to their health information. This acted as a barrier for individuals who required health services because they were not comfortable with reporting private health problems to care professionals that their peers could overhear. Below, are excerpts from representative calls concerning medical privacy:

*“Half the time here you don’t get to go speak to the doctor privately. He will speak openly on the range about you. If you have personal issues the whole range can hear everything”.*

*“You don’t feel safe about talking about mental health or other sensitive issues to your general practitioner”.*

As we have written previously, this lack of confidentiality poses a significant risk to the safety of incarcerated individuals whose conditions may put them at risk of violence or harassment within the institution. This includes people living with mental health issues, disabilities or HIV/AIDS. The situation is an affront to the dignity of incarcerated people. It is also an affront to the dignity of incarcerated people who deserve face-to-face medical care. **The Ministry responsible should immediately dedicate more existing space within OCDC so that private exchanges between prisoners and care providers can occur more often [recommendation 16].**

## ***Misadministration of Medication***

Callers continue to frequently report instances where their prescription medications were completely cut-off upon admission, or having their dosage reduced in the name of preventing hoarding or misuse. Others reported having their extended release medication dissolved in water prior to consumption.

One caller explained how dynamic between care and institutional security works, and its dire consequences:

*“What they do here is if you’re suspected of hoarding they’re taking away or diluting our medication – especially people who have complex mental health issues... Meanwhile they have got a string of suicides and suicide attempts”.*

Altering a patient’s medication regimen is arguably a punitive measure that exposes them to significant risk. Several callers who had their extended 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 the onset of their medication all at once, followed by a severe crash, 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. **OCDC and the MCSCS need to put in place protocols to ensure prisoners can take their prescribed medication in a secure manner that also follows their treatment regimen set out by medical and mental health professionals who appear to be constrained by existing institutional security concerns and protocols that produce great insecurity in the lives of prisoners [recommendation 17].**

### ***Inadequate Medical Attention***

In order to submit a formal request for medical attention people incarcerated at OCDC must submit a medical request form, known as a “green sheet”. Callers shared that the medical request forms are not being adequately stocked. Callers explained this problem:

*“The green forms to put in requests for the doctors are only given off the medical cart and yesterday they were re-stocked, but for 3, 4 days we couldn’t get them”.*

*“I’ve put in [medical request forms] 3-4 times. I’ve been telling my lawyer to call the jail about this so that I can see the doctor. My lawyer said he called the jail but I still haven’t seen a doctor”.*

*“The nurse keeps telling me that they are going to let me see the doctor the next day, and I haven’t seen the doctor yet, I got frostbite and they won’t see me (...) I have to see the doctor for my toe – it’s blue right now it’s getting black”.*

The inability to access medical request forms posed a barrier to access for individuals who required non-emergency medical care. Callers also shared that the medical cart often “skipped” their cell, meaning that they were unable to submit medical requests. Even those who could get access to medical request forms faced significant barriers. Two callers reported that they had not received medical attention, which they had put in a request for more than two weeks prior. Other callers shared that they did not feel that mental health staff were adequately serving their needs, they explained:

*“Mental health nurses themselves, they do their rounds in segregation, but in my opinion there is not much that they can offer us, they are not giving us much to go on. “Are you okay? Is there anything I can do for you?” I’m depressed angry and frustrated – I’m looking at them like, “so thanks for just checking up on me”. They come to the door, but don’t even open the hatch”.*

*“There is no help for someone who is depressed. Just recently people killed themselves in this jail and that’s a huge issue that needs to be addressed”.*

*“I have been applying to see a doctor for the past month and a half (...) I put in a [medical request form] every week about this situation and what I needed – they came eventually with the doctor parade but they didn’t see me. I want to see a doctor and mental health nurse.”*

These issues were compounded in the few instances reported to us by prisoners living with mental health issues who shared the poor treatment from officers they have endured. For example:



*“When I was doing my weekend they brought me to the hospital, I was assessed [for an OD] and given narcan... For the next weekends I came in, the guards called me every name in the book regarding fentanyl. ‘Mr. Fentanyl’”.*

*“Healthcare when I was in segregation on suicide watch at Innes was terrible. Getting medical care, toilet paper, and other basic necessities is deplorable. If you have meal issues no one will talk to you about it. You’re not treated correctly for your medical or mental health issues. Instead, you’re getting punished and your mental health issues are being exacerbated. On top of the punishment you have lack of medical care”.*

*“They tell us shut the fuck up, and if you’re knocking on the door for the phone or a channel change. They slough you off. There are people that have extreme mental health and some guards mock them. That’s not right, it’s not cool”.*

*“Guards are psychologically abusing me”.*

As noted in recommendation 15, the Ministry needs to put in place the appropriate health staffing levels and resources to ensure prisoners get access to appropriate care from medical and mental health professionals, as well as officers in order to foster a better environment for all at OCDC.

## **Poor Air Quality and Cleanliness**

Individuals from throughout the facility have reported poor air quality within the institution, which was exacerbating health issues.

*“The vents on ranges go unchanged and we know it isn’t clean air, and it’s getting circulated through dirty vents that require changing. The air on the range, the windows [in max] are dirty to the point where there’s no sunlight coming in. How clean can the air filters possibly be when you have so much dirt there?”*

To address this issue, **air filters in the jail should be replaced more frequently [recommendation 18]**.

Callers also reported **unsanitary conditions throughout the facility, which require immediate custodial attention for health and safety reasons [recommendation 19]**. A few representative examples are noted below:

*“Max looks like a medieval dungeon. We’re locked up 18 or 19 hours of the day, we don’t even get to eat off the table, we just eat off the floor”.*

*“1A – it’s gross – there was garbage all over the floor, the walls were grimy – there was a layer of grime like oily stuff dripping down. The bunks have no mattresses and because there are no mattresses you can see the bunks, and the bunks had filth all over them. There was no air in the cell and the outtake vent was covered with dust”.*

### **Inadequate Winter Gear to Access Yard**

Many callers over the past three months have spoken to us about the failure of OCDC to provide adequate winter gear such as warm jackets and toques to access yard. This poses significant risk to those incarcerated in the winter months as temperatures are dangerously low. Further, we were informed that the outdoor jackets are “falling apart” and in disrepair. Additionally, prisoners are not being provided with warm sweatpants to wear under their overalls. It is unacceptable that prisoners are not being provided with clothing that is appropriate for the season. Although the coldest months of winter are behind us, **the MCSCS should immediately provide OCDC with the necessary resources to issue winter jackets, toques, gloves and sweat pants to each prisoner, and continue this practice in future winters going forward [recommendation 20]**. Failure to do so means that access to yard is illusory when people cannot do so without risking frostbite and other debilitating conditions in order to breath fresh air a few minutes a day. Callers explained their experience with yard time:

*“When the weather was nice they didn’t offer yard. This is how the jail works – they only offer yard when the weather is shitty”.*

*“We have a hard time getting yard every day. We get it every two to three days – 2 times a week – and they don’t tell us anything”.*

## **Predatory Prices and Account Limits at Canteen**

There were also several issues reported by callers with respect to canteen. The canteen, or commissary as it is officially known, is the only means through which OCDC prisoners can access basic hygiene products of comparable quality to those found outside jail walls, as well as food to supplement the woefully inadequate privatized “quick-chill” meals made by the Compass Group.

This fall, a new total canteen account limit of \$180 (which is the equivalent of the \$60 per week limit prisoners can spend at canteen) was put in place. The change has forced prisoners to more actively coordinate contributions to their canteen accounts with multiple family members on the outside to ensure that different loved ones are not making efforts to drop-off funds only to find out the account is already full. The inability for prisoners to call cell phones hinders their ability to coordinate these canteen deposits that need to take place at the institution because OCDC stopped accepting cheques via mail. Moreover, those whose families, including ones that do not reside locally, have to travel to the institution much more often following this policy change, sometimes as much as every three weeks, which often falls in between bi-weekly pay periods. **Given that prisoners have requested that the total canteen account limit be raised to \$500, even raising it to \$240 would cut down the burden on their loved ones in terms of coordination, travel, and budgeting [recommendation 20].**

The problems associated with the canteen limit are further exacerbated by the fact that a prisoner’s visitors list is limited to six people and an individual must be on a prisoner’s visitation list in order to send them funds. For prisoners, this restriction puts them in the difficult position wherein they have to hold people on their visitation list who, in some cases, cannot actually visit them, but are sending them money. One caller illustrated the impact that this has on people incarcerated at OCDC and their families:

*“Families are coming from far away, so they have to come more often, and they have to coordinate their deposit because they’re otherwise unaware that someone else dropped money in your account and end-up travelling for no reason. Visitor lists can change monthly and these are the only people that can drop-off money to your account. If you change from mom to sister, your mom then comes all the way from Toronto and can’t even drop-off the money. If you’re trying to get money from different people, you have to keep shuffling your visit list constantly. I’m losing space for visits because of the money situation and because my mom can’t just run out and get a money order because she is 80 years old. It’s hard for her to get out”.*

**The Ministry and OCDC administration should allow prisoners to create distinct lists for visitation and canteen contributions with up to eight names each so that prisoners are not forced to sever face-to-face ties with some of their loved ones in order to get access to funds to pay for goods at predatory prices, which should be reviewed and reduced [recommendation 21].**

Recently, OCDC blocked access to magazine and book orders from outside the institution. As a result, many callers have experienced distress as a result of the lack of activity. This has a particularly impact on those experiencing segregation. **The Ministry and OCDC administration needs to end the block on accessing publications from outside the jail to improve the climate within OCDC, as well as limit the damage of incarceration, which has ramifications for us all [recommendation 22].**

### **Weekend Prisoners and ‘Diesel Therapy’**

Those serving intermittent sentences on weekends at OCDC face unique challenges. People who do weekends are not given access to a phone, often do not get showers, and are subject to transport to institutions at times when OCDC is crowded. In cases where transfers occur, the families of prisoners are typically not contacted, leaving them unaware that their loved ones have been moved to an institution in another city. The two examples below illustrate the

deplorable conditions experienced by individuals serving intermittent sentences in Eastern Ontario:

*"When my partner was doing weekends at the jail and OCDC was at capacity he was being transferred to another city for his weekends because of OCDC being full. He has been left stranded on release from weekends in other towns. He was not being given phone access when he was in on weekends... I recommend that [intermittent] prisoners be given access to the phone on weekends".*

*"We arrived at our designated time to OCDC. After strip search, we were handed our jump suits and told we were being sent to Lindsay [the Central East Correctional Centre]. We were shackled, loaded on the back of a paddy wagon [transport truck] taken on the four-hour drive to Lindsay. We arrived at 2am. We weren't given blanket and given segregation cells, two men per cell. We were held until breakfast and given no utensils to eat our breakfast. We weren't given a cup and we had to drink out of the sink. We weren't issued soap or a towel. It wasn't until after lunch that we were issued blankets and soap. We didn't get access to showers, we weren't allowed to use the telephones, and we weren't permitted to have a newspaper or paperback. In Lindsay, we were denied our basic rights".*

Intermittent sentencing also negatively impacts people who are on remand or serving time at OCDC, as it restricts their mobility throughout the facility over the period when weekenders are being held there. One caller explained the impact of the restrictions imposed on OCDC prisoners as a result of weekenders being held at the jail:

*"They're bringing the weekenders on our range and locking us up for the whole weekend then the guards feed our meals and we can't do anything so we only shower and that's it, and I don't really think they should do that. There's got to be a different way that they can do this. They take one cell out at a time for a 20-minute shower, so you have to decide between phone and shower".*

Intermittent sentences were created to punish the convicted, while allowing them to keep their jobs or fulfill other responsibilities such as childcare during

the week. However, the logic of this form of sentencing is questionable. If individuals are considered to be safe in their communities during the week, why imprison them on the weekends, particularly when there are less costly and more effective alternatives? **Community-based alternatives to incarceration like temporary absences on weekends should be prioritized more often in order to keep criminalized persons employed and keep their families together, and improve conditions of confinement at OCDC [recommendation 23].**

## **Attempts to Address Issues at OCDC**

While OCDC and MCSCS insist that existing internal and external oversight mechanism are adequate to address the concerns raised by prisoners (see our January 2019 report), 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 effect change. For instance, some callers expressed concern that some officers were disposing of their blue sheets (i.e. complaint forms), which prevented them from initiating complaint processes:

*“Then the range gets searched and all our blue sheets have been taken, six or seven on the top bunk and they’re all missing”.*

As shown in this report, the nature and number of calls we have received from prisoners in three months suggests there is much more work to be done to improve conditions of confinement 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 advocate for a particular case or a systemic issue, we ask the callers to take-up the internal processes as well as external ones such as the Ontario Ombudsman, the College of Nurses of Ontario, the Client Conflict Resolution Unit and the Human Rights Tribunal of Ontario. The type of advocacy the JAIL hotline engages in is one that encourages people who are imprisonment to advocate for themselves, while taking into account the limits, barriers, and risks they face, which we try to assist them to overcome.

Most callers who contacted the JAIL hotline did so in order to request advocacy 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, while protecting the anonymity of the caller(s). However, in cases such as medical emergencies, we contacted the

appropriate OCDC sections where possible and identified the caller with their consent. Outlined below is a list of advocacy work undertaken by JAIL volunteers (see *Figure 8*), along with more detailed descriptions of what these activities have entailed to date.

<b>Advocacy Letters (Email)</b>	43
<b>Alerting Ottawa Public Health</b>	2
<b>Press Releases</b>	3
<b>Phone Calls (OCDC Admin)</b>	15
<b>Phone Calls (OCDC Medical)</b>	21
<b>Phone Calls (Ministry)</b>	6
<b>Phone Calls (CAB/Ombudsman)</b>	11
<b>Formal Complaints (CNO)</b>	6
<b>Formal Complaints (CPSO)</b>	1
<b>Resource Requests</b>	88
<b>Total</b>	196

**Figure 8:**  
**Advocacy Work from 10 December 2018 to 08 March 2019**

### ***Advocacy Letters***

Advocacy letters were utilized 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 most cases, Sam Erry (Deputy Minister, MCSCS) and Mark Parisotto (Regional Director East, MCSCS) 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 *Privacy Act* and existing avenues through which incarcerated individuals can make complaints and seek resolutions.

### ***Phone Calls (OCDC Administration and Healthcare Unit)***

Phone calls to the administration and the healthcare unit at OCDC were made when an issue was identified as requiring urgent attention. Volunteers have



had limited success corresponding with the healthcare unit over the phone. As a result, these calls were primarily utilized to flag issues that were also raised via email to ensure that matters were documented even if matters are not resolved.

### ***Phone Calls (CAB & Ombudsman)***

In cases where callers had already exhausted the internal complaint processes, and in emergency circumstances, the OCDC Community Advisory Board (CAB) and the Ontario Ombudsman were contacted. The CAB was contacted both by voicemail and email, primarily in cases that required urgent attention. The Ombudsman was contacted to register complaints made by callers directly to the office, as we cannot make them on their behalf.

### ***Formal Complaints (CNO & CPSO)***

Six complaints were made to the College of Nurses Ontario (CNO), who serves as a professional oversight body for nurses employed in the province, including in jails and prisons. One complaint was also made to the College of Physicians and Surgeons Ontario (CPSO). These complaints were all regarding restriction and misadministration of medication by healthcare unit staff.

### ***Resource Requests***

“Resource Request” was a broad term utilized to describe non-complaint related advocacy work undertaken by the JAIL hotline. This included supporting callers in finding lawyers or obtaining legal aid certificates, sending documents 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.

### ***Direct Action***

In response to the many phone calls the JAIL hotline received regarding the restrictive and expensive phone system at OCDC, the Criminalization and Punishment Education Project (which operates the hotline) held a

#BellLetsTalkOCDC protest. This protest at Bell's main office in Ottawa encouraged Bell and the MCSCS to reduce the high phone costs that create barriers to communication between prisoners and their families, and to put in place what is necessary for prisoners to call cell phones. This event, which was attended by over fifty people, received national traction across social media and local news coverage. We are currently planning additional social media and direct action interventions to raise awareness about the flawed phone system so that changes can be made before Bell Canada's contract with the Ministry expires in 2020.

### ***Media Interviews***

The report contents from the first month of our work have been reported by the *Ottawa Citizen*, *Ottawa Sun*, *CBC News Ottawa* and other outlets. We will continue to engage media outlets to raise awareness about conditions at OCDC and recommendations for change emerging from the JAIL hotline calls.

### ***Presentations***

JAIL hotline volunteers are also raising awareness through presentations to community groups and in academic forums.

## **Moving Forward**

The volume of calls received in our second month (n=272) and third month (n=252) of operations were nearly double the amount of calls we received in our first month (n=148). There are clear problems at OCDC. The changes being proposed are reasonable and realistic, and would improve living and working conditions at the jail. Despite a lack of uptake by the MCSCS and OCDC administration, as well as some pushback from some OCDC staff members online, 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 improving conditions of confinement for both prisoners and jail staff on unceded and unsurrendered Algonquin Territory.

## **Recommendations**

### ***Methadone and Suboxone Administration***

- 1) The resident doctor at OCDC should be permitted to prescribe methadone in the short-term without the need for a community opioid substitution agreement form.
- 2) It is critical for opioid substitution treatment to be provided at the same time every day in order to prevent incarcerated patients from experiencing severe withdrawal symptoms.
- 3) The Ministry of Community Safety and Correctional Services and Bell Canada, the phone system operator, need to put in place measures to allow OCDC prisoners to make non-collect calls to community service providers or community service providers need to put in place the necessary infrastructure to accept collect calls.

### ***Access to Justice***

- 4) Documents that enable people to advocate for their rights to be respected should be available in every living unit at OCDC.
- 5) Further work needs to be done to ensure that prisoners, regardless of where they are located in the jail, have the correct phone number for Legal Aid Ontario.
- 6) To facilitate time-sensitive calls between prisoners and prospective sureties or their lawyers, the jail phone system needs to allow calls to cell phones at affordable rates.

### ***Segregation***

- 7) Review mechanisms need to be put in place to verify the allegations legitimating segregation placements or to appeal the decisions made by the OCDC administration when the “security” pretense is operationalized.
- 8) The May 2018 *Correctional Transformation Act*, which includes limits on who can be placed in segregation and for how long, as well as review procedures, ought to be proclaimed into force by the new provincial government.

## ***Phone System***

- 9) Bell Canada, who is the service provider for the phone system, needs to work with the Ministry of Community Safety and Correctional Services to offer Ontario's prisoners an alternative to imposing upon their loved ones the predatory rates they pay to stay connected.
- 10) Bell Canada and the Ministry also need to put in place what is necessary for prisoners to call cell phones at affordable rates.
- 11) Should Bell Canada and the MCSCS not be able to put in place a more accessible and less expensive provincial jail phone system within the span of their current contract, the Ministry ought to contract these services to another telecommunications provider who can do so when a new agreement is signed in 2020.

## ***Staff Conduct and Accountability***

- 12) It is critical that officers provide their badge numbers in order to ensure prisoners have avenues available to report mistreatment.
- 13) OCDC management and staff should not tolerate disrespectful and threatening statements made by any of their colleagues that deepen frustration within the institution. Such instances should serve as additional opportunities for pro-active peer-mentoring to enhance the climate at OCDC.
- 14) it is imperative that *all* staff hold themselves to the highest standards and that where colleagues fail to do so that appropriate measures are taken to ensure professionalism.

## ***Healthcare***

- 15) The healthcare unit at OCDC needs to be better staffed and resourced to provide medical and mental health care in a timely and appropriate manner.
- 16) The Ministry responsible should immediately dedicate more existing space within OCDC so that private exchanges between prisoners and care providers can occur more often.
- 17) OCDC and the MCSCS need to put in place protocols to ensure prisoners can take their prescribed medication in a secure manner

that also follows their treatment regimen set out by medical and mental health professionals who appear to be constrained by existing institutional security concerns and protocols that produce great insecurity in the lives of prisoners.

### ***Air Quality and Cleanliness***

- 18) Air filters in the jail should be replaced more frequently.
- 19) Unsanitary conditions throughout the facility require immediate custodial attention for health and safety reasons.

### ***Winter Clothing***

- 20) The MCSCS should immediately provide OCDC with the necessary resources to issue winter jackets, toques, gloves and sweat pants to each prisoner, and continue this practice in future winters going forward.

### ***Canteen Policies***

- 21) Given that prisoners have requested that the total canteen account limit be raised to \$500, even raising it to \$240 would cut down the burden on their loved ones in terms of coordination, travel, and budgeting.
- 22) The Ministry and OCDC administration should allow prisoners to create distinct lists for visitation and canteen contributions with up to eight names each so that prisoners are not forced to sever face-to-face ties with some of their loved ones in order to get access to funds to pay for goods at predatory prices, which should be reviewed and reduced.

### ***Intermittent Sentencing***

- 23) Community-based alternatives to incarceration like temporary absences on weekends should be prioritized more often in order to keep criminalized persons employed and keep their families together, and improve conditions of confinement at OCDC.