There is no dignity in prison

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Prisoners’ Legal Services

• Liberty rights under s. 7 of the Charter
• Human rights and health care
Correctional Service Canada

- There are about 14,000 people held in federal custody in Canada
- CSC estimates its expenditures for 2022-23 at over $3 billion
- 96% of federal corrections costs are attributable to custody
- CSC employs almost as many staff to work inside prisons as there are people in custody! (13,215)
- Health care staff represent only 5.6% of CSC employees who work for CSC (excluding community corrections)
- Correctional officers represent 43% CSC staff working for CSC (excluding community corrections)
Indigenous peoples in Canadian prisons

• 32% of people in prison are Indigenous; 50% of women in prison are Indigenous (Indigenous people represent 5% of the population in Canada)

• Canada spends almost $1 billion annually keeping Indigenous people in colonial prisons

• Policy prevents Indigenous people rated to medium or maximum security from going to Indigenous-run healing lodges.

• The number of beds at Indigenous-run healing lodges is less than 4% of the number of Indigenous people in prison.
Indigenous peoples in prison

• Indigenous people serve a higher proportion of their sentences in custody, rather than under community supervision.

• Indigenous people are significantly less likely to be released on parole (23.2% granted) than non-Indigenous people (40.7% granted).

• Indigenous people are more likely to be held in custody until their statutory release dates (74.4% for Indigenous people versus 55.8% for non-Indigenous people in 2017-18).

• Indigenous people are more likely to be held in maximum security and less likely to be classified to minimum security than non-Indigenous people.
Maximum security culture

The Office of the Correctional Investigator has reported on “a staff culture at EI that ...ran on fear, suspicion, mistrust, intimidation, harassment, bullying and abuse of power – among staff members. Tolerance for these behaviours, including use of vulgar, threatening and disrespectful language, conditioned how staff regarded and responded to inmates and contributed to the environment and dynamics that perpetuated and condoned group violence....”

“Guards would take him to blind spots and physically assault him. When in solitary confinement they stripped him of his clothing and threw cold water on him, and removed everything from his cell that could keep him warm. He had no bed to lay on, no blankets or clothing. He told me that the floor was cold and he constantly banged on the door shouting ‘give me back my fucking clothes’. He told me that he was frustrated, angry and couldn’t do nothing else but shout and cry.”
“[My brother] said that the guards ‘pissed in a mop bucket’ and told him to mop his cell with the urine in the pail. He refused and began swearing at the guards. He then become overwhelmed with emotions and you can hear it in his voice. [He] said, ‘I fought back Doll. I wasn’t going to mop my cell with pissy water, fuck that shit. I pissed one of the guards off, so he kicked over the mop water, spilling all over in my cell’. [He] then went onto say that what the guard did by spilling the pail in the cell, had angered him and then started ‘swinging punches’. [He] said that at this point the guards rushed him, tackled him down and beat ‘the shit out of me’. [He] started crying on the phone with me as he mentioned what they did to him next. He said they pulled his pants down and shoved the mop stick ‘up his ass’. He was raped by the guards wielding the stick. [He] told me he couldn’t ‘shit or sit for weeks’ while he was down in the hole [segregation] due to the damage from the rape.”
Who goes to max?

• *Security classification: Corrections and Conditional Release Regulations, s. 18*

• Based on:
  1. Risk to public safety
  2. Escape risk
  3. Degree of supervision and control required within the penitentiary ("Institutional Adjustment")

Maximum: Both high escape risk and high risk to public safety; OR high institutional adjustment rating
Use of force

- 47% of CSC’s uses of force involved one or more Indigenous person (2017-18)
- Correctional officers use force as a response to self-harm and for non-compliance
- Force may include spraying someone with pepper spray, tackling them to the ground, punching them, kicking their feet from under them, holding them down, shooting them with rubber bullets or cutting their clothes off
Symptoms of trauma

• Always being on guard for danger
• Self-destructive behaviour
• Irritability, angry outbursts or aggressive behaviour
• Negative thoughts about yourself, other people or the world
• Hopelessness about the future
• Memory problems, trouble concentrating
• Difficulty maintaining close relationships
• Feeling detached, lack of interest in activities
Solitary confinement

• Defined as 22 or more hours per day without meaningful human contact (Mandela Rules)
• Solitary confinement is considered torture or cruel treatment by the UN if used against people with mental disabilities or anyone for more than 15 days
• Previous segregation regime unconstitutional under s 7 and 12 of the *Charter*
Detaining people with serious mental illness in administrative segregation for any duration of time violates ss 7 and 12 of the Charter.

Serious Mental Illness includes major depression and post traumatic stress (PTSD).
Solitary confinement continues

• Structured Intervention Units
  • 28% of SIU stays constitute solitary confinement.
  • 10% of SIU stays constitute torture.

• Lockdowns
• Restrictive Movement Routines
• Observation cells
• Solitary by another name:
  https://prisonjustice.org/
  solitary-by-another-name-reporta/
Indigenous overrepresentation in isolation

- In 2018 Indigenous people represented 44% of people in administrative segregation.
- Indigenous people represent 39% of all SIU stays.
Symptoms of solitary confinement

• Anxiety and stress
• Depression and hopelessness
• Anger, irritability and hostility
• Panic attacks
• Worsened pre-existing mental health issues
• Problems with attention, concentration and memory
• Paranoia
• Poor impulse control
• Social withdrawal
• Outbursts of violence
• Self-harm or suicide
Failure to acknowledge harms

CSC medical professionals fail to acknowledge PTSD (unless we obtain an independent psych assessment).

“Mr. Toutsaint’s major depression and PTSD are so abundantly clear that I have to wonder why these diagnoses do not appear in any of the medical records I have reviewed about Mr. Toutsaint. Given that these diagnoses are exclusionary criteria for being placed in solitary confinement in Canada, I cannot help but wonder if mental health clinicians working in the Canadian prison system are asked not to use these diagnoses in their written reports...”
What can be done?

- Support Indigenous self-determination in establishing more community-based services and alternatives to prison.
- Establish First Nations courts and diversion.
- Know that torturing people in prisons does not result in better public safety. Supporting community-based services, housing and a living wage will keep people out of prisons.