

HELL HOUND #76



Barbara B
Freedom!

WINTER ISSUE 2014-15

- OUTREACH & SUPPORT SCHEDULE -

IMPORTANT: Programs run on one Unit only per month. If you want to see a worker or attend a program put in a request to the Volunteer Coordinator or the Social Work Dept.

PROVINCIAL (ON)

Men:

CECC – Groups/1on1: Sign-up sheet; Request to Social Work Dept; Call PASAN
CNCC – Groups/1on1: Sign-up sheet; Request to Social Work Dept; Call PASAN
HWDC – Call PASAN
MAPLEHURST – Call PASAN
OCDC – 1on1: Call PASAN
TEDC – Groups/1on1: Run twice a month; Call for a program on your unit
TSDC – Call PASAN

Women:

CECC – Groups: Every 2nd Wed of each month; Sign-up Units 8 & 9 Programs
1on1: Request to Social Work Dept. or call PASAN
CNCC – Every 3rd Fri of each month; Sign-up Unit 9 Programs
VCW – 2nd Tues & last Wed of each month Call PASAN

FEDERAL (ON)

Men:

We try to visit each prison at least 3 times a year. We visit: Bath, Beavercreek Min/Med, Collins Bay, Joyceville Min/Med, Millhaven, Pittsburgh and Warkworth.
We see people individually or in group settings and talk about HIV/AIDS, Hep C, Harm Reduction and Health Promotion. If you wish to know more or have HIV please contact us to find out when we will be at your institution.

Women:

GVI – Call PASAN

YOUTH (GTA)

We visit different youth facilities, group homes, etc. throughout the City of Toronto on a regular basis. For more info call Trevor.

**FOR MORE INFORMATION ON ANY OF THESE PROGRAMS
CALL PASAN COLLECT AT: 416-920-9567**

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- ABOUT CELL COUNT -

PASAN publishes 'Cell Count', 4 Issues per year. It is sent out for **FREE** to Clients & Prisoners. If you are on the outside or part of an organization, please consider a donation @ \$20 per year.

Publisher: PASAN
526 Richmond St E, Toronto, ON, M5A 1R3
Circulation: 1,700+ ~ Recirculation: ?,???,???
Editor: Tom Jackson

All original artwork, poems & writings are the sole (soul) property of the artist & author.

Fair Dealing in the Canadian Copyright Act: Sections 29, 29.1, 29.2: "Fair dealing for the purpose of research, private study, education, parody, satire, criticism, review, and news reporting does not infringe copyright."

- HIV+ CLIENT SERVICES -

In order to be a client & access these services you need to have confirmed HIV+ status.

- ◆ **PHONE HOURS** - Mon - Fri from 9-5, except Tuesday mornings
- ◆ **DROP-IN** - Mondays 1:30-3:30 (except holidays) Good food & 2 TTC tokens
- ◆ **NURSE** - 1st & last Monday 1:30-3:30 every month
- ◆ **ID CLINIC** - 1st & 3rd Thursday 1:00-2:30 every month
- ◆ **RELEASE FUNDS** - \$50 (twice a year max)
- ◆ **TTC TOKENS** - 3 per week Mon @ 10, or Tues @ 1:30 if Mon is a holiday
- ◆ **HARM REDUCTION MATERIALS** - Mon - Fri from 9-5, except Tuesday AM (Safer-Crack-Use-Kits, Safer-Needle-Use-Kits, Piercing Needles, Condoms, etc...)

Sometimes we and the phones are very busy so ... please keep trying !!!

- ARTISTS IN THIS ISSUE -

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**Cover: Brandon Barreira**

**Page 5: Peter Collins**

**Page 7: James Hough**  
~~~~~



- **EDITOR'S NOTE** -

Dear PenPals: Please write only to ads in this Issue, as most of the older ads aren't there anymore!



You can send more than one letter in an envelope - put the Code # at the top, your name & address on each. All undeliverable mail is destroyed.

Sorry folks, but this PenPal system is getting outta control! About 150 penpal ads come in for each issue & there's only space for 60. So it's the 'Grab-One-Outta-The-Big-Bag' method now. If your ad isn't in this one, send again for the next Issue.

It is a struggle doing all this on 3 hrs a day, so pls, respect, keep the calls short. 1-4 pm, no Voicemail.

- **MOVING ?** -

We get about 75 Cell Counts sent back to us each mail-out labelled, 'Not Here'.

Please help us reduce our mailing expenses by letting us know of any address change, ASAP! So, before you call your mom - let us know!

- **WORKLOAD** -

PASAN has been around for 23 years now and over the years our client population has increased dramatically.

As a result of this increase in workload, clients may not be able to spend as much time on the telephone with staff as we would like. The staff and volunteers are dedicated and committed and will continue to provide the best care possible.

Thanks for your patience and understanding!

- **ARTISTS & WRITERS** -

Let us know if you would like your work returned to you or sent on to someone else!

Artists: This publication is printed in B&W. That means 'high-contrast printing', no grey values. Pencil sketches get blown-away (don't expect good results). Black ballpoint or felt-tip penwork (tat-style) reproduces quite well. Try to work on paper with no lines & nothing on the backside (it shows through and degrades the image).

Consider the final print size: column width is 2.5, 5 or 7.5". Cover Art should be about 7x7". Artwork that is being reduced loses a lot of detail. Artwork cannot be enlarged (it gets really fuzzy & ugly).

Cover Art should not have the Issue # on it because if it is not used at that time, it would be really, really nice to use it for a future Issue!

Writers: We get a lot of great work sent in that we are unable to use because of very limited space. Apologies. Please consider the column width & keep articles/ poems tight & to the point. Honestly, the first items to go in are the ones that fit nicely & leave space for others - **quality & quantity!**

- **DROP-IN** -

PASAN CLIENTS

Mondays 1:30 - 3:30
See you then!

- **FAMILY VISITATION** -

F.E.A.T. for Children of Incarcerated Parents was founded in 2011 to support the needs of the over 15,000 children in the Greater Toronto Area that have a parent in the criminal justice system.

The Family Visitation Program

Would you like to visit a family member in prison? F.E.A.T.'s Family Visitation Program provides transportation on weekends for you and an adult to correctional facilities in Southern Ontario. During the trip, you will be able to talk to friends and mentors, play games and watch movies. Youth under 18 can visit their family member for free! If you are interested in participating in the program, please call or email F.E.A.T. to register today!

For more information or registration please contact Jessica or Derek Reid by email at info@featforchildren.org or 416-505-5333

- **CONTACT NUMBERS** -

If you are in any **Federal Inst** - call us
Toll-Free: 1-866-224-9978

If you are in any **Provincial Inst** - call us
Collect: 416-920-9567

- **CELL COUNT SUBS** -

SUPPORT ORGANIZATIONS:

Over the past 12 years this subscription list has grown from 700 to 1700 and all costs have more than doubled during this period.

We receive less than 20 paid subs for 'Cell Count' from organizations Canada-wide so we've had to pare-down our mailing list so we can get more copies inside where they are much needed.

Cell Count may be viewed or downloaded at pasan.org for free. We urge you to help us out by using this method if you do not need to have a physical subscription.

If your org has paid for a sub - don't worry, you're still on our mailing list! Oh yeah ... Thanks!



- **NURSE** -

A Nurse at PASAN!

On the 1st & last Monday of every month
1:30 - 3:30

- Information and education regarding:
 - Medications
 - Nutrition
 - Community Health Resources
 - HIV/AIDS understanding
 - Complications to HIV/AIDS (eg: Opportunistic Infections)
- Assessments of emerging health issues
- Management of existing medical conditions or follow up(s)
- Communication with community/ institutional health care providers for access,
- To clarify or communicate health information and to advocate for health service provisions
- Communicating findings and follow-up plans and accountabilities with PHAs and PASAN primary workers (or delegates)

~ Please Sign Up at the Front Desk ~

- **ID CLINIC** -

The Partners for Access and Identification (PAID) project opens doors and breaks down barriers for individuals who do not have a fixed or permanent address.

The ID Clinics are held at PASAN on the 1st & 3rd Thursday of each month
1:00 - 2:00

We begin by helping individuals obtain vital identification such as:

- Ontario Photo Health Card
- Canadian Birth Certificate
- Record of Landing
- Social Insurance Number

The project operates at various sites across the city of Toronto. The PAID Project also connects individuals and families to other services, such as:

- Primary health care facilities
- Sources for housing
- Sources for food
- Legal Aid

We also provide guidance and awareness regarding other programs that are available, including community-based support services.

For more information, please call:
Neighbourhood Link Support Services at
416-691-7407

PASAN has MOVED!
526 RICHMOND ST E
Toronto, ON, M5A 1R3

Medical Health?

While at E.I.F.W. I recently had severe numbness on the right side of my body. The two officers I called took me down to V&C to wait for a Mental Health nurse. A Mental Health nurse for a Medical Health issue? What the hell?

I went with them and waited for the nurse, any nurse (Mental Health or not). I had to wait close to half an hour, then I just went back to my house since I kind of felt my medical health was not important to them.

I will never again ask for the medical clinic's help. I've had problems trying to get help from them with no success.

So I'll wait to see a professional when I leave custody if I survive that long. I will sue them if I survive a medical emergency.

Unity

This jail stopped letting us have Cell Count because we were finding out shit at other jails and just more bullshit than anything else. More stuff they can take from us, right?

Just like in the Federal System there's no more unity. Everyone's out for themselves and they are letting CSC walk all over them and take everything we fought so hard to get. It's sad!

Come on people, it's not 'What's this guy in for?', 'Oh, what about that guy?'. I remember a time when you never asked those questions!

It's Us against Them, remember this because if you don't, sooner or later you'll be sitting in a cell with nothing.

Remember, we're a Brother and Sisterhood.

Common Respect

Just starting a Life bit in MAU. Wow, how things have changed.

Cons talking (screaming) 2-3am, cons flushing toilets 2-3am, place being run like a Provincial Jail.

Cons saying the word 'Respect', when in my opinion they do not know the definition or what the word means.

GP & PC mixed, not too much conflict, but in my opinion PC has way more respect for the rules which have been in place for many years.

Rules like 'No flushing toilets 11pm-7:30am on weekdays, 11pm-11am on weekends' and 'TVs: earphones after 11pm' = common respect for everyone's sleep.

All oppression creates a state of war.
- Simone de Beauvoir

Penpal Program for Gay, Queer, Trans Prisoners

The Prisoner Correspondence Project runs a penpal program for gay, lesbian, bisexual, transsexual, transgender, and queer prisoners in Canada, pairing them up with gay and queer and trans people outside of prison for friendship and support. We also coordinate a resource library of information and resources related to health, sexuality, and prisons - get in touch with us for a list of resources we have, or for details.

If you want to be paired up with a penpal, please send a short description of yourself & interests to:

Prisoner Correspondence Project
c/o QPIRG Concordia
1455 de Maisonneuve W.
Montreal, QC H3G 1M8

Please indicate whether you would rather correspond in French or in English - Veuillez svp nous indiquer si vous préférez de correspondre en anglais ou en français. Everything is free of charge.

Prison Radio



- Montreal - CKUT 90.3 FM
Prison Radio Show - 2nd Thurs 5-6 pm
- Guelph - CFRU 93.3 FM
Prison Radio - Thurs 10-11 am
Call-in 519-837-2378
- Vancouver - CO-OP 100.5 FM
Stark Raven - 1st Mon 7-8 pm
- Kingston - CFRC 101.9 FM
Prison Radio - Wed 7-8 pm

This program features content produced by CFRC volunteers and by other campus and community radio broadcasters, including CKUT Montreal's Prison Radio and Vancouver Co-op Radio's Stark Raven programs.

The last Wednesday of each month, CPR features 'Calls From Home', sharing letters, emails, voice messages and music requests by and for prisoners and their loved ones.

Prisoners and their loved ones are invited to contribute music requests, messages and suggestions for the program.

Write: CPR c/o CFRC, Lower Carruthers Hall, Queen's University, Kingston, ON, K7L 3N6

Email: CFRCprisonradio@riseup.net

Call Toll-Free: 1-800-440-5219 to record a message or music request to be broadcast On-Air.



Concrete Blossoms

Calling All Trans-Women and Women !!!

Announcing a new column with an opportunity to share your experiences and ideas that you think any Trans-Woman or Woman should know about being on the inside.

Ask questions about Sexual Health, Tattooing, Piercing, HCV-HIV-AIDS, Self-Harm, Incarcerated Women's Issues and get the answers you need! Published contributors will also receive a certificate stating that their work has been published in a National Newsletter.

The Rose that Grew from Concrete

Did you hear about the Rose that grew,
from a crack in the concrete?
Proving Nature's Laws wrong,
it learned to walk without feet.

Funny it seems, but by keeping its dreams,
It learned to breathe fresh air.

Long live the rose that grew from concrete,
when no one else ever cared.

- Tupac Shakur

Write to: **Concrete Blossoms** c/o PASAN

Creativity comes from trust.

Trust your instincts.

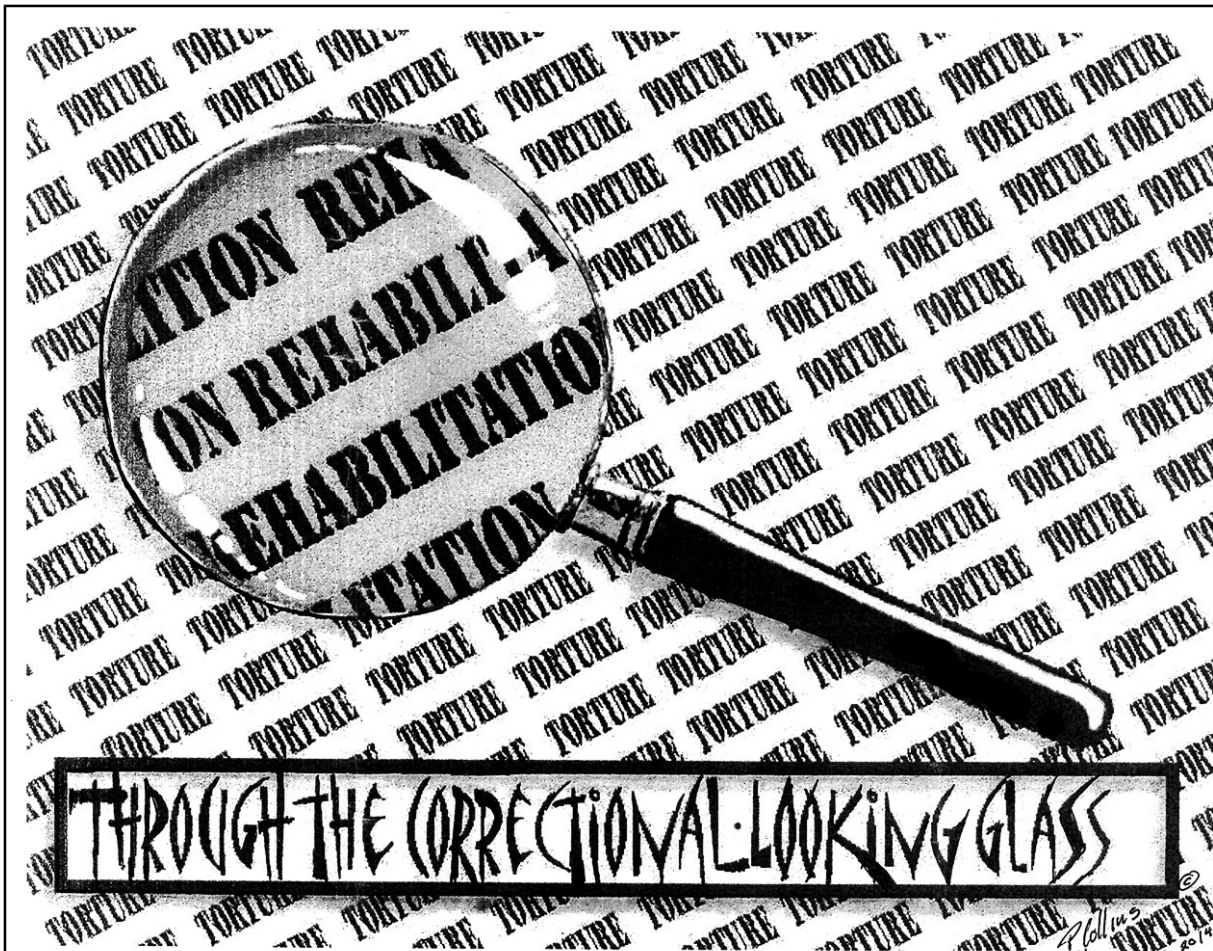
- Rita Mae Brown

Today's mighty oak is just yesterday's nut,
that held its ground.

- David Icke

There came a time when the risk to remain
tight in the bud was more painful than the risk
it took to blossom.

- Anais Nin



Cruel and Usual Punishment: Solitary Confinement in Canadian Prisons

On any given day, there are 850 offenders (about 5.6% of the prison population) in solitary confinement in Canadian federal prisons. Some of these inmates have been isolated for more than four months. Many are young. Many have serious mental health problems. Is this acceptable practice or is this torture?

Solitary confinement, defined as physical isolation for 22 to 24 hours per day and termed “administrative segregation” in federal prisons, has substantial health effects. These effects may develop within a few days and increase the longer segregation lasts. Anxiety, depression and anger commonly occur. Isolated prisoners have difficulty separating reality from their own thoughts, which may lead to confused thought processes, perceptual distortions, paranoia and psychosis. In addition to the worsening of pre-existing medical conditions, offenders may experience physical effects, such as lethargy, insomnia, palpitations and anorexia.

Those in solitary confinement are at increased risk of self-harm and suicide. Over the past three years, nearly half of suicides (14/30) in federal prisons occurred in segregation cells; most of these inmates had known serious mental health conditions.

The mental and physical health effects are thought to be a result of the profound lack of stimulation and social interaction that occurs in solitary confinement, combined with the lack of control over daily life inherent in incarceration. Under Canadian regu-

lations, inmates may be segregated if the institutional head believes the inmate may be at risk of harming others, being harmed or interfering with a criminal investigation. Isolation can be voluntary, but most placements in federal prisons (83%) are involuntary or are for disciplinary reasons.

A growing body of literature shows that solitary confinement can change brain activity and result in symptomatology within seven days. The effects may resolve after the offender is reintegrated into the general prison population. Some effects may be long term or permanent in those who are isolated for lengthy periods, particularly if they are young or have pre-existing mental health conditions. Long-term effects include impaired memory, confusion, depression, phobias and personality changes, which may affect the offender’s ability to successfully reintegrate into society upon release.

Because a fundamental purpose of incarceration is to “prepare offenders for their safe, gradual and structured release to the community,” placing inmates in lengthy segregation that results in damage to their mental and physical health is counter to that goal. Yet the use of solitary confinement is becoming more common in federal prisons (an increase of 6.4% over the past five years), and stays can be long. Inmates placed in segregation are also those more likely to be at risk of associated health effects.

In 2011/12, nearly 25% of the entire population in federal prisons spent some time in segregation. Violent offenders are the largest category of isolated prisoners, but younger offenders are nearly

twice as likely to be segregated as the general prison population (7.1% v. 3.7%). Offenders with concurrent substance abuse and mental health disorders are also more likely to be isolated. The average length of stay in isolation is 35 days for a man and 7 days for a woman; 16% of those segregated are there for more than 120 days. Those placed in solitary confinement are often sent there again. Although Aboriginal people comprise about 4% of Canada’s population, they are overrepresented in prisons, accounting for 23% of the prison population. If incarcerated, nearly one-third spend some time in solitary confinement, for an average of five days longer than a non-Aboriginal offender.

The Correctional Investigator, appointed as ombudsman for federal offenders, has repeatedly called for a prohibition on long-term segregation of seriously mentally ill, self-injurious or suicidal inmates. The United Nations Special Rapporteur of the Human Rights Council has said that any period of more than 15 consecutive days in solitary confinement constitutes a form of torture and that lengthier terms, isolation of juveniles and use of segregation for punishment should be prohibited. Even shorter periods can be deemed torture or cruel, inhuman or degrading treatment or punishment, because of the substantial effects on health. There may be exceptional circumstances when offenders need to be isolated for their own safety or for the safety of others. However, the duration should be as short as possible, for a defined length that is communicated to the offender and with measures in place to reduce health effects. Other options for handling inmates at increased risk of health effects (e.g., youth, those with mental health conditions) should be explored. At its 2014 annual meeting, the Canadian Medical Association passed a resolution, committing to work with Correctional Service Canada to address the medical and psychiatric implications of solitary confinement. With this initiative and those of the Correctional Investigator and others, we trust that the practice of solitary confinement, first started 200 years ago, will have had its day.

Diane Kelsall MD - Editorial
 Canadian Medical Association Journal
 Nov 17, 2014

Prison watchdog says offenders need more preparation before released

Howard Sapers, the federal correctional investigator, says too many inmates are being released into the community without adequate preparation, in his annual report tabled in Parliament today.

It includes a special focus on "barriers to safe and timely reintegration of offenders" in a separate report entitled *Overcoming Barriers to Reintegration: An Investigation of Federal Community Correctional Centres*.

Sapers says more offenders are staying longer in higher security prisons where access to reintegration programs is the most restricted.

The majority leave prison by way of statutory release at the two-thirds point of the sentence, rather than on parole, which means they get limited supervision — if any.

Sapers says it's less costly and more successful to reintegrate offenders into the community via graduated and structured releases.

He says it's in no one's interest to return offenders to the community when they are embittered by their time in prison, rather than provide them with opportunities for positive change.

"Offender rehabilitation and community reintegration is extremely complex and challenging work. It's work that begins at the point of admission to federal custody," Sapers said at a press conference Wednesday to discuss the report.

"I believe that the 16 recommendations presented in my annual report will help achieve these purposes."

The report's key recommendations include equipping so-called community correctional centres, where offenders reside while being conditionally released into the community, with nurses, social workers and psychologists.

Sapers urges government to respond

In his annual report to Parliament last year, Sapers detailed concerns about conditions of confinement, access to health care and programs, as well as issues specific to mentally ill inmates, aboriginal offenders and federally sentenced women and other issues.

A few months later, Sapers said he was frustrated with the lack of response by the Correctional Service of Canada following his last annual report.

Asked Wednesday if the government was heeding any of his recommendations, Sapers said he had recently met with the minister in charge and the federal commissioner of corrections.

"The response though has been a little challenging. We're still waiting for the response to some of last year's annual report recommendations.

"We're waiting for a response to the recommendations from our systemic investigation into women who chronically self-injure. That report is now a year old. It was delivered to the Correctional Service

last September," he said.

"We know that the responses to these recommendations is going to be tied in to the government's comprehensive response to the jury recommendations that came from the inquest into the death of Ashley Smith.

"What I say to the government is, it's time that we had a response. It's time that we knew what steps were being taken because these issues address the ability to prevent deaths in custody. It's very important," Sapers said.

The Canadian Press
Oct 08, 2014

We live on the leash of our senses.
- Diane Ackerman

A long habit of not thinking a thing wrong, gives it a superficial appearance of being right.
- Thomas Paine

We must not allow ourselves to become like the system we oppose.
- Desmond Tutu

Another world is not only possible, she is on her way.
On a quiet day, I can hear her breathing.
- Arundhati Roy

Number of Aboriginal Women Behind Bars Spiking: Report

OTTAWA - Emily, an alcohol-addicted young Inuit woman racked by painful memories of sexual abuse, went to jail for manslaughter in 2009 — joining what a newly released report calls one of the fastest growing segments of Canada's prison population.

The number of aboriginal women who were locked behind bars in federal institutions grew a staggering 97 per cent between 2002 and 2012, the study by the federal Justice Department concluded.

By comparison, the number of aboriginal men increased by a comparatively small 34 per cent during that time.

"Aboriginal women are particularly over-represented as offenders in female institutions and correctional services," said the 2013 report, obtained by The Canadian Press under the Access to Information Act.

"This representation has been growing in recent years and at a faster rate than aboriginal male offenders."

The focus of the study is female aboriginal offenders — a group largely neglected by other research, the study concedes, although the Office of the Correctional Investigator has also studied the issue.

"The over-representation of aboriginal people in the Canadian criminal justice system has been acknowledged as one of the most challenging aspects facing the justice system today," it said.

"However, much of the attention to this over-representation has been focused on aboriginal people as a whole, without giving appropriate attention to the unique situation of aboriginal women as

offenders." The report found common threads among aboriginal women in the criminal justice system.

They tended to be slightly younger than non-aboriginal women, had less education and struggled to find work. Substance abuse was also rife among female aboriginal prisoners.

"Among all those admitted to sentence custody, aboriginal women were assessed as having higher levels of need compared to non-aboriginal female offenders in all need areas," the study said.

The document also sheds some light on the crimes that landed the aboriginal women covered by the study behind bars in the first place.

Two out of every three aboriginal women were put into federal custody for violent crimes, such as assault, uttering threats, robbery, sexual assault, criminal harassment, forcible confinement and murder.

That number drops to one in three for non-aboriginal women, leading the report to conclude that, "Aboriginal women were substantially more likely than non-aboriginal women to have been admitted to custody for a violent offence."

That was the case with Emily, a 31-year-old from Cape Dorset, Nunavut, who spent five years in jail for manslaughter.

Emily — not her real name — was living on the streets of Ottawa with an alcohol addiction. She says she started to drink when she turned 18 after a traumatic childhood in which she was molested at age seven and raped at 14.

"Trying to numb the pain," she said in an interview, her voice barely more audible than a whisper.

"But it kept coming back." Emily had previously served time in a provincial jail in 2004 for assault and aggressive behaviour, which

she blamed on her drinking problem — same as in 2009, when she got into a fight with another woman.

She fought back, but went too far, she said, and the other woman was killed.

Emily went from the Ottawa-Carleton Detention Centre to the Grand Valley Institution for Women in Kitchener, Ont., to the Joliette Institution for Women.

She was released in September, and has stopped drinking, she said.

The government study found aboriginals represent 34 per cent of all female and 22 per cent of all male prisoners in federal institutions.

The numbers were slightly higher for both aboriginal men and women in provincial and territorial facilities.

Kim Pate, executive director of the Canadian Association of Elizabeth Fry Societies, said a number of factors — including mandatory minimum sentences and more limited conditional release options — add up to a higher incarceration rate for society's most marginalized people.

"The trajectory we're on doesn't create a lot of hope for very positive interventions," Pate said in an interview.

"So one of the things we would very much like to see, in addition to accountability within the system and judicial oversight, (is) also a concerted effort to develop services in the community so individuals are prevented from being criminalized in the first place, if at all possible."

Steve Rennie
The Canadian Press
Dec 02, 2014

Transgender Inmates say they Face Abuse in Federal Prisons

Reports of abuse from guards as well Transgender inmates in federal prisons claim they're being harassed and assaulted in custody, according to documents obtained by the CBC through access to information.

The documents allege abuse not only by prisoners, but prison guards as well. The Correctional Service Of Canada won't comment on the allegations, but says complaints are dealt with.

"We've received complaints including sexual assaults, harassment and also complaints about access to medical treatment," said Correctional Investigator of Canada Howard Sapers, The office is an independent body that investigates complaints within the correctional system.

At times, Sapers says transgender inmates are placed in solitary confinement for their protection. However, he is concerned about the overuse of segregation.

"We find that the Correctional Service is relying on segregation as a population management tool," he said.

Change is needed

Jack Saddleback, a transgender activist, said more needs to be done to protect transgender people, who he says are vulnerable.

"It's just horrible to think that trans people are put

as second class citizens," he said. "It's a reflection of how much more education we need regarding gender identity, regarding gender expression and regarding cultural sensitivity."

Kyle Kirkup, a researcher at the University of Toronto Faculty of Law says the government needs to update its policies for transgender prisoners. He says transgender inmates would appear before a recognized psychiatric expert to be assessed.

"Transgender people should be allowed to self identify their gender for legal purposes," he said. "So, a person would be asked at admission phase whether or not they would prefer to be place in a men's facility or a women's facility."

Lars Hagberg
Canadian Press/ CBC News
Nov 20, 2014

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Have you ever been hurt and the place tries to heal a bit, and you just pull the scab off of it over and over again.

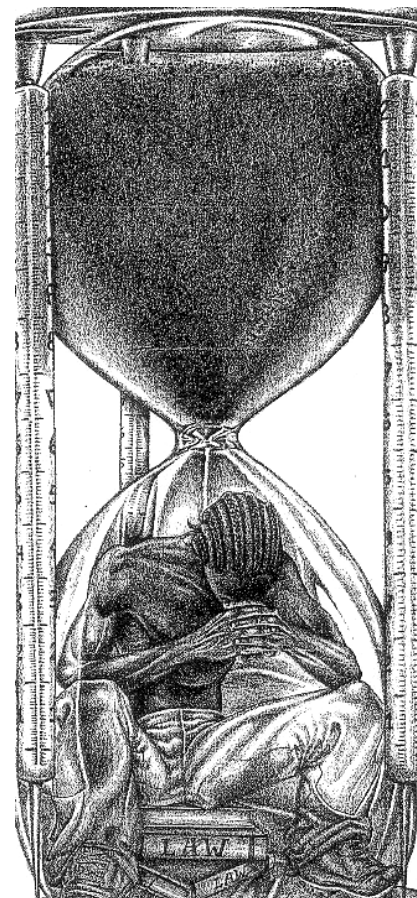
- Rosa Parks

You are unique, and if that is not fulfilled, then something has been lost.

- Martha Graham

Hunger makes a thief of any man.

- Pearl S. Buck



### **Fearful Prisoners Postpone Parole Reviews, expert says**

A culture of fear within Canada's correctional system is keeping an increasing number of offenders behind bars and costing taxpayers more money, a former high-level public servant says.

Parole Board of Canada documents, acquired by the Citizen under access to information laws, contain figures that show the number of offenders asking to have their parole reviews postponed has spiked in recent years.

"Postponements, I think, are part of that atmosphere of denials and fear and over-cautiousness on the part of both the board and (Correctional Service Canada)," says Mary Campbell, who was director general of corrections and criminal justice at the Department of Public Safety for 10 years.

By law, federal prisoners become eligible for full parole — a type of supervised release into the community — after serving one third of their sentence. At that point, they can schedule a review before the Parole Board of Canada, which will decide whether to grant parole. If denied full parole, offenders must wait two years before becoming eligible for another review.

Their other option is to ask to have their review postponed.

According to an April 2014 briefing note to parole board chair Harvey Cenaiko about managing the agency's workloads, the board considered a total of 2,239 postponement requests in 2012-2013. Last year, requests jumped to 3,254 — an increase of slightly more than 45 per cent.

Board members can also postpone parole hearings for administrative reasons, and there is a time

delay between when the parole board receives an offender's postponement request and when it makes a decision to either accept or deny it.

In its most recent performance report, the PBC said the number of parole reviews delayed due to postponements rose 31 per cent compared with last year. In 2011-2012, a total of 3,078 reviews were postponed. In 2012-2013, the number was 4,047. A parole board spokesperson was unable to say why postponements are on the rise. However, Nadine Archambault wrote via email that "as the Corrections and Conditional Release Act, the legislation governing the Board, specifies when and how the Board conducts reviews, many factors affect the number of cases that come before the Board for decision."

Campbell, who retired in 2013, says more offenders are likely asking to postpone their parole reviews because they believe their chances of being granted parole are slim. They're opting instead to take more time to complete prison programs or work — anything to look better on paper, she says. "You have to look at the whole situation to get a sense of what's going on," Campbell says.

In March 2011, the Conservative government enacted legislation to eliminate accelerated parole review, which had allowed some first-time, non-violent offenders early access to a parole board review. With accelerated parole review gone, fewer prisoners were eligible for parole, and fewer went on parole.

Campbell, a lawyer by background, says this type of legislation has chilled the correctional system. It's likely case workers are warning offenders their chances for parole aren't good, or prisoners are aware of the falling grant rate for full parole, hence

the postponements, she says.

Campbell says government reports about conditional release that show an increase in the use of parole are inaccurate. She says the figures don't take into account some of the pertinent baseline numbers, including the continuously growing prisoner population.

According to data from Public Safety Canada, in 2009, 27 per cent of federal offenders were out on full parole. That number, which has since fallen consistently, was 21 per cent last year. Campbell says the slimming number of people on parole and the all-time high prison population leads to costly overcrowding.

Officials estimate that the yearly taxpayer cost to maintain a male offender in prison is \$117,788, versus \$35,101 to keep him in the community on either parole or statutory release. The federal government is expected to spend \$2.3 billion on corrections in 2014-2015, despite low crime rates.

"People benefit from being out on supervised release and as soon as they're ready to go and it's safe for them to go, they should be out," Campbell says. Parole gives offenders the chance and tools to re-integrate into society, she says.

There's no evidence cutting back on parole leads to increased public safety, either, she says. "So why have a system that keeps more people in longer, at much greater expense, with no public safety benefit?"

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Emma Loop
Ottawa Citizen
Dec 14, 2014

Prison Bus offers Lifeline for Inmates and Families to Stay Connected

It was still shy of 8 a.m. on a Sunday as a 24-seater diesel bus clattered along Hwy. 400 past Vaughan Mills and Canada's Wonderland. It was packed, blue seats filled with women and children, remaining space jammed with toys and coolers and cases of bottled water for the trip ahead.

The bus was bound for the Beaver Creek Institution, an amalgam of a minimum-security facility and the former Fenbrook medium-security federal prison, a dozen kilometres outside the picturesque Muskoka town of Bracebridge.

Jessica and Derek Reid — a father-daughter duo who pinch pennies and fundraise to keep a bus on the road shuttling families from the GTA to visit loved ones in faraway prisons — were handing out Lysol wipes.

Riders wiped earrings and rings, scrubbed under fingernails and brushed over coins and driver's licences. "My whole life was in Ziploc bags this morning," said Ashley, a 22-year-old student and bank employee going to visit her boyfriend.

Derek told first-timers what to expect: there would be a security check, a scanner that picks up even minute traces of substances, sniffer dogs. Every couple of months, someone isn't allowed into the prison. And it's not always for reasons you'd expect: once, a boy visiting alongside his septuagenarian grandmother was denied entry because traces of heroin were detected on the brim of his ball cap, recently purchased from a Goodwill store.

So, they err on the side of caution.

The mechanical health of the blue and white 2007 bus was a constant topic of conversation among the riders, its longtime driver and the Reids. It clocked 444,000 kilometres before it broke down for good in September.

The Reids have since leased a new bus, but it's proving tough to raise the money to pay for this, the family visitation program run by their organization, F.E.A.T. for Children of Incarcerated Parents.

It provides transportation to and from penitentiaries and provincial jails on weekends for \$35 round trip, with children riding free. Getting from Toronto to penitentiaries hundreds of kilometres away would otherwise run well over \$100 per trip, making the trip impossible for some.

"For many families, the only way they can maintain contact is through this bus," said Jessica.

While the organization, founded by Jessica in 2011, has a slew of big-name funders for other programs geared to supporting kids with a parent in prison, the prison visits remain a hard sell to donors. Some money has come from prisoners themselves, who raise funds through inmate committees.

"For me, it shows — and it should show others — how important it is for them," said Derek.

Like it or not, he added, most of those currently in prison will be getting out. Those who maintain or even mend ties with their families are less likely to reoffend. Since its inception in August 2012, the program has shuttled more than 300 families for visits and seen just over 50 inmates released.

Of those, one former inmate has been charged, though so far not convicted, in another crime. Several more have violated parole conditions through

failed urine tests.

While recidivism estimates vary, they tend to range from about 30 to 40 per cent.

Ashley, whose boyfriend has been behind bars for about two years, said it's important that inmates get support. "They're there alone, just with their mind, all the time," said Ashley. "Definitely it takes a toll on mental health. It's important for them to know they still have somebody when they come out."

The family visitation program takes a holistic approach. Jessica and Derek arrive to meet the bus at 7 a.m. in a parking lot and exchange greetings and jokes. Derek dispenses handfuls of change for the vending machines in prison.

They make the 12-hour or longer journey every Saturday and Sunday, providing support, information, a listening ear or a caring shoulder.

And riders bond together, too.

"It's like a peer support group that's developed," said Jessica. "It's nice for everyone on the bus that everyone here is going through the experience, so they know they're not alone."

On one morning when the Star went along for the ride, much of the early chat was about Jessica's recent 270-kilometre fundraising trek from Toronto to Kingston, home to a half-dozen prisons and jails is the bus's destination each Saturday. Over her eight-day walk, she brought in about \$16,000.

It was something, said Derek. "But it's still a far cry from what we need."

A new bus costs about \$70,000.

The seeds of the organization were sown when Jessica was working in Alberta as a teacher. Several of her students had parents in prison and she saw first-hand how difficult it was for them to be separated.

"That was something that hit home with me," said Jessica.

Jessica lived the first 25 years of her life without knowing her father; Derek learned of her existence only a couple years ago. When Jessica moved back to Ontario in August 2011, they met for the first time.

Derek had spent his career on Bay Street and was looking for a change. They discussed Jessica's idea — some way to help kids with a parent in prison. F.E.A.T. is what they came up with.

Jessica threw herself into it full-time and Derek left Bay Street to be her sidekick, providing financial know-how and taking care of the numbers.

At the prison, a small crowd fidgeted in a waiting room equipped with battered lockers along two

FEAT Prison Bus Service



Staff photo: Mary Gaudet, Etobicoke Guardian

Derek Reid and daughter Jessica Reid, co-founders of FEAT For Children, show some of the toys kids going to visit a dad in prison can use while riding the bus. Kids and caregivers can travel to federal institutions near Kingston each Saturday and Sunday. Maintaining family ties makes it easier for fathers to rejoin society and less likely their kids will one day end up in the same position. But the service costs \$40,000 a year, and the bus will soon need to be replaced.

walls and a bench down the middle.

Outside, two Correctional Service Canada vans drove around and around the perimeter of the medium-security facility. Tattered posters warned about drug smuggling, untoward behaviour and weekend dress codes. Veteran visitors explained the arduous procedures to newcomers, comforted frayed nerves.

"I'm a little nervous," said Ashley.

"Last time was my first time, I was a wreck," said Esther, 34. Jessica gave her a lift from Hamilton that morning.

"(Jessica and Derek) cater to each person who needs something," said Esther. "They see us as individual people, not just numbers."

Another young woman, Ashley, brought her 2-month-old son to visit his father.

The baby's first trip was when he was just a few days old. It's important to Ashley that her son grow up knowing his father.

"It's honestly a really good thing," said Ashley.

"They help people stay connected with their family. If it wasn't for this bus, my boyfriend would never have seen his son. That's what's important to me."

One by one, visitors were let through the grey door to go through security check; it took more than an hour to process about a dozen people. Jessica and Derek waited, just in case someone was turned back.

Everyone got in on that Sunday.

Jessica McDiarmid

Toronto Star

Nov 9, 2014

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Never interrupt someone doing what you said couldn't be done. - Amelia Earhart



**'They were God, We were Nothing':  
Struggles with Solitary Confinement  
in Canada**

Stacey Swampy once spent five months in solitary confinement in an Alberta prison.

"You ever see those commercials with those people that have those caged animals? How beaten down, broken, starved the looked. Well, picture that, but put a human inside," he said.

The 44-year-old former inmate shared his experience at a public forum on solitary confinement at the University of Saskatchewan Monday night. The forum combined professionals with former inmates to paint a picture of the devastating effects of solitary including impaired memory, confusion, depression, phobias, personality changes, suicidal thoughts, anger and aggravated mental illnesses.

"We see people's mental health both develop in prison and become exacerbated in prison," Canadian Association of Elizabeth Fry Society's Kim Pate said.

Swampy was, at one point, one of more than 850 inmates nation-wide who are in solitary confinement at any given moment.

Two weeks ago the Canadian Medical Association Journal release an editorial that said the number of inmates in solitary has climbed 6.4 per cent over the past five years making the practice a "cruel and usual punishment" in Canada's prisons.

Pate said the deaths of Ashley Smith and Kinew James revealed the added barriers of mental illness

and the harmful effects of solitary.

Correctional Investigator of Canada Howard Sapers previously said as many as a third of the women serving federal sentences have mental health issues and up to 20 per cent of men. Correctional Services Canada said as many as 90 per cent of inmates have mental health issues.

Pate said inmates with mental illnesses are more likely to end up in isolation because prison staff often don't know how to identify bad behaviour as mental illness or live in a culture where "security trumps therapy."

"In a prison it's seen as symptomatic of bad behaviour because you're dealing with people who also carry a criminal label, even though the primary issue may be mental health," Pate said.

Swampy said he felt he was treated like a lesser being and described punishments of no food for a day or two or no shower for up to two weeks for looking at a guard the wrong way.

"They were God. We were nothing to them," he said, adding those who bottle up their emotions to survive often end up releasing the pain on others.

"They want us to be animals and lots of us in turn start to act like animals."

The United Nations special rapporteur on torture said no youth and no one with mental health issues should be put into solitary, a position Pate agrees with. She would like to see the use of solitary and the length of stays severely reduced and eliminated for mental health patients.

Increased assessments on new inmates would en-

courage placement of some inmates in mental health centres rather than prisons, Pate said, adding the corrections and conditional release act already contains legislation to release those with mental illness from prison and place them in a more appropriate facility.

Lasia Kretzel  
980 CJME Radio, Regina  
Dec 4, 2014

I am inside someone who hates me.  
I look out from his eyes.  
- Amiri Baraka

If you are silent about your pain,  
they'll kill you and say you enjoyed it.  
- Zora Neale Hurston

For the master's tools will never dismantle the master's house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change.  
- Audre Lorde

You've got to rattle your cage door. You've got to let them know that you're in there, and that you want out. Make noise. Cause trouble. You may not win right away, but you'll sure have a lot more fun.  
- Florynce Kennedy

**Lack of Needle Exchange in  
Federal Prison a Costly Policy for  
Inmate Health, Taxpayers**

Recently, correctional investigator Howard Sapers tabled his annual report on the state of Canadian prisons. Importantly, the report focused on the "varied, complex and extensive" needs of prisoners, both current and former, and how the Correctional Service of Canada (CSC) meets or fails to meet these needs. Given the intersecting burdens of an ideologically misguided "war on drugs" (often aptly described as a war on people who use drugs) and a recent political penchant for incarceration, Sapers points to some critical realities facing our prison population, their health and human rights. The picture isn't pretty.

To have an informed discussion, we must first recognize that prisoners are entitled to human rights, including the right to health. Contrary to popular belief, they do not surrender these rights upon entering prison; the penalty is loss of liberty and any other limitations that are necessarily part of being denied freedom of movement. Simply put, under Canadian and international law, prisoners are entitled to a level of health care equivalent to what is available to all Canadians.

The unfortunate reality, as emphasized by the Correctional Investigator, is that federally-sentenced prisoners in Canada generally have more multifaceted health needs, including a higher prevalence of HIV and hepatitis C (HCV). These infections come with high price tags, literally and figuratively, both for taxpayers footing the bill and the affected individual who must bear the real cost of chronic illness.

As he has done in the past, the correctional investigator also highlights that 80% of prisoners entering the federal prison system have a history of problematic substance use, often triggered or compounded by difficult mental health problems. While some politicians maintain that drug-free prisons are a realistic possibility, we have much evidence to the contrary. Many people who were using on the outside will continue to do so in prison, including via injection drug use; in a 2010 survey by CSC, 17% of men and 14% of women in federal prisons admitted injecting drugs, and these numbers are likely underestimated. Disturbingly, because of a lack of available sterile injection equipment, it is common for prisoners to share whatever is at hand to inject. Without needle exchange programs and other harm reduction measures equivalent to what is available in the community, prisoners will continue to be at greater risk of infection with HIV and HCV. And when complementary treatments – including methadone, which helps people with problematic opioid use stabilize and avoid injecting – face constant funding cuts, we cannot reasonably expect to see any improvements in the system.

Internationally, the importance of needle exchange programs in prisons was recognized early on in this epidemic, and the World Health Organization, UNAIDS, and the UN Office on Drugs and Crime continue to call for such programs to be implemented as part of a comprehensive response to HIV in prisons. This pressing need has also long been recognized in Canada, including by the Canadian and Ontario Medical Associations. Indeed, the Public Health Agency of Canada itself, in a report prepared for and then ignored by CSC several years

ago, has reviewed the ample evidence of the effectiveness of needle exchange programs in the dozens of prisons in numerous countries where they have been in place – in some cases, for more than two decades now.

When we consider the totality of the prison experience here in Canada, it is clear that our system is putting undue pressure on everyone involved, but particularly those who enter the system with existing mental health issues and/or problematic substance use. The correctional investigator notes that mental health interventions continue to be offered "with little integration, coordination or coherence over time," and reports that self-injury has increased by 56% in the past five years. Overcrowding and worsening prison conditions put additional stress on prisoners and, coupled with the lack of access to HIV and HCV prevention tools available on the outside, can translate into preventable infections.

The Correctional Investigator has recommended that CSC develop an integrated and evidence-based model to meet the needs of prisoners who have concurrent substance use and mental health issues. Such a model would surely include much-needed and long-awaited prison-based needle exchange programs. However, until CSC decides to implement such a model, prisoners will continue to pay a very high price that is never a legitimate part of any prison sentence, and taxpayers will be funding it.

Stéphanie Clavaz-Loranger  
Anne Marie DiCenso  
Kingston Whig-Standard  
Nov 12, 2014

**Elgin-Middlesex Detention Centre  
Prisoners Left in Cells 24 hours a Day  
for More than a Week**

Life was returning for what passes as normal for inmates at London's provincial jail Thursday, but their anger and frustration over lockdowns and labour disputes continued to simmer.

"It probably won't last long," an inmate named Mike said of the routine. "Something always comes up. This place is ridiculous."

The most recent problems at Elgin-Middlesex Detention Centre (EMDC) have more to do with unrest between the corrections officers and managers than the inmates, Mike said.

"It's not us. It's a lot to do with the people running the place. They started all this nonsense with the searching."

The Ontario Public Services Employee Union, which represents corrections staff, has begun collective bargaining for a new contract with the provincial government.

Only a week into bargaining, OPSEU has launched protests against what they're calling an attempt by

the province to dismantle the union.

"The inmates are getting the brunt of it," said the wife of one inmate. "They really are the ones caught in the middle."

But correctional officers say a lockdown that began a week ago Wednesday was the result of staffing shortages and a tip about inmates possessing weapons, including razor blades and pieces of carbon.

The province would confirm the lockdown and labour dispute but not what prompted the problem. Whatever the cause, the long lockdown seems to have taken its toll on those inside the troubled jail. Stuck inside their cells 24 hours a day for more than week, frustrated inmates shouted and banged on cell doors for hours and on some ranges, reportedly jammed toilets in protest.

"My husband said it's so loud, you not only hear it, you feel it," the wife of one inmate said. "I'm really worried about his mental well-being. He says, 'I don't how much longer I can do this.'"

The thought of the province building a new facility for weekend inmates next to EMDC makes him shudder, inmate Mike said.

"They can't take care of this one."

The province is planning to build a new centre for people serving intermittent sentences to ease the overcrowding at EMDC, which has been plagued by violence for years.

Randy Richmond  
London Free Press  
Nov 27, 2014

**By the numbers:**

**850:** number of offenders in solitary confinement in Canada on any given day (represents about 5.6 per cent of the prison population)

**35:** average length of stay in isolation for men (in days)

**7:** average length of stay in isolation for women (in days)

**16:** percent of inmates segregated for more than four months

**14:** number of suicides that occurred while in segregation over the past three years (out of 30 total suicides)

**The Parole System in Canada is Failing,  
a Study Argues, but Perhaps Not  
for the Reason You Think**

If the goal of the parole system is community safety then the system is failing, a recent study argues. But not for the reason you may think.

"If you are interested in community safety the studies are clear that gradual, supported, supervised reintegration from prison back into communities reduces the likelihood that people will reoffend," says Catherine Latimer, the executive director of the John Howard Society of Canada. "An effective parole system increases community safety."

Instead, the number of federal and provincial prisoners being granted parole has been declining for decades — meaning prisoners are being released close to or at the end of their sentences. That in turn means prisoners have less time to transition into society with supervision and support — or no supervision at all, if the person is released cold after serving their whole sentence.

"Some may think (parole) is alive and well, but it is more like a zombie. If not dead, parole is dying," says the study, published in the Criminal Law Quarterly.

"There is a growing body of literature which suggests going to prison isn't going to make you a better person, and if anything is going make it more likely you would reoffend," says well-known criminologist Anthony Doob. He co-authored the study, titled "Zombie Parole," with University of Ottawa criminology professor Cheryl Marie Webster and Queen's University law professor Allan Manson.

Gradual and controlled reintegration into the community benefits public safety and is significantly cheaper because it reduces the prison population, Doob says.

It costs \$114,289 a year to keep male prisoners incarcerated; \$211,618 for female prisoners. It costs \$35,101 to have them supervised in the

community.

A public misconception still exists that parole is alive, well and too lenient, fuelled by the federal government push toward so-called "tough-on-crime" legislation that has placed increasing restrictions on the parole process, Doob says.

The study found that if full parole were abolished altogether today, there would be an increase in the rate of imprisonment (both federal and provincial) of just 2.7 per cent. This increases to 5.1 per cent if day parole is also abolished.

The study concludes: "In recent years the likelihood for those serving determinant sentences of being released on parole — particularly full parole — is so low and the actual 'saving' in prison time so small that parole exists more in theory, legislation and the imagination of its critics than it does in the everyday reality of release from Canadian correctional institutions."

"We have the worst of all possible worlds," Doob says.

The researchers only looked at inmates serving fixed-term sentences — people who will leave prison before or once their sentence is complete. That excludes those on life sentences, such as murderers, where the only out of prison is on parole.

By law, inmates with fixed sentences are released after serving two-thirds of their sentences unless Correctional Service Canada recommends otherwise. This is known as statutory release.

Inmates become eligible to apply for full parole after serving one-third of their sentence. They may first be allowed day parole, where nights are spent at a correctional facility or halfway house. Accelerated parole reviews, once available to first-time federal offenders at one-sixth of their sentence, were abolished in 2012.

To see the decline in inmates being granted parole over the past four decades, the researchers compared 1967 and 2012/2013.

In 1967, one in 5.4 federal prisoners were paroled (1,328 prisoners of a population of 7,167). In 2012/2013, only one in 14.7 prisoners were pa-

roled (1,002 prisoners of a population of 14,745).

The difference is even starker in provincial prisons, for those given sentences of less than two years.

In 1967, one in 3.6 prisoners were paroled (3,467 prisoners of a population of 12,339). In 2012/2013, one in 35.9 prisoners were paroled (692 prisoners of a population of 24,822).

The study asks whether the Ontario Parole Board continues to serve a purpose since on average only one in 100 prisoners is granted parole.

One of the reasons for the decline in granting parole, Doob argues, is that the parole board is increasingly risk-averse despite most people completing parole without reoffending.

"If they commit an offence the day after they are released, the parole board can say it's not our problem because he served every day of his sentence or was released on statutory release," Doob says.

Howard Sapers, the correctional investigator of Canada, says a key cause for the decline in successful parole applications is a lack of available rehabilitation programs.

If an inmate appears to show lack of progress because the necessary programs were not available, the correctional institution may not support the parole application — and the parole board almost always agrees with the recommendations of the institution, Sapers says.

Legislative changes have also been made to the parole process, lengthening the period of time inmates must wait to reapply for parole.

The Zombie Parole study calls for an in-depth discussion about the role of parole in the criminal justice system and what changes need to be made.

"How best to have (inmates) serve their sentences — that is the question rather than how can we sentence people longer," says Doob.

Alyshah Hasham  
Toronto Star  
Nov 21, 2014

**The Book Club at the Big House:  
How reading makes a difference in prison**

Volunteers at federal prisons across the country are helping inmates foster a love of reading and the art of respectful conversation

In a nondescript lounge with cafeteria-style tables and a few vending machines, eight men have gathered to discuss a historical novel about a plucky housemaid fighting the plague in 17th-century England. The men quickly point to the parallels with the Ebola crisis and gradually tease out one of the book's chief metaphors: Anger and betrayal spread through a quarantined village like a contagion.

"The first pages got me. It shows you how much despair – and hope – there is," one member remarks, describing a scene where the maid offers her stricken employer the thinnest slices of apple she can cut. After a thorough dissection of 'Year of Wonders', a 2001 bestseller by the American author Geraldine Brooks, they move on to lighter fare and a faster discussion of the popular Swedish novel 'The 100-Year-Old-Man Who Climbed Out the Window and Disappeared'. There are two books on the evening's agenda because the previous month the club members were in lockdown and couldn't attend. They spent a week in their cells while guards searched the prison for contraband.

This is the book club at Warkworth Institution, a federal medium-security prison about two hours east of Toronto. Housing about 650 inmates including sex offenders, murderers and drug dealers, it's the largest federal penitentiary in Canada. At some point, perhaps recently, perhaps years in the past, the men gathered in the visitors lounge have done horrible things.

But nobody here is talking about why they are here. They are talking about books and why they read them.

"Reading a book, sure, there is adventure, there is escapism, lifting yourself out of this reality, which isn't always kind or welcoming," says one inmate, a tall man who looks to be in his 30s. "[But] it's in a purposeful and productive way. It's better than drugs. It's better than banging your head on the wall. It's safe and builds something, knowledge, empathy."

He makes it sound as though drugs and head-banging might be the real alternatives.

The book club at Warkworth is one of 17 in 14 federal prisons run by a Toronto organization called Book Clubs for Inmates. The group, a non-religious charity, sends volunteers into the institutions to lead monthly discussions and gets private donors to cover the cost of the books. The idea began in 2009 when executive director Carol Finlay, a retired Anglican priest and English teacher, began a club at the Collins Bay Institution, near Kingston.

"I went into Collins Bay. ... I thought I would do prayers with the guys in segregation," Finlay says, recalling how she discovered that nobody in prison needed any more religion. "I had to find something that was small 's' spiritual: They are overwhelmed with volunteers evangelizing them. ... I have always been interested in book clubs as a way of forming community. You may not like the book but you get

together with people and discuss it."

Armed only with a template from a prison book club in Britain, Finlay found herself in front of 20 tough-looking, monosyllabic male prisoners who, at the most literary end, had read a bit of pulp fiction. Others had not read any kind of book in years. Nonetheless they agreed to give the club a try. It quickly took off – although at one early meeting, Finlay and a volunteer had to separate two men who got into a fist fight over the book.

"They didn't know how to listen respectfully," Finlay says of the Collins Bay inmates. "We realized we had something to give them; what they call 'pro-social skills.'"

Today, the clubs are operating across the country and now, with new additions in Fraser Valley, B.C., and Truro, N.S., in all the institutions for women. There's also a recently formed francophone group in the women's prison in Joliette, Que. The groups vary widely in their tastes and ambitions – at Fenbrook (now part of the Beaver Creek Institution in Ontario) the inmates have read *The Odyssey* – but Finlay figures whatever the inmates are reading the discussion is a more effective way of teaching social skills than mandatory anger management courses.

"All these guys are in prison because they thought only about themselves," she says, noting most inmates grew up in dysfunctional families. "Because of how they were raised, it was everyone for himself. They don't care if somebody's life is ruined by the drugs they sell or if someone is shot ... The book clubs teach them they belong to each other. It's a community value they need."

If the point of the project is teaching the art of respectful conversation, you could not ask for a better example than the book club at Warkworth where the inmates discuss whether 'Year of Wonders' is a feminist novel and dispute the idea that the 100-year-old man should necessarily be compared to Forrest Gump. The conversation is often indistinguishable from what you might hear at a book club gathering over glasses of white wine in a suburban home. The inmates provide the tea and cookies.

"I belong to two other book clubs and I often feel the conversation at the prison is just as stimulating," says Erin, one of three volunteers who goes into Warkworth every month to lead the group discussion. The only difference, laughs Judy, another volunteer, is that this club always discusses the book.

It's the volunteers' job to keep the discussion on track; they come prepared with various themes they want to raise if the inmates don't cover them. On the instruction of the Correctional Service of Canada, they don't share their last names with the club, while Finlay provides them with guidelines about respectful conversation that are to be read at the start of each meeting. At Warkworth, the volunteers don't see the need and have dropped the practice. Their club takes place without any guards in the room but under the watchful eye of Warkworth librarian Bob Fasching; he has a silent alarm on his belt, which, the volunteers say, he once pressed inadvertently – to the great amusement of the inmates when guards burst in on their literary discussion.

The inmates vote on what titles to read from a list compiled by the volunteers based on both their own reading and Finlay's suggestions from other clubs. The volunteers try to balance fiction and non-fiction and find the inmates are looking for substantial if not overly lengthy reads. Crime fiction is not popular; novels about unhappy families are. Warkworth has had animated discussions about Jeannette Walls's poverty memoir 'The Glass Castle' and Lawrence Hill's slavery novel 'The Book of Negroes'. This year their reading list includes a memoir by baseball pitcher R.A. Dickey (*Wherever I Wind Up*); a biography of Muhammad Ali (Ali) and a novel told from the perspective of an autistic boy (*The Curious Incident of the Dog in the Night-Time*.)

"I came here from another prison where we used to hoard magazines," says one inmate. "I had to go through several grievances to buy a dictionary. That's how hard it was to get any sort of book. You could get a basic cowboy novel, stuff like that. Here, it's books galore."

The books have to be purchased new and shipped directly to the prison; donated titles would create security problems, Finlay explains, because books are a perfect place to hide contraband. This makes the book clubs, which operate 12 months a year since the inmates don't take vacations, an expensive proposition. Finlay tries to secure a single sponsor for each club at the cost of \$5,000 a year, seeking out philanthropists who grasp the concept of rehabilitation.

Erin, who never asks what crimes the book club members have committed, says she very occasionally meets someone on the outside who doesn't get it.

"I have people who say to me these inmates are not deserving of a book," she said, "People have to realize some day these inmates will get out and will be sitting beside you on a bus or chatting to your kid on the street. Everybody deserves a chance to get themselves back together."

The inmates themselves say they value the social aspect of books – the man who fought for a dictionary gets his wife to read the same books so that they have a common experience to discuss – but also they see books as a way of gaining access to themselves.

"I usually read non-fiction. The books we read in book club I wouldn't necessarily pick up," one older prisoner says. "But I am really glad I read them, and each and every one I have more insight into myself."

"Feelings aren't really popular around here," explains the inmate who prefers reading over drugs. "[Reading provides] a kind of freedom that we can't access at the point in our lives where we are and really taps into a bunch of emotions. Groups like this, little pockets of honesty, expression, are at a premium."

Others say they read books simply to stay sane inside.

"This is heaven for me," one enthusiastic newcomer to the group says. "It's a place where I feel like a human being."

Kate Taylor  
Globe and Mail - Nov 21, 2014

**Changes to Dangerous-Offender Scheme Violates Charter, B.C. Court Rules**

VANCOUVER - A British Columbia judge has ruled the Conservative government's six-year-old changes to the dangerous-offender regime violate the charter, but it's not yet clear whether the law will be struck down.

The B.C. Supreme Court ruling involves the case of Donald Boutilier, who pleaded guilty in May 2012 to a number of offences including assault and robbery. The Crown asked that he be declared a dangerous offender, which carries the possibility of an indeterminate sentence.

His lawyer challenged the law, arguing changes put into place in 2008 under an omnibus crime bill violate Boutilier's charter rights because they removed the judges' discretion over declaring someone a dangerous offender.

Judge Peter Voith said the changes mean some offenders could be labelled dangerous regardless of whether they actually pose a risk to the public.

"A dangerous-offender designation, absent consideration of the treatment prospects for an offender, serves to permanently label an offender as dangerous when there may be 'clear evidence' that the offender, with treatment, does not pose a risk or poses a limited risk to the public," Voith said in a written decision.

A hearing is scheduled in the new year to determine what will happen to the law.

The 2008 law made several changes to how dangerous offenders are classified and how they are

sentenced, generally making it easier to have a person with multiple convictions labelled dangerous. Under the old regime, a dangerous-offender designation came with an automatic indeterminate sentence — a life sentence with no specified parole eligibility date — but it was up to a judge to determine whether such a designation was justified in the first place. Even repeat violent offenders could avoid the designation if there was evidence they could be treated or had already been rehabilitated and were no longer a danger.

The 2008 changes made a designation mandatory for anyone who is convicted of a "serious personal injury" crime and shows a pattern of dangerous behaviour. Three or more convictions are automatically considered to form such a pattern.

Indeterminate sentences are no longer mandatory and judges can instead resort to less-serious measures, such as a defined prison term or a long-term supervision order, if they believe the public would still be protected. However, the law sets a high burden before a judge can consider the lower punishment, and Voith's ruling concludes it is "inevitable" that a greater number of offenders will receive indefinite sentences.

Regardless of the sentence, the dangerous-offender designation is permanent.

Voith ruled the law violates the section of the Charter of Rights and Freedoms that deals with liberty and security of the person.

He will hear arguments in February about whether the violation means the law should be declared unconstitutional, or if it should be upheld as reason-

able under the charter.

In the meantime, Crown spokesman Gordon Comer said it's too early to say how the court ruling could impact other dangerous offender hearings, which are not common.

He said no specific cases have been delayed in light of the recent judgment, though he said such decisions will be handled on a case-by-case basis

"It's just too early to know whether or not this is even going to affect other cases," he said.

The federal Justice Department did not return a request for comment.

Boutilier's defence lawyer, Gary Botting, said the law makes it extremely likely that offenders who don't pose any risk to the public will be locked up indefinitely.

"In the old regime, judges had lots of discretion, and that's why it seemed to be fair," said Botting.

"Prosecutors now have all the power to decide whether they're going to proceed with a dangerous-offender (application). Once they make a decision, there is nothing the judge can do to stop the train."

The case is the latest court challenge targeting the Conservative government's crime agenda.

In 2012, an Ontario judge struck down the new dangerous-offender provisions after concluding it requires defendants to prove they are not dangerous offenders. The defendant in that case, Roland Hill, died in prison soon after and the government decided not to pursue an appeal, as the lower-court decision was not binding.

James Keller, Canadian Press - Nov 25, 2014

**In Solitary, There's No End and No Beginning**

One year after Nelson Mandela's death, it's worth remembering what he considered to be the worst part of his 27 years in prison. Not the cruelty of guards or the backbreaking labour or being kept from his political struggle, but the deprivation of human company.

"I found solitary confinement the most forbidding aspect of prison life," he wrote in his memoir, *Long Walk to Freedom*. "There is no end and no beginning; there is only one's mind, which can begin to play tricks. Was that a dream or did it really happen? One begins to question everything."

People who have been stuck in solitary confinement report the same degradation of the mind, whether they were political prisoners, hostages or petty criminals being punished for jailhouse transgressions in Canada or the United States: They lose themselves, and their power to think. They become, weirdly, both hostile and lethargic. They give in to despair.

As Senator John McCain has written, his isolated confinement during the war in Vietnam was the worst form of torture: "It's an awful thing, solitary. It crushes your spirit and weakens your resistance more effectively than any other form of mistreatment."

It is a form of punishment used to break the spirit of political prisoners by repressive regimes, and denounced as torture by human-rights groups and the United Nations. You have to wonder, then, why the practice of solitary confinement is so popular in

Canadian prisons.

Patrick White brought this alarmingly to light with his story in this weekend's *Globe* about Edward Snowshoe, a young man who was broken by solitary confinement in the maximum-security Edmonton Institution, and took his life there. (Half of all suicides in federal prisons in Canada occur in solitary.) Like Ashley Smith before him, Mr. Snowshoe was a young person whose mental-health problems were infinitely worsened by being kept in solitary. Like Ms. Smith, Mr. Snowshoe found a permanent way out. Their deaths were the subject of inquiries, which came to blistering conclusions about how the system had failed them.

Yet the system hasn't changed, so they're failed again. If anything, as Mr. White points out, it's getting worse. Even as the rest of the democratic world aims to do away with solitary confinement — in Denmark, for example, segregation is limited to four weeks, and in the United States, the practice is the subject of court challenges — the percentage of prisoners kept in isolation in Canada is rising, from 5.2 per cent in 1999 to 7 per cent now.

We can't know why Corrections Canada follows this particular path, because no one from the agency would talk to Mr. White for his story. Instead, the vacuum is filled with evidence that no good comes from keeping people isolated for 23 hours a day, often for months or years on end. What comes from it, as reported by medical doctor and New Yorker writer Atul Gawande, is a brain that shows the same effects as if it suffered a major physical injury. "All human beings," Mr. Gawande wrote, "experience isolation as torture."

Let's assume for a minute that the purpose of prison is not merely to keep bad guys off the streets but also to ensure that, while socked away, they become better guys. Or at least not worse. Even setting aside the issue of human rights, strictly looking at it as a bottom-line proposition, rendering the people you put away unfit for human society is not a sensible policy. Here's what the Canadian Medical Association had to say about the effects of solitary confinement on the mind, in a recent editorial headlined *Cruel And Usual Punishment*: "Long-term effects include impaired memory, confusion, depression, phobias and personality changes, which may affect the offender's ability to successfully reintegrate into society upon release."

In other words, unless you want to crush someone's spirit irrevocably — say, if you're a dictator with a prison full of dissidents you're trying to drive insane — solitary confinement is not the best path to rehabilitation. Torture never is. "It degrades you," James Wigmore, another former prisoner kept in solitary, told Mr. White for his story. "It degrades your mind."

Most prisoners don't get to tell their stories, especially the ones who are kept isolated from human contact for 23 hours a day. Their stories get told by coroners' inquests and special investigators, once they're dead. But that silence doesn't mean the country can't listen.

Elizabeth Renzetti  
Globe and Mail  
Dec 08, 2014

### **Prison Watchdog Points to Failures in Offender Rehabilitation**

Inmates are being released without identification and other basic needs, according to Canada's correctional watchdog, who released another report Wednesday critical of the Harper government's prison system.

In a report Wednesday, federal correctional investigator Howard Sapers highlighted several concerns about Canada's prison system, as well as the government's failure to respond to previous recommendations.

In the annual report tabled in Parliament Wednesday, Sapers focused on the Correctional Service of Canada's lack of attention to the timely and safe release of offenders. In an afternoon press conference, he said finding a job is the biggest barrier facing offenders once they re-enter the community. "Releasing an offender from prison to the community with very little savings, limited skills or options for employment and without a comprehensive, integrated plan to meet unresolved mental health or addiction issues undermines their chances for success," said Sapers, who is Canada's correctional investigator.

He said the CSC has a dual mandate of both ensuring the secure custody of offenders in the prison

system and facilitating their proper rehabilitation and release.

Despite the CSC's two obligations, Sapers said only five per cent of the nearly \$2.4 billion in spending is allocated to institutional and community programs for reintegration.

"If 95 per cent of your budget is being spent on one of those mandates, it just doesn't leave very much for the other," he said.

#### **Too few released on parole**

Sapers also noted a need for placing offenders on parole, rather than waiting for their statutory release.

Statutory release from prison – which happens to 70 per cent of the population – occurs when an offender has served two-thirds of a sentence without being released on parole.

Research shows those released on parole are less likely to re-offend than those out on statutory release, Sapers said, noting it was more likely for a dangerous offender to be denied parole.

"But this is where it gets a little bit contradictory," he said. "It doesn't make sense to put your highest risk offenders out into the community with the shortest period of supervision and support."

Sapers acknowledged the various stresses on the system – including a 17-per-cent increase in the

prison population over the past six years – but he emphasized that under the current model, some of the offenders with the highest risk and needs are getting the least amount of support if they aren't getting a chance at parole.

"That's not the way it was designed to work."

#### **Making 'baby steps'**

Although he said he has met with executives from the CSC, Sapers said getting a response to his office's recommendations was "challenging." Sapers added, though, he was confident the government was reading his reports and heeding some of the recommendations.

"I've been in this business for a while, and you have to accept baby steps as progress."

Still, he said, he's waiting on a response from some of last year's recommendations, as well as any sort of action stemming from a year-old report about women who self-injure.

"What I say to the government is it's time that we had a response," he said. "It's time that we knew what steps were being taken, because these issues address the ability to prevent deaths in custody. It's very important."

Jesse Tahirali

CTV News - Oct 8, 2014

### **The High Cost of Jailing the Innocent**

Manitoba's jail population is soaring. In the last 10 years, the jail population has more than doubled, leading to dangerously overcrowded, under-resourced correctional facilities. In the last six years, the government has spent \$182 million to increase the number of spaces in jails by 52 per cent.

But the overcrowding persists.

According to the last auditor general's report, every single correctional centre is operating over capacity. Cells built for one are holding two or three, and recreational, programming and treatment space is being taken over and converted to cell space.

Such conditions are dangerous for both staff and prisoners. The number of serious security incidents rose by 43 per cent from 2009-12. Why are there so many more Manitobans behind bars?

It's not because more people are being found guilty and sentenced for crimes they have committed. In fact, overall crime rates as well as violent crime are down, both in Manitoba and across the country. And most people entering our jails are charged with minor, non-violent crimes. In Manitoba, they are overwhelmingly indigenous people, increasingly women, and living in poverty.

The reasons for this increase are found at the front end of the criminal justice system.

The vast majority of the people behind bars in this province are legally innocent. Manitoba leads the country in this regard with 66 per cent of the people in the province's jails on remand – waiting for their bail decision or trial. Manitoba's jails have not always looked like this: In 1997, the remand population accounted for 35 per cent of the total custodial population. Next door in Saskatchewan, the rate is currently much lower with 38 per cent of the prison population on remand.

Most of these people are not charged with serious

crimes. Across the country, two-thirds of the people coming before bail courts are accused of non-violent offences. One out of every five people in pre-trial custody is there because of administration of justice charges – allegations, for example, they missed an appointment, stayed out past curfew, or drank alcohol contrary to a court order.

In Manitoba, it is formal government policy to criminalize these types of actions. In 2011, policy was overhauled to reduce probation officers' discretion when dealing with breaches of bail or probation conditions. This makes it likely that someone who is late to a supervision appointment, an alcoholic who takes a drink, or someone who stays out past curfew, will be reported, arrested, charged, and taken back to jail.

Jailing legally innocent people for missing a meeting is not a sensible way to keep communities safe. For those who are already struggling to make ends meet and support their families, cope with addictions or mental illness, and generally keep their lives on track, the consequences of even a short stay in pre-trial custody can be devastating. Unexpectedly removed from their daily lives for days, weeks, or months, they frequently face lost income and employment, housing, emergency child care, missed medication, and any number of other negative repercussions. Families lose their primary income-earner, and children of single parents may end up in child protection.

The financial cost of a high pre-trial detention population is unsustainable. It costs about \$170 per day to keep someone in pre-trial custody; a typical stay of seven days in pre-trial detention costs more than \$1,000. In contrast, supervising a person in the community costs around \$5 per day. A conservative calculation pegs spending at \$89 million per year to jail Manitobans before trial. These figures do not capture the additional costs of

bail court services, transportation, legal aid, Crown counsel, judges, and court staff necessary to process a person through the bail courts.

Simply put, we should not be spending significant policing, correctional and court resources on jailing people for missing appointments, drinking, unexpectedly changing addresses, or any other number of acts that normally are not criminal. We have moved a long way in practice from the presumption of innocence and the law of bail which, in most cases, presumes people should be released unconditionally while waiting trial. We have also poured millions of dollars into a revolving door of incarceration when that money would be much more productively spent on safe and affordable housing, community-based treatment and support for addictions and mental health, and poverty reduction.

The majority of people appearing before bail courts are charged with minor, non-violent offences. They have not even been found guilty. Yet we spend enormous resources restricting, monitoring, and jailing this population. There is no trade-off between a sensible, defensible, rights-respecting bail system and public safety: These are mutually reinforcing goals. Manitobans should demand their policies and spending priorities reflect that reality.

Debra Parkes & Abby Deshman

Winnipeg Free Press

Oct 30, 2014

~~~~~  
Doctor, you touched my vertebrae and you are touching my unpaid bills, touching my unmade marriages.

And you look at me and say, "Have you ever had shock treatment?"

And I say, "Doctor, life is a shock treatment."

- Karen Finley

B.C. Inmates Confined to Cells for 10 Days seek Class-Action Lawsuit

Inmates at a B.C. prison who were confined to their cells for 10 days and denied access to medication, showers, phones, visitors and legal counsel were victims of unjustified administrative segregation and should be allowed to proceed with a class-action lawsuit, say their lawyers.

The lockdown occurred in January, 2010, at Kent Institution, a federal maximum-security prison in the Upper Fraser Valley community of Agassiz. Prison officials believed an improvised firearm had been smuggled into the facility, though one was never found.

A scathing report by the federal Office of the Correctional Investigator said compliant and handcuffed inmates were led out of their cells at gunpoint and strip-searched with little regard for dignity or privacy. The report said there was an abuse of correctional power and authority, and violations of human rights.

A certification hearing that will determine whether the class-action lawsuit against the Attorney-General of Canada can proceed began Monday in B.C. Supreme Court.

Tonia Grace, a lawyer representing the inmate who launched the court case, said the actions taken during the lockdown were unlawful. "Inmates were

placed in what was, in effect, a prolonged and unjustified period of administrative segregation," she told the court.

The *Globe and Mail* this month highlighted the case of Eddie Snowshoe, a man who took his life at a prison in Alberta after he had spent 162 straight days in solitary confinement.

The federal government last week rejected calls to place limits on solitary confinement in federal prisons, dismissing recommendations from the Ashley Smith inquest. At the age of 19, Ms. Smith died of suicide in her Ontario cell after having spent long periods in solitary confinement or segregation.

The use of solitary confinement has been on the rise in Canada, even as other jurisdictions have turned away from using it. The government has said solitary confinement differs from administrative segregation, because inmates in administrative segregation can sometimes still have staff visits and TV. It has acknowledged, however, that long periods in administrative segregation are "generally not conducive to healthy living."

Ms. Grace said there were 222 inmates at Kent Institution at the time of the lockdown and she would expect nearly all of them to join the class-action lawsuit, if it was certified.

Ms. Grace spent part of Monday's hearing reading excerpts of the Office of the Correctional Investigator report aloud. She noted the report, which was

released in March, 2011, said that by the end of the lockdown period "the physical conditions of confinement could best be described as mentally distressing and physically inadequate, even by maximum security standards."

The report also said an internal review found the delivery of items and services to meet basic living needs, including the opportunity for fresh air and exercise, would not have increased the threat or risk level.

Lawyers for the Attorney-General of Canada are expected to begin their submissions today. Counsel declined to discuss the case outside court, referring questions to a Department of Justice spokesperson. The Department of Justice then referred questions to Correctional Service Canada. A CSC spokesman said it would be inappropriate to comment since the matter is before the courts.

The certification hearing is expected to run through Wednesday.

The correctional investigator's report said Kent Institution's relatively isolated location – about 150 kilometres east of Vancouver – has affected its capacity to attract and retain experienced staff. It said the facility has had a tarnished history, including a high number of hostage takings and lockdowns.

Sunny Dhillon, *Globe and Mail* - Dec 15, 2014

Corrections Canada is Sentenced to Fail, Again and Again

Correctional Service Canada has finally responded to the coroner's inquest into the 2007 death of a troubled young woman who spent more than 1,000 days in solitary confinement before choking to death in an isolation cell as correctional officers watched, unwilling to help her. The agency quietly put the response online late Thursday – a full year after the inquest made its 104 recommendations – and then went back to ignoring the world outside its walls.

Feel free to read the report. If you do, though, do not hope to be uplifted. Once you get past the self-important acronyms (CRIMP, IMP, RSPMC) and the sly appeals for public sympathy in CSC's response to the "absolute tragedy" of Ashley Smith's death, you will be left with the sinking feeling that what happened to that 19-year-old girl will happen again, if it hasn't already.

That's because the response reinforces the fact that the agency that employs 18,000 people to look after 22,000 federal offenders, including more than 15,000 inmates, is allowed by the government to work outside the reach of public oversight. It answers only to itself. The federal prisons ombudsman, Howard Sapers, can make recommendations. So can the federal Auditor-General. So can a well-meaning inquest jury. But they are among the very few public advocates that prisoners have, and nothing they say is binding.

As a consequence, CSC is free to dote on its employees and put the welfare of the offenders they are charged with supervising and rehabilitating a distant second.

Perhaps it's inevitable. The commissioner, Don Head, runs a huge agency filled with unionized

employees who work in grim and dangerous conditions. His attention is commanded by prison guards (almost half his workforce), parole officers, program delivery staff, head office and regional office staff and, way down the list, health services staff, including nurses, psychologists, psychiatrists and social workers.

But that means Mr. Head's focus on offenders is limited. It could even be a liability. The commissioner is always careful not to appear to show more concern for the welfare of inmates than he does for his staff. In that respect, he is like his boss, the Harper government, which lauds police and military personnel while demonizing criminals and implementing tougher laws and stiffer sentences. Indeed, Mr. Head must be aware the Harper government fired his predecessor in 2008 shortly after he said publicly that CSC can't meet the needs of offenders with mental-health problems. Ottawa subsequently went on a prison-building spree – it is in the process of adding 2,700 new spaces.

It's this context that explains why CSC's response to the Ashley Smith inquest was so flagrantly long in coming and then released without the bother of fanfare. It also explains why it is full of self-serving platitudes intended to shield the agency and its employees from responsibility for Ms. Smith's death.

We won't repeat the insult to your intelligence by going over in detail CSC's pedantic recital of well established fact about the state of corrections in Canada. Yes, the deinstitutionalization of mental health patients since the 1960s has put more troubled people on the street. Yes, it has fallen on the prison system (as well as hospitals and police departments) to pick up the slack – Correctional Service Canada estimates that 13 per cent of male offenders and 29 per cent of female offenders are

admitted to federal facilities with self-identified mental illnesses.

The conclusion readers are invited to make is that, when prison guards were told not to intervene while Ms. Smith slowly choked to death in her isolation cell, this wasn't a grotesque failure but, rather, the outcome of rapid societal change.

It's unfair to say that the CSC is ignoring that it has a crises on its hands. It lays out in its response a long list of programs it says it has put in place since 2007 to deal with mentally ill inmates who are difficult to manage. But it haughtily ignores the 104 recommendations made by the jury – including a core recommendation to put an end to lengthy solitary confinement.

Correctional Service Canada is so completely indifferent to that issue that it refuses even to acknowledge that it uses solitary confinement, preferring to call it "administrative segregation."

How about we call it an "enhanced timeout technique"? The CSC puts mentally ill prisoners in tiny cells and lets them rot. It did it with Ashley Smith, and it did it with Edward Snowshoe, who hung himself after 162 days in solitary in two federal facilities in 2010.

And it will do it again. CSC insists it can't impose limits on solitary confinement "without causing undue risk to the safe management of the federal correctional system."

And so, until CSC is obliged by the government to focus on the well-being of offenders, there will be more "absolute tragedies" like Ashley Smith and Edward Snowshoe. For the moment, that seems like an outcome Ottawa is prepared to accept.

Editorial
Globe and Mail
Dec 12, 2014

Back to Reality

As my cell door gets locked
All lines of communication are blocked
I sit here with this pencil & paper
Hoping it will help me escape this empty chamber
Stuck here thinking of things that someday could be
Now fuck that, I'm real this shit's not for me
So here I sit in this dark & gloomy cell
Wondering if it really is the epitome of hell
Can't wait until I can leave this place
Just hoping she'll let me see my baby boy's face
For this is what life has become
I found a better way ... fuck it I'm done

Chris Easton

Someone

There's someone, somewhere
Who thinks of your smile
Who finds in your presence
That life is worthwhile
So when you're alone in your cell
Remember it's true, there's someone
Somewhere, who's thinking of you

Allana Custer

Memories

Yo, I got memories, all full of pain
Stuck in this game, this life's insane
Call me bizarre, like I on some crazy 'ish
I only dream about going legit
Yo, I got memories, I even dropped tears
I'm doing my time & I'm looking at years
Take me but leave out my family
I pop these pills like I'm chewing candy

Jeffrey Miles

Untitled

Loneliness
How'd you get my address?
Did you lie in wait?
Did you have my gate?
Was it by chance?
Did I notice your glance?

Robert Ulok

Letting Go

You are gone, times have changed
Getting on with life, I'm forced to rearrange
Wherever you've gone to make a new start
I wish you the best from the bottom of my heart
I often see you inside my dreams
Haunting my mind, your memory screams
You once told me, 'Till death do us part'
I've got to move on now
Stop breaking my heart

Allana Custer

Insanity

I regret as I try to forget
You caused me pain
Led me down the darkest road

Only to be followed by the shadows
Of your demons

You sucked me in & I fell
Fell flat on my fucking face
Digging out of a hole

Blood on my fingertips
Scratching & tearing
Searching for sanity
In the midst of your profanity

Jennifer Murphy

Feeling Oppression

Our oppressors, they fucking dress us in these oranges
Because we're not the apple of no one's eye
Done seen the strongest soldiers break down & cry
Along with the truest people forced to lie
Well the realest people wanna die
As they stare at the noose on the rope
And wonder if there's hope
To make it in this hell
Living life in a cell

Darren Thomas

Secret

In the midnight hour
I reach for you
As the loneliness devours me

I awaken to an emptiness
Where you were
Where you are in my mind

Tucked away like a dirty little secret
I want to let you out but ...

I want to set you free
But you are a hostage to yourself
You cannot love
Love isn't in you!

Therefore, I keep you hidden

Jennifer Murphy

Untitled

Yes, I've made mistakes but,
Life didn't come with instructions

Bal Bahia

The early bird may get the worm,
but the second mouse gets the cheese.
- Unknown

Untitled

Once locked up always remember, neva look back
Cuz the haters always b ready to attack
But always keep it real, you know the deal
N always keep your head up high
You'll do better that way, ain't no lie
Don't let no one break your stride
Cuz wit fate they can't take away our release date
Or our pride

Mark Rocky Goforth

The Realization

I was alone, my world seemed dark
My heart was filled with hurt, my eyes were sad
How could the people I love just turn & walk away?
They have abandoned me or was it the other way around?
In reality who were the victims?
Damn was I selfish, my eyes had on glasses
Being hit with addictions can be blindsiding
Leading you on a dark path of self-destruction
Death, jail or recovery on bail?
Not much of a choice!
Hold up, I just received mail ...

Robert Obey

Toronto South

They got me thinking about poverty
They got my cuz on an armed robbery
I eat slice pizza when I'm hungry
I be in the ghetto where the slums be
I tried to get out but Feds done crushed me
Got nightmares about living the street dream
It's either you're with me or you're with them
Gone from foes, to allies, to being best friends
There's no telling how this is going to end
In Toronto South but I'm from the west end

Jeffrey Miles

Untitled

Heroin, heroin, what a hell of a drug
Purposely sent from far enough above
The warm hug & desirable itch
Turned into puking, twitching & gut-wrenching shits

Now you sit wondering, What went wrong?
It all started with a hit from the bong

Robbin', stealin' & lycin' it up
Smashin' after smash not giving a fuck
Now you're in jail midway through June
I bet it's 'cause you fell headfirst into a spoon!

You may feel like an idiot & so you should
What in your mind made you think heroin was good?

Cole Lambert

- BE KIND TO YOUR VEINS -

Be kind to your veins, they're the only ones you've got! Veins become leaky, infected and will eventually collapse if they don't have time to heal between injections. You can tell a vein has collapsed when it seems to have disappeared or you can't draw blood from it. To help prevent your veins from becoming damaged:

- ◆ try to use a different injection site for each time you shoot up
- ◆ learn how to inject in a number of places and with either hand so you'll be able to use the other side if one side needs a rest
- ◆ save the "easy" spots for when you know you don't have time
- ◆ shoot in the direction of your heart with the hole of the needle facing upwards
- ◆ taking oral vitamin C may help your veins repair themselves

To make sure your vein is full of blood and easier to hit, try:

- ◆ clenching and relaxing your fist
- ◆ gently rubbing or slapping the skin over the vein
- ◆ soak your arm in warm water
- ◆ squeeze your bicep with your hand
- ◆ Push-ups, pull-ups or wrist curls
- ◆ use a tourniquet (belt, string, rubber bands, shoelaces, etc.)

REMEMBER THAT INFECTIONS ARE HARD TO HEAL, IT IS BETTER TO PREVENT INFECTIONS

WHERE TO SHOOT

Always shoot in a vein, never an artery. To be sure you're in the vein, pull back the plunger, if slow moving dark red blood comes into the syringe, YOU'RE IN A VEIN. If the blood is bright red and frothy or if the plunger is forced back by the pressure of blood, YOU'RE IN AN ARTERY – GET OUT! Untie, pull needle out, raise the limb above your head if possible and apply pressure for 10 minutes. Also:

- ◆ areas that are furthest away from the heart heal the slowest and have the worst circulation (eg: feet)
- ◆ areas that are closest to the heart have veins that are near major arteries and nerves which can cause serious damage if hit
- ◆ the veins in your arms are the safest places to shoot
- ◆ never inject where you feel a pulse (an artery)
- ◆ try to hit surface veins instead of deeper ones
- ◆ shoot in the direction of your heart

GOOD PLACES TO SHOOT

The veins in your upper arms and forearms are as safe as any!

BAD PLACES TO SHOOT

DO NOT fix into your eyes, face, armpits, penis or breasts, these veins are so fragile and hard to find that they're not worth the risk. The same goes for veins near your belly button and inner thigh, they are too deep!

PLACES TO SHOOT ONLY IF YOU HAVE TO

Veins in the hands and feet are fragile and will hurt, inject slowly into these areas. Inject slowly into the veins behind your knees also and be careful of the artery that runs next to the vein.

IF YOU HAVE TO USE YOUR JUGULAR (in the neck)

Hits into your jugular are very dangerous. Chunks and clots can go quickly to your brain or heart and cause a stroke or heart attack. Your best bet is not to shoot here at all. If you must, clean the area first with alcohol, then shoot towards the heart and come in at the smallest angle possible - 35 degrees or less. Flag it to make sure you're in. Go as slow as possible and don't stand up too fast. There is no 100% safe way to shoot in your jugular.

GERMS

Germs cause abscesses including spit germs, skin germs and other people's germs.

To avoid germs getting into your body while you're fixing:

- ◆ don't lick the bubble off the top of the point
- ◆ don't lick the site before or after fixing
- ◆ don't use a dirty mix like toilet water or spit (if you have to use toilet water, use the water in the tank, not the bowl)
- ◆ don't touch the filters too much
- ◆ avoid sharing spoons, water, filters and rigs with other people
- ◆ clean the site before fixing if you can with soap or alcohol



- KEEPING FIT -

ABSCESSSES

Abscesses (infected boils) begin with redness, swelling and tenderness at the injection site and develop into an infection with a hard, pus-filled center. They are caused by tiny germs getting pushed under the skin by the rig. If you notice a hard warm lump developing and can't see a doctor, put a warm compress on it at least 3 times a day, this will bring blood to the area and will make it go away or it will soften and fill up with pus. Also keep the abscess clean with soap and water. It may drain by itself but if you choose to drain it yourself, ONLY USE A CLEAN NEEDLE to poke it with. The pus should come out easily, never squeeze it because it will spread the infection. If you are able to, put a dry bandage over it and keep it clean. If you get a fever, chills, extreme fatigue or pain (especially in the groin or armpits) that is related to the abscess, you may have a blood infection - you probably need medical attention for this. Some infections need antibiotics to be cleared up.

COTTON FEVER ("The Bends")

Cotton fever happens when a piece of the filter gets sucked into the syringe and injected into your blood. Within hours, you develop a fever and get really sick, your bones ache, you feel hot and cold at the same time and you shake. The best thing to do is to rest, eat something and cover up with a blanket. Cotton fever usually gets better after an hour.

CHALK LUNG

Chalk Lung is caused by injecting something that won't mix with water. These pieces can include talc, chalk and cornstarch (many pills have these pieces.) Your lungs may scar making it hard to breathe. Chalk Lung can be prevented by filtering carefully every time.

Presenting: Hep C Basics

What is hepatitis C?

Hepatitis C is a virus that lives in the blood. Hep C infects liver cells and causes liver damage - inflammation, scarring, fibrosis and sometimes cirrhosis. After many years some people can get very sick as the liver becomes damaged. There is no vaccine for hep C, but you can get tested and for many people, treatment serves as a cure.

How does someone get hep C?

By blood-to-blood contact: if someone's hep C positive blood gets into your bloodstream. Particular activities are risky for hep C transmission. It's important to know that hep C can survive in dried blood outside the body for at least four days and inside an enclosed space like a syringe for weeks. Unlike HIV, the hep C virus can survive in fluids like water or tattoo ink.

Ways people can get hep C

Likely transmission:

- ◇ Sharing drug-use equipment: gear that has already been used by someone else who has hep C—not just needles and syringes, but also filters, cookers, alcohol swabs, ties, acidifiers (like lemon juice or vitamin C), water, pipes and straws
- ◇ Reusing tools and jewellery used for tattooing or body piercing. Anything that has come in contact with blood should be considered contaminated, including the needle, ink, inkwell, gloves, tattoo gun, and any towels used to wipe the ink and blood from the skin and work area during tattooing or piercing
- ◇ Having received a blood transfusion, blood products or a transplant before 1992

Possibility of transmission:

- ◇ Getting accidentally stuck with a needle that has been used by a person who has hep C
- ◇ Sharing/borrowing hygiene items that could have blood on them, like razors, nail clippers and toothbrushes. Also, rinsing your razor in water that has been used by someone else for shaving
- ◇ The risk of getting hep C through sex is low. But the chances of transmission go up if you have condomless sex, especially if you have sex where blood might be involved such as rough sex, anal sex, or sex during a woman's period. If you or your partner has open sores or a sexually transmitted infection like herpes, there is a greater risk of getting/giving hep C during sex.

You cannot get hep C from casual contact such as sharing food, hugging, kissing, touching, exercising with, or sharing space with someone who has hep C! If you have any questions about hep C transmission or think you may have been exposed to hep C, please send us a letter or give us a call.

Getting tested

In federal institutions, hep C antibody testing is offered on admission. In federal and provincial, you can request hep C testing at any time. If you have a short sentence or an upcoming release date, you may decide to get tested in the community. Either way, learn about your options for managing your health and getting info & support for hep C. A hep C antibody test checks to see if you've ever come into contact with hep C. A positive antibody test result means that you have come into contact with hep C at some point.

If you get a positive result, know what test to ask for next!

About 20-25% of people clear the hep C virus on their own, but they will always test positive on the antibody test. Hep C antibodies stay in your blood even when the virus has been cleared. If you have a positive result, you need to take the second test to find out if the virus is still in your body. The second test is called a PCR test, a viral load test, or an RNA test. A negative result from the virus test means you do not have hep C. A positive result means that you have hep C.

The test will tell you how much virus you have in your blood and what genotype (family) your virus is in. There are 6 genotypes of hep C virus: HCV 1, 2, 3, 4, 5 and 6. The genotypes respond differently to treatment and this is good for you to know so you can decide if you want to go for treatment. PASAN & CATIE have resources on hep C testing.

If you test positive you should get post-test counselling to learn about hep C transmission, prevention, and treatment options. In federal, all counselling is done by CSC health care staff. Depending on which provincial institution you're in, counselling may be provided by institutional health care or by someone from the local Public Health Unit.

You've tested positive for the hep C virus. What next????

If you are interested in treatment, ask health care if there is an infectious disease nurse or doctor you can talk to about test results and treatment options. The following tests can help you make decisions about treatment and show how well your liver is working.

Liver function tests measure the levels of liver-produced enzymes and proteins in your blood. High levels could be caused by hep C, but also could be caused by things like alcohol, drugs, toxins or other viruses. Liver function tests give a snapshot of how well your liver is working at the time. Ultrasounds take a picture of your liver to see if there is liver damage.

A liver biopsy uses a needle to take a sample of your liver to check for damage. Fibroscans are advanced ultrasounds that measure liver damage.

Getting Treatment

If you were on hep C treatment before you went to prison, you have the right to continue treatment while in provincial or federal prison. In a federal institution, you will need to get a prison doctor or specialist to prescribe the treatment medications. Some federal prisons have other prisoners who can talk to you about health issues like hep C treat-

ment. You can't start treatment in a provincial institution, but if you feel comfortable with prison health care, you can try to get your testing done and connect with a specialist or treatment team in preparation for your release.

In most provinces and territories, if you get income support benefits like disability or welfare, you can apply to have the cost of medications covered. The Non-Insured Health Benefits program may cover treatment costs for registered First Nations and recognized Inuit peoples.

Treatment Options

The goal of hep C treatment is to get rid of the hep C virus from your body. If the virus has been cleared, then the treatment worked. This is known as sustained virological response (SVR) and is considered a cure.

The standard treatment for hep C is a combination of two medications, peg-interferon and ribavirin. In 2011, two new antiretroviral drugs, boceprevir (Victrelis) and telaprevir (Incivek) became available in Canada. These medications are used only in people with genotype 1 hep C virus. People take only one of these medications in combination with peg-interferon and ribavirin.

Peg-interferon

This is a form of a protein used to fight viruses in your body. It is a weekly injection.

Ribavirin, boceprevir and telaprevir

These drugs interfere with the virus and improve the effectiveness of treatment. They do not work to clear the hep C virus by them-selves. Ribavirin is taken as a pill twice a day. Boceprevir or telaprevir are taken as pills, two to three times a day.

The treatments can have side effects so you will need to visit with health care during treatment to check your health. You will also need blood tests during treatment and six months after treatment is finished to see if the virus is gone from your body.

After successful treatment, it is important to avoid re-infection. You can never become immune to hep C, there is no vaccine yet, and you could get re-infected with the same strain or a different strain of hep C virus! If treatment does not work, you can make certain changes to your life to stay healthy and reduce liver damage.

Want more information & support on hep C testing and treatment?

PASAN - Toll-free from Federal 1-866-224-9978, or Collect 416-920-9567, Mon-Fri 9-5, EST.

CATIE - Toll-free from Federal 1-800-263-1638 or Collect 416-203-7122, Mon-Thurs, 10-6, EST.

Have a question or experience with hep C testing or treatment that you want to share? Write to us at I'm a Liver & a Fighter. All letters stay anonymous unless you say otherwise.

by Annika, Stephanie, and Hep C Program volunteer, Kristy, with thanks to CATIE for resources!

- 10 MYTHS ABOUT HIV -



MYTH #1

You can contract HIV from a mosquito or any other insect.

No. In order for this to happen, a mosquito would first have to bite an infected person. Then the mosquito would have to do one of two things: 1) Immediately travel to someone else and infect that person from a few tiny drops of infected blood left on the stinger; 2) Process the virus in its saliva and inject it into the next person. Mosquitoes do neither of these things. They do not travel from one person to the next. They do not carry enough blood on their sucker to infect anyone else they bite. And they do not process the virus in their saliva. Once inside a mosquito, the virus only lives for a short time. Thus, the saliva mosquitoes inject into people cannot have HIV. The same inability to transmit HIV holds true for other sucking or biting insects. Insect bites do not spread HIV.

MYTH #2

You can get HIV from someone's saliva.

No. There are no documented cases of saliva transmitting HIV. There is not enough concentration of HIV in saliva to transmit the virus. After several studies involving several hundred family members and friends of people with AIDS, scientists have yet to find a single case of HIV infection caused by casual contact or exposure to the saliva of an infected person.

MYTH #3

If I live with someone with HIV, I can get AIDS.

No. HIV cannot be casually transmitted. You can share food, utensils, phones, showers, dishes, clothes or toilets (to name a few) without risk. If you are not engaging in risk activities (i.e. unprotected sex or sharing needles) you can't get HIV from someone from living with them.

MYTH #4

HIV can be spread by sharing a cigarette or pipe.

No. The only body fluids that transmit HIV are blood, semen, pre-seminal fluid (pre-cum), vaginal secretions and breast milk to an infant. It is transmitted by unprotected vaginal and anal sex and blood to blood contact (i.e. sharing needles.) There is some speculative evidence that HIV may be spread by oral sex, however that assertion remains unproven, but again, HIV cannot be spread by sharing a cigarette or a joint with someone.

MYTH #5

HIV can remain dormant in a person's body for an indefinite period of time.

No. HIV does not "stay dormant" inside a person's body. The reason why it can take up to 12 weeks to show up in a test is not because it is dormant; it is because the test is for antibodies, which can take up to 12 weeks to appear. If you have had a high risk activity related to HIV transmission (sharing needles for shooting up or unprotected anal or vaginal sex), then you wait for 12 weeks without any other high risk activity and you test negative, then you are HIV-negative. There is no risk of HIV suddenly appearing later on due to that incident.

MYTH #6

You get AIDS from touching or hugging someone with AIDS.

No. HIV is not spread by hugs, touches, massages or kisses. Transmission cannot take place through any of the activities listed because HIV is transmitted by blood, semen and vaginal fluids that get into your bloodstream. If you know someone with HIV infection, that person needs support. A hug is a wonderful way to show that you care.

MYTH #7

Urine can transmit HIV.

No. Urine does not transmit HIV. Exposure to urine without visible blood in it does not place you at risk at all. For the average person, the times to be concerned about HIV are during sex without condoms or sharing equipment for injecting drugs.

MYTH #8

Transmission is less possible if two condoms are used during sex.

Not true. Don't double up those condoms. Two condoms together cause friction and breakage. It is much better to use one condom correctly. Correct, consistent condom use prevents HIV, STI's and pregnancy. It only takes one condom to do the job. Remember to use a water-based lubricant with all latex condoms to prevent breakage. If you have an allergy to latex, try using poly-urethane condoms and/or the Insertive condom. Avoid "natural skin" and lambskin condoms, they are not effective protection for HIV or any other sexually transmitted infections. As well, avoid products containing nonoxynol-9, this can cause vaginal and anal walls to become irritated and more prone to sexually transmitted infections.

MYTH #9

Everyone who is HIV positive will die of AIDS.

No. This has never been true, and certainly has no place in the discussions of people living with HIV today. New treatments are constantly being developed allowing many people to live healthier and more functional lives indefinitely. Most treatments can lower a person's viral load to an undetectable level. As knowledge about HIV increases, more options are becoming available to manage HIV and live longer and with less symptoms.

MYTH #10

HIV is a gay disease.

No. All of us are at risk for getting HIV from unsafe sex, needle-sharing and other modes of blood to blood contact. HIV does not discriminate, it is contracted through activity, not identity. In fact, heterosexual women of color represent the fastest growing segment contracting HIV in North America.

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AIDS COALITION of NOVA SCOTIA
1675 Bedford Row, Halifax, NS, B3J 1T1
1-800-566-2437, 902-425-4882

AIDS COMMITTEE of NEWFOUNDLAND & LABRADOR
47 Janeway Place, St. John's, NL, A1A 1R7 1-800-563-1575

AIDS NEW BRUNSWICK
65 Brunswick St, Fredericton, NB, E3B 1G5
1-800-561-4009, 506-459-7518

AIDS PEI
2-375 University Ave, Charlottetown, PE, C1A 4N4 902-566-2437

AIDS SAINT JOHN
115 Hazen St, NB, E2L 3L3 506-652-2437

HEALING OUR NATIONS
3-15 Alderney Dr, Dartmouth, NS, B2Y 2N2
1-800-565-4255, 902-492-4255

MAINLINE NEEDLE EXCHANGE
5511 Cornwallis St, Halifax, NS, B3K 1B3 902-423-9991

SHARP ADVICE NEEDLE EXCHANGE
150 Bentinek St. Sydney, NS, B1P 6H1 902-539-5556 (Collect)

SIDA/AIDS MONCTON
80 Weldon St, Moncton, NB, E1C 5V8 506-859-9616

QUEBEC

CACTUS
1300 rue Sanguinet, Montreal, H2X 3E7 514-847-0067

CENTRE for AIDS SERVICES MONTREAL (Women)
1750 Rue Saint-Andre, 3rd Flr, Montreal, H2L 3T8
1-877-847-3636, 514-495-0990

COALITION des ORGANISMES COMMUNAUTAIRES QUEBECOIS de LUTTE CONTRE le SIDA (COCQSIDA)
1 est, rue Sherbrooke, Montréal, H2X 3V8 514-844-2477

COMITÉ des PERSONNES ATTEINTES du VIH du QUEBEC (CPAVIH)
2075 rue Plessis bureau 310, Montreal, H2L 2Y4 1-800-927-2844

ONTARIO

2-SPIRITED PEOPLE of the 1ST NATIONS
593 Yonge St, #202, Toronto, M4Y 1Z4 416-944-9300

AFRICANS in PARTNERSHIP AGAINST AIDS
526 Richmond St E, Toronto, M5A 1R3 416-924-5256

AIDS COMMITTEE of CAMBRIDGE, KITCHENER, WATERLOO & AREA
2B-625 King St E, Kitchener, N2G 4V4 519-570-3687 (Collect)

AIDS COMMITTEE OF GUELPH
89 Dawson Rd, Unit 113, Guelph, N1H 3X2 519-763-2255 (Collect)

AIDS COMMITTEE of NORTH BAY and AREA
201-269 Main St W, North Bay, P1B 2T8 705-497-3560 (Collect)

AIDS COMMITTEE of OTTAWA
700-251 Bank St, Ottawa, K2P 1X3 613-238-5014 (Collect)

AIDS COMMITTEE of THUNDER BAY
574 Memorial Ave, Thunder Bay, P7B 3Z2
1-800-488-5840, 807-345-1516 (Collect)

AIDS NIAGARA
111 Church St, St Catharines, L2R 3C9 905-984-8684

ANISHNAWBE HEALTH AIDS PROGRAM
255 Queen St E, Toronto, M5A 1S4 416-360-0486

ASIAN COMMUNITY AIDS SERVICE
107-33 Isabella St, Toronto, M4Y 2P7 416-963-4300 (Collect)

BLACK COALITION for AIDS PREVENTION
20 Victoria St, 4th Flr, Toronto, M5C 2N8 416-977-9955 (Collect)

CANADIAN HIV/AIDS LEGAL NETWORK
1240 Bay St #600, Toronto, M5R 2A7 416-595-1666 (Collect)

FIFE HOUSE
490 Sherbourne St, 2nd Flr, Toronto, M4X 1K9 416-205-9888

HIV & AIDS LEGAL CLINIC OF ON. (HALCO)
65 Wellesley St E, Toronto, M4Y 1G7 1-888-705-8889

HIV/AIDS REGIONAL SERVICES (HARS)
844-A Princess St, Kingston, K7L 1G5 613-545-3698 (Collect)

ONTARIO ABORIGINAL HIV/AIDS STRATEGY
844-A Princess St, Kingston, K7L 1G5 613-549-7540 (Collect)

PEEL HIV/AIDS NETWORK
160 Traders Blvd, Unit 1, Mississauga, L4Z 3K7
1-866-896-8700, 905-361-0523 (Collect)

PETERBOROUGH AIDS RESOURCE NETWORK
302-159 King St, Peterborough, K9J 2R8
1-800-361-2895, 705-932-9110 (Collect)

STREET HEALTH CENTRE
Hepatitis C Treatment Program
235 Wellington St, Kingston, K7K 0B5 613-549-1440 (Collect)

THE AIDS NETWORK
101-140 King St E, Hamilton, L8N 1B2 905-528-0854

THE WORKS
277 Victoria St, Toronto, 416-392-0520 (Collect)

TORONTO PWA FOUNDATION
200 Gerrard St E, 2nd Flr, Toronto, M5A 2E6 416-506-1400

PRAIRIES

AIDS CALGARY
110-1603 10th Ave SW, Calgary, AB, T3C 0J7 403-508-2500

AIDS SASKATOON
1143 Ave F N, Saskatoon, SK, S7L 1X1
306-242-5005 1-800-667-6876

CENTRAL ALBERTA AIDS NETWORK
4611 50th Ave, Red Deer, AB, T4N 3Z9
403-346-8858 1-877-346-8858 (Alberta only)

HIV EDMONTON
9702 111 Ave NW, Edmonton, AB, T5G 0B1
1-877-388-5742, 780-488-5742 (Collect)

KIMAMOW ATOSKANOW FOUNDATION
RR 1, Site 1, Box 133, Onoway, AB, T0E 1V0
1-866-971-7233, 780-913-9036

NINE CIRCLES COMMUNITY HEALTH CENTRE
705 Broadway, Winnipeg, MB, R3G 0X2
1-888-305-8647, 204-940-6000

PLWA NETWORK OF SASKATCHEWAN
Box 7123, Saskatoon, SK, S7K 411 306-373-7766

PRINCE ALBERT METIS WOMEN'S ASSOC.
54 10th St E, Prince Albert, SK, S6V 0Y5 306-763-5356

RED RIBBON PLACE (ALL NATIONS HOPE AIDS NETWORK)
2735 5th Ave, Regina, SK, S4T 0L2 306-924-8429, 1-877-210-7622

STREET CONNECTIONS
705 Broadway Ave, Winnipeg, MB, R3G 0X2 204-940-2504
WOMEN: 50 Argyle, Winnipeg, MB, R3B 0H6 204-943-6379

WEST COAST

AIDS VANCOUVER ISLAND
713 Johnson St, 3rd Flr, Victoria, V8W 1M8 604-384-2366

PLBC - PRISON OUTREACH PROJECT
1107 Seymour St, Vancouver, V6B 5S8
Toll Free: PROOV - 604-525-8646 FED - 1-877-900-2437
(#'s approved by institutions and are NOT Collect Calls)

POSITIVE WOMEN'S NETWORK
614-1033 Davie St, Vancouver, V6E 1M7 Toll Free: 1-866-692-3001

For a more complete listing visit:
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