

Jail Accountability & Information Line

Quarterly Advocacy Report #2

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Period covered:

10 March 2019 – 9 June 2019

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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 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.

CALLERS' PERSPECTIVES ON ONTARIO JAILS

"They have a system in place to put people in jail and employ a lot of people. If there was no crime they would be locking us up for speeding tickets. Jail is all a scam. Why is the jail still filled? It's a business!"

"I COULD BE DOING SO MUCH MORE HELPFUL STUFF ON THE OUTSIDE."

"HOW CAN YOU WORK ON YOUR COMMUNITY SUPPORT SYSTEM IF YOU ARE TREATED LIKE THIS?"

"As soon as we are thrown behind the walls nobody gives a shit...We are not real people anymore."

"Everything they do here is against correction. It is mentally damaging. They are treating you otherwise because because you are trying to access healthcare. Extra punitive punishment on top of incarceration. The provincial system is a warehouse where they put a label on us. They try to diagnose...We are never allowed to reintegrate to society if we get incarcerated."

Table of Contents

Acknowledgement of Traditional Territory	1
Callers' Perspectives on Ontario Jails	2
Executive Summary	4
About the JAIL Hotline	5
Background	5
Objectives	6
Note on Language	6
Intake	7
Number of Calls	7
Types of Calls	9
Issues Raised and Recommendations	11
Outdated and Expensive Phone System	11
Bail, Transfer and Release Coordination	12
Barriers Posed by Intake Procedures and Operational Rules	14
Issues Facing Indigenous Prisoners	15
Issues Navigating Complaint Processes	15
<i>Barriers to Accessing Request and Complaint Forms</i>	16
<i>Failure to Display Identification</i>	17
<i>Concerns Regarding Reprisal via Institutional Transfers</i>	18
<i>The Failure of the MSG to Protect Prisoners from Reprisal</i>	19
Issues with Jail Officers	19
Access to Justice	21
Segregation	22
Health Care Revisited	23
<i>Lack of Medical Privacy, Harmful Policies and Structural Neglect</i>	24
<i>Misadministration of Medication Continues to Take Place</i>	26
<i>Access to Opioid Substitution Treatment</i>	27
<i>Delays to Health Care Delivery</i>	28
<i>The Community-Jail Health Care Gap</i>	28
Access to Yard	30
Actions Taken By Callers to Address Issues at OCDC	30
Non-violent Strike	30
Prisoners' Justice Day Demands	31
Actions Taken By JAIL Hotline Volunteers to Address Issues at OCDC	31
Advocacy Letters	32
Resource Requests	34
Contacting OCDC Administration	35
Contacting the Community Advisory Board and the Ontario Ombudsperson	35
Formal Complaints (CNO & CPSO)	35
Legal Information Team	35
Media Interviews	36
Presentations	36
Moving Forward	36
Appendix 1: Statement from an Anonymous Striker	37
Appendix 2: OCDC Women's Side – PJD Demands	39
Appendix 3: OCDC Men's Side – PJD Demands	40
Appendix 4: Recommendations	41

Executive Summary

This quarterly advocacy report provides an overview of the issues discussed during calls from Ottawa-Carleton Detention Centre prisoners and their loved ones to the Jail Accountability & Information Line. It also summarizes the advocacy activities of callers and hotline volunteers.

As was noted in our first quarterly report released in March 2019, the calls received during our first quarter of operations reported inadequate medical and mental health care, the impacts of the restrictive and expensive institutional phone system, problems associated with canteen expenses and policies, a 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.

During our second quarter of operations, we continued to receive calls regarding many of these issues, notably concerning access to justice and medical and mental health care (see *Figure 1* for comparison). A number of additional concerns reported via the hotline during this period included discharge coordination, access to bail, access to Indigenous cultural resources, and inadequate grievance processes. These issues require resolution and we have included a list of recommendations, as well as demands produced by those incarcerated at OCDC in order to resolve these issues to the degree possible in a detention setting.

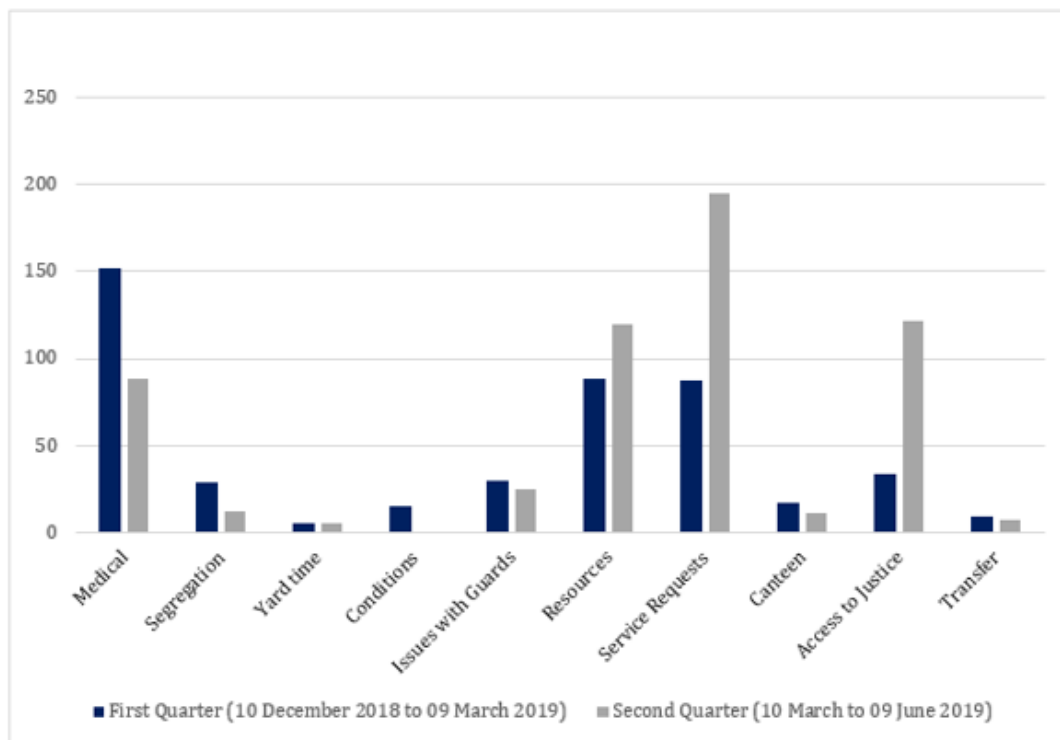


Figure 1:
Common Issues Raised in Q1 and Q2

“

Every time I get out from jail, I end up with no place to go. I just want a roof over my head. I'll be happy. I have nowhere to go and I always end up doing something...and I go back to jail.

”

About the JAIL Hotline

Background

The Government of Ontario has committed to policing and jail infrastructure that expands its capacity to arrest and cage more people, of which many 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 not there to serve sentences, but 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. The initiative surpassed 1,500 calls received on 12 June 2019, on the third day of its third quarter of operations.

Our advocacy 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 the 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. 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', '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.). 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 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.).



Jail is directly affecting my mental health. I need treatment. Not jail, not prison time.

As one of the JAIL volunteers with lived experience of criminalization and incarceration explains:

“

"I am 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 behaviors should not be tolerated in any facility. Don't call me an inmate, don't call me 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. "

Intake

Number of Calls

As noted previously, the JAIL hotline received 1455 calls during the first and second quarters of its operations. *Figure 2* shows the distribution of calls received by the JAIL hotline in our fourth month. During this period, we were open for a total of 20 weekdays and we received 238 calls. *Figure 3* shows the distribution of calls received by the JAIL hotline in our fifth month of operations. During this period, we were open for a total of 21 weekdays and received 256 calls. *Figure 4* shows the distribution of calls received by the JAIL hotline in our sixth month of operations. During that month, we were open for a total of 21 weekdays, with one special weekend shift operating on Mother's Day Sunday, and received 302 calls.

“
I haven't been at
OCDC in 6 years
and nothing has
changed
”

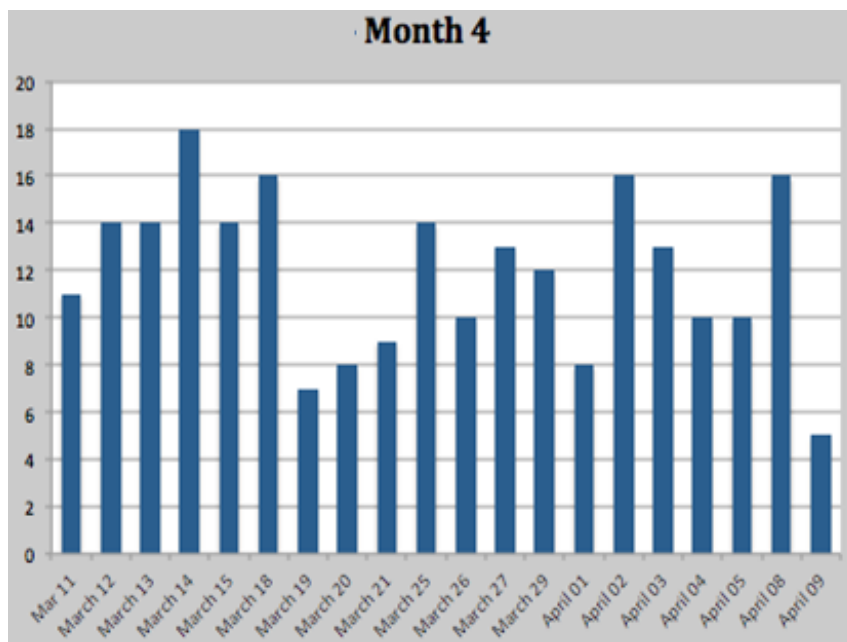


Figure 2:
Calls Per Day from 11 March 2019 to 09 April 2019

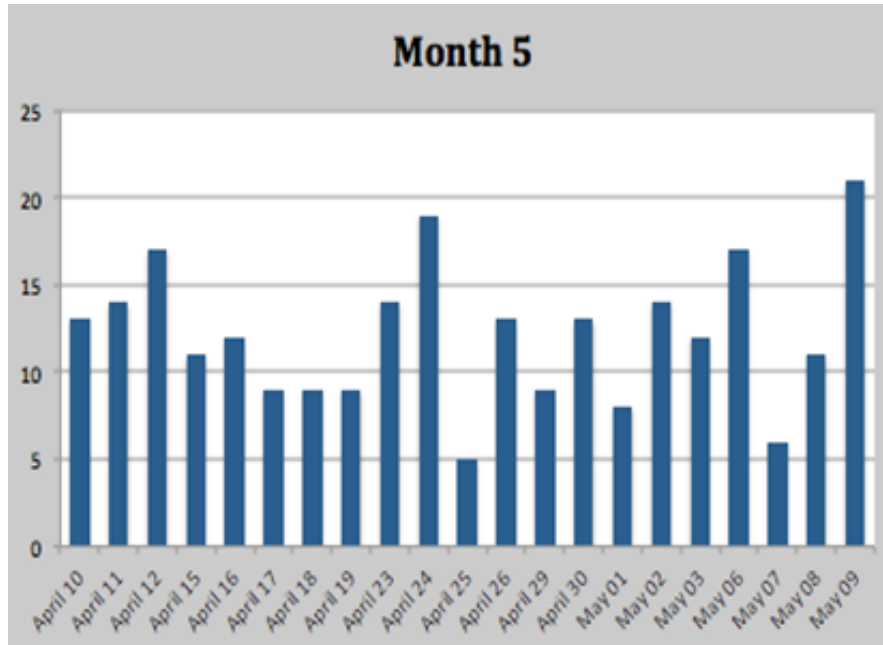


Figure 3:
Calls Per Day 10 April 2019 to 09 May 2019

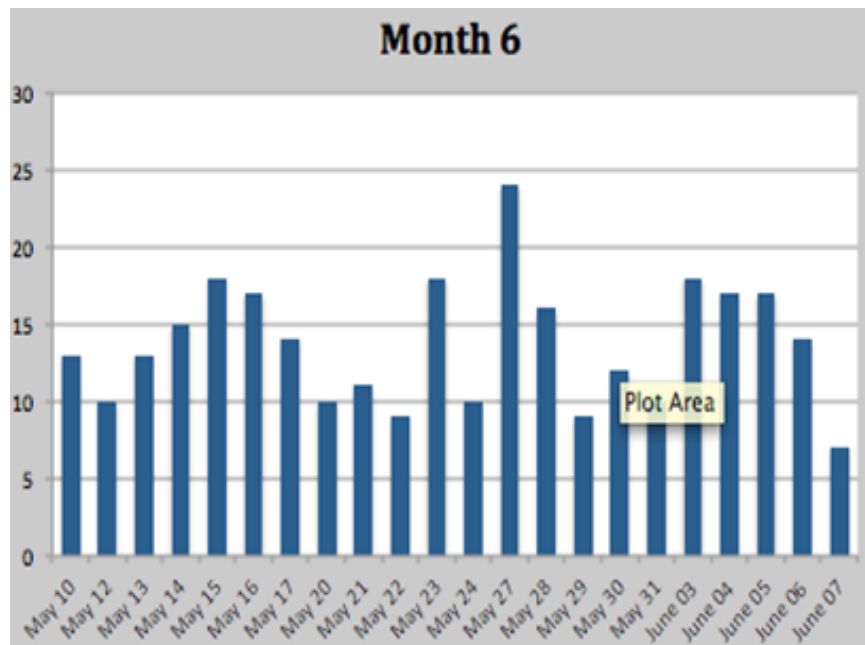


Figure 4:
Calls Per Day 10 May 2019 to 07 June 2019

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.

Throughout our second quarter, we continued to hear about these issues. We also received many calls to connect individuals to community supports, including bail programs, treatment facilities, cultural resources, other social services providers, health care professionals, 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, which the JAIL line strives to reduce. Commonly raised concerns in the first month of the past quarter (month 4) were unanswered request forms, discharge/bail coordination, and access to opioid substitution therapy (OST) (see *Figure 5*).

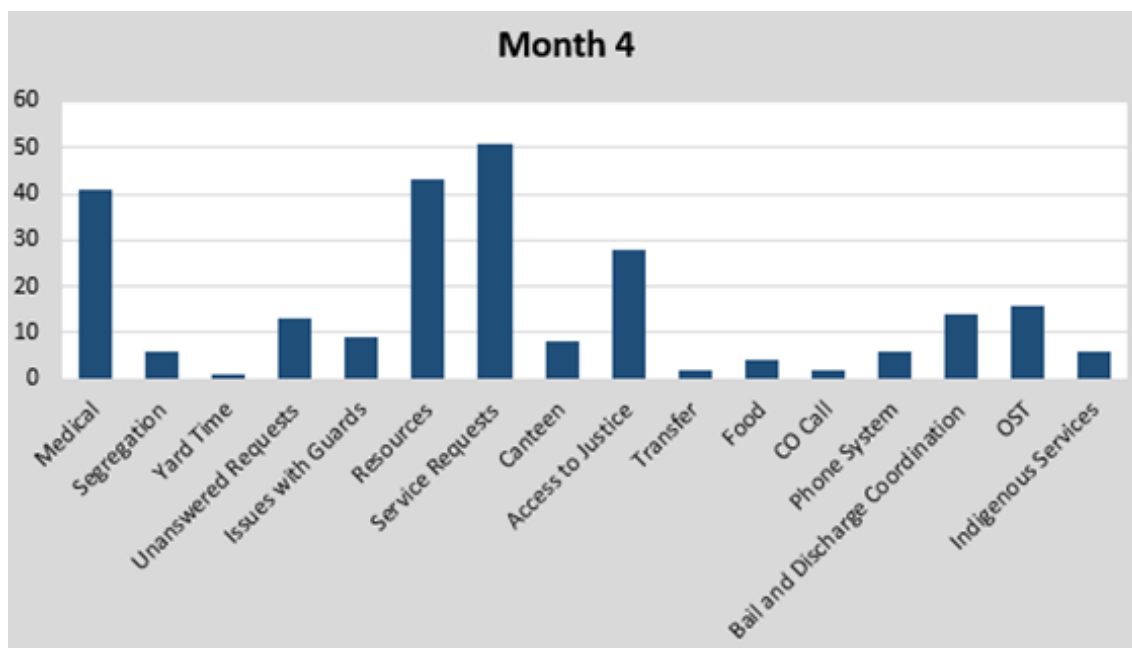


Figure 5:
Primary Issues Raised by Callers from
11 March 2019 to 09 April 2019

During our fifth month of operations, we continued to receive calls regarding these issues, notably concerning health care (see *Figure 6*). We also continued to receive a number of calls concerning access to justice, as well as requests for resources and other services.

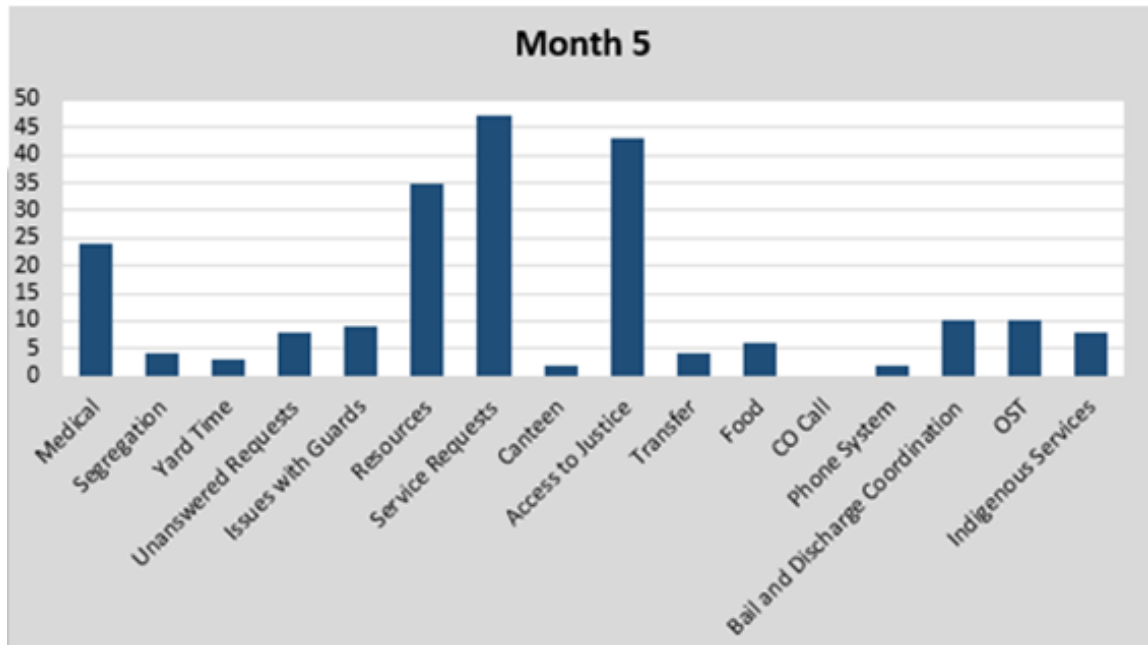


Figure 6:
Primary Issues Raised by Callers from
10 April 2019 to 9 May 2019

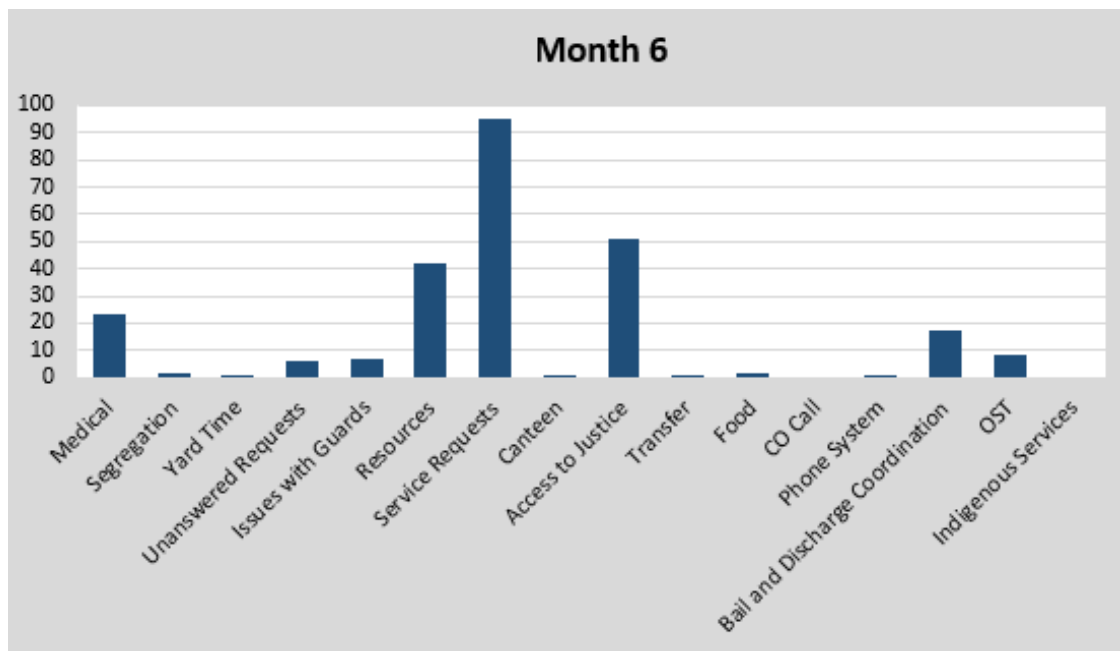
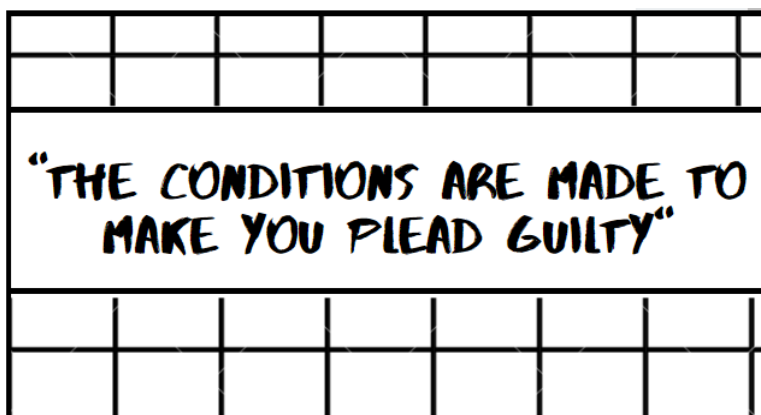


Figure 7:
Primary Issues Raised by Callers from
10 May 2019 to 07 June 2019

During month 6, we continued to receive calls regarding issues raised in the previous two months, like access to community resources. We also received more calls concerning bail and discharge coordination (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.



Issues Raised and Recommendations

As illustrated by the figures in the previous section, the vast majority of the calls received by the JAIL hotline, outside of requests for resources and services, 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.

Outdated and Expensive Phone System

As noted in our first quarterly 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, hampers their access to justice. Given that the outdated and expensive jail phone system is at the centre of many problems at OCDC, CPEP held a #BellLetsTalkOCDC protest during its first quarter. This protest at Bell's main regional office in Ottawa encouraged Bell and the MSG 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 approximately 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.

During our second quarter, we received nine phone calls regarding the restrictive phone system at OCDC. This number is not indicative of the severity and pervasiveness of this issue because, we need to reiterate, a significant number of the calls we process are a direct consequence of the restrictive and prohibitive telephone system. One caller noted the disconnection resulting from the flawed phone system in place:

““”

“Been in OCDC in a year, they are horrible at giving us access to phone services. We can only dial landlines. Who has landlines?”

Many prisoners also reported that making collect calls and setting up a number that can accept such calls was expensive and resource intensive, which often resulted in an inability to speak to their loved ones for lengthy periods of time without incurring significant financial hardship. The current situation not only harms those incarcerated that their loved ones, but also undermines community safety by serving as a barrier to connections that improve re-entry outcomes for prisoners. Due to the fact that collect call costs are directly imposed on the families and loved ones of those incarcerated, families bear the financial burden of speaking with loved ones who have been taken away from them. The phone system punishes families of prisoners, disproportionately hurting low-income families who cannot afford to hear from their children, parents, or siblings inside as often as they would if they had more money.

We recommend the following:

- 1) That the MSG allow prisoners to call any telephone number directly at no cost. Free phone calls for incarcerated persons have even been recognized as a necessity in numerous jurisdictions in the United States. For instance, Connecticut is preparing to provide this free service¹ and San Francisco is poised to make their jail telephone system free for prisoners as well.²

Bail, Transfer and Release Coordination

Callers often contacted JAIL hotline volunteers in order to seek support in preparing for their eventual release, Judicial Interim Release (bail), or transfer to another provincial or federal institution. In our second quarter, we received 41 calls of this nature. Callers came up against a series of challenges including: 1) barriers posed by intake procedures or operational rules at bail bed and residential treatment centres; and 2) difficulty securing a surety as a result of the restrictive and prohibitive phone system.

For prisoners awaiting bail who do not directly enter residential treatment centres or bail beds, the restrictive phone systems prevented access to information, resources, and support networks required to meet bail conditions. The overly restrictive phone systems, in combination with the bail system that disparately impacts certain populations, actively contribute to what is referred to as the “revolving door” of pre-trial custody.

¹ Please see <https://www.hrw.org/news/2019/04/11/connecticut-poised-provide-free-calls-prisoners>

² Please see <https://www.sfchronicle.com/bayarea/article/SF-to-allow-free-calls-for-inmates-no-markups-on-13974972.php>

Furthermore, in combination with the dysfunctional surety bail system, the restrictive and prohibitive phone system can result in miscarriages of justice, namely due to the fact that confined persons who cannot secure sureties due to the restrictions these systems impose on them decide to plead guilty to charges in order to a) obtain a time-served sentencing decision as a way to become “free”³ or b) to leave the extremely deplorable conditions of confinement at OCDC for more access to programs, yard time, and basic necessities found more readily in federal penitentiaries.⁴

As Legal Aid Ontario (LAO) cuts have begun to be implemented, we are also starting to see increased numbers of callers who cannot access adequate legal support for bails hearings, further exacerbating the problem.

We recommend that:

- 2) Bail bed program providers and residential treatment facilities implement seamless intake procedures that allow incarcerated persons to apply and to check on the status of their applications without any barriers. The MSG can facilitate this by allowing imprisoned persons to call directly and for free any Canadian telephone number.
- 3) The Ontario Ministry of the Attorney General should abide by their own Crown Directives in order to respect the numerous decisions of the Supreme Court of Canada, which stress “that liberty while awaiting trial is a basic principle underlying the judicial interim release process,”⁵ & ⁶ and to respect the rights of the accused as protected by the *Charter*, namely the right to be presumed innocent until proven

³ Some callers have stated that even in cases where freedom from being incarcerated is secured, they experience their conditional liberty in the community as jail-like. Often, after obtaining a conditional discharge or suspended sentence, numerous callers experience the court-imposed conditions as punishment beyond the walls. In retrospect, some even assert that incarceration is often better than the degrading treatment they are subjected to in some residential treatment centres. Yet, they are forced to endure the harsh conditions and humiliation to avoid spending longer behind bars (e.g. some callers report being yelled by the head of the residential treatment centre who tells them that their lives would be “worthless” if not for the drug treatment program, all the while being forced to sit through this humiliating exercise). Many express that, in the past, they ran away from the treatment centre or at least thought about running away due to this. The overtly punitive practices in some residential addiction treatment centres, especially those with the most restrictive conditions, create and/or exacerbate mental health conditions and yield counterproductive results (i.e. people feel like re-starting to use drugs).

⁴ While federal penitentiaries are often described as better environments than provincial jails and prisons, they are nonetheless the site of countless degradations and human rights violations (see <https://uottawa.scholarsportal.info/ottawa/index.php/jpp/issue/view/284>).

⁵ Retrieved from <https://news.ontario.ca/mag/en/2017/10/bail-directive---judicial-interim-release.html>

⁶ Currently, almost 70% of people confined in provincial institutions are legally innocent and on pre-trial custody. Given the efforts of confined individuals and our commitment to track conditions of confinement at OCDC, we can assert that the Ontario Ministry of the Attorney General is exposing legally innocent individuals to cruel and unusual punishment and long-lasting physical and psychological damage. We acknowledge that the Ontario Ministry of the Attorney General have issued directives, though not perfect (e.g. the existence of a surety system), that would decrease the disparities in obtaining bail for individuals belonging to structurally *vulnerabilized* communities and potentially decrease the number of people on pre-trial detention (see <https://news.ontario.ca/mag/en/2017/10/ontario-unveils-new-bail-directive-to-reduce-pre-trial-custody.html>). Nonetheless, the directives serve as window dressing for many who experience the bleak reality of pre-trial custody in Ontario.

guilty. If the Ontario Ministry of the Attorney General, through policies, practices, and laws exposes individuals who are charged with a criminalized act to punishment prior to being guilty, then it is in violation of the Canadian Constitution.

- 4) The Ontario Ministry of the Attorney General should abolish the surety system.
- 5) Rather than increasing the province's human caging capacity, the Government of Ontario should create community-based spaces where we treat people who harm, or who are suspected of harming, others with dignity and humanity.
- 6) Residential treatment centre staff need to engage with their clients with care, respect and dignity.
- 7) Residential treatment centres in Ontario should operate using a harm reduction approach to deal with people who are living with drug use issues in order to decrease the chance of re-incarceration for drug use related charges.
- 8) The MSG and the Government of Ontario need to create meaningful avenues for people in residential treatment centres to grieve the abuses and violations against their person.

Barriers Posed by Intake Procedures and Operational Rules

For individuals who are required to attend a residential treatment centre as one of their conditions of release or for those seeking bail beds in the community, the inability to call phone lines that either have switch boards or are toll-free but not pre-approved by the MSG or do not accept collect calls, pose significant barriers. Callers have contacted us unaware of the status of their application to a particular treatment or bail bed program due to their inability to contact the service provider directly through immediate forms of communication and due to the barriers to contact their legal counsels who often are the ones who liaise with these programs.

Callers also experienced issues accessing bail beds as a result of the charges they had been facing. One caller explained: "My lawyer approached [a bail bed program] – they have biased opinions and they won't accept me because of my charges".⁷

Callers also explained that the residential treatment centre they were released to prioritizes extracting their resources and free labour over actually addressing their challenges with substance use. Several callers spoke to one community treatment centre in particular callers explained that:

⁷ At this moment, we are unsure if refusing people who are deemed dangerous or otherwise ineligible for access to bail bed programs is the 1) direct consequence of the policies and directives of the Ontario Ministry of the Attorney General around bail bed programs intake processes or 2) the indirect result of the bail bed programs' reliance on funding from the Ontario Ministry of the Attorney General, which makes them beholden to this important funder in order to serve their target population. Should the second scenario exist, bail beds would do little to counter the skewed, harmful, and dysfunctional logics of our current bail system in Ontario, which results in almost 70% legally innocent people being caged in Ontario provincial facilities ahead of their trials.

““

"They say it's a Christian-based program for your sobriety - but all they do is train you how to use the phone, how to get donations on the phone for sales pitches. You don't learn nothing about sobriety or making the right decisions. They try to make you trapped, stay there and make the money. They want you to look at the owner as a prophet. Without the owner you are not going to succeed. He said once you leave [the program] you are going to fail once you hit the streets. It's a crazy place. People go there because they want to get out from jail. Once you get there you realize you are still in jail."

"Punitive bail spaces are dehumanizing and belittling. No one would accept another person screaming at them about how useless they are. Why would we? We often feel like escaping this punitive jail environment but we put into perspective that we would end up in jail doing more time."

In addition to reiterating the implementation of *Recommendation 1*, we also recommend that:

- 9) The Ontario Ministry of the Attorney General should ensure that bail beds programs are available for people facing a wider array of charges or previous convictions.
- 10) People released to community treatment centres should benefit from adequate support and have access to resources such as academic learning, vocational training, family and recreational services, medical and mental health services, financial literacy and the like to contribute to safe re-entry outcomes benefitting both criminalized people and their communities.

Issues Facing Indigenous Prisoners

Due to the restrictive phone system, we received several calls from Indigenous peoples incarcerated at OCDC who were unable to contact their Indigenous court worker, friendship centres, health and well-being organizations, and/or housing worker. We received fourteen calls of this nature this quarter. Some Indigenous callers also explained that the Native Inmate Liaison Officer (NILO) denied them services on the grounds of what they termed as “not being native enough”. Callers also noted that the Indigenous Social Worker position at the institution had not been filled since the retirement of the previous one and they recommended that this role be filled.

We recommend that:

- 11) The MSG must ensure that Indigenous prisoners have access to culturally specific services by allowing people behind bars to place free and direct phone calls.
- 12) The MSG needs to fill the vacant Indigenous Social Worker position at OCDC.

Issues Navigating Complaint Processes

Individuals incarcerated at OCDC reported experiencing difficulty utilizing existing complaint and request channels due to the following: 1) failure of the institution to respond to or provide request and complaint forms; 2) staff members being unwilling to identify themselves by displaying their badges or providing their badge numbers on request; 3) fear

of reprisal, particularly with respect to involuntary transfers to other provincial institutions; and 4) the fear of reprisal associated with having their safety within the jail compromised.

Throughout our efforts to raise issues faced by those incarcerated at OCDC with jail administration, the Superintendent has stressed to us that prisoners have adequate channels available in order to address their concerns (see *Appendix 1* in our first quarterly report).⁸ However, it is clear due to the prevalence of difficulties with the complaint process and the high volume of calls we receive that the existing complaint channels are not adequately addressing prisoner grievances, nor are they enough to remedy systemic and individual issues.

“

**Magically, the paperwork
gets lost around here
sometimes.**

Barriers to Accessing Request and Complaint Forms

As was noted in our previous quarterly report, individuals incarcerated at OCDC continue to experience barriers to accessing complaint and request forms, both for medical and administrative requests and for complaints. This continued to present issues during our second quarter, as the JAIL hotline received 27 complaints regarding request forms which went unacknowledged or unaddressed. Callers also reported that they were being denied photocopies of their complaints, which they are entitled to. They explained:

“

“I have been asking to see a psychiatrist for a month and a half and I have been in for two months. I have filled out about 8 or 9 green sheets to request mental health.”

“I am trying to get request forms but they're not giving them to me.”

“The white shirt refused to make a photocopy for the request.”

The issue of unacknowledged and unaddressed request forms is tied to the absence of an accountability mechanism that would allow incarcerated persons to have receipts for their claims and requests, and to verify that their complaints and requests were received and reviewed by the administration.

We have heard from prisoners from various units and security-level areas at OCDC that jail officers demand a justification from the imprisoned person as to why they need a complaint form. The jail officers also inform the prisoner that the staff must obtain the request form from a sergeant who has to be made aware of the prisoner's complaint. In many cases, 1) the sergeant does not bring the form as promised by the staff and/or 2) the officer informs the prisoner that the sergeant refused to provide them with an Internal Complaint Form.

⁸ See <https://www.scribd.com/document/401594091/JAIL-Hotline-Quarterly-Advocacy-Report-1>

We recommend that:

- 13) OCDC provide incarcerated persons carbonless copy request and grievance forms, such as the ones available in federal penitentiaries, as a means of accountability.
- 14) In the interim, OCDC should ensure that incarcerated persons have access to a photocopy machine so that copies of request and grievance forms can be made.
- 15) OCDC's administration should ensure that these forms are readily and anonymously available to incarcerated persons in all areas of the jail (including complaint forms to the *College of Nurses of Ontario / CNO* and the *College of Physicians and Surgeons of Ontario / CPSO*) as mandated by MSG policies.
- 16) The MSG should put in place accountability measures in order to ensure that OCDC sergeants and jail officers refrain from refusing incarcerated people getting access to established grievance avenues.

Failure to Display Identification

The JAIL hotline continues to receive complaints regarding a number of officers and staff at OCDC who fail to display identification or provide their badge numbers upon request, which interferes with accessing the already-existing grievance channels. Callers explained:

““”

“Most of the guards here who are pricks don't wear their badges especially the ones who (...) yell at [prisoners] and single them out and make them feel like shit and make them the focus of attention”

“We are forced to be here. They just do the job. Why they engage in verbal arguments is beyond me. They won't give us their badge number[s]. Without names and badge numbers, I cannot put in a complaint.”

“The guards ARE NOT WEARING BADGES. Including nursing and COs. Deputies and Sergeants always have it on.”

Last quarter, one caller estimated that most officers at the jail he encounters do not wear their badge number. Further, callers expressed frustration with the fact that they were unable to lodge complaints regarding the treatment they experience by staff. There were 12 calls to the hotline this quarter regarding mistreatment of prisoners by kitchen staff. For example:

““”

“We can't even file a proper complaint because we don't know the names of the staff who hide in different areas of the jail.”

“People who run the kitchen, we should get their name and badge number.”

It is critical that jail officers wear their badges and other MSG issued identification at all times in order to ensure prisoners have avenues available to report mistreatment and for staff to participate in facilitating prisoner grievance processes by providing the necessary information for complaints. Despite that Regional Director Mark Parisotto promised that OCDC's administration would ensure that staff are wearing the Ministry-issued identification over email, our attempts to remedy this problem were unfruitful. This is due to the lack of cooperation of some jail staff and their disregard for the *Code of Conduct and Professionalism (COCAP)* Policy, along with the failure of the MSG and OCDC senior management to enforce it.

Given the extreme power differential between jail officers and persons behind bars, dissimulating identification is a dangerous practice that exacerbates this discrepancy and further *vulnerabilizes* imprisoned persons. When legitimate grievances are not heard and resolved, it creates more tension at OCDC, which makes conditions more difficult and dangerous for prisoners and staff alike.

We recommend that:

- 17) The OCDC administration and MSG order all jail staff to wear uniforms accordingly with the COCAP. This needs to be enforced immediately.

Concerns Regarding Reprisal via Institutional Transfers

Several callers expressed that the fear of reprisal interfered with their willingness to participate in grievance processes, even in cases where they experienced serious harm. A particular concern raised amongst callers was that they would be involuntarily transferred to other provincial institutions as a result of their participation in grievance processes or that they would receive mistreatment from staff. For example:

“““

“Since we have made the complaint, they have been giving us hard time...They push us to become violent, so they can write reports and make us seem monstrous.”

“They can transfer me to Lindsay just to get me out of their shoes.”

“Last time I complained to the ombudsmen about something, next day I was on a bus getting shipped out”

We recommend that:

- 18) Under no circumstances should a person incarcerated at OCDC or any other site of confinement be transferred involuntarily.

The Failure of the MSG to Protect Prisoners from Reprisal

The MSG often fails to protect the safety of imprisoned individuals who are trying to advocate for themselves. Due to the power imbalance and the lack of access to meaningful redress mechanisms, prisoners are weakened and risk reprisal at all times. To protect the safety of the callers, we are not going to give examples of how incarceration is weaponized against the Ontarians who are supposed to be protected by the Ministry.

Although OCDC and MSG insist that existing internal and external oversight mechanisms are adequate to address the concerns raised by prisoners, our interactions with the affected people prove otherwise. As related to us by callers, even the employees of the *Client Conflict Resolution Unit*, a Ministry established mechanism that is mandated to “protect the human rights of [prisoners]”,⁹ warn callers about the risk of retribution if they complain against staff.

Furthermore, the fear of reprisal also impacts the structures, the groups, and the individuals who are trying to support incarcerated people in their efforts to access justice and advocate for themselves. While writing the report, we had to be careful not to reveal information that can make someone identifiable to OCDC staff in order to avoid exposing the callers to the risk of reprisal. This hinders us from exposing egregious attacks on the human rights and dignity of callers to the public and hinders our joint efforts with incarcerated persons to decrease the harm associated with human caging at OCDC.

By exposing prisoners to violence and falling short of ensuring their safety due to dysfunctional and ineffective accountability mechanisms and the inherently violent nature of human caging, the MSG fails its commitment to ensure that “Ontario’s communities are supported and protected by law enforcement and public safety systems that are safe, secure, effective, efficient, and accountable.”¹⁰

Violence and the threat of violence against prisoners as retribution, and the shortcomings of the jail’s grievance and redress systems, necessitate immediate action. We recommend:

- 19) The creation of a truly independent, accessible, prisoner-centric, and transparent complaint process in order to ensure the safety of all incarcerated individuals. This can be carried out through the establishment of a grievance office, similar to the one in federal penitentiaries but run by community members and incarcerated persons dedicated solely to hearing from incarcerated persons.
- 20) Similar to federal penitentiaries, OCDC should allow the creation of prisoner committees with elected chairs who are mandated to liaise with senior management at OCDC to improve conditions and relations in the institution on all ranges.

⁹ See the Ministry of the Solicitor General’s *Inmate Information Guide for Adult Institutions*: https://www.mcscs.jus.gov.on.ca/english/corr_serv/PoliciesandGuidelines/CS_Inmate_guide.html#P118_8977

¹⁰ See *Ministry Information* for the Ministry of the Solicitor General: https://www.mcscs.jus.gov.on.ca/english/about_min/mandate.html

In partnership with callers from OCDC, JAIL hotline volunteers are committed to continuing to document human rights violations and contacting OCDC administration to demand redress whenever the informed and explicit consent of callers is obtained.

Issues with Jail Officers

Beyond the failure to identify themselves, callers also shared a variety of other examples that illustrate mistreatment by some jail officers. During this quarter the hotline received 25 complaints regarding mistreatment by jail officers, including: 1) physical violence and harassment; 2) interfering with health care provision; and 3) not respecting access to the day room within institutionally prescribed times.

Throughout this quarter there were instances where callers reported physical violence by jail officers. One caller described his experience of violence and mistreatment:

““”

They grabbed me down the hall, smashing my head against the wall (...) I have all these markings on my head. All for no reason. It was just because a guard was having a bad day.

Other callers shared that jail officers interfered with their ability to access health care services:

““”

Last night I couldn't sleep, the doctor said: 'get [Opioid Substitution Therapy Provider] to fax us.' I seen other guys go through it. It was the worst two weeks of my life, I felt the needles in my feet. Hot and cold. The nurse tried to give me my methadone and the guards we're like "No! No! Back to the cell."

Callers located in the Max unit reported that jail officers were cutting their out-of-cell time short through restricting their access to the dayroom by delaying letting them out of cells or calling them back to cells early. As outlined in a letter by callers:

"In the maximum unit at OCDC, we are locked in our cells for the majority of the day. We are supposed to get 5 hours of access to dayroom time. However, the guards who work on the blocks steal time from us by either letting us out late or locking us up early. The staff is complaining to the administration that they are doing too much overtime hours. We understand their concerns. However, instead of punishing us for the administration's mismanagement of time, they should workout an arrangement that doesn't penalize us and rob us of out-of-cell time."

The problems related to officer (mis)treatment of imprisoned persons is not only the result of certain rogue behaviour – it is a systemic issue. The nature of forcing people into human

cages is inherently violent. Other factors, such as race, ethnicity, health care needs, policies, guidelines, laws, and practices, exacerbate this violence.

We recommend that:

- 21) OCDC jail officers desist immediately from using violence against imprisoned persons.
- 22) OCDC jail officers who witness their colleague(s) abusing incarcerated people should actively break the cycle of silence/violence and hold their peers accountable.
- 23) The MSG needs to ensure that health care staff are independent and can override the decisions of jail officers when the health of imprisoned persons is on the line.
- 24) The MSG needs to ensure that jail officers are not overworked during long weekends and overtime hours in order for them to have healthy work environments where both the schedule of confined persons and their schedule is respected.
- 25) The Government of Ontario should put measures in place to alleviate the workload of jail officers by implementing alternatives to incarceration and stopping the criminalization of poverty, race, mental health issues, drug use, immigration, gender, sexuality, and disability.

Access to Justice

JAIL hotline volunteers received 122 calls during the second quarter regarding barriers to access to justice. These numbers steadily increased each month due to the increased ability of JAIL hotline volunteers to refine pathways towards solutions through the establish of a Legal Information Team (see page 53). Issues included the inability to contact their lawyers because their lawyer's office would not accept their collect call, challenges securing a surety, access to disclosure, acquiring general legal information or legal literacy material, and access to legal aid funding.

Legal Aid Ontario recently announced that it would no longer provide legal aid certificates for bail hearings. Instead prisoners only have access to already overburdened and difficult to access duty counsel lawyers. Notably, however, the number of duty counsel lawyers servicing OCDC prisoners did not increase. In addition to the cuts to bail supports, the number of hours covered by LAO certificates regarding other criminal law matters also decreased undermining equitable access to justice. Many of the calls received since this announcement have to do with assisting callers in accessing legal aid, appealing denied certificates or trying to find alternative legal supports.

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 (i.e. legally innocent) spending longer periods of time behind bars pre-trial, which was directly caused by the inability to place direct calls to phones that cannot accept collect calls (e.g. landlines). Among the many consequences of the phone system for callers is that many were unable to coordinate bail within the limited timeframe available, which led to their bail hearing being pushed back.

Furthermore, the inability to call cellphones posed barriers to callers who needed to contact their lawyers to discuss important and timely legal matters. Most lawyers' offices do 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 cellphones. This poses a particular barrier to meaningful access to justice, especially when callers need to reach their lawyers about pressing and urgent matters. One caller remarked:

““

Lawyers don't take our call when the lawyers are not in the office. Sometimes we have questions they can help us with but we can't reach them.

In light of the issues noted above, we recommend that:

- 26) The Government of Ontario reverse cuts they made to LAO, which differentially target the most marginalized members of our communities.
- 27) The Government of Ontario expand the budget allocated to LAO.
- 28) The Government of Ontario reinstate funding for private lawyers to conduct bail hearings.
- 29) The Ontario Ministry of the Attorney General, the Ministry of the Solicitor General, the Human Rights Tribunal of Ontario, and the Human Rights Commission of Ontario should create educational materials for imprisoned persons to help them navigate the highly complex laws, policies, guidelines and procedures that impact provincial prisoners.
- 30) The MSG needs to ensure that prisoners can call their lawyers' cellphones and offices directly.

Until the above is implemented, JAIL hotline volunteers will continue bridging several service gaps by mailing callers legal information, notes on legal procedures and legal forms. We will also the exchange of information with their lawyers, filing complaints to different oversight bodies, and supporting OCDC prisoners in securing sureties, coordinating discharge, and accessing information that is unavailable to them because of the aforementioned service gaps to ensure their human rights are upheld behind and beyond bars.

Segregation

In our second quarter, we received 12 calls from individuals inside OCDC regarding issues related to segregation. 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:

““

“Individuals experiencing administrative segregation often find themselves against a bureaucratic wall that hampers their ability to access justice.”

In a recent report by the *Independent Review of Ontario Corrections* led by Howard Sapers, the authors declare that the “international and human rights [communities are convinced that] the imposition of restricted, isolated confinement beyond 15 days can constitute torture or cruel, inhuman or degrading treatment or punishment.”¹¹ Since 2016, new regulatory changes prohibit Ontario jails administrations from punishing individuals to periods of disciplinary segregation of longer than 15 days.

While the disciplinary segregation label is not used for placements beyond the 15-day limit, as highlighted in our previous quarterly report, people incarcerated at OCDC observe that the jail’s administration and staff systemically use administrative and managerial tactics to circumvent this prohibition. Furthermore, OCDC administration uses segregation to differentially and discriminatorily deal with people who are living with mental health issues, physical and/or mental disabilities, or who are seeking protection.

We received calls from incarcerated persons whose conditions and/or disabilities do not allow them to function in a regular range due to the lack of adequate accommodations, policies, and resources. These callers often spend periods in segregation that exceed the 15-day mark, sometimes by months, and although they are not officially being punished they report experiencing punitive conditions within administrative segregation cells. OCDC also places some prisoners who need medical attention in health care units, which operate like segregation units with a different name.

The OCDC administration, the Ministry, and the Ontario government ought to enact a number of measures to decrease the harm associated with, and the use of, segregation. As a step towards the eventual abolition of the torturous practice and the violence it creates and exposes imprisoned persons to, we recommend that:

- 31) The MSG should enact the recommendations outlined in *Segregation in Ontario: Independent Review of Ontario Corrections*.
- 32) The MSG should work with the Ministry of Health and Long-term Care to expand the capacity to transfer OCDC and other provincial prisoners to hospitals and community settings to ensure their medical and mental health needs are met.

Health Care Revisited

While we recognize that human cages are inherently counter-therapeutic, are detrimental to the physical and mental health of incarcerated persons and staff,¹² and serve to exacerbate already existing conditions and create new ones, we urge the Government of Ontario to urgently act to improve health care delivery at OCDC and other provincial jails. All provincial prisoners eventually return to our communities. If the provincial government is preoccupied

¹¹ See the March 2017 report by the Independent Review of Ontario Corrections entitled “Segregation in Ontario”:

<https://www.mcscs.jus.gov.on.ca/english/Corrections/IndependentReviewOntarioCorrections/IndependentReviewOntarioCorrectionsSegregationOntario.html>

¹² See Niveau, Gérard (2007) “Relevance and Limits of the Principle of “Equivalence of Care” in Prison Medicine”, *Journal of Medical Ethics*, 33(10): 610-613.

by the wellbeing of our communities, it has to care for those pushed furthest to the margins of society.

Callers continue to raise issues surrounding the health care unit at OCDC. This quarter we received 88 calls regarding the health care unit. Calls were primarily concerned with: 1) medical privacy; 2) the misadministration of medication; 3) inadequate access to opioid substitution treatment (OST); 4) unreasonable delays to see the doctor and/or dentist; and 5) a lack of continuity between the health care system within and beyond the walls.

Lack of Medical Privacy, Harmful Policies and Structural Neglect

Callers continued to express concerns regarding medical confidentiality and the protection of their personal health information (PHI). As a result, an individual and a systemic complaint was initiated with the Information and Privacy Commissioner of Ontario (IPO). Callers from various parts of the jail explained to hotline coordinators and volunteers how OCDC medical staff disclose their personal health information to people who are outside of their circle of care, such as jail officers and fellow incarcerated individuals. We argue, based on our interactions with callers, that this disregard for patients' privacy and confidentiality is: 1) undermining the therapeutic goal of the health care department; 2) creating a barrier for people to access the appropriate and necessary care due to the fear associated with having to disclose information to health care staff in non-private settings; and (3) exposing people who live with physical and/or mental health issues to further stigmatization and vulnerability.

Callers had several grievances about their confidentiality and privacy being breached in the maximum-security protective custody and general population units. The doctor often meets the patients in their living units.¹³ Dr. Klar collects personal health information in front of jail officers and incarcerated people. In the protective custody units, the *Doctor's Parade* and consultations with prisoners on the *Emergency List* often takes place between 6:00am and 7:30am. As callers describe, the living units are quiet at those hours because a majority of confined people are still asleep. During the medical parade, the doctor, who is surrounded by at least one jail officer and one nurse, sits on a dinner table in the middle of the unit. The jail officers then proceed by opening the automated door of the patient who is scheduled for a consultation. The examination starts when the summoned patient sits in front of the doctor in the open area. Any incarcerated person who happens to be awake can approach their respective cell window and watch their fellow prisoner being examined.

In the maximum-security general population living units, the doctor again is accompanied by a nurse and a jail officer, approaches the doors of the prisoner, who is often housed with

¹³ We have heard from callers that Dr. Klar stopped seeing patients on the *Emergency List*, which is the list of patients who require emergency care, at their cell doors on the maximum General Populations living units. However, we have also heard from callers in various parts of the jail that the delays to see the physician became extremely long. Should these delays be a consequence of the efforts of incarcerated persons advocating for their privacy to be respected and for the healthcare delivery to be on par with Ontario standards, other adjustment to institutional schedules, policies and space utilization ought to be made to facilitate access to timely and equitable medical and mental health care.

a cellmate and proceeds with the emergency consultation (Emergency List). This practice not only breaches the privacy of the patients, it exposes them to several problems associated with lack of medical privacy and confidentiality.

During the *Medical Parade* in the general population maximum-security units, the doctor examines the patients in a dedicated room. In his answer to a group complaint made to the College of Physicians and Surgeons of Ontario, OCDC's sole medical practitioner described this designated room as:

...dysfunctional for providing care to patients... Currently, it contains a metal bench, similar to a park bench, where I examine patients, and nothing else. The room is not entirely enclosed and has a glass wall that allows all staff and [prisoners] walking past to see into the room. I have requested this room be repaired to allow for better provision of care in the maximum-security unit, however, this has yet to happen.

For various reasons, MSG staff poses a great barrier for incarcerated persons to access the appropriate and equivalent healthcare. Staff, under the pretence of "security", sometimes refuse to transfer patients from their cells to the designated room to be examined. Staff have complete discretion over [prisoner] transfers, and even if I request a patient to be transferred to allow me to better examine them, my request may be refused. This is true in every unit at the OCDC. This is Ministry policy and I have no control over it. I may request patients to be transferred to the healthcare unit for further assessment if, during the Emergency List or Doctor's Parade, it becomes clear a patient requires care that is more involved [...] [transferring patients] to the health care unit [...] may take few hours. MSG staff retain discretion to refuse to transfer patients to the health care unit, despite my requests.¹⁴

In light of the issues raised above by callers and Dr. Klar, we recommend that:

- 33) The MSG allocate funds to repair the examination room in the maximum-security area.
- 34) The MSG enact policies that safeguard incarcerated persons' medical privacy in a manner that is equivalent to how non-imprisoned patients' privacy is protected in outside hospitals and clinics.¹⁵

¹⁴ Excerpt from a letter written by Dr. Klar, the sole physician at OCDC, addressed to the CPSO in response to a complaint by incarcerated persons.

¹⁵ The pretence of "security" is nonsensical because it is based on problematic and discriminatory danger assessments and an assumption that incarcerated persons are violent when a significant portion of the population are facing charges for non-violent criminalized acts and/or have yet to have been convicted. Furthermore, the overwhelming majority of imprisoned persons at OCDC interacted with health care and service providers prior to, and while, being incarcerated with no reported incident. In addition, after some prisoners get sentenced to federal time, even when convicted of violent charges, they are allowed to consult a doctor in a private setting. This clearly shows the differential treatment criminalized people receive at OCDC.

- 35) As an interim measure, OCDC staff and doctor should keep a record of all the requests made to transfer prisoners to the health care unit and, in cases of refusals to escort a prisoner, keep written records of such decisions and the reasons behind them.
- 36) The MSG should issue new directives to jail officers to transport every prisoner who needs medical attention to the appropriate sector in the jail and prohibit them from refusing such transfers.
- 37) The health care unit at OCDC needs to be better staffed and resourced to provide medical and mental health care in a timely and appropriate manner.

Misadministration of Medication Continues to Take Place

This quarter, callers continued to report having their extended release medications dissolved in water prior to consumption in the name of preventing diversion (hoarding) or misuse. Callers explain that this not only reduces the intended effects of their medications and creates mistrust in the health care system, but that it is also degrading, stigmatizing, triggering, and not trauma-informed.

““”

“They make you feel like you doing something bad. It is dehumanizing and degrading You should be able to have medication at your disposure. Some guys chew their pills because a bad experience (trauma). When he takes a pill he chews it. They tell him they’re not allowed to do that. I don’t understand why they do this to us.”

“They are giving me a hard time. They are giving me meds at night and they are diluting in water. [saying] “if you don’t take this, you’re not gonna be getting your 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.

Other callers reported that some diluted medication jells forces them to lick the small paper cup to consume the whole dose. Callers also reported that the taste of this diluted medication was intolerable due to its extreme bitterness. A caller indicated that he would prefer abstaining from a drug, but he is forced to consume it because it is diluted in the same cup as another one.

Furthermore, certain callers abstain from consuming their prescribed medication because they experienced different effects when the nurses crushed and diluted their drugs. Callers suspected that: 1) their medication and its effect had been modified when the nurses

tampered with it or 2) the tools used by the nurse were not sterilized, which cross-contaminated their medication with another one.

With the support of JAIL hotline volunteers, several callers submitted complaints to the College of Nurses of Ontario about these harmful practices. We have yet to receive an answer.

We recommend that:

- 38) The MSG should revise their policy around drug administration and prohibit the harmful practice of crushing and diluting medication in cases where it has not been ordered by the prescribing physician.

Access to Opioid Substitution Treatment

During our second quarter, 34 callers 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 at the Innes Road jail:

“““

“I can see people using contaminated needles, especially if they don’t have a needle. They wouldn’t let me get on Suboxone. A lot of people take a long time to get on it. Sometimes it takes like weeks, other times months. The nurses and doctors don’t do anything they say they will do. “If you do this we’ll get it for you”. First they explain it, then they tell you to get a place to accept it. They tell you to contact that place but you can’t. Then they tell us, “you have to get them to fax us”. People are trying to get (suboxone), so if anything (drug wise) is brought in and they use their tolerance is down so they overdose”.

“Without you guys giving me the phone number for Recovery Vanier I wouldn’t have known who to call. It’s not like you come to jail and they say, “hey if you want to get on methadone or suboxone this is what you do”. They don’t even tell you about that kind of stuff, they keep it quiet. I waited three weeks for my OST”.

Lack of timely access to OST has serious consequences both during incarceration and afterwards. A caller shared the harms they may experience as a result of the inability to get timely access to OST:

“““

“Been in for a period of time. I need to make the necessary arrangements for medication and methadone (...). I’m being released [this week] and my doctor’s office closes at 3pm. I am going to get cut loose from jail and I’m not going to have prescription for my methadone. I have been trying to do it through the jail, but it takes so much time. OCDC finally got back to me and said that they won’t provide me with a prescription for the medication that I’m on. Even for two or three days to see a doctor. It puts me in a frantic and stressed out state. The last thing I want to do is to be cut off my medication and then get released and do fentanyl and die. I’m trying to get my ducks in a row.”

JAIL volunteers have undertaken sustained efforts to communicate with both methadone clinics and OCDC administration regarding this issue and will continue to do so because lives are at stake.

We recommend that:

- 39) Admission and discharge officers at OCDC should inquire if newly admitted prisoners require OST.
- 40) 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 CPSO within 24 hours of their request.
- 41) 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.
- 42) The MSG should offer more accessible programs to support people who use drugs and/or are struggling with drug use.

Delays to Health Care Delivery

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.

Many acknowledged the very important work nurses do and their efforts in attending to the needs of prisoners and providing health care in such constraining environment. However, there are a lack of accountability mechanisms to safeguard against the loss of forms, which contributes to this communication gap.

According to the imprisoned people we have spoken to, the average wait time to see a doctor following request for a non-emergency visit is four weeks. In some cases, this average wait period is reasonable. However, many callers reported to us instances warranting urgent interventions (e.g. extreme pain, broken bones, toothaches, etc.), which went unaddressed for weeks, even months.

We reiterate our recommendation that OCDC administration establish a system of forms with carbonless copy paper (see *Recommendation 14*) and recommend that:

- 43) OCDC health care staff tend to patients within reasonable and brief delays, especially in adverse and painful cases, and for situations that can expose the patient or the people around them to harm.

The Community-Jail Health Care Gap

Callers continue to frequently report instances where their prescription medications were completely cut-off upon admission to OCDC or administered at a reduced dosage, especially

prescription drugs to address mental health conditions under the pretence that they are drug seekers.

The lack of continuity between care behind and beyond bars results from a lack of effective communication between health care providers at OCDC and in the community. In Ontario, health care delivery falls under the purview of the Ministry of Health and Long Term Care (MHLTC). Yet, in Ontario jails and prisons, the MSG is responsible for delivering health care services to incarcerated populations. These divided health care structures are mandated to address the needs of individuals who often find themselves stuck in the revolving door of the (in)justice system.

As highlighted in *Correctional Health Services: Transition to the Provincial Health Services Authority* report, BC Mental Health & Substance Use Services found that health care delivery in provincial jails and prisons by British Columbia Corrections presented the following issues:

1. Episodic primary healthcare;
2. The mental health and addiction needs of patients are unmet;
3. The continuity of care was poor;
4. The healthcare delivery practices do not meet the current standards;
5. Gaps in management of pharmaceutical services; and
6. No process for reporting medication errors.¹⁶

Based on our interactions with imprisoned persons, observations one through four outlined above also apply to OCDC.

Echoing the 2016 call of the College of Physicians of Canada¹⁷ and the recommendations that figure in the World Health Organization's *Prisons and Health* Report,¹⁸ we recommend that:

- 44) The Government of Ontario should "transfer the responsibility of correctional medical, mental, and public health care delivery from"¹⁹ the MSG to the MHLTC.

Although this change will not fix all the problems associated to delivering health care in a carceral setting, the seamless continuity of health service delivery for people entering and exiting OCDC would benefit greatly from the MHLTC's adoption of provincial jail and prison health care into their mandate.

¹⁶ Retrieved from https://cchl-ccls.ca/uploaded/web/BCHLC_2018/presentations/BCHLC2018_Pelletier-MacFarlane-Sharif.pdf

¹⁷ Retrieved from https://www.cfpc.ca/uploadedFiles/Directories/Committees_List/Health%20Care%20Delivery_EN_Prison%20Health.pdf

¹⁸ Retrieved from http://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

¹⁹ Retrieved from http://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf

Access to Yard

Continuing with a trend documented during our first quarter, in this past quarter we have received four calls regarding limited access to yard. One caller explained how OCDC staff used restricted access to yard as a mode of punishment:

“““

“Now nobody gets yard in the range. The rec staff says we are not giving you yard because a guy gave us attitude. Why are you doing the divide and conquer tactic? Because you don't like how one of us talks to you, you are going to punish all of us. You're a professional, act like one”.

In light of the issue noted above, we recommend that:

- 45) OCDC provide incarcerated persons access to yard every day to improve their mental and physical well-being.

Actions Taken by Callers to Address Issues at OCDC

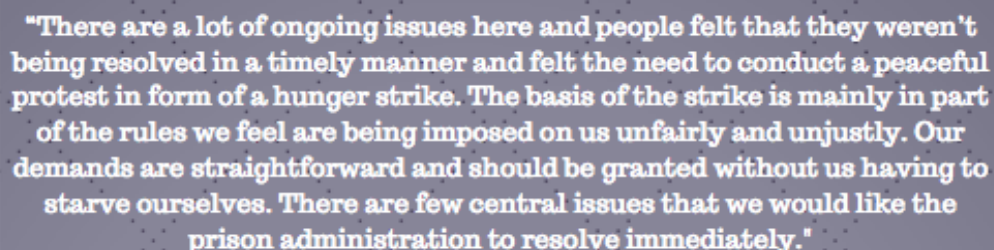
Incarcerated individuals have been resisting poor conditions of confinement for as long as there have been sites of human caging. At the request of callers, we report the following actions that callers have taken to address the issues they face at OCDC.

Non-violent Strike

In our first week of operations December 2018, callers from the maximum-security unit provided us with a list of recommendations to address longstanding issues at OCDC.²⁰ In March 2019, some individuals housed in the maximum-security unit determined that previous attempts to address conditions of confinement had been unsuccessful and that further action was needed. They subsequently refused all jail-provided food and beverages, and also refused being examined by the medical staff as long as the strike continued.

OCDC administration came to negotiate with the strikers during the week of March 18-24. Superintendent Mike Wood asked the individuals to write a set of demands and promised that if they stop the peaceful protest he would look into the concerns they raised. The incarcerated individuals accepted the offer, stopped the strike, submitted a list of demands (see *Appendix 1*), and gave the superintendent a deadline to resolve the longstanding issues by Wednesday, March 27. They explained that if Superintendent Wood did not resolve the issue by that date, they would resume the halted hunger strike at some point in the future and encourage others in the jail to join them. One caller explained the purpose of the strike:

²⁰ See <http://tpcp-canada.blogspot.com/2019/01/recommendations-to-address-longstanding.html>



"There are a lot of ongoing issues here and people felt that they weren't being resolved in a timely manner and felt the need to conduct a peaceful protest in form of a hunger strike. The basis of the strike is mainly in part of the rules we feel are being imposed on us unfairly and unjustly. Our demands are straightforward and should be granted without us having to starve ourselves. There are few central issues that we would like the prison administration to resolve immediately."

Callers also utilized formal channels in order to address the issues they were facing. This included the filing of complaints to the privacy commissioner, the Human Rights Tribunal of Ontario, the Ombudsperson, and appeals of two previous CPSO complaints with the Health Profession Review Board. Callers are always encouraged to attempt to utilize formal channels in their complaint processes by JAIL hotline volunteers to, at the very least, register concerns in ways that will be documented in official statistics irrespective of whether internal and external bodies resolve the issues OCDC prisoners routinely face.

Prisoners' Justice Day Demands

"PJD emerged as a prisoner-initiated day of non-violent strike action to commemorate the death of Eddie Nalon in the segregation unit of Millhaven maximum-security penitentiary on August 10th 1974. It was first observed in 1975, and in 1976 the prisoners of Millhaven issued a communication "To All Prisoners and Concerned Peoples from Across Canada", calling for one-day hunger strikes in opposition to the use of solitary confinement and in support of prisoners' rights, in memory of Eddie Nalon and Robert Landers, who also died alone in solitary confinement... Since that time, PJD has become an internationally-recognized day of solidarity and action, both inside and outside the prison".²¹

Leading up to this year's edition of Prisoner's Justice Day / August 10th, individuals incarcerated at OCDC, both on the women's and men's sides of the institution have produced respective lists of demands regarding what is to be done in order to reduce the harm they experience (see *appendices 2 and 3*). The demands will be read at the PJD vigil at Major's Hill Park on August 10th beginning at 7:30pm.

Actions Taken by JAIL Hotline Volunteers to Address Issues at OCDC

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

²¹ See Larsen, Mike and Justin Piché (2009) "Plus ça change", *Journal of Prisoners on Prisons*, 18(1&2), page 10.

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 six months suggests there is much more work to be done to improve conditions of confinement at the Innes Road jail to the degree that is possible. 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 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 advocacy the JAIL hotline engages in is one that encourages people who are imprisoned 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 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 advocacy work undertaken by JAIL volunteers during our second quarter (see *Figure 8*), along with more detailed descriptions of what these activities have entailed to date.

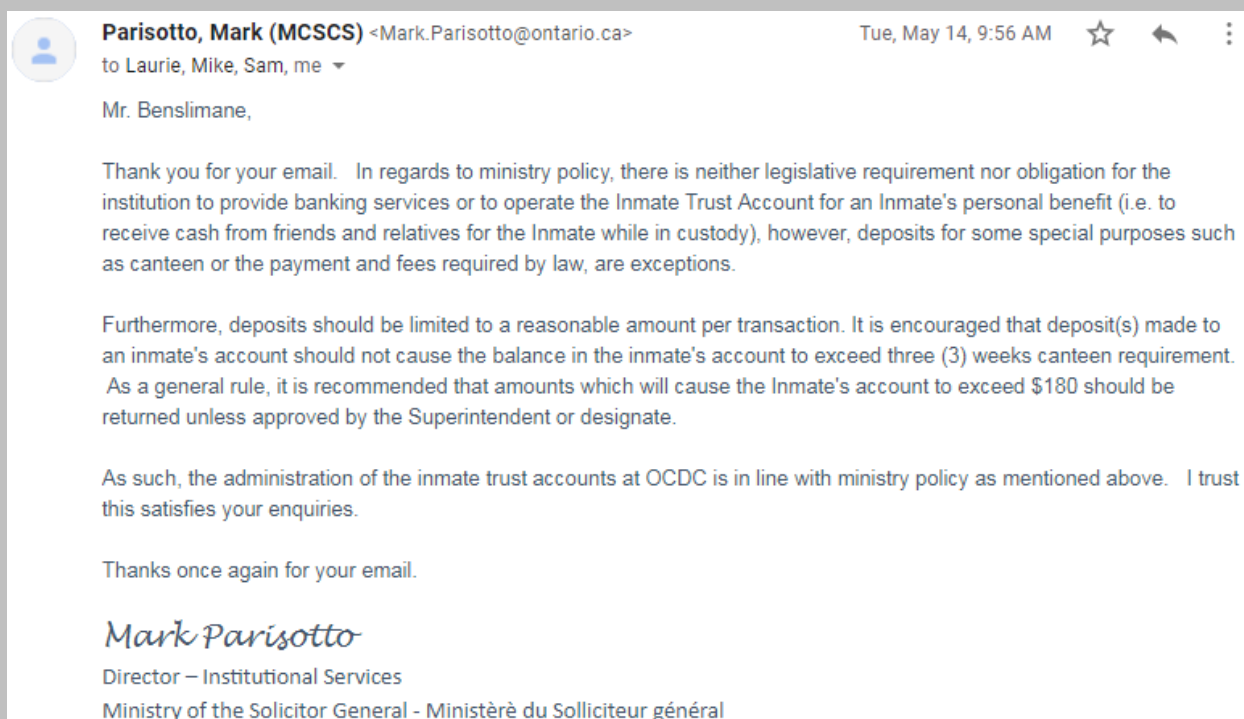
Advocacy Letters

Advocacy 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 (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.

In a recent attempt to address one of the strikers' demands to increase the canteen limit, JAIL hotline volunteers sent a letter to the Superintendent of OCDC and the Institutional Services Regional Director for the Eastern Region, and the Deputy Minister of Corrections. This correspondence outlined the issues around canteen outlined by callers and recommended that the canteen limit be increased. As we have mentioned in our first monthly report, the

new policy has forced prisoners to more actively coordinate contributions to their canteen accounts with multiple family members on the outside to ensure that they are not dropping off funds to an account that is already full. The inability for prisoners to call cell phones hinders their ability to coordinate these canteen deposits. Moreover, prisoners' families, including ones that do not reside locally, have to travel to the institution much more often following this policy change to deposit money more frequently. The problems associated with this 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. Despite the clear articulation of how the Ministry's policy adversely affects the people under its "care" and their families, the Regional Director responded to this letter after a month with the following (see *Box 1*) without providing a justification for why the measures associated with prisoner accounts were necessary or reasonable.

**Box 1: Correspondence from the
Director of Institutional Services, Eastern Region, MSG**



Given the problems associated with the policy changes discussed above, we recommend that:

- 46) The OCDC administration increase the *Trust Fund* limit to a maximum of \$480 and allow prisoners to create a designated list of people who can make contributions, who may or may not also be on the visitors' list.

Another issue we raised in advocacy letters that was also noted in the strikers' list of demands pertains to the OCDC administration blocking the magazine subscription of prisoners who already paid for them for no reason that can be validated by the Ministry's policies and procedures. As highlighted in the *Inmate Information Guide for Adult Institutions*, reading and accessing information that is commonly available to the public is a right held by prisoners and the Ministry encourages such practice.²² At OCDC, prisoners respect all the necessary steps to comply with the Ministry's directives in order to obtain magazine subscriptions, but the jail's administration refuses them access. We believe that OCDC is acting in a rogue manner and that the Ministry should oversee the practices of this institution that constitute clear violations of the authority bestowed upon it.

Here, by arbitrarily seizing the already-paid for subscriptions, OCDC is clearly in violation with the directives of the Ministry. We brought this issue to the Eastern Regional Director and his Deputy on April 18, 2019. Our correspondence went unanswered despite that the Deputy Regional Director informed a JAIL hotline coordinator that she will look into the issue herself. To break the silence, we followed up with these two senior officials on May 14 and June 3 over email. Unfortunately, we did not even get an acknowledgement from these public servants, let alone a resolution.

Similarly, to what we requested in the original email to the Ministry, we recommend that:

- 47) The MSG needs to ensure that the OCDC administration reinstate the delivery of the magazine subscriptions it receives in accordance with the Ministry's guidelines and that is also deliver all the magazines that have been accumulated in the personal effects of the respective incarcerated subscribers.

In light of the situation above, it is clear that the Ministry's discourse around being supportive of the right of prisoners to access information is hollow. Moreover, if the Ministry took the words contained in their policies more seriously, not only would magazine subscriptions not be blocked, but they would also provide prisoners access to the Internet, which would facilitate access to justice and connections to re-entry supports such as families.

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 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.

²² Retrieved from

https://www.mcscs.jus.gov.on.ca/english/corr_serv/PoliciesandGuidelines/CS_Inmate_guide.html#P382_53283

Contacting OCDC Administration

Phone calls to the administration and the health care unit at OCDC were made when an issue was identified as requiring urgent attention. Volunteers have had limited success corresponding with the health care 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.

Contacting the Community Advisory Board and the Ontario Ombudsperson

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. In many cases, the Ontario Ombudsperson's office could not help the callers with registering or resolving their issues. The quote that appears alongside this paragraph captures the frequently shared sentiment callers express to us when referring to trying to resolve matters through the Ontario Ombudsperson's office.

“”

"Useless. They never do shit."

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 CPSO. These complaints were all regarding restrictions to, and misadministration of, medication by health care unit staff.

Legal Information Team

The need for legal information and law-related research/tasks at the JAIL hotline is ever growing due to cuts to Legal Aid Ontario's budget by the provincial government. The frequent requests we have received prompted the creation of the Legal Information Team (LIT), comprised of a few University of Ottawa law students and professors, as well as lawyers, as part of the JAIL hotline initiative. The LIT provides legal information, not legal advice. JAIL hotline callers ask a plethora of questions pertaining to the challenging legal matters they face. LIT provides support to JAIL hotline volunteers and callers that exceed our limited knowledge of the law, which helps people behind bars access justice given the restrictive jail environment. In a spirit of solidarity and support, it is important for allies to organize on the outside to fill the gaps of the fissured (in)justice system. So far, the LIT provided callers with simplified information about HRTO hearing procedures as it figures in the *Statutory Powers Procedures Act* and other HRTO related documentation; information about section 21 assessment under the *Mental Health Act*; a one pager on, and the precedent-setting case related to, the HRTO interim remedy hearing; dozens of relevant caselaw; information about the *Good Samaritan Drug Overdose Act*; legislative parameters on parole revocation; information about Dangerous Offender/Long Term Offender designations;

information about the application of habeas corpus in carceral settings; and a memo highlighting some law and policy relevant to health issues that arise in custodial settings.

Media Interviews

During the second quarter of our operations we continued to participate in media interviews about the situation at OCDC and the JAIL hotline's work with outlets such as CFRA.

Presentations

JAIL hotline volunteers are also raising awareness through presentations to community groups and in academic forums. Recently, in order to address the long-standing issues with access to harm reduction and Opioid Substitution Treatment at OCDC JAIL volunteers hosted "Caging Isn't Caring: Responding to the Overdose Crisis Behind and Beyond Bars". The panel raised public awareness regarding the need to improve access to harm reduction in Ontario inside and outside its provincial jails and prisons.

Moving Forward

This report contains dozens of recommendations for change at OCDC informed by 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 1,500 calls in our first six months, and that our high call volume continues, it is clear that there are on-going problems at OCDC. 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 improving conditions of confinement for both prisoners and jail staff on unceded and unsurrendered Algonquin Territory. As we approach Prisoners' Justice Day August 10th, we commit to working with those incarcerated at OCDC to continue to resist the inhumane treatment they endure.

Appendix 1

Statement by an Anonymous Striker

The basis of the strike is mainly in part of the rules we feel are being imposed on us unfairly and unjustly. Our demands are straightforward and should be granted without us having to starve ourselves. There are few central issues that we would like the prison administration to resolve immediately.

1. We want OCDC administration to increase the limit of money deposits from \$180 to \$500 and to allow anyone on the outside to make these deposits

Since October 2018, the jail's administration enacted a new policy that limits the contributions we receive from our outside support networks to \$180. Prior to that, there were no limit. Besides, the administration decided that only the 6 people on one's visit list can make money deposits or send money orders through Canada Post. Given that the weekly spending limit is \$60, the new policy means that people have to come top-up our account every 3 weeks. What this does is that it causes great inconvenience for our families and friends who are forced to spend more money on expensive postal money orders, which we pay for out of our own pockets. This increases our financial burden. Some people might not have people in Ottawa. Buying postal money order and stamps is the only way they can receive money. Furthermore, the restriction on who can deposit money into our accounts decreases our ability to find alternatives and solutions to our already-scarce resources. Out of all the Ontario jails, the canteen policy at OCDC is the most restrictive one. By highlighting this, we do not want that the ministry subjects our fellow prisoners and detainees in other jails to increased restrictions. We are merely underscoring the fact that OCDC is one of the most punitive jails in Canada and that we do not deserve this harsh treatment.

2. We ask the ministry and Compass Group to decrease the prices of the canteen

Compass Group is a corporation that benefits financially from imprisonment. It's the company that provides the commissary in Ontario jails. The company charges us predatory prices. Some items are priced double or triple what they are offered on shelves. This predatory practice is happening under the purview of the Ministry of Community Safety and Correctional Services (MCSCS).²³ Therefore, the ministry is complicit in our exploitation. Especially that we are forced to supplement our diet with any foodstuff offered by the company that monopolizes the commissary market. We are forced to buy these products because we do not have any way of purchasing elsewhere. If the ministry is not able to pressure the company to decrease the prices in accordance with market value, we would like to be able to form a prisoner committee which enables us to order our own food from outside suppliers.

3. We request that Compass Group widens the variety of the products offered

Currently, Compass Group offers mainly junk food such as chocolate bars and candy. The Ministry is already allowing the COMPANY to feed us a poor diet high in empty carbs. We are forced to supplement this diet out of our own pockets, but we have no choice but to buy more empty calories which jeopardizes our health and ends-up costing society more in the long-run.

²³ This was the Ministry's name at the time of the strike. It is now the Ministry of the Solicitor General.

Some of us spend years in jail before going up for trial. During those years, our health deteriorates because we are not offered the necessary products to maintain our cleanliness. For example, we do not have access to floss or mouthwash. Racialized peoples cannot buy culture-/race-specific products to appropriately care for their skin and hair. We would like to see a wider selection of foodstuff and toiletries that suit our needs and help us maintain our health.

4. We request that the ministry increases our weekly spending limit from \$60 to \$100

The current spending limit has been in place for at least a decade and a half. As prices have been, and still are, going up, the weekly spending limit remains unchanged.

5. We demand that OCDC administration stop seizing our magazines

Our families pay for subscriptions to magazines such as GQ, Men's Health and Esquire. OCDC administration is seizing the same magazines that the Compass Group offers on the commissary. Clearly, the reading material does not compromise the safety, security, and good order of the institution if the commissary company is allowed to sell it to us. Besides, our families are paying for magazines that OCDC refuses to us. We think that OCDC administration is exerting its power arbitrarily and acting in violation of the directives and policies of the Ministry. We request that the Ministry displays a leadership role and urges OCDC administration to allow incarcerated people to access the magazines that their families have already paid for.

6. We are asking that the OCDC staff and administration respect our dayroom access time and provide the necessary cleaning supplies to maintain the cleanliness of our living units

In the maximum unit at OCDC, we are locked in our cells for the majority of the day. We are supposed to get 5 hours of access to dayroom time. However, the guards who work on the blocks steal time from us by either letting us out late or locking us up early. The staff is complaining to the administration that they are doing too much overtime hours. We understand their concerns. However, instead of punishing us for the administration's mismanagement of time, they should workout an arrangement that doesn't penalize us and rob us of out-of-cell time.

7. We need the Ministry to provide the proper healthcare

OCDC routinely refuses to provide us the necessary healthcare. Unlike people outside who can go to the emergency room when needed, we are at the mercy of a dysfunctional jail healthcare system. For example, some of us have to suffer from acute toothaches for weeks before the jail removes their ailing tooth. People who use opiates are denied the proper medical care and are abandoned despite staff and administration's knowledge of the severe withdrawal symptom and the potentially fatal consequences such abandonment can have.

8. We request that the Ministry changes all the air filters in the facility

The dust that comes out of the air vent on our cells is orange. This proves that the air conducts do not filter the particles. We have never witnessed the Administration clean the vents or change the filters.

Appendix 2

OCDC WOMEN'S SIDE *PJD 2019 Demands*

- 1) We request longer yard time. 2 x 20 minutes yard a day.
- 2) We need workout equipment in the Yard to stay healthy and active because of the sedentary nature of being in jail.
- 3) Stop making us choose between yard and medication.
- 4) We need more jobs being offered: cleaning, laundry, etc.
- 5) We need an Internal mail system between men and women throughout the jail (we have our boyfriends here and we would like to communicate with them).
- 6) Allow us to buy calling cards and to use them to call telephones directly. The Ministry only allow us to call landlines that can accept collect calls. This is furthering our isolation, exacerbating the hardships associated with incarceration, and hindering our access to justice. We would like to be able to call our circles of support and our lawyers directly.
- 7) We need better quality, healthier and less processed food, bigger portions, and healthy snacks in order to maintain our health.
- 8) We need the OCDC Administration to stop obstructing our windows. The OCDC administration sprayed our windows with opaque paint. We are already deprived of our freedom. Why further punish us for no reason?
- 9) We need the Ministry of the Attorney General to make bail programs low barrier because, if not, we already plead guilty to charges we are innocent of just to leave this hellhole.

Appendix 3

OCDC MEN'S SIDE *PJD 2019 Demands*

- 1) Provide calling cards and allow us to call cell phones directly. We need free and direct phone calls.
- 2) Allow incarcerated couples to write each other and allow us to access the Internet & cellphones to obtain information for various purposes (e.g. legal, educational, etc.) and maintain contact with loved ones.
- 3) Stop diluting medication in water and forcing people to perform degrading acts, such as opening and sticking our fingers in our mouths, in order to keep our medication and avoid being suspended.
- 4) Fund dental care.
- 5) Offer more drug treatment and mental healthcare - we would like to start our recovery process before being released - warehousing us in a jail does not help.
- 6) Implement faster healthcare delivery, especially with opioid substitution treatment.
- 7) Provide better and healthier food.
- 8) Make sure the jail is sanitary - get rid of the mold and black mold.
- 9) Professionally clean cells after people leave.
- 10) Sell nail clippers on the canteen.
- 11) Establish reasonable access to Indigenous services, including an Indigenous social worker.
- 12) Ensure that translation services are always available at courthouses.
- 13) Stop putting sureties through a strenuous and emotional process during bail proceedings.
- 14) Allow us access to contact visits.
- 15) Increase the weekly canteen order and the trust fund account limits.
- 16) Offer more jobs: cleaning, laundry, etc.
- 17) Improve the justice system - conditions here are so bad at the remand centre that it forces us to plead guilty to charges we are innocent of.
- 18) Ensure that guards and nurses wear their badges because we would like to hold them accountable and ensure complaint forms are available at all times on all the ranges.
- 19) Stop exploiting prisoner labour - pay incarcerated workers for their labour equally to workers outside the jail.
- 20) We need more programs and we need them to be available throughout OCDC.
- 21) We would like more academic and educational materials available (e.g. secondary and post-secondary education).
- 22) We request soft seating - we have nowhere to sit down that is not metal or cement except our beds.
- 23) We need more music channels to peacefully pass the time.
- 24) Create bail facilities that adopt a harm reduction approach for people who cannot stop using drugs - allow us to use tobacco products while in treatment.
- 25) Shift away from "bootcamp" facilities - treatment centres should foster an environment of care.

Appendix 4: Recommendations

Outdated and Expensive Phone System

- 1) The Ministry of the Solicitor General should allow prisoners to call any telephone number directly at no cost. Free phone calls for incarcerated persons have even been recognized as a necessity in numerous jurisdictions in the United States. For instance, Connecticut is preparing to provide this free service and San Francisco is poised to make their jail telephone system free for prisoners as well.

Bail, Transfer and Release Coordination

- 2) Bail bed program providers and residential treatment facilities need to implement seamless intake procedures that allow incarcerated persons to apply and go check on the status of their application without any barriers
- 3) The Ontario Ministry of the Attorney General should abide by their own Crown Directives in order to respect the numerous decisions of the Supreme Court of Canada, which stress “that liberty while awaiting trial is a basic principle underlying the judicial interim release process”, and to respect the rights of the accused as protected by the *Charter*, namely the right to be presumed innocent until proven guilty. If the Ontario Ministry of the Attorney General, through policies, practices, and laws exposes individuals who are charged with a criminalized act to punishment prior to being guilty, then it is in violation of the Canadian Constitution.
- 4) The Ontario Ministry of the Attorney General should abolish the surety system.
- 5) Rather than increasing the province’s human caging capacity, the Government of Ontario should create community-based spaces where we treat people who harm, or who are suspected of harming, others with dignity and humanity.
- 6) Residential treatment centre staff need to engage with their clients with care, respect and dignity.
- 7) Residential treatment centres in Ontario should operate using a harm reduction approach to deal with people who are living with drug use issues in order to decrease the chance of re-incarceration for drug use related charges.
- 8) The Ministry of the Solicitor General and the Government of Ontario need to create meaningful avenues for people in residential treatment centres to grieve the abuses and violations against their person.

Barriers Posed by Intake Procedures and Operational Rules

- 9) The Ontario Ministry of the Attorney General should ensure that bail beds programs are available for people facing a wider array of charges or previous convictions.
- 10) People released to community treatment centres should benefit from the adequate support and have access to resources such as academic learning, vocational training, family and recreational services, medical and mental health services, financial literacy

and the like to contribute to safe re-entry outcomes benefitting both criminalized people and their communities.

Issues Facing Indigenous Prisoners

- 11) The Ministry of the Solicitor General must ensure that Indigenous prisoners have access to culturally specific services by allowing people behind bars to place free and direct phone calls.
- 12) The Ministry of the Solicitor General needs to fill the vacant Indigenous Social Worker position at OCDC.

Issues Navigating Complaint Processes

- 13) OCDC needs to provide incarcerated persons carbonless copy request and grievance forms, such as the ones available in federal penitentiaries, as a means of accountability.
- 14) In the interim, OCDC should ensure that incarcerated persons have access to a photocopy machine so that copies of request and grievance forms can be made.
- 15) OCDC's administration should ensure that these forms are readily and anonymously available to incarcerated persons in all areas of the jail (including complaint forms to the College of Nurses of Ontario | CNO and the College of Physicians and Surgeons of Ontario | CPSO) as mandated by Ministry of the Solicitor General policies.
- 16) The Ministry of the Solicitor General should put in place accountability measures in order to ensure that OCDC sergeants and jail officers refrain from refusing incarcerated people getting access to established grievance avenues.

Failure to Display Identification

- 17) The OCDC administration and MSG order all jail staff to wear uniforms accordingly with the COCAP. This needs to be enforced immediately.

Concerns Regarding Reprisals

- 18) Under no circumstances should a person incarcerated at OCDC or any other site of confinement be transferred involuntarily.
- 19) A truly independent, accessible, prisoner-centric, and transparent complaint process should be created in order to ensure the safety of all incarcerated individuals. This can be carried out through the establishment of a grievance office, similar to the one in federal penitentiaries, but run by community members and incarcerated persons dedicated solely to hearing from incarcerated persons.
- 20) Similar to federal penitentiaries, OCDC should allow the creation of prisoner committees with elected chairs who are mandated to liaise with senior management at OCDC to improve conditions and relations in the institution on all ranges.

Issues with Jail Officers

- 21) OCDC jail officers should desist immediately from using violence against imprisoned persons.
- 22) OCDC jail officers who witness their colleague(s) abusing incarcerated people should actively break the cycle of silence/violence and hold their peers accountable.
- 23) The Ministry of the Solicitor General needs to ensure that health care staff are independent and can override the decisions of jail officers when the health of imprisoned persons is on the line.
- 24) The Ministry of the Solicitor General needs to ensure that jail officers are not overworked during long weekends and overtime hours in order for them to have healthy work environments where both the schedule of confined persons and their schedule is respected.
- 25) The Government of Ontario should put measures in place to alleviate the workload of jail officers by implementing alternatives to incarceration and stopping the criminalization of poverty, race, mental health issues, drug use, immigration, gender, sexuality, and disability.

Access to Justice

- 26) The Government of Ontario should reverse cuts they made to Legal Aid Ontario, which differentially target the most marginalized members of our communities
- 27) The Government of Ontario should expand the budget allocated to Legal Aid Ontario.
- 28) The Government of Ontario should reinstate funding for private lawyers to conduct bail hearings.
- 29) The Ontario Ministry of the Attorney General, the Ministry of the Solicitor General, the Human Rights Tribunal of Ontario, and the Human Rights Commission of Ontario should create educational materials for imprisoned persons to help them navigate the highly complex laws, policies, guidelines and procedures that impact provincial prisoners.
- 30) The Ministry of the Solicitor General needs to ensure that prisoners can call their lawyers' cellphones and offices directly.

Segregation

- 31) The Ministry of the Solicitor General should enact the recommendations outlined in *Segregation in Ontario: Independent Review of Ontario Corrections*.
- 32) The Ministry of the Solicitor General should work with the Ministry of Health and Long-term Care to expand the capacity to transfer OCDC and other provincial prisoners to hospitals and community settings to ensure their medical and mental health needs are met.

Medical Privacy

- 33) The Ministry of the Solicitor General should allocate funds to repair the examination room in the maximum-security area.

- 34)The Ministry of the Solicitor General should enact policies that safeguard incarcerated persons' medical privacy in a manner that is equivalent to how non-imprisoned patients' privacy is protected in outside hospitals and clinics.

Access to Medical Transfers

- 35)As an interim measure, OCDC staff and doctor should keep a record of all the requests made to transfer prisoners to the health care unit and, in cases of refusals to escort a prisoner, keep written records of such decisions and the reasons behind them.
- 36)The Ministry of the Solicitor General should issue new directives to jail officers to transport every prisoner who needs medical attention to the appropriate sector in the jail and prohibit them from refusing such transfers.
- 37)The health care unit at OCDC needs be better staffed and resourced to provide medical and mental health care in a timely and appropriate manner.

Access to Opioid Substitution Treatment

- 38)The Ministry of the Solicitor General should revise their policy around drug administration and prohibit the harmful practice of crushing and diluting medication in cases where it has not been ordered by the prescribing physician.
- 39)Admission and discharge officers at OCDC should inquire if newly admitted prisoners require Opioid Substitution Treatment.
- 40)Prisoners who request or indicate that they require Opioid Substitution Treatment 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 within 24 hours of their request.
- 41)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.
- 42)The Ministry of the Solicitor General should offer more accessible programs to support people who use drugs and/or are struggling with drug use.

Access to Timely and Equitable Medical and Mental Health Care

- 43)OCDC health care staff need to tend to patients within reasonable and brief delays, especially in adverse and painful cases, and for situations that can expose the patient or the people around them to harm.
- 44)The Government of Ontario should "transfer the responsibility of correctional medical, mental, and public health care delivery from" the Ministry of the Solicitor General to the Ministry of Health and Long-Term Care.

Access to Yard

- 45) OCDC should provide incarcerated persons access to yard every day to improve their mental and physical well-being.

Other

- 46) The OCDC administration should increase the *Trust Fund* limit to a maximum of \$480 and allow prisoners to create a designated list of people who can make contributions, who may or may not also be on the visitors' list.
- 47) The Ministry of the Solicitor General needs to ensure that the OCDC administration reinstate the delivery of the magazine subscriptions it receives in accordance with the Ministry's guidelines and that it also deliver all the magazines that have been accumulated in the personal effects of the respective incarcerated subscribers.