

# CELL COUNT



YOUR PRISON HEALTH RESOURCE SINCE 1995

FREE - FOR PRISONERS, EX-PRISONERS & THEIR FAMILIES

THE SOLIDARITY ISSUE, JULY 2022 - #97



## PRISON LABOR IN A TIME OF PANDEMIC.

By Anonymous

Prison labour is a joke. It is slave labor. We have to do whatever the man says, or else we lose; our pay, pay level, transfers, single cells, etc. Just recently here at Bath the Manager of Programs (MP) has suspended, and later terminated offenders simply for moving cohorts, which they were encouraged to do by their Correctional Management Team (CMT); Parole officer, CX2, and Correctional Manager (CM). This, I do not believe was what the commissioner had in mind when she exempt the entire federal population from losing their pay because of COVID, but none the less. Complaints have been filed, arguments from the committee were made, and the MP even commented, "she had a heart" when it came to pay, then the Assistant Warden of Interventions (AWI), commented on the inmate pay budget doubling. Is that really what the commissioners' message was to the population? We care, but only if the budget does not get out of control? Not to mention the suspension on your file, which reads, "Refusal to participate in your correctional program", which then lowers your motivation, accountability, and raises your security level, which in turn lowers your pay level. Excluding the fact that now you could be maxed out because of this, imagine that? Not that it has happened, yet, however, on paper it could be warranted. Just last week several offenders were suspended from CORCAN Ind. (slave labor force) because they had been to afraid to go to work as they might catch COVID. They were threatened to be kicked off their living unit, because now they have no job, which is required on unit 4. Most offenders want to go to work just to have something to do. I myself found this to be true last year when I was not allowed to attend the kitchen, even though I was the head cook. Unit 1 had more offenders to work the kitchen, therefore they got priority, but the skill level, and/or commitment was, and is, a huge problem. Some staff; and CM's, did take full advantage and make many jobs for "high touch cleaners", and even paying them 14 days' pay, in lieu of overtime. The kitchen makes sure that if offenders want to work from unit 1, there is a job for them, and they are willing to pay them for the extra work, i.e., 14 days' pay. However, our MP, and AWI both stated it will "come to an end", and they "will be shocked". In addition, the comments of the inmate pay double its normal budget, which tells me that they are not happy about paying inmates for the work that they actually do. Nor does it reflect on their files, anywhere. This is all because it is no longer work or a job, but a correctional program. Bullshit if you ask this Con. I work, it should be called work and I should be paid for that work. I should also not be expected to do my job, then others' jobs because the man is too afraid to say something to the lazy workers, who are just skating by. They should be counselled, if no change, one-day suspension, then two, then three, and then fired. It should be treated like a real job, so that they prepare us for the outside world, and then written comments on my file for how much I actually work or not. Do not get me started on a rant.

### Vocational Programs, Culturally-specific vocational training

There have been some courses here at Bath, some of which have been amazing. I myself participated in Entrepreneurship Training with St. Lawrence College, it was paid for by CORCAN industries, and it was the best course I have ever taken in prison, in 17 years. It has also empowered me to continue with my education, just recently completing Organizational Behaviour, a General Arts and Science - One, with Northern College. I will be applying for another soon. This of course where the strings end. They try to force "IC3" and "MOS", which are good for courses; basic computer skills, then advanced, with Word, Excel and PowerPoint. They probably cost money on road, but they want you to complete these before applying for college level courses. I am sure the

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## LETTER FROM THE EDITOR

To our Cell Count readers,

Whether you have been a long time subscriber or are reading Cell Count for the first time, I want to thank you for picking up this issue. I very much value your feedback and use it to try and make each issue better and more useful to you than the last. Also, whether you are incarcerated and nodding and agreeing with many of the submissions you see, or are on the outside and surprised, shocked or outraged at some of what you see, I hope you take something from this. It is clear that things need to change, the question is, how to make that change happen.

In this issue, we have provided information regarding the emerging Monkeypox variant to help you understand what it is, how it is transmitted and ways to keep yourselves as safe as possible in the unlikely possibility that it enters prisons and jails.

For our next issue: Prisoners Justice Day 2022: we will need submissions quite quickly because we would like to do our best to get that issue in your hands before or on August 10th, 2022, PJD.

## PRISONERS' RIGHTS TO WELL-BEING: LESSONS FROM THE COVID-19 PANDEMIC

In the summer of 2021, Dr's Jessica Evans and Aaron Doyle, with the support of PASAN, conducted interviews with former prisoners who had been incarcerated during the pandemic. Our goal was to investigate the conditions of COVID-19 containment measures. In total, nineteen interviews were conducted with the help of research assistants James Ruston and Tee Akinkuowo (both former prisoners) and Emma Joseph. In total, one trans woman, six cisgender women, and 11 men were interviewed. Of these, ten individuals spent time in a federal institution and 13 spent time in a provincial institu-

tion. Many spent time in both federal and provincial institutions.

### Torturous Confinement

The United Nations Standard Minimum Rules for the Treatment of Prisoners defines torturous confinement as being kept in a cell for fifteen or more days without at least four hours out of cell per day, including two hours of 'meaningful human contact'. Our study found that prisoners were often held in cells for several days in a row without any time out of cell at all. Mandatory quarantines often meant people being confined to their cells for more than fourteen days - sometimes as much as 28 days.

### Access to Healthcare

Under both international and federal law, prison and jail authorities are required to provide prisoners with a standard of healthcare which meets the standard of care in the community and ensures health care providers are free to make decisions based on health care, not security. Our study found these standards were violated through the pandemic.

Access to healthcare professionals was not independent. Prisoners were unable to walk up to medical and mental health units, and instead were required to request help through guards. Interviews showed that guards often made decisions about what was a 'real' health concern and often denied care to prisoners. Prisoners were also often not given access to prescription medications they had in the community. These findings show a direct violation of the provision of care which meets standards of clinical independence and community care.

### Harm Reduction

Harm reduction and services for people who use drugs is a healthcare issue. Access to opioid agonist therapy (OAT) like suboxone and methadone, along with substance use programming and counseling are essential in jails and prisons and should meet community standards of ac-



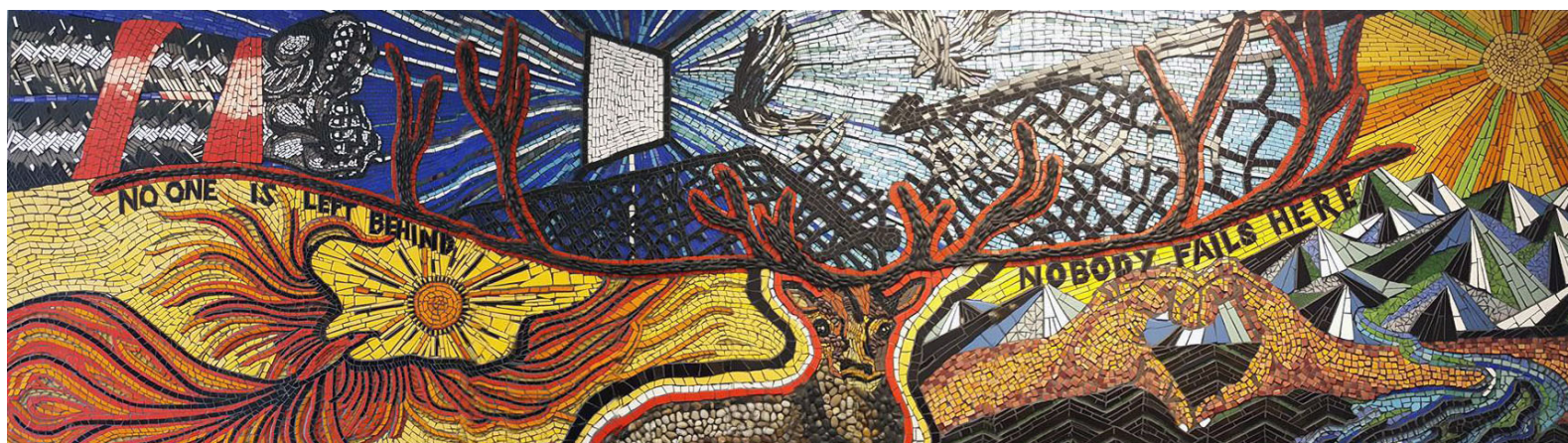
cess and care. This is particularly important as the COVID pandemic has increased the opioid crisis in Canada. Interviews revealed that prisoners were frequently denied or delayed access to suboxone and methadone. The cancellation of programs - including mental health groups, NA, AA and others have put prisoners at increased risk.

### Recommendations

In the early months of the pandemic, provincial and federal correctional authorities made moves to release 'low-risk' prisoners - including those at increased risk of contracting COVID, those on remand, and those who could serve sentences in community through electronic monitoring and house arrest. Federally, there was a 15% decline in the number of adults in corrections, while in Ontario, the population of provincial prisoners was reduced by 25% from March to May 2020. However, incarceration rates have been

steadily climbing since the first two waves of the pandemic. We call on provincial and federal correctional agencies to reinstate decarceration measures.

We also call on correctional authorities to move the responsibility of health care for prisoners to ministries of health care, rather than Correctional Services Canada or the Ministry of the Solicitor General. Our findings show that when correctional bodies are responsible for healthcare, prisoners' health needs come second to the security and staffing needs of the institution which is in direct violation to provincial, national and international law. Doing this would also help to ensure that prisoners receive a continuity of care between the community and the jail/prison. This would also ensure that harm reduction - including mental health supports, substance use programming and methadone and suboxone programs - is addressed as a public health issue.



PASAN is a community-based harm reduction/HIV/HCV organization that provides support, education and advocacy to prisoners and ex-prisoners. PASAN formed in 1991 as a grassroots response to the HIV crisis in the Canadian prison system. We strive to provide community development, education and support to prisoners and ex-prisoners in Ontario on HIV, Hepatitis C (HCV), overdose prevention and other harm reduction issues. Today, PASAN is the only community-based organization in Canada exclusively providing HIV and HCV prevention, education and support services to prisoners, ex-prisoners and their families.

### SUPPORT SERVICES

- Individual support, informal coun-

selling, case management, pre-release planning, and referrals for those in custody living with HIV and/or HCV

- We assist our clients in accessing adequate medical care and support while incarcerated

- You can reach us via our toll free number at 1-866-224-9978. If you can't get through to us from our toll-free number, we also accept collect calls from prisoners across Canada at 416-920-9567, but we prefer people use our toll-free number
- Provide ongoing support, community development, resources and training for community groups across Ontario.

### OUTREACH AND EDUCATION

- Conducts HIV/HCV and harm reduction workshops inside many of the provincial and federal adult institutions in Ontario
- Produces a newsletter, Cell Count, which contains article, poetry and art produced by current and ex-prisoners
- Facilitates Prison Life 101, HIV/HCV

prevention and harm reduction/overdose prevention trainings for agencies working with prison populations

- Assist agencies to start prison in-reach and support and act as a referral "hub" for HIV/HCV positive prisoners who are transferred from one region to another, to ensure continuity of support
- Peer health/harm reduction workers where ex-prisoners assist those who are currently incarcerated, about to be released, or already released to get medical and health needs met.

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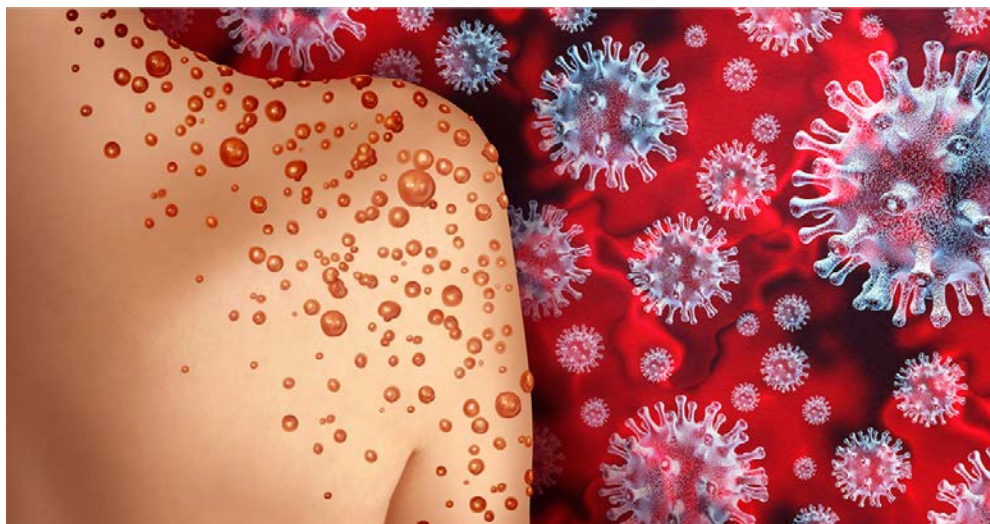
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## AN OUTBREAK OF MONKEYPOX IN CANADA AND OTHER COUNTRIES

### CATIE

- Until now, high-income countries have not observed outbreaks of monkeypox unrelated to travel

- There are recent confirmed cases of monkeypox in people in Canada and other high-income countries; most cases appear to be relatively mild

- People who develop a rash and other related symptoms should contact a health-care provider

Monkeypox is a virus that is related to another virus called smallpox. From time to time, documented outbreaks of monkeypox have occurred in Nigeria and the Democratic Republic of the Congo since 1970. Cases of monkeypox in North America and Western Europe have traditionally been rare, mostly affecting people who have travelled to regions where monkeypox occurs. About 20 years ago in the U.S., some cases of monkeypox also occurred in people who came into contact with prairie dogs sold as pets, which had previously been warehoused with small mammals from endemic regions, where community transmission of monkeypox occurs on an ongoing basis. None of the people in that outbreak died as a result of monkeypox.

In mid-May 2022, an outbreak of monkeypox in people with no history of travel to endemic regions was first reported in the U.K., then in Europe. Subsequent cases were also reported in Canada, the U.S. and other countries. Many of these cases are in gay, bisexual and other men who have sex with men (MSM). In the current outbreak, most of the cases are mild. After affected people are seen by medical personnel, public health authorities in these countries have encouraged many monkeypox patients to stay at home until they have recovered. In some cases, people have been hospitalized. The outbreak is ongoing and public health authorities are assessing the situation and providing advice in affected cities and regions.

In this CATIE News bulletin, we summarize key information on monkeypox. This information is not comprehensive. Furthermore, note that the current outbreak is evolving and information can change. We encourage readers to stay abreast of developments by consulting public health websites in their city or region for further information.

### What is monkeypox?

Monkeypox is the name of a disease caused by a germ called monkeypox virus. This virus is related to smallpox. Monkeypox virus was first isolated in 1958 in a colony of monkeys shipped to Denmark from East Asia.

Monkeypox was first documented in humans with a child in the Democratic

Republic of the Congo in 1970. From time to time, monkeypox has also been reported in some people in parts of West Africa, mostly in Nigeria.

Scientists are not certain which animals are natural hosts for monkeypox virus, but the virus is likely to be in rodents and monkeys.

There are two main strains of monkeypox virus—one from Central Africa and another from West Africa. In the current outbreak that is affecting North America, Europe and other high-income regions, the strain of monkeypox virus in circulation appears to be one that is closely related to the strain in West Africa. This strain tends to cause relatively mild illness.

### Why has monkeypox become an emerging issue in the 21st century?

As monkeypox virus is related to smallpox virus, vaccination against smallpox very likely provided a high degree of protection from monkeypox. The smallpox vaccination campaign carried out by the World Health Organization (WHO) in the 1960s and 1970s was so successful that by 1980, the WHO considered smallpox to be eradicated. Small samples of smallpox virus are now kept in a limited number of research facilities.

Several teams of scientists have suggested that once smallpox vaccination campaigns ended in the late 1970s, people living in regions where animals harboured monkeypox virus gradually became more susceptible to monkeypox. Research suggests that, at first, children in these regions were more likely to get monkeypox than adults. However, over the past 40 years, the average age of people who have developed monkeypox has increased in endemic regions, and now adults are also susceptible.

Factors such as hunting wild animals, deforestation (which can put people into closer proximity with wild animals) and climate change may also have contributed to the expansion of cases of monkeypox in endemic regions over the past 40 years.

### Transmission of monkeypox virus and related issues

Here is some key information from the U.S. Centers for Disease Control and Prevention (CDC) on the spread of monkeypox virus: "Human-to-human transmission is thought to occur primarily through large respiratory droplets. Respiratory droplets generally cannot travel more than a few feet, so prolonged face-to-face contact is required. Other human-to-human methods of transmission include direct contact with body fluids or lesion material, and indirect contact with lesion material, such as through contaminated clothing or linens."

The scenarios above are the most common ways that monkeypox virus has traditionally been transmitted.

The current outbreak has disproportion-

ally affected men who have sex with men. As a result, it is possible that in addition to the ways described above, monkeypox virus is transmitted during sex among some of these men. That monkeypox virus may also be transmitted sexually is not a new idea. In an outbreak that occurred several years ago in Nigeria, researchers suspected that monkeypox virus was, in some cases, sexually transmitted due to oral and genital lesions in affected patients (both men and women were affected by monkeypox in that outbreak). This does not make monkeypox virus a sexually transmitted infection. Note that it is common for some viruses to have multiple ways of being spread.

What's more, although many of the people with monkeypox in the current outbreak are MSM, anyone can acquire monkeypox virus from close contact with an infected person.

Since monkeypox is an understudied illness, public health researchers and scientists have much work ahead to find out the precise ways in which monkeypox virus can be transmitted among people in high-income countries. As with any emerging disease, this may take time, and patience is required as people with monkeypox are interviewed and their samples analysed. As more information becomes available, public health authorities in affected regions will provide advice about reducing the risk of acquiring monkeypox virus. As we wait for this information and advice, it is important to remain calm and focus on prevention and control efforts that are rational, effective and appropriate. Outbreaks of viral diseases occur all of the time around the world. In the recent past there have been much larger outbreaks of monkeypox in parts of West Africa. However, this has not garnered much media attention in high-income countries.

### Symptoms of monkeypox

Typically, the course of monkeypox virus-related illness can last up to a month. According to the Public Health Agency of Canada (PHAC), monkeypox "symptoms occur in two stages and typically last from two to four weeks."

The symptoms of monkeypox virus infection usually begin within a week or two following infection. However, in some people, initial symptoms can take up to three weeks after exposure to occur, such as:

- fever
- chills
- headache
- muscle pain/soreness
- tiredness or lack of energy
- backache
- swollen lymph nodes
- Some people also develop a sore throat and cough.

Once these symptoms occur, a rash appears (usually within several days). However, there are reports from some people who developed monkeypox in past outbreaks that they developed a rash before other symptoms.

### Rash and lesions

The rash tends to first appear on the face, then spreads to other areas of the body, including the arms and legs, and then eventually to the soles of the feet and palms of the hands. Lesions develop on the skin where the rash is located, and they can also sometimes occur in the mouth. The lesions are initially flat but over the course of days become rounded and raised. A few more days later the lesions become filled with a clear fluid, which subsequently turns cloudy. The lesions then develop a depression in their

centre, and in this phase of development they are called pustules. Over the course of a week, the pustules begin to form a crust and then scabs. The scabs are present for a week and then fall off.

In areas where the scabs have fallen off, the affected skin may be lighter or darker than the surrounding skin.

Once all the scabs have fallen off, a person is no longer contagious.

The initial symptoms of monkeypox can be similar to other infections, such as chickenpox, herpes or even syphilis. This is why if a rash develops, affected people, particularly MSM, should call their doctor to ask for help diagnosing their condition. If they do not have a doctor, they should contact their regional telehealth service or public health clinic for advice and assessment.

So far, the majority of people who have developed monkeypox in the current outbreak have mild illness.

### Supportive care

Many people who have developed monkeypox in the present outbreak can recover at home under medical supervision. They are given advice about keeping lesions clean, use of over-the-counter pain relief medicine and other measures. Public health authorities also advise them how to minimize the risk of passing on monkeypox virus.

Some people with monkeypox can develop lesions in their mouth, tongue or throat or experience a sore throat. These issues can make eating and drinking painful. It is important to remember to eat sufficient food and drink enough water.

People with monkeypox should wash their hands frequently and should avoid touching their eyes, as monkeypox virus can be transferred from a lesion to the eyes, causing inflammation. The consequences of such inflammation in people with monkeypox are not clear. Serious eye complications occurred in about 5% to 9% of people with the related condition smallpox.

Monkeypox and vulnerable populations The impact of monkeypox virus on the health of the following vulnerable populations has not been well studied:

- children
- pregnant people
- people with chronic liver disease
- people with chronic kidney disease
- people with HIV
- people taking medicines that weaken their immune system (such as people with rheumatoid arthritis, Crohn's disease, colitis, severe eczema or psoriasis, or people who have a transplanted organ)

### Monkeypox virus and HIV

Limited information exists about monkeypox and HIV. Researchers in Nigeria conducted a study whereby they reviewed information from an outbreak of monkeypox virus that occurred in that country in 2017 and 2018. The researchers focused on 40 people who were hospitalized with monkeypox, nine of whom had HIV. Data were unavailable about many aspects of HIV treatment (ART), lab test results and medical history for these people. However, the very limited information provided suggests that most people with HIV had some degree of immune deficiency, with CD4+ cell counts (when available) generally being below 360 cells/mm<sup>3</sup> (in some people cell counts were very low—between 20 and 100 cells/mm<sup>3</sup>). Four people were newly diagnosed with HIV and unlikely to be on ART in this study.

The researchers found that compared to people without HIV, people with HIV were more likely to have the following: cont. p 4

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- a longer duration of illness – 28 days or more
- larger rash
- genital ulcers
- bacterial infection, which can arise from
- infected lesions on the skin and perhaps other complications

Five people died, two of whom were HIV positive. The causes of death among the people with HIV were as follows:

- A 42-year-old man developed an extreme inflammatory reaction to possible bacterial infection and died 37 days after he was hospitalized. His CD4+ count and other medical history was not disclosed.
- A 43-year-old man with less than 20 CD4+ cells/mm<sup>3</sup> (indicating extreme immune deficiency) developed seizures; doctors think that this likely occurred because a germ infected his brain (the nature of the germ was not mentioned).

Among HIV-negative people, the causes of death were as follows:

- A 28-day-old baby died from complications of pneumonia and a brain infection (the nature of the germ that caused brain infection was not mentioned).
- A 27-year-old man who died from complications of pneumonia and an extreme inflammatory reaction.
- A 34-year-old man died from self-harm. The report from Nigeria relied on data captured in the past for one reason and then subsequently reanalysed several years later for another reason. Such study designs are prone to cause researchers to arrive at inadvertently biased conclusions when interpreting the data. At this time, it appears to be the largest publicly available dataset on people with HIV and monkeypox, although it is important to note that this very small sample is not representative of most people living with HIV.

In Canada and other high-income countries, the majority of people with HIV are taking ART, have a suppressed viral load in their blood and are in relatively good health. Therefore, the results that were reported with nine people with HIV in the Nigerian outbreak (most of whom were not on ART) may not be relevant to many people with HIV in Canada. Still, people with HIV (like everyone else) should call their doctor should a rash and other symptoms associated with monkeypox occur so that their condition can be investigated.

#### Mental health and monkeypox

The same researchers in Nigeria stated that patients (regardless of HIV status) reported that they were most distressed by the following:

- disfigurement arising from many lesions on the body
- itchy skin
- pain from some lesions
- genital lesions

The doctors also stated that almost 30% of patients “developed symptoms of anxiety and depression during [hospital] admission, requiring psychological counselling.”

Mental health is another understudied aspect of monkeypox virus outbreaks. Hopefully, doctors and nurses caring for patients in the current outbreak will be alert for any issues affecting mental and emotional health, and will intervene if necessary.

#### Monkeypox virus vs. COVID-19

Learning about the sudden spread of a new virus that can cause illness is always scary, particularly in light of the past two years of the COVID-19 pandemic. Some people understandably are concerned that the arrival of monkeypox virus in

countries that had never had outbreaks may lead to a potential epidemic. However, the spread of monkeypox virus is unlikely to turn into an epidemic or global pandemic for at least the following reasons:

- Scientists have developed a generally safe and effective vaccine (mentioned later).
- At least one antiviral drug with the potential to treat monkeypox has been created and approved by regulatory authorities in some countries (mentioned later).

- Monkeypox does not spread as easily as SARS-CoV-2, the virus that causes COVID-19.

When SARS-CoV-2 first appeared in the city of Wuhan in late 2019, it was a new virus with unknown potential for causing disease. There were no antiviral drugs available that worked against it and no vaccine. In contrast, monkeypox virus has been studied for decades, and because of the vaccine and drugs mentioned below, the world has a head start against this virus. Furthermore, so far monkeypox virus generally causes mild illness.

All of these are reasons to not panic about the arrival of monkeypox. However, it is important to remain vigilant. Contact a healthcare provider should a rash occur in association with the symptoms previously mentioned.

#### Biomedical prevention and possible treatment

Thanks to widespread vaccination in the past, smallpox was declared eradicated by the WHO in 1980. After that time, routine vaccination against smallpox virus was discontinued. As smallpox virus is closely related to monkeypox virus, vaccines and antiviral drugs developed for the prevention and treatment of smallpox are likely to be effective against monkeypox.

Note that in the current outbreak most cases of illness caused by monkeypox virus have been relatively mild and people recover without the need for serious intervention.

#### Vaccination

A third-generation vaccine against smallpox was developed in the 21st century. This vaccine is approved in Canada, the U.S., the U.K. and Europe. It is known by the following names in different places:

- Canada – Imvamune
- Europe – Imvanex
- U.S. – Jynneos

The vaccine has been tested in more than 4,000 healthy adults; it was generally safe and boosted immunity to smallpox (and by extension, monkeypox). It was also found to be safe in elderly people. It is approved for the prevention of smallpox (and in some countries, such as Canada, also monkeypox) in adults. Research suggests that this vaccine will provide about 85% protection against monkeypox.

Imvamune has also been tested in nearly 700 people with HIV who had CD4+ cell counts of 100 or more and has been found safe. The levels of antibodies produced by vaccination were similar in people with and without HIV.

The vaccine is injected just under the skin in the upper arm, and is given in two doses, four weeks apart. It does not contain smallpox or monkeypox viruses and cannot cause these infections.

Imvamune is not readily available in pharmacies. However, some governments are securing supplies of this vaccine for use by healthcare workers and contacts of people with monkeypox. Public health authorities in your city or region will decide if deployment of the vaccine becomes

necessary and which populations will get access.

#### Selected antiviral drugs and their potential against monkeypox virus

As routine vaccination against smallpox virus ceased more than 40 years ago when smallpox virus was eradicated, most people born since that time have no immunity to smallpox virus. Stocks of smallpox virus are kept in a couple of laboratories.

In the past, researchers estimated that smallpox killed about 30% of people who became infected. If this germ were reintroduced as a bioweapon, there would be potential for much for loss of life and catastrophic disruption to society. As a precaution against such an occurrence, governments encouraged the development of new vaccines and potential antiviral drugs against smallpox virus. As it would be unethical to infect people with smallpox or monkeypox viruses to test the effectiveness of antiviral drugs, these drugs were only tested in animals infected with monkeypox virus.

It is upon this basis — animal experiments — that regulatory authorities have approved brincidofovir in the U.S. and tecovirimat in Canada, the U.S. and other countries (details about these drugs appear later).

As these drugs have not been tested in large human clinical trials, it is not known if one antiviral drug by itself is adequate or whether combinations of antiviral drugs might be needed to treat monkeypox in people. The potential advantage of combination therapy is that it will likely be harder for monkeypox virus to become resistant than if one drug alone were used. The disadvantage is that there may be increased potential for side effects. Should cases of monkeypox continue to increase over the long term, or should the current strain of monkeypox virus mutate, clinical trials of antiviral drugs may become necessary to explore their effectiveness. However, since most cases of monkeypox associated with the present outbreak are mild, the need for antiviral therapy does not appear to be urgent.

#### Here is some background information about antiviral drugs mentioned in the media as having potential to be used against monkeypox virus in people:

**Tecovirimat (Tpoxx)** – This antiviral drug was developed for the treatment of smallpox. In a clinical trial in healthy people, it was generally safe. In studies with animals, if given within a few days after infection with monkeypox virus, the drug can prevent serious disease from developing. The capsule formulation of tecovirimat is approved in Canada and the European Union, the U.S. and some other countries but not available in pharmacies. A liquid formulation of tecovirimat for intravenous use is approved in the U.S.

**Brincidofovir** – A capsule formulation of this antiviral drug is approved in the U.S. and E.U. for the treatment of smallpox, but not in Canada. Once inside the body, brincidofovir is converted into cidofovir and allows for a higher concentration of cidofovir inside cells than in the blood. This distribution inside cells reduces the potential for brincidofovir to cause kidney injury. In the most recent published experiments, brincidofovir by itself had modest antiviral activity against severe monkeypox virus infection in prairie dogs. When brincidofovir was given to animals one day after exposure to the virus, 29% survived compared to 14% given placebo. Experiments with animals could be done to find out if the combination of

brincidofovir + tecovirimat is safe and has better antiviral effect than either drug alone. Brincidofovir has been tested in a randomized, placebo-controlled clinical trial with 452 people undergoing a bone marrow transplant (none of whom had monkeypox virus). This study aimed to reduce the impact of CMV (cytomegalovirus) reactivation, a common side-effect of immunosuppressant transplant drugs. In this study, a greater proportion of people who received brincidofovir died (16%) than did people on placebo (5%). The use of brincidofovir was associated with an increased risk for diarrhea, nausea and vomiting.

**Cidofovir** – This drug is approved in Canada and many other high-income countries for the prevention and treatment of a sight-threatening complication caused by cytomegalovirus (CMV). Today other drugs, such as letermovir or valganciclovir, are routinely used for CMV treatment or suppression. Cidofovir also has antiviral activity in experiments with animals infected with monkeypox and related viruses. Before the widespread availability of ART, cidofovir was used to successfully treat molluscum contagiosum virus infection in some people with HIV. Molluscum contagiosum virus is a member of the pox virus family and can cause small nodules in the skin of immune-suppressed people. Cidofovir is administered via intravenous infusion and has the potential to cause kidney injury.

—Sean R. Hosein

#### HEPATITIS CAN'T WAIT: LACK OF ACCESS TO TREATMENT IN PROVINCIAL PRISONS

##### By Olivia Gemma for PASAN

*While education and advocacy are vital in eliminating hepatitis C as a public health threat, so is accessibility to treatment. New treatment has allowed for high cure rates in more than 95% of people through oral medication in eight to 12 weeks, with few side effects. And most importantly, drug use can continue during treatment. Highly effective, but wickedly expensive – hepatitis C treatment is near impossible to access inside provincial institutions in Canada. Treatment is less accessible due to cost and time constraints. If someone is only serving a sentence for a few months, they will most likely not receive treatment in case they are released. Transitioning to community care should be as easy as switching pharmacies when someone moves to a new city.*

*It's clear that even when treatment is available inside provincial institutions, it's rarely met with the same standards of care as in the community. Prisoners should receive post-testing and treatment counselling both in prison and community. If a prisoner is released during their treatment or upon completion, social workers must facilitate referrals to healthcare services in the community.*

Despite all this, I feel optimistic about the future of hepatitis C treatment, particularly when it comes to education for healthcare staff. Recently, Ontario has established a pilot program at correctional institutions to train healthcare staff in hepatitis C. This program will give providers the knowledge and tools to expand testing and treatment. It's my hope that the pilot will shed some light on the alarming prevalence of hepatitis C within provincial institutions. Most of all, I hope to see more accessible treatment options for prisoners. Slowly, but surely, if we embrace the calls to action, hepatitis C elimination for this priority population is within our reach.

**PRISONS STILL ROUTINELY VIOLATE PRISONER RIGHTS WITH SOLITARY CONFINEMENT**

By The Canadian Press, *National Observer*, June 16th, 2022

Prisons are badly failing to comply with solitary confinement laws and regularly violating inmate rights, a new report by a group of Canadian senators says.

The Liberal government signalled that Bill C-83, passed in 2019, would put an end to the practice of solitary confinement.

But a report released Tuesday evening by a group of nine senators, which they cheekily titled "Senators go to jail," raises alarm bells about continued widespread use of the practice.

Parliamentarians have a legal right to access federal penitentiaries to view the conditions for themselves, and 34 senators have visited such facilities since the bill's passage.

Prisoners told them they were not given meaningful human contact, time outside their isolation cells or access to mental health services, the report says, with some spending prolonged periods in some form of segregation.

In some cases, living conditions were dire, with senators observing at one women's facility leaking roofs, mould and a prison cell where dried feces had not been cleaned from a wall.

Their observations echo similarly alarming findings from the Senate human rights committee, the auditor general and the correctional investigator.

"This report is one of too many that chronicles the lack of oversight and the lack of adherence to the law," said Sen. Kim Pate, who is affiliated with the Independent Senators Group. "Something significant has to change."

The senators are pushing for the passage of Pate's private bill, Bill S-230, which she says would address some of the oversight issues that have allowed problems to persist.

For one thing, it would require corrections facilities to go through a court process if they wanted to isolate a prisoner for more than 48 hours.

The bill would also amend the Corrections and Conditional Release Act to mandate that prisoners being isolated due to mental health issues be transferred to hospitals instead.

The same amendments were rejected by the Liberal government in June 2019.

The office of Public Safety Minister Marco Mendicino, who oversees the Correctional Service of Canada, has not yet responded to a request for comment.

*This report by The Canadian Press was first published June 15, 2022.*

**PROPOSED CLASS-ACTION LAWSUIT TARGETS OTTAWA OVER PRISON PRACTICE SET TO BECOME ILLEGAL**

By Shaina Luck, *CBC News*, Jun. 24th, 2022

A proposed class-action lawsuit recently filed in Nova Scotia could see some former inmates seeking compensation for a prison practice that's been performed on federal prisoners for years, but which will soon be illegal in Canada.

The practice is called "dry ceiling." It is a type of confinement that critics have described as more restrictive and less regulated than solitary confinement. Dry cells are used when guards suspect an inmate of having swallowed contraband or hidden it in a body cavity.

"It was humiliating. It was degrading," said Macquel Weatherbee, one of the lead plaintiffs in the suit filed Wednesday, about her experience.

"You don't feel like a human."

There is no running water or places with privacy in the dry cell and the lights are always on. Inmates are watched by guards through a window and monitored by security cameras, even while using a toilet that doesn't flush. The expectation is that the prisoner will expel the contraband in their waste.

Two Correctional Investigators of Canada have called for the practice to be limited to a maximum of 72 hours.

And in a groundbreaking court case last year, former inmate Lisa Adams and her lawyers successfully argued if the practice is used to find contraband in a vagina, that discriminates against women and people with vaginas as they may be detained longer.

**Class action filed**

Following the decision in the Adams case, Weatherbee and another plaintiff from Nova Scotia came forward to co-lead a class action for damages.

Weatherbee said that in 2017 she was an inmate at Nova Institution for Women in Truro, N.S., when guards placed her in a dry cell on suspicion she had pills in her vagina. She said she had hidden cigarettes there for her own use and as a tool to negotiate with other inmates.

Weatherbee was placed in the dry cell under 24/7 observation.

"You don't know what time it is. You feel like an animal in a cage. You don't have anything," she said.

At the end of five days, Weatherbee said she admitted to the institution's warden that she had cigarettes. Two female guards took her to a shower, watched her strip and instructed her to take out the package.

"They asked me to lay on my back and spread my legs," Weatherbee said. "I wouldn't do it. I said no."

"Even though, yes, we were in prison for crimes we committed, humans still do not deserve to be treated like that. Prison is supposed to be about rehabilitation, and there's no way a person can rehabilitate from that."

Weatherbee completed her three-year sentence in 2018, which was connected to a conviction for armed robbery, possession of a weapon for a dangerous purpose, and disguise with intent for covering her face.

"There was drugs involved. There was alcohol involved. I was a lot younger," Weatherbee said in an interview in June. Since being released from prison she has had a daughter, and she also has two older children. She has completed a course in esthetics and started a nail salon.

Through therapy, Weatherbee said, she's started to process these events — and she believes there should be alternatives to dry ceiling, such as body scanners or X-rays. She says she asked for an X-ray but was told it was too expensive.

In a decision last year, a Nova Scotia Supreme Court judge ruled this type of dry ceiling is unconstitutional and discriminates on the basis of sex, giving the federal government until May 2022 to come up with a new law.

Justice John Keith noted that while dry cell detention is not an "appropriate response to suspected contraband carried in a vagina," his decision should not be interpreted to mean that carrying contraband is "suddenly permissible."

"Carrying contraband in a vagina represents a very serious threat to security, health, and safety within a prison; and it remains an offence under the CCRA [Corrections and Conditional Release Act]," he wrote in his decision issued in November 2021.

**Seeking damages**

In court documents, Weatherbee and the other plaintiffs said they're seeking damages for a breach of their charter rights as the judge outlined in the Adams decision. The plaintiffs' statements have not yet been tested in court.

The Correctional Service of Canada responded that it will take time to review the claim and will respond "in due course through the appropriate channels." It did not provide any comment on the specific allegations Weatherbee raised.

It has not yet had time to file a statement of defence in response to the lawsuit's allegations. The proposed class action must still be certified by a judge in order to proceed.

Weatherbee and the other representative plaintiff Sarah Johnson are being represented by a coalition of lawyers from the Elizabeth Fry Society and a private law firm called Valent Legal, funded by a private charitable foundation called Northpine.

"If you infringe on one person's charter rights, you infringe on everybody's charter rights," said Mike Dull, one of the coalition's lawyers. "If she's entitled to remedy, everybody similarly situated is also entitled to remedy. So, really, this follows on the heels of that really important precedent-setting decision."

Adams, who brought the original case that ruled dry ceiling violates charter rights, said she's excited to see others challenge the practice through the lawsuit.

"I'm glad that other women who may have had similar experiences to me can get their voices heard and be able to make a difference in their own life."

Dull said the team has already been in contact with "dozens" of people who have expressed interest in the suit.

**Budget to make changes**

In the federal budget presented in April, the government acknowledged that the Corrections and Conditional Release Act (CCRA) needs to be amended to bring it "into compliance with the Canadian Charter of Rights and Freedoms."

In the government's omnibus budget bill, which is in the final stages of becoming law, the government said it would amend the CCRA to prohibit federal prisons from putting inmates in dry cells if guards suspect the inmates have contraband in the vagina.

As of April 28, Correctional Service of Canada (CSC) said in a statement, the commissioner has directed staff that dry cells are no longer to be used for inmates believed to be carrying contraband anywhere other than in the digestive tract.

As well, CSC said body scan technology is permitted under the amendments to the legislation, and it is implementing a pilot project to use the scanners in its prisons.

The Canadian Association of Elizabeth Fry Societies has been lobbying the government on the issue of dry cells, said Emilie Coyle, the association's executive director.

"When we delved deeper into the proposed amendments we saw that they were quite narrow, and so they didn't go as far as we had hoped," she said.

Coyle has been urging the government to make a further amendment that incorporates body scanners or X-rays and the kind of policies used to regulate solitary confinement. She said ultimately the association would like to see the practice of dry ceiling ended altogether.

**AUDITOR-GENERAL SAYS CORRECTIONS AUTHORITIES NOT PREVENTING SYSTEMIC RACISM IN FEDERAL PRISONS**

By The Canadian Press, *National Post*, May. 31st, 2022

Federal correctional authorities "haven't taken action" to address systemic barriers faced by Indigenous and Black prisoners, who have been consistently disadvantaged in the prison system, the Auditor-General says.

Her report on the issue, released on Tuesday, found that those prisoners are more frequently placed in higher security institutions at admission compared with their white peers, and that they aren't paroled as often as others when they first become eligible.

For two decades, reports and recommendations from watchdogs, government commissions and academics have called attention to the problem. The Auditor-General's findings follow a Globe and Mail investigation from 2020 that showed Correctional Service Canada's risk-assessment tools — standardized tests designed to measure a prisoner's risk to public safety and odds of reoffending — were systematically biased against Black and Indigenous men and Indigenous women.

'Shocking and shameful': For the first time, Indigenous women make up half the female population in Canada's federal prisons

Auditor-General Karen Hogan said she is frustrated and discouraged with CSC, but that her office will keep monitoring the agency. It is also up to Parliament, she said, to hold CSC to account in order to ensure there is meaningful change. "It is long past due that Black and Indigenous offenders have outcomes that are better than they're experiencing right now," she said.

Correctional Investigator Ivan Zinger said that given CSC's poor track record in addressing these systemic barriers, Public Safety Minister Marco Mendicino and his department should expressly direct the prison agency and manage it to ensure these reforms. "A significant departure needs to take place for the situation to change," he said.

A leading Indigenous-rights lawyer and a University of Toronto criminologist both agreed that CSC can no longer be trusted to address these issues, and that change must come from higher government echelons.

The Auditor-General found that in the 2020-21 fiscal year, Indigenous people made up 27 per cent of federal prisoners, despite only accounting for an estimated 4 per cent of the adult population.

The report also said Indigenous women are the fastest-growing population in the federal correctional system. Last month, Mr. Zinger said that Indigenous women now account for 50 per cent of the female population in federal penitentiaries, which he called "shocking and shameful."

The audit found disparities are present from the moment prisoners enter federal institutions. For instance, it said that the process for assigning security classifications — including the use of the Custody Rating Scale risk-assessment tool — result in disproportionately high numbers of Indigenous and Black people being placed in maximum-security institutions.

It also said that CSC failed to develop a plan that would allow its work force to better reflect the diversity of the prison population.

Ms. Hogan said she has had several conversations with CSC Commissioner Anne Kelly, and that the prison head acknowledges that systemic racism exists in corrections.

Ms. Kelly said Tuesday that she accepted all of the Auditor-General's recommendations, adding that there was a plan to address issues, including work to validate

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the security classification processes, improve oversight and increase diversity and inclusivity of the agency's work force.

"We must constantly work to closely examine our underlying practices, policies and programs to see how they may lead to inequities and make changes accordingly," she said. "This is something I take very seriously and while we have taken a number of steps, more work is required."

Among its recommendations, the Auditor-General's office said CSC should improve the initial security classification process by having external experts review the Custody Rating Scale. This should be done in particular for women, Indigenous and Black offenders, the report said.

It also said that the CSC should identify and act to address root causes contributing to delays in the preparation of prisoners – particularly Indigenous ones – for release. CSC should also improve the "timely completion of reassessments of offenders' security levels, to facilitate their safe transitions into the community," the report said.

The audit is the latest in a long line of reports from the Office of the Auditor-General, Office of the Correctional Investigator, Status of Women Canada, the Canadian Human Rights Commission and Public Safety Canada. Along with academic studies, the reports have frequently highlighted the disparities in security classification, community release and programming when it comes to Indigenous, Black and other racialized prisoners.

All of those reports had various recommendations, many of which CSC said it would adopt. In 2004, for instance, an internal Public Safety Canada study found critical flaws in the Custody Rating Scale, a crucial risk-assessment tool used to determine a prisoner's initial security classification. Nearly 20 years later, the tool remains unchanged.

In 2016, in response to an Auditor-General report that found Indigenous prisoners were assigned to higher security levels at admission than white prisoners, CSC said it would develop a new risk tool, the Criminal Risk Index, to address the disparity. But CSC still uses the Custody Rating Scale for security classification decision.

More recently, in the wake of The Globe's 2020 reporting, the House of Commons public safety committee announced a study into systemic bias in prison risk scores, and Prime Minister Justin Trudeau vowed to do more to address systemic inequities in prison. Last year, a proposed class-action lawsuit over risk scores was filed against the federal government on behalf of tens of thousands of prisoners.

Professor Anthony Doob, a University of Toronto criminologist who has studied systemic barriers in corrections for decades, said that systemic issues, like the disparities in security classifications for Indigenous prisoners,

have gone unaddressed for far too long.

"We know that that's a problem," he said. "We knew it was a problem in the early part of this century. And the Auditor-General is essentially telling us it's a problem 20 years later. I guess the question is, what is anybody going to do about it?"

"More of the same – of statements from CSC saying 'we're working on it,' without specific timeframes and without specific changes which could be audited – I don't think that's enough," he continued.

According to Prof. Doob, it is time to consider other types of interventions. "I think that there is a question about whether Public Safety Canada should in effect have to run the Correctional Service of Canada," he said.

Aboriginal Legal Services program director Jonathan Rudin said it is "really frustrating" to see the lack of change in the Auditor-General's findings.

"CSC seems incapable of actually doing anything," Mr. Rudin said. "I think it's up to the federal government to start to hold people accountable – that means getting regular reports, making those reports public and holding people to account," he said.

"And, if things do not change, then people need to lose their jobs, frankly."

Mr. Mendicino, the Public Safety Minister, said Tuesday that more support must be offered to address barriers faced by Indigenous, Black and other racialized prisoners, and that he will work with Ms. Kelly, CSC head.

In a mandate letter to Ms. Kelly released publicly last week, Mr. Mendicino underscored the need for CSC to support the government efforts to address systemic racism and overrepresentation of Black, Indigenous and racialized people in the justice system, including through the creation of a deputy commissioner for Indigenous corrections.

He did not comment directly on the call that his department must be held accountable for change, given CSC's inability to address these issues meaningfully to date.

Lynne Groulx, the CEO of the Native Women's Association of Canada, said she read the Auditor-General's findings with "extreme dismay though little surprise."

"It is more than frustrating to know that similar observations were made six years ago, and that nothing has changed in the interim," she said in a statement.

"Canada cannot claim to be on a path of reconciliation with Indigenous people when its strategy for dealing with us appears to be keeping us behind bars. The overt and covert racism within the Canadian correctional system can no longer be ignored."

*With a report from Patrick White in Toronto*

#### PRIVATIZATION OF CANADA'S PART-TIME PRISON CHAPLAINS HURTING INMATES OF MINORITY FAITHS: REPORT

By Omar Mosleh, *Toronto Star*, Jun. 21st, 2022

Some inmates are struggling to practise their religion behind bars due to a decision to privatize the part-time chaplains who mostly serve prisoners belonging to minority faiths, says a scathing new report.

It's a situation one researcher says is "compromising a fundamental freedom that should be afforded to all people in Canada."

The report, published by the National Council of Canadian Muslims in partnership with an Edmonton-based researcher, looks at how spiritual services delivered in prison to people of minority faiths has changed since 2013, when the federal government laid off all of its 49 part-time chaplains and outsourced their contracts to a single company.

The National Council of Canadian Muslims is urging the federal government to not renew the contract with the provider and to return to the previous model. A page on the website of Public Services and Procurement Canada says the Correctional Service of Canada (CSC) agreement with Bridges of Canada for Institutional Chaplaincy Services expires June 30.

When the change was introduced, it was reported that it would save about \$1.3 million annually of the total \$6.4-million chaplaincy budget.

Previously, the CSC would provide part-time contracts to faith communities on a regional basis, who would then hire, train and oversee the work of their local chaplain.

Of the 71 remaining chaplains who remained on CSC's payroll, only two were non-Christian, according to the report.

Adar Abdulkadir, research lead at the Islamic Family and Social Services Association and a justice instructor at NorQuest College, says she wanted to research how services have changed because of reports that human rights complaints have drastically increased under the private model.

"What I did not know was that in an ostensible effort to save costs, it appeared we were compromising a fundamental freedom that should be afforded to all people in Canada, and that this compromise goes largely unnoticed by the public and the harms are largely felt by our most marginalized," she writes in the report.

The CSC's website notes that prisoners are entitled to religious accommodation under the Canadian Charter of Rights and Freedoms and the Canadian Human Rights Act. According to a 2019-20 Public Safety Canada report, about 45 per cent of inmates identified as Christian. The three next largest groups were "unknown" (16 per cent), no religious affiliation at (15.3 per cent) and Muslim (7.5 per cent).

As part of her research, Abdulkadir interviewed 10 minority-faith chaplains from four different religious traditions who worked under both public and

private models. The complaints are similar across the board — they said the changes have created a rigid, restrictive system where they're not able to deliver their spiritual services effectively or at all.

One of the new rules is that prisons need to have a certain number of people, generally three or more, of the same religious group in order for a chaplain of that specific faith to visit. In smaller or less diverse communities that don't meet this threshold, they are offered to meet the institutional chaplain.

"An unintentional effect of that was a lot of the people I spoke with said 'Oh, I haven't been to a women's prison in like two years,'" Abdulkadir said.

Ibrahim Long, a Muslim chaplain with the Islamic Family and Social Services Association in Edmonton who primarily works in hospitals, said he has counselled or supported people of different faiths including Christian denominations. But he doesn't feel it's the same when it comes from a person who doesn't have the same depth of understanding.

He told a story of a family he was supporting at a hospital in Edmonton who asked for a particular prayer from the Catholic tradition. When he couldn't find a priest, he turned to a nurse who was familiar with the prayer and ultimately helped deliver it.

"It would not have been authentic for myself to have performed it in the way that they requested ... it's more meaningful for the family that it comes from someone who is authentic for them," he said.

The part-time chaplains have to clock in and out and are only compensated for time physically spent in the prisons. Under the new model, they are not paid for any work or travel they do in the community to gather religious materials, such as holy books or scripture that are not available within CSC's institutions, the report says.

The result is that it's likely inmates belonging to minority faiths have reduced access to religious materials that are essential to the practice of their faith, Abdulkadir said.

Chaplains' main duty is to provide spiritual guidance and counselling, but they also advocate for religious accommodation so the inmates can abide by their faith.

For example, a Muslim inmate would need the ability to tell the time of day because they are required to pray daily at five specific times. It's not uncommon in prisons for the incarcerated to have no access to a clock or windows, Abdulkadir said, so a chaplain might advocate for a wristwatch.

The lack of flexibility makes the jobs of the chaplains harder as well. For example during Ramadan, where Muslims fast from dawn to dusk, they aren't allowed to alter their hours to accommodate this, the report said.

Furthermore, there are many accommodations specific to

minority faiths that a Christian chaplain may not be familiar with, Abdulkadir said.

"If you come from a Wiccan tradition, and candles are an important part of your practice, then that might not be something that you will have access to" in prison, she said.

"So the important part of the chaplain is walking that line and facilitating, let's say, for example, a candle isn't allowed. Then maybe let's try to find something else that our inmates can use?"

But she said the chaplains are less effective at advocating under the private model. They reported having far less access to resources and materials. And the private, part-time model has weaker job security, which means they're less willing to push back.

"One of the problems is that Bridges of Canada (the contracting company) and private contractors have a vested interest in not pushing back against Correctional Service Canada," so that their contract is renewed, Abdulkadir said.

In a short statement to the Star, Bridges of Canada said it wasn't aware of the allegations regarding minority-faith chaplains and chaplains' working conditions.

"We have successfully been providing multifaith Chaplaincy Services for Correctional Services Canada for 6 years," a spokesperson said. "Bridges of Canada remains very passionate and committed to providing quality spiritual care for ALL individuals within CSC institutions across Canada."

The Office of the Correctional Investigator, an ombudsman for federal inmates, said less than one per cent of the complaints it receives are related to religious accommodation, but that includes both chaplaincy services and issues related to food. Last year they received 24 complaints classified as religious.

The Canadian Human Rights Commission said it has received about 30 religious accommodation complaints each year for the last three years.

One of the most significant changes for the part-time chaplains is they're no longer involved in community reintegration of inmates after their release, which Abdulkadir said was explicitly part of the job description before the model changed. Some chaplains are still doing this work, but on their own time.

"I feel like one of the chaplains I spoke with kind of summed it up perfectly. They had said 'It really feels like before we were part of the rehabilitation process ... now we're just there to do the bare minimum, to make sure that people can't complain that their charter right is being infringed on,'" Abdulkadir said.

Many of the chaplains Abdulkadir spoke to are feeling burned out, ineffective and frustrated. They feel they're not able to meet their adherents' needs and are not happy with Bridges of Canada's

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working conditions.

She said one chaplain described the job as "soul sucking."

"The people who are in these roles actually really care about these (incarcerated) people's wellbeing. And so the idea that people are suffering and struggling and have less access to them ... it's quite demoralizing."

The report calls for CSC to not renew Bridges of Canada's contract, and return to the community-based public model.

### CANADA MUST REDUCE SOARING NUMBER OF INDIGENOUS PEOPLE IN JAILS

By Corey Shefman, National Observer, Opinion, May 18th 2022

Four years ago, I was one of many who tried to raise the alarm in the media about a Canadian crisis. I called attention to the staggering statistic that 98 per cent of girls in Saskatchewan youth jails were Indigenous and upwards of 70 per cent of inmates in Manitoba jails were Indigenous. These are unacceptable rates by any measure. At the time, 43 per cent of women in federal prisons were Indigenous.

Last week, we learned Canada has crossed a terrible threshold: 50 per cent of all women in federal prisons are now Indigenous, despite Indigenous women making up only five per cent of Canada's female population. Will this shameful reality continue to be ignored by politicians, policy-makers and the Canadian public?

I used to think the solution to the disproportionate over-representation of Indigenous people in Canadian jails and prisons was largely a policy problem. That by changing policies, and making sure existing laws were enforced properly, Canada could address the crisis of Indigenous mass incarceration. But the time for incremental policy change has passed. What Canada needs now is "decarceration," and we need it urgently.

We've known about this problem for decades. This isn't an issue that needs more study.

In 1999, the Supreme Court of Canada called the over-representation of Indigenous people a "crisis." The federal and provincial/territorial governments have commissioned dozens of studies, inquiries and royal commissions over the years that have all raised similar concerns, such as when the Aboriginal Justice Inquiry declared: "The Canadian criminal justice system has failed the Aboriginal peoples of Canada." Most recently, the National Inquiry Into Missing and Murdered Indigenous Women and Girls (MMIWG) sounded the alarm on the high rates of Indigenous people in Canadian prisons. As MMIWG chief commissioner Marion Buller put it: "It's not that they're inherently criminal, it's that they're poor."

This is also not a problem that can be solved by the slow and (sometimes) steady drip of pilot projects, policy and procedure changes and "sensitivity training." We've been there, done that — civil society organizations, judges and politicians — repeated and revived them for decades. Where they have been scaled and implemented meaningfully at all, they clearly did not

have the intended effect.

At times, policy changes have made things worse rather than better. Even where governments have not actively exacerbated the problem, the situation has not improved.

The Trudeau government claims to have no more important relationship than its relationship with Indigenous peoples, yet it is under this Liberal government that Canada now has as many Indigenous women in prison as non-Indigenous women. A central feature of the inability of Canadian governments to meaningfully address the over-representation of Indigenous people in jails and prisons is that for Canada and its institutions, Indigenous peoples and their interests remain — 155 years after Confederation — primarily a colonial concern.

Much of the Canadian economy is built on the exploitation of Indigenous lands without the consent of Indigenous peoples and without returning any benefits to Indigenous peoples. The so-called protection of Indigenous children continues to result in the forced displacement of disproportionate numbers of Indigenous children from their families and communities to primarily non-Indigenous families disconnected from their culture and language — an active and immoral perpetuation of the legacy of residential schools and the '60s Scoop.

Last week, we learned Canada has crossed a terrible threshold: 50 per cent of all women in federal prisons are now Indigenous. Lawyer Corey Shefman asks: will this shameful reality continue to be ignored? #cdnpoli

The colonial order is maintained by criminalizing and incarcerating Indigenous people at a rate that even the most dedicated cheerleaders for the existing order would surely have difficulty justifying.

After decades of study and calls for reform have led only to worsening over-representation of Indigenous people in jails and prisons, what remains is systematic "decarceration" — the intentional and directed reduction of the number of Indigenous people in jails and prisons as a policy goal in and of itself.

Decarceration projects are being successfully implemented in some parts of the United States, and there is no principled reason why it could not be effective here as well.

Decarceration must guide the operation and oversight of the Canadian criminal justice system.

This means ending the use of mandatory minimum sentences retroactively. It means judges and crown attorneys must ensure the presumption of innocence is upheld, and those charged with crimes must, in all but the most exceptional of circumstances, be released.

Most importantly, decarceration requires that alternatives to incarceration must nearly always be the first choice when courts determine sentences for Indigenous peoples convicted of crimes.

The impacts of colonialism are not merely a legacy of past wrongs. Colonialism is an ongoing project, perpetuated by the federal and provincial/territorial

governments, and which continues to penalize Indigenous peoples in Canada for the mere crime of existing.

Through decarceration, Canada may begin to forge a new path.

Corey Shefman is a lawyer for Indigenous peoples, persons and organizations at Olthuis Kleer Townshend LLP.

### B.C. BECOMES FIRST PROVINCE TO REMOVE CRIMINAL PENALTIES FOR POSSESSION OF SOME HARD DRUGS

By Amy Judd & Richard Zussman, Global News, May 31, 2022

British Columbia has become the first province to be granted an exemption under the Controlled Drugs and Substances Act to remove criminal penalties for possession of some hard drugs.

The three-year exemption is for people who possess a small amount of certain illicit substances for personal use.

The exemption will be in effect from Jan. 31, 2023, to Jan. 31, 2026, throughout B.C.

"Substance use is a public health issue, not a criminal one," B.C. Minister Mental Health and Addictions Sheila Malcolmson said.

"By decriminalizing people who use drugs, we will break down the stigma that stops people from accessing life-saving support and services."

The B.C. government will now work with the federal government, health authorities, law enforcement, people with lived and living experience, Indigenous partners and community organizations to establish indicators to establish outcomes.

This exemption is not legalization.

The substances remain illegal, but adults who have 2.5 grams or less of opioids, cocaine, methamphetamine and MDMA for personal use will no longer be arrested, charged or have their drugs seized.

Instead, police will offer information on available health and social supports and will help with referrals when requested.

"The shocking number of lives lost to the overdose crisis requires bold actions and significant policy change. I have thoroughly reviewed and carefully considered both the public health and public safety impacts of this request," federal Minister of Mental Health and Addictions Carolyn Bennett said.

B.C. is the only province to have formally requested an exemption from the federal government.

The exemption only covers adults 18 years and older.

"This exemption is a vital step to keeping people alive and help connect them with the health and social support they need," B.C. provincial health officer Dr. Bonnie Henry said.

"By removing the fear and shame of drug use, we will be able to remove barriers that prevent Ministry of Mental Health and Addictions people from accessing harm reduction services and treatment programs."

More than 7,700 British Columbians have died from illicit drug overdoses since the province declared a public health emergency in 2016.

The COVID-19 pandemic led to

a surge in these deaths, mainly attributed to an increase in social isolation, using drugs alone and closed international borders that cut the supply.

The current toxic drug supply has made the last 20 months the province's most deadly.

The province provided a 43-page report to the federal government as part of the exemption application, detailing the recent increase in deaths linked to higher concentrations of fentanyl.

In addition to the exemption, the province said it continues its other work to prevent illicit-drug deaths, including prevention, prescribed safer supply and other harm-reduction efforts.

The move has the support of the organization representing chiefs of police across the country, as well as B.C.'s chief coroner.

"Criminalizing members of our communities who use drugs has resulted in decades of causing further harm to many who are already suffering from mental or physical health challenges and/or the effects of emotional or physical trauma," Lisa Lapointe said in the news release.

### JUDGE RECOMMENDS DRUG SCREENING FOR EDMONTON JAIL STAFF IN WAKE OF OVERDOSE DEATHS

By Paige Parsons, CBC News, May 12, 2022

Inquiries into the overdose deaths of two inmates in the Edmonton Remand Centre have prompted a recommendation that all jail staff be subject to random security checks and drug screening.

Fatality inquiry reports into the deaths of Johnathan Glover and Peter Tut Khor were both published Wednesday, along with a series of recommendations for changes at the Edmonton jail.

Provincial court Judge Kirk MacDonald oversaw both inquiries. In his reports, he delved into the methods by which illicit drugs circulate throughout the jail — which he said is the common factor in the deaths.

Judges who oversee fatality inquiries can't assign blame, but they can make recommendations for how similar deaths could be prevented in the future.

Khor died of accidental fentanyl toxicity on May 14, 2016.

The report notes he was first brought to the Edmonton jail in May 2013 after being detained by the Canada Border Services Agency, and that he had a long history of mental illness. While in jail awaiting deportation to Sudan, Khor was housed alone because of a series of assaults on staff and other inmates.

Glover died on Sept. 1, 2016, of accidental drug poisoning by methamphetamine and fentanyl.

He had been admitted to the jail on May 29, 2016, and was under a protocol for inmates experiencing opiate withdrawal.

Jail staff must be adjustable to stop smuggling: MacDonald A repeated theme in the inquiry testimony was "ERC staff need to be flexible because inmates always find ways to circumvent measures to smuggle contraband," MacDonald wrote.

During the inquiry, ERC staff gave evidence that most drugs get into the jail through personal possession; inmates hide them

on or in their bodies inside condoms, Kinder eggs and plastic wrap.

The inquiry also heard that drugs sometimes come in through the mail. In rare instances corrections, employees and lawyers have been caught smuggling them in.

Once the drugs are inside the jail, inmates sometimes use a practice called "fishing," which is when inmates use a string or thread pulled from a blanket to pass packages between cells.

There are many methods to detect and seize drugs, but many seizures aren't documented, MacDonald wrote.

He also detailed the use of "dry cells" — cells with no toilet where inmates suspected of drug use are kept until they have had several bowel movements, to determine if they have any drugs on them.

### Recommendations to increase screening

The judge made five recommendations for changes at the Edmonton jail, including:

- All staff should be subject to random security and drug screening upon entry.
- All visitors be subject to security and drug screening — and possibly a body scan — on entry.
- Installation of a camera system on the unit where the deaths occurred, which cycles automatically through views of each cell.
- Inmates on a dry-cell protocol be provided with security blankets which can't be easily torn to make fishing line.
- Cells on either side of an occupied dry cell should be kept vacant to cut down on fishing.
- Searching all staff every day would be both expensive and time-consuming, MacDonald noted, so random searches would be more practical and have enough of a deterrent effect.

The provincial government is still reviewing the recommendations, but correctional staff are already trained and prepared to respond to opioid overdoses, an Alberta Justice spokesperson said.

Lawyer Amanda Hart-Dowhun, president of the Alberta Prison Justice Society, thinks the recommendations to search staff and visitors could help slow the flow of drugs into the jail.

"The current approach of assuming that inmates are the only people who will smuggle drugs into a remand centre is naive at best," Hart-Dowhun told CBC News, noting that inmates undergo frequent and thorough searches.

She said most people, whether corrections staff or visiting lawyers, would never attempt to smuggle drugs in. But implementing random searches for staff may help address exceptions, she said.

"If they're not searching anybody, it only takes one person. Especially with staff — if they're there every day — if you have one person who is willing to do that, they could be bringing drugs in every day."

Hart-Dowhun realizes there are privacy issues.

She suggests searches similar to security checks lawyers, herself included, undergo when visiting federal correctional facilities are minimally invasive, thus would balance privacy and safety.



### ADDICTION IS A PUBLIC HEALTH ISSUE

#### By AI "Old School" Ohab

Being an alcoholic/addict is sad, tragic, and lonely, not to mention pitiful to say the least. When I was twelve years old, I watched in horror my dad die right in front of me as a direct result from alcoholism. He was forty-seven years old.

Between 2011 and 2016, I again was horrified as I had six close friends of mine drop dead in the prime of their lives. Here one day, gone the next. Loved ones in there 30's and 40's leaving behind kids. Then in January 2016, I watched to my utter heartbreak, as my wife and partner, Aneta, die right in front of me in part due to a fentanyl overdose. She was thirty-four.

So for me to say this disease of addiction stalks me like a blood thirsty predator is no exaggeration. I take this illness and recovery from it seriously.

I woke up in prison this morning and tuned into CBC radio and I heard "last year in the United States 100,000 people lost their lives to opioid addiction 2020." There is now talk about treating this as a public health issue. You think?

It took two years of COVID and 100,000 lives lost in 2020 to see addition for what it's worth.

A all-encompassing health issue hallmarked by dysfunction and despair. Rooted in dishonesty and selfishness it leads to warped lives of blameless children. In addition, those are the lucky ones if you can believe that because in many instances it leads to premature

death.

I remember hearing an incident once where a young woman who had no previous encounter with police was taken to the station and strip-searched. She and her family were outraged, she was traumatized and is now suffering from PTSD. Of note: I have been strip searched at least 100 times in my life. How am I to feel? What does that teach me about the value of humanity? How does that debase me and in turn others?

You see, I do come from a good family though ravaged by alcoholism it is. My Mom at first a schoolteacher then a nurse. My father first a police officer then an accountant. However, this bloody tyrant alcoholism runs through my family.

As per Justice Mary Lou Benotto in the Ontario court of appeal as referenced by the Toronto Sun March 29<sup>th</sup>, 2019, in regard to capping solitary confinement at 15 days, "I reach this conclusion because prolonged administrative segregation causes foreseeable and expected harm which may be permanent and which cannot be detected through monitoring until it has already occurred. Legislative safeguards are inadequate to avoid the risk of harm. In my view, this outrages standards of decency and amounts to cruel and unusual treatment."

Of note, I was in Toronto South Detention Centre when it first opened in 2014 and was kept in administrative segregation for three months. This was before my present incarceration. There is a class action lawsuit pending.

So, with this disease of addiction

having me be criminalized and locked up due to its tragic dysfunctional effects whether it be for stealing an apple because I'm hungry, or not paying to get on the streetcar because I'm poor, the mechanism is the same: chains. Then when I'm in chains I am strip searched repeatedly. Then after all this, left in solitary confinement. This has been my experience for being sick and having a treatable illness. This is just to give you the slightest bit of insight into the baking of the cake the recipe of which has led to my demise. You see, the mechanism is the same: blame, shame, chain, and disdain sick people. There were many times I appeared before the court before my lengthy incarceration and never was I treated as a sick person in need of physical, psychological, social, spiritual, and holistic healing.

As per the supreme court of Canada as referenced in the Toronto Sun March 29<sup>th</sup> Titled *Jail should be last resort: "Making an accused person wait in jail before trial should be the exception, not the rule.*

What this means is all through the 1990's and 2000's when I was coming into conflict with the courts due to my generational illness, no matter the offence, bail before trial was the exception, not the rule.

And plea bargain was always the end result.

So to clarify, you take a sick addict who has come into conflict with the law and you put him in jail. This person has no self-esteem nor self-respect and you keep him in jail, subjugating him to - as the judge herself Mary Lou Benotto says - to, "cruel and unusual punishment," all the while dangling the carrot of freedom in front of him by way of plea-bargain. Moreover, who are these people? The poor, the sick, the mentally ill, and BIPOC (Black, Indigenous, people of colour). People like me, who through generational illness, through systemic racism and discrimination not to mention, murder and slavery, these are the people that are picked on and bullied into oblivion.

I am truly sorry for my present situation, but I hope this synopsis sheds light and understanding to this matter. In addition, let me make clear, I am responsible for my illness and its unintended consequences.

### THE POWER OF YOUR PAROLE OFFICER

#### By Anonymous

When you get to your mother Institution they give you what's called an inmate handbook. In this book its intended to provide offenders and others with information specific to the

Institution they are in and its operations, routines and say how they are governed by federal legislation, national policy and by local directives. Then say you are encouraged to talk with staff and to make use of the resource Documents available to you to help gain a clearer understanding of these policies and their importance. Then you have the Warden's Message welcoming you saying he's committed to providing a safe and healthy correctional environment through open communication, personal accountability and respect for the dignity of the individual at the Institution. And all interactions will be in respect to the rules of law, and the duty to act fairly and promote in a timely provision of program assignments to offenders for all inmates. One of your first responsibilities will be to meet with your Case Management Team (CMT) your Parole Officer and Correctional Officer (CX-2). Your CMT will give you direction and assist you to identify work and program assignments to address the needs identified in your correctional plan.

5Then they go on to say there is no tolerance for discrimination, harassment, or racism. All those who violate the rights of others will be dealt with promptly and directly. Should you experience difficulties at their Institution, they are encouraged to discuss their concerns with staff. Or then go on to say there is no tolerance for the use of violence, drugs and alcohol, or the introduction of any unauthorized items into the institution. And then they go on to say they expect all inmates to follow the rules, which all sounds great however this does not happen. Your parole officer has full control of your life. Now, here's the scary part: if you don't see eye to eye with your parole officer or are not on the same page they can make your life a living hell. For inmates with short sentences it's not so bad because there is light at the end of the tunnel. However a lifer, (D.O) dangerous offender, Dangerous Sex Offender (D.S.O) or (LTO) Long Term Offender. We get screwed every which way by our parole officers, 10 years ago your CX-2 would meet with you once a week and do a monthly report and then your boss at your work placement did a monthly report. Your CX-2 was responsible for sitting down with you and going over the report and talking about everything that was put in it. Your work placement boss did the same thing. Then it was sent to your parole officer and they would put it all together in one final report. Then call you up to their officer and then the two of you would go over the report together and you had your chance to have your input or if you did not agree with something you had your chance to tell them, and why. However this does not happen anymore now. Your parole officers now makes a 5-min call to your boss,

the same with your CX-2, writes your report, locks it in and if you're lucky, they might send you a copy. They don't give you the chance to ask any questions about what they wrote or why. Which goes against the Canadian Charter of Rights and Freedoms, Corrections and Conditional Release Act (CCRA), Corrections and Conditional Release Regulations (CCRR) and the Criminal Code. To me and I'm sure the rest of the world, this would be considered illegal. However, it seems parole officers don't have to follow these rules or laws, to them they are only guidelines to be interpreted however they wish. This is what I was told by a parole officer. So I went further by asking five parole officers the same questions. And to my surprise I got five completely different answers. So I did research and found out that only one parole officer gave me the correct answers. So, lets look at those statistics (CSC likes going by statistics), this means only 1 out of 5 parole officers really know what they are doing, that kind of concerns me, what about you? After some more research I found out that some parole officers even mess with different shields within inmates' SRS to justify their reasons and use inaccurate statements and wording in their reports and once done, it's on your file to stay. It's very hard to have it remove, then to make thing even worse, that inaccurate information has now been cut and pasted by others all through your case file now. So when it comes time for you to go for your parole hearing, the parole board is sent all this inaccurate information, so they read through it and believe it to all be true because it came from your parole officers. When in fact, only about maybe half of it is even accurate. I have known other inmates that have gone up in front of the parole board and they started asking them about different information and the inmate had no idea what they were talking about. Why? Because the parole officer cut and pasted another inmate's information on to his file I didn't believe this could happen until it happened to me. So now the parole board is making their decision on inaccurate information put forth by your parole officer, even though the inaccurate information may be untrue.

The damage has already been done, so how do you fix it now? I asked three different parole officers and, big surprise, I got three different answers. The best answer was there's nothing you can do about it, just live with it. And these are the people inmates are encouraged to work with. This just may be a few of the reasons inmates don't want to work with their CMT and don't trust their parole officers, these people have too much power over inmates' lives and CSC needs to take a good hard look at who they are letting act as parole officers.





### THE FIGHT FOR TRANSGENDER WASHROOMS IN MALE PRISONS

By Sic-Chick

What is all the fuss about, trans-genders and public bathrooms? This question has the capacity to open forums of debate that won't likely be resolved in this generation and quite possibly the next.

For centuries, patriarchal societies have had the colonial luxury of a simpler world: i.e., black & white, good vs evil, female/male. But what happens to our binary code of 0's and 1 's when a third digit is introduced? Systems begin to scramble. Compartmentalization can get really messed up. This new, "unknown" equation does not fit. The key word here is unknown. And how does the civilized world react to anything unknown? Yes, we tend to freak, so, firstly people - "calm down". It ain't the Titanic. We can do this. If we can put a man, and/or a woman on the moon we can certainly put a trans-woman in a bathroom stall.

That being said, I will now turn this article upside-down. I am going to add more fuel to the fire, by making a controversial subject even more complicated. Yes, sorry folx but here goes: Everything I stated in the previous paragraph pertains to the trans-phobic situation with public bathrooms. Now imagine the trans-problems we have with bathrooms in prison. Yes Houston, we have a problem. If you thought the trans-bathroom situation in free society is difficult; compound that interest, and you got a debt to society I should not have to pay.

I know, I know, this is just another aspect of an already multi-faceted problem. "Out there," in the free world, the problems have more to do with society moving toward a progressive, open-minded future. "Out there", in the real world - is completely opposite of what happens "in here", the bizarro world. In here we is tryin to keep 'em separated, trans-women from men: In here, there is no evolutionary

social ladder to a brighter tomorrow. In here, we is - petrified, in stasis, waiting for that gate. We all is sorta stuck in a Neanderthal mentality, where survival is the name of the game.

Now don't get me wrong folx, I know it's just as dangerous out there, sometimes more so, cause it's more random, with better weapons. I don't even want to add my 2¢ on the trans-bathroom situation facing the new world. For starters, better minds than mine are working on solutions. My world is in here. It is a world with an opposite perception. In here, it is necessary to separate the men from the girls, especially in places like the bathrooms and showers because, quite simply, it is the right thing to do.

In the wonderful world of Corrections (total misnomer), or, as I so aptly call it - The Zoo, we gots a whole 'nother level of problem that don't even apply to common sense. In prison we got a level, essentially it's the same as Pubic Safety, but, and

this is one Big Butt, uh... we ain't the public.

In the Zoo we got the extreme predatory animals locked in with the lesser extreme predatory animals, and then you have the trans-femmes and fluids; all locked in the same cage mind you. In a hierarchal food chain, the trans are viewed as the prey. I could be a bunny! Not the type of Bunny I always wished to be (sorry Women's Lib, for setting the movement back, but I digress).

So, any who, in prison, the trans-bathroom situation is a whole different can o' beans. How do we deal? That is the 64-thousand-dollar question. The solution is quite simple. Build us separate facilities. Build us our own bathrooms on every unit we will be housed. This is called preventative security and fits into their own playbook. We are actually fulfilling their own mandates. I have never felt so in sync with the system.

I know there are Wardens, Deputies, AWO's, etc., etc., con-

sulting Regionals across the nation. I know they are discussing the new CD 100. They got their sleeves rolled up, getting into heated diatribes of concern for our welfare. They want to give Trans-peeps the respect we so richly deserve. They want us to feel safe and secure in our own bathrooms and showers. They understand with empathy the fear and disgust Trans feel walking into the filthiest, stinkiest, graffiti-stained toilets allowed by a government building. Only when I'm in a men's john in a Canadian penitentiary do I feel like I'm in a thoroughly used construction port-o-potty. It is quite literally hell to my feminine sensibilities.

I feel CSC is on the cusp of a major shift. The whole world is evolving and Trans-gens are "in" right now. The penal system does not want to be left behind; after all, Trans-folx are invited to the best parties... they do not wanna miss that boat.

I have a good feeling about this, ya know why? Here at Bath Inst. there is a growing Trans population, so much so that Bath is considered the "unofficial" Trans-pen, from the Ontario region, all the way to the Eastern seaboard. If Bath does not install Trans-bathrooms, who will? There is definitely a bigger picture here. It is bigger than a carceral lens can contain. The wider angle involves the outside world spilling to the inside. It involves genders and all the political/socio ramifications thereof. It has everything to do with the push-pull, battle of the sexes that go all the way back to Adam and Eve; and the in-betweeners like me, like us, and even some of them. It has never been an easy solution, why do you think relationships are so god-damn hard? The Trans are the bridge between the sexes, and we should be shown some respect for that, you know how bloody hard it is to be born in the wrong body? To feel like both genders at fleeting moments in time? We are privy to the notion of why opposites attract. That alone is worth letting us share bathrooms with the women on the outside, and giving us our own bathrooms on the inside. Imagine the mindbending dichotomy (if dichotomy is the right word) when it comes to women's safety; and in both instances, Trans-women are left out in the cold. My anger and sense of injustice is rising as I speak.

I could expound on the deets of CD 100, but I am not into legal jargon. I am a poet, and last I heard the system don't negotiate with poets. This is where I shut up and let my capable "jailhouse lawyers" quote CD's. Suffice it to say, my work here is.....not done. I heard if you ask nicely your requests are granted. So, to National and all the Heads of Insts; please, pretty please, can us Trans shower in peace, and experience the cleanliness of female bathrooms in men's prisons? My sisters and I would reely, reely appreciate it.

## THANKS FOR THE FOOD BUT WHERE'S THE "ACCOMMODATION"?

By Brian G. Kerr

This article is written in hope of obtaining the attention of either Sarah Smellie of the Canadian Press or any others who can be able to assist in the corrective action necessary for a call of change, specifically in regards to the complaint and grievance procedure currently being entertained within the Correctional Milieu.

(c/o CSC's mission statement, where it is stated: "CSC is committed to ensure that every person will have access to an effective and credible complaint and grievance procedure.")

I'd also like to bring to attention the fact that, despite CSC's alleged obligation and/or commitment to treat inmates with openness, fairness, respect and dignity – their procrastinative disregard to perform their functions in a timely fashion speaks to the contrary of a mission statement, CSC seems to flaunt at every ready opportunity. It's enshrined on the cover of the Beaver Creek medium Institution Inmate Handbook and within the CSC alleged "values". (I'm surprised it's not engraved upon their badges – but then again, maybe it is). All I know for certain is that their actions and often times demeanor is a far cry from the principles in which they profess to uphold.

One case in point, is a grievance I filed last year in respect to the reason for denial of a waiver for food and accommodations. As I expressed a concern for the mobility to accumulate enough money to make support payments to my son for child care purposes and the fact that I had recently made an educational purchase of a typewriter, which cost me \$570.00 in addition to a \$10,000 payment in back pay in compliance with a \$2000.00 payment a year or so previously – also for child care purposes. Consequently, being incarcerated for the past 14 years without

the ability to earn a substantial income accrued a significant debt in such respects. "You might be able to both appreciate and imagine the sacrifice and determination endured, so as to provide these payments."

A waiver application was made to the Warden of Beaver Creek medium Institution on March 17<sup>th</sup>, 2021 and was denied on May 7<sup>th</sup>, 2021. However, no explanation was offered c/o this application and the Warden's denial, which was and is the purpose of the ongoing grievance file #66406.

Ridiculously, it has taken nearly an entire year to date and I have yet to receive an adequate reply for this – what now appears to be a wanton neglect, and as far as I'm concerned, failure in duty of care – as these results are not only affecting me financially, but emotionally as well.

Don't get me wrong, I don't want to sound unappreciative and/or selfish, but with all due respect – I am grateful for the little food I do have made available to me. However, aside from a shared or independent cell of my own, and access to cable in which I am typically expected to make payment – and given the lengthy period of time in which I have been sentenced, such lodging doesn't appear to be so temporary and any alleged adjustment or adaptation efforts of my own, by no means seem to be in any way convenient, and I've yet to see a compromise – specifically in relation to this particular issue.

## PRIDE – JUNE

By: Philippe (Phoenix) Poisson

The first time I heard of PRIDE I was in TEDC in 2014. But even then I still didn't understand that PRIDE included, well, me. I knew I was Bisexual but didn't know that being Bi was part of PRIDE too.

When I was 5 years old I started to cross-dress in my mother's clothing and wear her makeup. At the babysitters when it was "dress up time", (to the boys dismay) I was always the prin-

cess looking for my knight-in-shinning-armor, then a kiss (I got what dressed up for: a knight AND a kiss!) LOL!

When I was 12 years old I came out to my parents. They remained silent the whole car ride. It was a few months before they spoke to me and when they did – they said that it doesn't matter because I'm still their son and always will be!

My first consensual gay sex I was 13 and in youth detention. My first gay love I was 15 and in a youth detention. From 15 to 17 I was with Justin Kille (in the USA). My first straight love I was 19 and British Columbia.

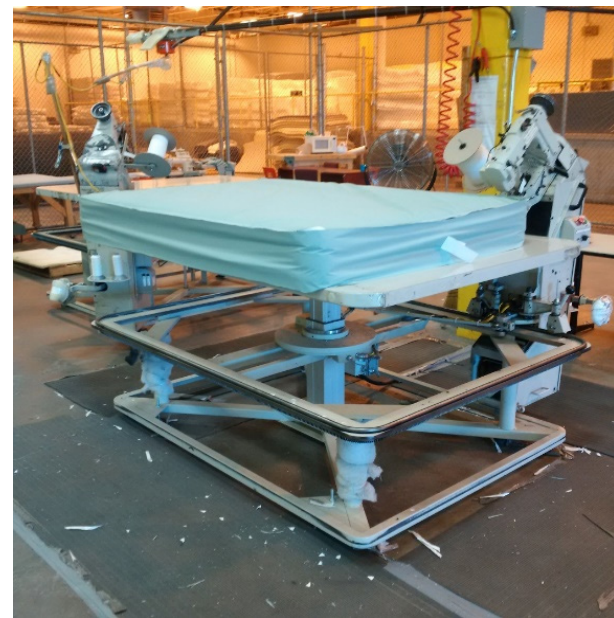
So far, I've been with over 100 men in one way or another and only 3 women. Out of all my relationship only one man (his initials: CDC) has captured my heart & soul...and still owns it. CDC got away by way of my immaturity. Now, I search or wait to be found.

Coming out is always hard. And sometimes the ones you come out to don't accept you. But, although this hurt so much that you feel your heart is gonna be torn from your chest... it get better over time.

Plus, you have millions of us Queers waiting to embrace you with all that you need: support, advice, encouragement, compassion, friends, peace of mind, a community and most importantly – L<3VE!!!

If there's any LGBTQI2S+ In-mates (or others) who want/need to come out – I, Phoenix Poisson at the Regional Psychiatric Centre, am here to hear your voice.

Why? Because you and your voice matter! If not to everyone, then to me it does!



## CONT'D FROM COVER PAGE

government does pay for these courses, and the administration of these courses, but not any college. They are also attempting "D2L", not sure on what it stands for, but its college courses on the computer. There was some talk of who would get first crack at them, but nothing firm. I really do not like the huge push by the principle here at Bath, and the guidance counsellor to work in CORCAN, and nothing else. In addition, the discouragement not to take the college courses, stating, "They won't do you any good", "our courses are better". We, actually prepare offenders who want to take these post-secondary courses before they go to

talk to the guidance counsellor. I signed up for the IC 3 years ago, just to keep them quiet, not that

I could not benefit from some upgrading and the certificate, only if my parole officer would add them to my OMS (offender management system), but no, stating that's for the educational department, who will tell you no it is your PO's job. I may get the cold shoulder from some because I asked them if they were

taking kickbacks from CORCAN. They do offer somewhere, the "CNC" training, but you have to be an employee of CORCAN, and for some time. Now do not get me wrong, that course would be something to take, if it did not come with the CORCAN ball and chain. A recent article in Cell Count stated, CORCAN industries were barely profitable, and if it were not for their inmate population (slave labor force), it could not survive. Offenders are forced to work (program assignment) and if we do not we are punished, and locked up all day (seg).

They do not offer training anywhere else, at least not the training that would benefit offenders upon release. Any certificate they do offer here or even that I have seen in the last 17 years are not credible. The kitchen does not offer any certificates, even though it is allowed to, even basic FoodSafe, which its stewards are trained to administer. They will not even write you a letter of reference, nor is there a spot on the "Pay review" form to write comments. The maintenance shops offer no apprenticeship of any kind. All CSC really cares about is if you showed up, did exactly what was asked of you, and stayed for the recommended time. Absolutely no accountability for the work, and the relationship built between staff and offender. The positive pro-social engagement that would take place, nope, CSC does not care.

I have recently been made aware of a program called "food for thought", but have had no luck on getting a straight answer. According to some offenders, it is geared at learning about new culture, from a food standpoint, which I think is a great idea. Our committee would support this program wholeheartedly as two of its members are previous kitchen workers, here and another site. The kitchen staffs here at this site are very friendly and not afraid to tell you what's what. They will teach, if you were willing to learn, and they would not put down for the mistakes along the way.



**ROB SURRIDGE**

**Groove Cove and More**

Bliss withstanding serene  
 delight filed to illusion in  
 place.  
 Expression habits to  
 push uphill return bright-  
 ly without chase.  
 Seeking a style living out-  
 doors to survive inside  
 the guild.  
 Travel along toward the  
 countryside eager, deter-  
 mined to build.  
 Release letting go, spi-  
 rals exchanged for hope  
 disposing the past.  
 Frontage exits outback  
 beyond distant frolic to  
 spend and outlast.  
 Alongside pit of coals,  
 insight cooler behind  
 with ice.  
 Deposits fall freely from  
 pines overhead drop qui-  
 et, unlike rolling dice.  
 Waiting there with glad-  
 ness no pretending a  
 tortious like pace.  
 Avert avarice adhere wit  
 favoured toward com-  
 plete endless solace.  
 Dreams of plenty with  
 sounds flourish nature's  
 song is truly fulfilled.  
 Drowning with instru-  
 mental moments will  
 inspires flowing in mind  
 drilled.  
 Movement crawling  
 gradual in motion not  
 sprinting forgotten the  
 race.  
 Elaborate perception  
 complete insight into ter-  
 rific possibility is vast.  
 Projecting eventual plea-  
 sure about surrounding  
 images are cast.  
 Vacate awaits serenity in  
 abundance music plays  
 through remote device.  
 Turning inside the night  
 closes resting sheltered  
 quietly most precise.  
 Out again to drift the trail  
 returning lumber where  
 land is tilled.  
 Wandering path back  
 and forth where all the  
 drinks are chilled.  
 Straight forward imag-  
 ine creation of outlook  
 above not thinking twice.  
 A place that those desire  
 in comfort and cheer for  
 earned suffice.  
 Directed mounting posi-  
 tion on land while warm  
 breezes blast.  
 Engaging in promises  
 wishes no bargain to  
 committing to be fully  
 mast.  
 Scent of cedar fills the  
 area a fireplace crackles  
 warmth edify entice.  
 Living in present longing  
 to concern divert self-re-  
 proach time was price.

**Dreams in Streams**

Just another day so  
 obvious outside to those  
 completely free.  
 Exactly the same place  
 at a point in time that we  
 used to be.  
 Through these eyes I  
 trick my mind on road  
 I'm there in certain de-  
 gree.  
 Behind concrete walls,  
 steel bars and doors max  
 security through glass I  
 see.  
 All a state of perception  
 excluding reality my  
 stay is closing in on year  
 three.  
 Next stop uncertain the  
 answer arrives with pa-  
 tience, I see open acres  
 in imagery.  
 The breezes are subtle,  
 sunglasses shading view  
 to dim the sun, a lake  
 glistening before me.  
 Scanning near the shore  
 sits a wooden chair per-  
 sonally reserved awaits  
 under a willow tree.  
 With an incoming boat  
 creating small waves, tiny  
 splashes with peaceful  
 sounds, out of the blue  
 very suddenly.  
 It seems to be all this  
 was here waiting for me  
 in this near future, and  
 as it happens so was she.

**PHILIPPE "PHOENIX" POIS-  
 SON**

**Love Hath No Bounds**  
 You're the one I want so  
 much; but you act like it's  
 a forbidden touch.  
 Why can't I be that boy  
 for you; I'm your slave,  
 tell me and I'll do.  
  
 We make each other  
 happy everyday; A leap  
 forward, yes, but why not  
 that way.  
 We're bound to have ups  
 and downs; But you and  
 I together, that doesn't  
 much us clowns.  
  
 Give me a chance and  
 I'll provide my love to be  
 real;  
 I'll take your heart but it's  
 something I won't steal.  
 Know that my intentions  
 are real and true; [Place  
 name here], I sincerely  
 love you!  
  
**Love Potion**  
 Every time you look at  
 me I feel naked to my  
 core;  
 You're so hot and you  
 say you don't know, and  
 it's true.  
 I don't like playing cards  
 except with you - I want  
 more;  
 You excude... Sexiness  
 like a sieve and you hav-

en't a clue.  
 If you were to give me  
 a chance I'd make you  
 want more;  
 To the Sun and back, for  
 you, if you wanted.  
 Give me a moment and  
 I'd make your heart soar;  
 From your aloofness to  
 your hots, you have me  
 taunted.  
 Make me your only  
 exception and you won't  
 turn back;  
 Allow me to please your  
 every need.  
 I'll be the woman and  
 you my lucky Jack;  
 Come steal my heart, my  
 Shining Knight, with your  
 giant stead!  
*Dedicated to: P.S. House*  
 <3

**Hate and Race Wars**  
 Love is what binds.  
 Hate one always finds.  
 Look inwards for clarity.  
 Racists get no charity.  
 A Child cries to sleep.  
 One doesn't choose their  
 skin.  
 Fight for the suppressed  
 and hated.  
 Prisoner Rights is there,  
 too.  
 Haters will always feel  
 jaded.  
 I've been around, so this  
 evil, to me, ain't new

**FORGOTTEN WARRIOR**

In the passionate love of  
 a lover - will 2 give every  
 piece of your body and  
 soul and love in a flood  
 ocean fairly drown the  
 beloved and 2 find it was  
 not wanted - 2 find that  
 the caresses and kisses  
 were only sport, selfish  
 amusement - this being  
 cast alone must be 2  
 teach me something, if it  
 was that ungovernable  
 love that possessed me 4  
 so many yearz,  
 pouring out, pouring out,  
 wasted and unwanted,  
 till ill and worn with the  
 waste of it I wrenched it  
 out of my being - threw  
 it from me and grew cold  
 and hard and dead - BUT  
 the rootz sprouted again  
 and again and wanted  
 2 grow but there wasn't  
 any good earth - it was  
 all built over in brick and  
 steel and pavement -  
 lovez poor little rootz try  
 to get a hold but can't  
 and will never again - I  
 am moving it seemz -  
 more and more 2wardz  
 a kind of alonezz - not  
 because I wish it but  
 because there seemz no  
 other way  
 --  
 itz hard 2 fill the hole  
 someone else createz in

your life when they go,  
 Strong Wind Woman,  
 she was the only one I  
 had who has seen me  
 through life, through 20  
 yearz of it anyway  
 --  
 SOMETIMEZ Monsterz  
 are real even if they don't  
 look like monsterz  
 --  
 I'm a bad influence on  
 Bad influencez  
 --  
 Forgotten Warrior trying  
 2 set aside his past and  
 find a way out of the  
 darkness - 2 use his mind  
 alone 2 talk itself out  
 of his suffering, fallen,  
 alone  
 this journey is my fate -  
 Warrior forever...  
 --  
 Missing someone feelz  
 like hunger  
 an insatiable emptiness  
 right at the core of your-  
 self  
 if you linger, thinking  
 about em, it'll swallow  
 you up  
 and I can't disappear just  
 yet, yet the recollection  
 of happiness, of life can  
 have a counter effect,  
 knowing the experience  
 is not only past but never  
 2 be spoken of again, -  
 that knowledge bringz a  
 whole new Kind of Pain  
 --  
 What irony, just when  
 one love is rejected,  
 another appearz - I gave  
 my love where it was not  
 wanted, simultaneously  
 an immense love was  
 offered - I felt annihilat-  
 ed and fatigued at once,  
 I then realized I meant  
 nothing at all. I was noth-  
 ing more that a part of  
 the loveliness of a new  
 experience and at that  
 moment I realized the  
 fierceness of that love  
 had driven itself in 2 my  
 heart, at least until I re-  
 solved 2 starve it 2 death,  
 4 I don't want emotionz  
 ruining my life and shap-  
 ing my world, as with ev-  
 erything in life, especially  
 happiness and married  
 love, is unpredictable  
 and undependable - so  
 my heart has hardened  
 exactly as I meant it 2  
 --  
 my peoplz survival are  
 a symbol of Aboriginal  
 Strength & white insecur-  
 ity  
 --  
 OKA  
 Prosecution or Persecu-  
 tion  
 - Fuck Klanada -

**DAVID "JOKER" CIOFFI**  
**Nightmares & Monsters**

All I ever set is goals I  
 can't achieve!  
 As I sleep all my dreams  
 are Nightmares  
 All I ever see is hatred an  
 evil too easy to believe  
 As I have my fearful  
 dreams it is the same  
 house  
 Yet it is the same demon  
 haunting me  
 No matter where I turn  
 and toss in my sleep  
 My R.E.M ever faster  
 causing my sweats  
 Causing my fear, and my  
 forever stress  
 No matter where I run I  
 cannot escape  
 Now these streets have  
 eaten my whole  
 Without a chance or  
 hope, stuck in this place  
 Looking in a mirror and  
 seeing only IT'S reflection  
 I scream out loud "what  
 caused your resurrec-  
 tion"  
 Meanwhile he is only res-  
 urrected in my dreams  
 And worse yet only  
 through my fears!  
 Medicated cause I am  
 afraid to sleep!  
 Because I know that's  
 where my soul he will  
 eat!  
 Back on my street and a  
 false hope of escape  
 I don't even try No  
 chance to win it already  
 to late  
 That faceless monster,  
 murderer is my Freddy  
 These streets in my  
 dreams aren't Navenby  
 Cres  
 But instead, Elm Street  
 A Hell of my own making,  
 and my own demise  
 As I am dying multiple  
 times also crying  
 What is the use, why am  
 I trying!  
 --  
 Everyday I awake asking  
 myself this;  
  
 Is today my final day of  
 using?  
 Will today be the very  
 last time drug abusing?  
 Can I ever say these  
 scars aren't from shoot-  
 ing?  
 Will the truth be known  
 about my battles with  
 Addiction?  
 How many people will  
 say that they saw me  
 winning?  
 Does it even really mat-  
 ter?  
 How many others have  
 been lured into the same  
 Disaster?  
 Countless lies truly lost  
 from their use!  
 Countless souls we  
 mourn through Drug  
 Abuse!  
 No Pain released, not

one single scream!  
 If this is our future, is this  
 really as it seems?  
 So dark & horrifying as  
 if it were my darkest  
 dreams!  
 Nightmares come to life,  
 Monsters & Demons  
 come to light!  
 Is there any chance of  
 salvation?  
 Is there any chance of  
 Hope?  
 Or are we bound forever  
 more to the Devil we call  
 Dope?  
 Does it find Amusement  
 in our Rotation?  
 Men I ask is it worth your  
 Emasculation?  
 Women I ask is it worth  
 the Degradation?  
 Can we not unite  
 Can we not overpower  
 this Evil & fight?  
 Every night I go to sleep  
 asking this;  
 Who will see me crying  
 for Help tonight?...

### Wisdom

Once a boy asked: What  
 is wisdom?  
 A man replied something  
 learned with Age!  
 Once a boy asked: What  
 is foolishness?  
 The man replied it is the  
 arrogance of youth!  
 Once a boy asked: Which  
 would you say is me?  
 The man simply stated  
 that which is opposite  
 me!  
 Once a boy asked: Are  
 my questions difficult?  
 The man said some are  
 truly above your age!  
 Once a boy asked: You  
 reply but do you even  
 know my name?  
 The man said your right  
 how brash of me!  
 Once a boy asked: What  
 is Brash?  
 The man said Why it is  
 another way to say arro-  
 gant!  
 Once a boy asked: So  
 I guess that makes me  
 wise?  
 The man said Well yes  
 my son yes it does!

### S.R. OTHMAN

#### Scared Raccoon

The hunger that invad-  
 ed us  
 We can't satisfy it, and it  
 keeps on asking  
 It preys on the weakest  
 man  
 And circulates the same  
 ailment on its command  
 Nothing new just repeti-  
 tion like an old band  
 Where there is hope,  
 let sun, moon and star,  
 shine on its cowl  
 That have invaded our  
 soul.  
 We wander in the dark-

ness of night  
 Feel surrender for the  
 lack of light  
 And dream for the moon  
 so bright  
 That fights with the  
 cloudy might.  
 Our hearts shake and  
 feel like a balloon  
 And wander in the dark-  
 est room  
 Our inner self says keep  
 running to the saloon  
 So, we did like a scared  
 raccoon.

### BILLY WHITEDEER

#### Rainbows ...

Lemons, limes, oranges  
 and cherries. Raining  
 from or sky  
 The creation of wonder.  
 How and why.  
 Embrace on a shoreline  
 Now looking back if only  
 to sigh

#### Farewell ...

Nightbirds haunt your  
 dreams from on high  
 A new day unfolds the  
 dawning of the morning  
 lights  
 Wild mountain flowers  
 fluttering in the winds of  
 bright blue sky

#### Coyote ...

Our coyote brother will  
 sing us all to sleep.  
 Howling at the moon so  
 dark and deep.  
 The days new beginnings  
 he'll ever keep.

#### Our summer holds ...

The red tipped blackbird  
 seems to have become  
 our conductor.  
 While golden chickadee's  
 sign of what summer  
 brings.  
 Emeralds and blues keep  
 in tune from their homes  
 in the forest.  
 The black masked ban-  
 dits then fall into harmo-  
 ny with all the rest.

#### Shipwreck ...

Sunsetting on our bay.  
 Tossed by the sea.  
 Waves roll on in.  
 Sunbeams of hope break  
 on through  
 Setting sail for the mist  
 you" take the helm once  
 again.  
 Nothing ever missed

#### Words of Wisdom

So live your life so that  
 the fear of death can  
 never enter your heart.  
 Trouble no one about  
 their religion; respect  
 others in their view, and  
 demand that they re-  
 spect yours.  
 Love your life, perfect  
 your life, beautify all  
 things in your life.

Seek to make your life  
 long and its purpose  
 in the service of your  
 people. Prepare a no-  
 ble death song for the  
 day you go to the great  
 divide. Always give a  
 word or sign of salute  
 when meeting or passing  
 a friend, even a stranger,  
 when in a lonely place.  
 Show respect to all peo-  
 ple and grovel to no one.  
 When you arise in the  
 morning give thanks for  
 the feed and for the joy  
 of living. If you see no  
 reason for giving thanks,  
 the fault lies only in your-  
 self.  
 Abuse no one and noth-  
 ing, for abuse turns the  
 wise ones to fools and  
 robs the spirit of its  
 vision.  
 When it comes your  
 time to die; be not like  
 these whose hearts are  
 filled with fear of death.  
 So that when their time  
 comes they weep and  
 pray for a little more  
 time to live their lives out  
 in a different way.  
 Sing your death song  
 and die like a hero going  
 home.

### ZAKARIA AMARA

#### Vampires

I wrote this poem for my  
 friends daughter who is  
 being bullied in grade  
 school. I've never met  
 her before, I have no  
 idea what she looks like,  
 and I don't even know  
 her name. Yet I woke  
 up two nights ago with  
 her in my thoughts and  
 moments later this poem  
 came to me.

Oh little girl with a big  
 heart  
 I don't know your name  
 But your smile is art  
 Keep on being who you  
 are  
 Your light is shining from  
 afar  
 I know it hurts you what  
 they say  
 But they are night and  
 you are day  
 Just pretend that you  
 can't hear  
 And these vampires shall  
 disappear  
 But if they ever come too  
 near  
 Then shine your light my  
 little dear  
 You are strong and they  
 are weak  
 Trust me, one day you'll  
 reach the peak  
 Remember these words  
 that I say  
 Recite them aloud each  
 night and day  
 And know my princess

for you I pray  
 I'm here to serve you  
 without delay.

#### Buried Treasure

Come,  
 Take a rest.  
 You've been a juggler all  
 your life.  
 Isn't it time to let your  
 thoughts fall?  
 Chains can never last  
 forever,  
 But buried treasures  
 sometimes do.

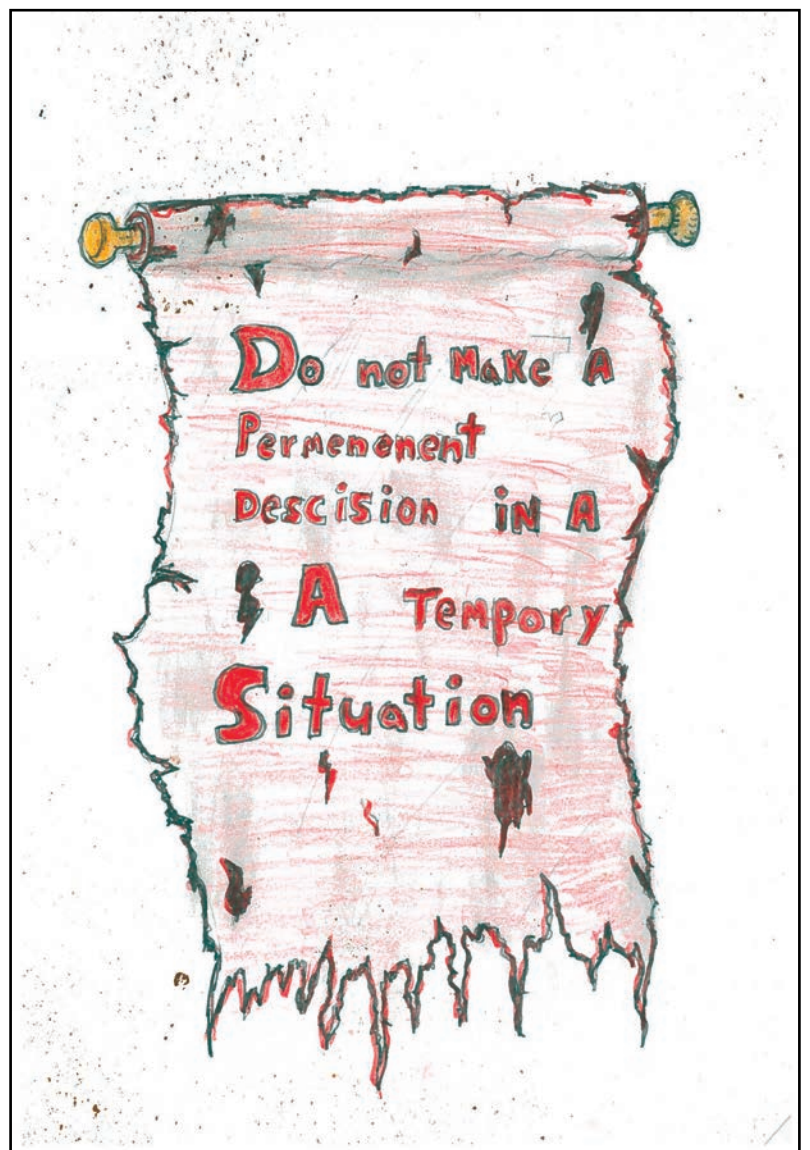
Sometimes I feel like I'm  
 sitting  
 At the bottom of an  
 ocean  
 Chained and shackled  
 yet somehow I'm not  
 drowning

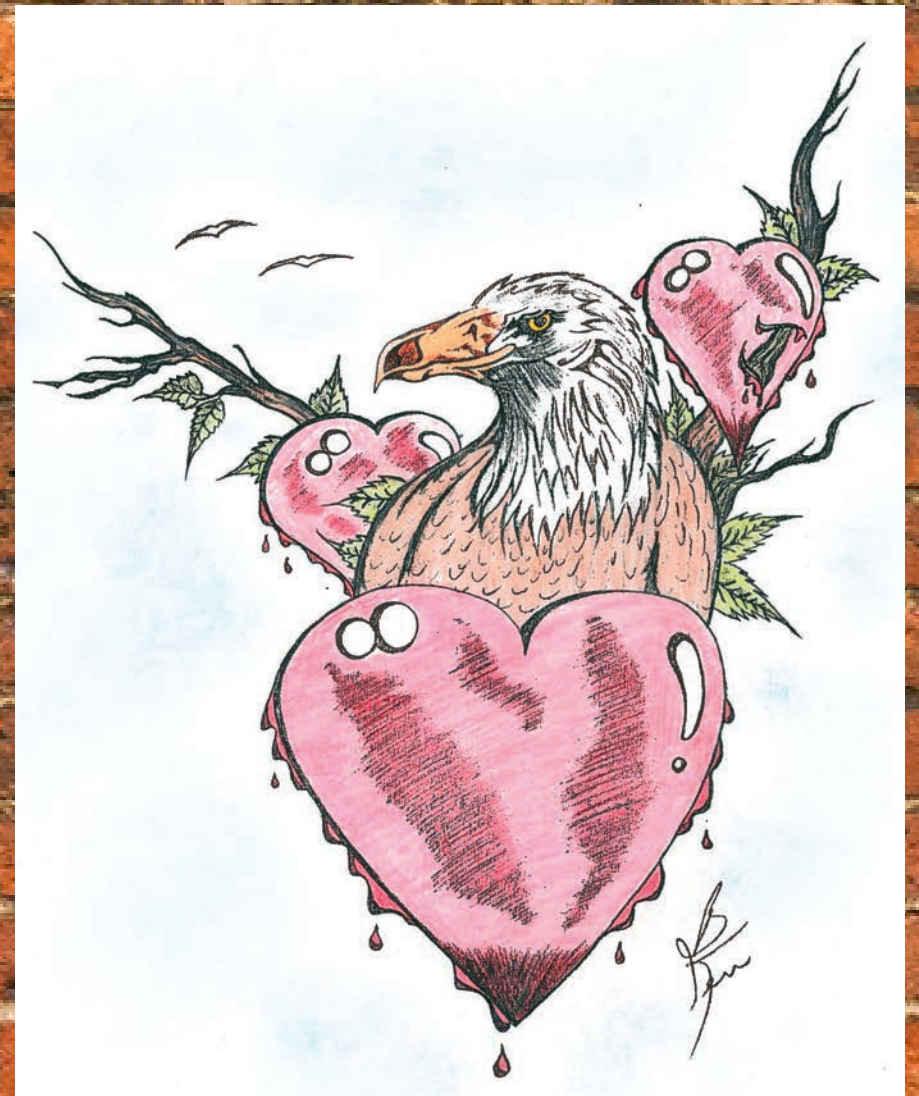
There is a buried chest.  
 Within my chest  
 And it contains a heavy  
 cloak of sadness,  
 In there is a dancing  
 clown too,  
 A demon,  
 And an angel,  
 A gentle scented breeze,  
 And a giant tree whose  
 leaves of love are always  
 falling.  
 God is in there too,  
 And so are you.

#### They say, I say, You say...

The past,  
 The present,  
 The future.  
 "Be in the present," they  
 say.  
 But how can that be?  
 When the past often  
 haunts us like a ghost,  
 And the future looms  
 over us with its menacing  
 shadow.  
 "There is no before,"  
 the mad man said,  
 As he tried to escape his  
 past.  
 "And there is no after,"  
 the mad woman said,  
 As she tried to ignore her  
 future.  
 Yet the past, the present,  
 and the future are the  
 most intimate of friends;  
 The trinity of trinities.  
 So here is what I say:  
 But who am I to say any-  
 thing?  
 Regardless, I say,  
 I say even if only to hear  
 myself,  
 I say because I can,  
 I say because I will,  
 I say this:  
 The past is a friend wait-  
 ing to be accepted,  
 The present is a wrestler  
 waiting to be challenged,  
 And the future is a  
 dream waiting to be  
 dreamed.

There! I said it,  
 So what will you say?





ARTISTS CLOCKWISE: CHRIS JOHNSON, JEREMY HALL, MUSTAFA EL KAAKI, BRIAN G. KERR



ARTIST: CHRIS ROBINSON

## Outreach & Support Schedule

Currently, as places are opening up slowly, we are also starting to do some one-on-one visits and limited capacity programs at a small number of provincial and federal institutions. Please keep an eye out for posters or call us at: **1-866-224-9978 for up-to-date information about when and where we are coming in.**

As things open back up in Ontario on the outside, we are increasing the number of days we are in the office. We are available Mon - Fri 9am - 5pm EST (to reach a specific staff member please dial **1-866-224-9978** followed by the extension):  
**Amina Mohamed x231**  
*Women's Community Program Coordinator*  
**Anton McCloskey x236**  
*Federal In-Reach Community Development Coordinator*  
**Aniqa Mazumder x222**  
*Office Manager*

**TBA x235**  
*Harm Reduction Program Manager*  
**Cherisa Shivcharran x233**  
*Provincial Community Development Coordinator*  
**Chris McNab x222**  
*Federal In-Reach Community Dev Coordinator*  
**Claudia Medina x227**  
*Program Manager*  
**Eveline Allen x238**  
*Regional Prison In-Reach Coordinator*  
**Hajjarah Nagadya x239**  
*POWER Project Coordinator*

**Janet Rowe x225**  
*Executive Director*  
**Jennifer Porter x230**  
*Harm Reduction Program Coordinator*  
**Olivia Gemma x230**  
*Provincial HepC Program Coordinator*  
**Sena Hussain x234**  
*Communications & Resource Dev Coordinator*  
**Trevor Gray x232**  
*Community Programs Coordinator*  
**You can reach us by mail at: PASAN, 526 Richmond St E, Toronto, ON M5A 1R3**

### LAND ACKNOWLEDGMENT

PASAN's office, where we publish Cell Count, is on the historical territory of the Huron-Wendat, Petun, Seneca and, most recently, the Mississaugas of the New Credit Indigenous peoples. This territory is covered by the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee and the Ojibwe and allied nations to peaceably share and care for the lands and resources around the Great Lakes.

### HIV+ CLIENT SERVICES

In order to be a client & access these services you need to have confirmed HIV+ status and be a prisoner or ex-prisoner (all times Eastern Standard time)

- Phone Hours: Mon - Fri from 9-5, except Tuesday mornings
- Workshops and Programming - Scheduled usually on Mondays or Thursdays, give us a call or check out our website for a complete list of events we have scheduled.
- ID Clinic - cancelled for now
- Release Funds - \$50 (twice a year max)
- TTC Tokens - 2 each for clients who attend workshops
- Harm Reduction Materials - Mon - Fri from 9-5, except Tuesday AM (Safer-Crack-Use-Kits, Safer-Needle-Use-Kits, Piercing Needles, Condoms, etc.) - for everyone.

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

### ABOUT CELL COUNT

PASAN publishes 'Cell Count', a minimum of 4 issues per year. We are based in Toronto on the traditional territory of the Mississaugas of New Credit First Nation, the Haudenosaunee, the Huron-Wendat and home to many diverse Indigenous peoples. It is sent out for FREE to Clients & Prisoners in Canada. If you are on the outside or part of an organization, please consider a donation @ \$20 per year. We are proud to release our 91st issue to you. We are also grateful for all the wonderful feedback we have been receiving from our readers, and encourage you to keep putting your two cents in. Our goal is to have most of our content written and produced by prisoners and ex-prisoners, so we highly encourage you to get in touch with us if you're interested in being part of the Cell Count team.

Publisher: PASAN  
 526 Richmond St E, Toronto, ON M5A 1R3  
 Circulation: 700+ - Recirculation: ???

All original artwork, poems and writings are the sole/soul property of the artist and 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."

### A NOTE ABOUT PEN PALS:

Here is a list of correspondence services for people inside (alternatives to pen pals, which is, sadly, no longer a part of Cell Count):

Canadian Inmates Connect: Currently, there is a \$35/year subscription. Your ad will be placed on a website, and people with internet access browse through to decide who to connect with. A point of caution: you are asked to say what you have been convicted for, and your full name will be published online. Melissa is the person to contact for more information. Write or call her at: Canadian Inmates Connect Inc. 3085 Kingston Rd, Suite 267, Toronto, Ontario, M1M 1P1 - (647) 344-3404

Black and Pink: Specifically for queer and trans prisoners. They are based in the United States, it does not cost anything to be part of the list, and you don't have to tell them your conviction. Here is how to reach them: Black and Pink National Office, 614 Columbia Rd, Dorchester, MA 02125 617.519.4387

Prison Fellowship Canada: This is a faith-based, Christian organization that connects prisoners with volunteers of either the same gender, or where there is a 15-20 year age difference. The point is for you to have an outlet to express yourself to someone who will listen. If you are of the Christian faith, this may be a great option for you. You can reach them for more info at: Prison Fellowship Canada - National Office, 5945 Airport Road, Suite 144, Mississauga, ON L4V 1R9 905.673.5867

Prisoner Correspondence Project: "...a solidarity project for gay, lesbian, transsexual, transgender, gendervariant, two-spirit, intersex, bisexual and queer prisoners in Canada and the United States, linking them with people who are

part of these same communities outside of prison." - From their website. Write to them here: QPIRG Concordia c/o Concordia University

1455 de Maisonneuve Ouest, Montreal, QC H3G 1M8

If you have had success using a pen pal service (other than ours) and would like to share it with other Cell Count subscribers, please write to us or call. We can list it in a future issue.

### MOVING?

We were getting 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! Thank you for taking care with this.

**CALLING ALL ARTISTS, WRITERS (FICTION, NON-FICTION), ILLUSTRATORS, CARTOONISTS, POETS, JOURNALISTS (ASPIRING OR OTHERWISE), AND OTHER CREATIVE TYPES:**

We want your submissions! We get lots of letters from our readers telling us how much they love seeing all your work and they're hungry for more. Send us your stuff and get published in Cell Count. When you send us stuff, please make sure you write a line in that gives us permission to publish your work. Also, let us know if you would like your work returned to you or sent on to someone else! Please also type your work or write clearly if you can! 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 and leave space for others - quality and quantity! Also, let us know in writing if it's ok to edit your work for grammar, spelling and so we can fit it in.

Please note: If you do send something to us, please give us a call if you can so we can look out for it in the mail. Also, call us again at least a week after you send it to make sure we got it. If not, if you're sending in a piece of writing, we can transcribe it over the phone for you, so keep a copy of everything you send us!

Women are the fastest-growing

prisoner population in Canada, but often their experiences are marginalized in conversations about the prison system. We want to hear your take on prison, life, family, or anything else you're interested in writing about. We can guarantee confidentiality, and can publish your pieces under a pseudonym if you want! Please submit your articles, poetry, art, or letters to the Cell Count editor at 526 Richmond St E, Toronto, ON M5A 1R3.

### WHEN SUBSCRIBING TO CELL COUNT

We have been notified by a few different institutions that if you'd like your subscription of Cell Count to make it into your hands, you have to register at the library to receive it first. Please do this before requesting a subscription from us just to make sure! Also, if you are inter-

ested in subscribing please contact: Cell Count, 526 Richmond St E, Toronto, ON, M5A 1R3 or call Sena at: 1-866-224-9978 ext 228

### CONTACT NUMBERS

If you are in any Federal/Provincial Institution or Detention Centre call us only with this #: Toll-free 1-866-224-9978

### HOW PASAN AND CELL COUNT ARE OPERATING DURING COVID-19

During the COVID-19 outbreak, PASAN is still open, and are back in the office 5 days a week. Our staff are in the office Mon - Fri, 9am - 5pm EST, which is when we can read and reply to mail we receive from inside, and answer calls. Currently, we are wearing masks, asking people to fill out COVID screening forms and social distancing to help limit the potential spread of the virus, and are offering services to our clients in office again.

Cell Count is still running and accepting submissions. We are currently low on submissions and need more sent from you inside to produce Cell Count. If you are interested in submitting but are experiencing issues trying to get your work to us, please give Sena a call at ext 228. Thank you for your patience during this difficult time!

### \*NEW\* CELL COUNT EVALUATIONS

Please take a few minutes to complete the evaluation form we've included with this issue and mail it back to us. We use these evaluations to make sure that Cell Count is useful to you and so our funders know we're on the right track. Call us if you would like to do your evaluation over the phone instead! **1-866-224-9978**

### \*NEW\* CELL COUNT PEER LIAISONS

Cell Count is looking for peer liaisons who are currently incarcerated to be a representative for Cell Count inside. You would be responsible for gathering subscribers, letting us know when subscribers have moved, encouraging people to submit their work, helping with evaluations, and answering general questions. Call Sena if



## Cell Count Deadline: July 25th, 2022

The theme of Issue #98 is Prisoner Justice Day 2022. Share your stories and art with this theme in mind or about any other topic! If you need someone to bounce ideas off of, call Sena at 1-866-224-9978 x234 from Mon - Thurs 10am - 5pm EST.

**EAST COAST**

**ALLY CENTRE**  
Take collect calls  
150 Bentinck St, Sydney, NS, B1P  
1G6 902-567-1766

**AIDS COALITION of NOVA SCOTIA**  
Accept collect calls  
1675 Bedford Row, Halifax, NS, B3J  
1T11-800-566-2437, 902-425-4882

**AIDS COMMITTEE of NEWFOUND-  
LAND & LABRADOR**  
Take collect calls  
47 Janeway Place, St. John's, NL, A1A  
1R7 1-800-563-1575

**AIDS NEW BRUNSWICK**  
65 Brunswick St, Fredericton, NB, E3B  
1G51-800-561-4009, 506-459-7518

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

**AIDS SAINT JOHN**  
Don't accept collect calls  
115 Hazen St, NB, E2L 3L3 506-652-  
2437

**BOOKS BEYOND BARS**  
P.O. Box 33129  
Halifax, NS  
B3L 4T6

**HEALING OUR NATIONS:**  
1-800 565 4255  
3-15 Alderney Dr, Dartmouth, NS,  
B2Y 2N21-800-565-4255, 902-492-4255

**MAINLINE NEEDLE EXCHANGE**  
Calls from within Nova Scotia are free  
Don't accept collect calls  
5511 Cornwallis St, Halifax, NS, B3K  
1B3 902-423-9991

**SHARP ADVICE NEEDLE EXCHANGE**  
Accept collect calls  
150 Bentrnick St, Sydney, NS, B1P  
6H1 902-539-5556 (Collect)

**SIDA/AIDS MONCTON**  
Accept collect calls as long as they're  
HIV related  
80 Weldon St, Moncton, NB, E1C  
5V8 506-859-9616

**QUEBEC**

**CACTUS**  
Accept collect calls  
1300 rue Sanguinet, Montreal, H2X  
3E7 514-847-0067

**CENTRE for AIDS SERVICES MON-  
TREAL (Women)**  
Accept collect calls  
1750 Rue Saint-Andre, 3rd Flr, Mon-  
treal, H2L 3T81-877-847-3636, 514-495-  
0990

**COALITION des ORGANISMESCOM-  
MUNAUTAIRES QUEBECOIS de  
LUTTECONTRE le SIDA (COCQSIDA)**  
Accept collect calls  
1 est, rue Sherbrooke, Montréal, H2X  
3V8 514-844-2477

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

**ONTARIO**

**2-SPIRITED PEOPLE of the 1ST  
NATIONS**  
Accept collect calls  
145 Front Street East Suite 105  
Toronto, Ontario M5A 1E3 416-944-

9300  
**AFRICANS in PARTNERSHIP  
AGAINST AIDS**  
No collect calls, call PASAN  
526 Richmond St E, Toronto, M5A  
1R3 416-924-5256

**AIDS COMMITTEE of CAMBRIDGE,  
KITCHENER, WATERLOO & AREA**  
Accept collect calls  
Have a toll-free number  
2B-625 King St E, Kitchener, N2G  
4V4 519-570-3687 (Collect), 1-877-  
770-3687

**AIDS COMMITTEE OF GUELPH**  
Accept collect calls, prefer that peo-  
ple use their  
89 Dawson Rd, Unit 113, Guelph,  
N1H 3X2 1-800-282-4505; 519-763-  
2255 (Collect)

**AIDS COMMITTEE of NORTH BAY  
and AREA**  
Accept collect calls  
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) or Toll  
Free (ON & QC only) 1-800-461-2182

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

**POSITIVE LIVING NIAGARA**  
Accept collect calls from registered  
clients  
(Recommend that you get a case  
manager to get registered with them)  
111 Church St, St Catharines, L2R  
3C9 905-984-8684 or toll free 1-800-  
773-9843

**ANISHNAWBE HEALTH AIDS PRO-  
GRAM**  
No collect calls  
255 Queen St E, Toronto, M5A  
1S4 416-360-0486

**ASIAN COMMUNITY AIDS SERVICE**  
When prisoners call, they offer them  
small bursaries to cover their calling  
fees  
107-33 Isabella St, Toronto, M4Y  
2P7 416-963-4300 (Collect)

**BLACK COALITION for AIDS PRE-  
VENTION**  
Accept collect calls  
20 Victoria St, 4th Flr, Toronto, M5C  
2N8 416-977-9955 (Collect)

**CANADIAN HIV/AIDS LEGAL NET-  
WORK**  
Accept collect calls  
1240 Bay St #600, Toronto, M5R 2A7 416-  
595-1666 (Collect)

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

**HIV & AIDS LEGAL CLINIC OF ON.  
(HALCO)**  
Accept collect calls  
55 University Avenue, Suite 1400  
Toronto, ON, M5J 2H7 1-888-705-  
8889

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

**ONTARIO ABORIGINAL HIV/AIDS**

**STRATEGY**  
Accept collect calls  
844-A Princess St, Kingston, K7L  
1G5 613-549-7540 (Collect)

**PEEL HIV/AIDS NETWORK**  
Accept collect calls  
160 Traders Blvd, Unit 1, Mississauga,  
L4Z 3K7  
1-866-896-8700, 905-361-0523 (Col-  
lect)

**PETERBOROUGH AIDS RESOURCE  
NETWORK (PARN)**  
Accept collect calls  
302-159 King St, Peterborough,  
K9J 2R81-800-361-2895, 705-932-  
9110 (Collect)

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

**THE AIDS NETWORK (TAN)**  
Don't accept collect calls  
101-140 King St E, Hamilton, L8N  
1B2 905-528-0854 toll free 1-866-  
563-0563

**THE WORKS**  
Accept collect calls  
277 Victoria St, Toronto, 416-392-  
0520 (Collect)

**TORONTO PWA FOUNDATION**  
Accept collect calls from clients  
200 Gerrard St E, 2nd Flr, Toronto,  
M5A 2E6 416-506-1400

**Toronto Community Hep C Pro-  
gram**  
Accept collect calls  
955 Queen Street East, Toronto, M4M  
3P3  
416-461-1925 (Collect only on Tues-  
day & Friday, 11am-5pm)  
Once out, please call 416-417-6135  
**John Howard Society of Toronto**  
1-866-265-4434

**Black Legal Action**  
720 Spadina Ave. #221, Toronto, ON  
M5S 2T9 (416) 597-5831

**PRAIRIES**

**HIV COMMUNITY LINK**  
Accept collect calls  
110-1603 10th Ave SW, Calgary, AB,  
T3C 0J7 403-508-2500

**AIDS SASKATOON**  
1143 Ave F N, Saskatoon, SK, S7L 1X1306-  
242-5005 1-800-667-6876

**CENTRAL ALBERTA AIDS NET-  
WORK SOCIETY**  
No collect calls  
4611 50th Ave, Red Deer, AB, T4N  
3Z9 403-346-8858

**HIV EDMONTON**  
9702 111 Ave NW, Edmonton, AB,  
T5G 0B1 1-877-388-5742

**KIMAMOW ATOSKANOW FOUNDA-  
TION**  
Accept collect calls  
RR 1, Site 1, Box 133, Onoway, AB,  
T0E 1V01-866-971-7233, 780-913-9036

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

**PLWA NETWORK OF SASKATCHE-  
WAN**  
No collect calls  
Box 7123, Saskatoon, SK, S7K  
411 306-373-7766

**OUT SASKATOON**  
213 Avenue C S, Saskatoon, SK S7M  
1N3  
306-665-1224

**PRINCE ALBERT METIS WOMEN'S  
ASSOC.**  
No collect calls  
54 10th St E, Prince Albert, SK, S6V  
0Y5 306-763-5356

**RED RIBBON PLACE  
(ALL NATIONS HOPE AIDS NET-  
WORK)**  
2735 5th Ave, Regina, SK, S4T  
0L2 1-877-210-7622

**STREET CONNECTIONS**

No collect calls  
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**  
Accepts collect calls. 713 Johnson  
St, 3rd Flr, Victoria, V8W 1M8 250-  
384-2366 or 1-800-665-2437

**LINC**  
33270 14th Ave, Mission, BC, V2V 4Z7  
1-877-424-4242 (BC only)

**CAAN**  
6520 Salish Dr, Vancouver, BC V6N  
2C7 (604) 266-7616

**NATIONAL**

**CANADIAN ASSOCIATION OF ELIZA-  
BETH FRY SOCIETIES (Women)**  
701-151 Slater St.  
Ottawa, ON  
K1P 5H3  
(613) 238-2422

**BRAIN INJURY ASSOC OF CANADA**  
440 Laurier Ave. West, Suite 200  
Ottawa, ON K1R 7X6 Toll-free: 1-866-  
977-2492

**CATIE**  
1-800-263-1638  
555 Richmond St W #505, Toronto,  
ON M5V 3B1

**NEW LIFE PRISON MINISTRIES**  
P.O. Box 123  
Arva, ON  
N0M 1C0  
Aftercare support: 1-888-842-6898

**PRISONER-SPECIFIC**

**TORONTO PRISONERS' RIGHTS  
PROJECT** (Runs the Prisoner Emer-  
gency Support Fund)  
PO Box 291 Toronto P Toronto, ON  
M5S 2S8

**PRISONERS UNITED ORGANIZA-  
TION**  
PO Box 30009, Greenbank North PO,  
Ottawa, ON, K2H 1A3

**BLACK INMATES & FRIENDS ASSEM-  
BLY**  
2518 Eglinton Avenue W, Toronto,  
ON, M6M 1T1 ph (416) 652-3131

**SMAAC.org**  
The Saskatchewan-Manitoba-Alberta  
Abolition Coalition is an alliance of  
groups from across the prairie prov-  
inces who collaborate and organize  
together on issues of prison and  
police abolition.

**EAST COAST PRISON JUSTICE SO-  
CIETY**  
6061 University Ave, PO Box 15000  
Halifax, NS, B3H 4R2  
[www.eastcoastprisonjustice.ca](http://www.eastcoastprisonjustice.ca)

**West Coast Prison  
Justice Society/  
Prisoners' Legal Services**  
302-7818 6th Street  
Burnaby, BC  
604-636-0470

**OTHER SUBSCRIPTIONS**

**OUT OF BOUNDS MAGAZINE**  
6000 William Head Rd, Victoria, BC  
V9C 0B5

**JOURNAL OF PRISONERS ON PRIS-  
ONS**  
c/o Justin Piché, PhD, Dept of Crimi-  
nology University of Ottawa, Ottawa,  
ON, K1N 6N5

**PRISON FREE PRESS**  
PO Box 39 Stn P Toronto ON M5S 2S6

**HOMINUM (newsletter for gay,  
bisexual & questioning men)**  
#7—11438 Best Street  
Maple Ridge, BC V2X 0V1  
Art - 604-477-9553

**PRISON BOOK PROGRAMS**

**Books To  
Prisoners  
OPIRG-Car-  
leton**  
326 UniCenter  
Carleton  
University  
Ottawa, ON.  
K1S 5B6  
(613) 520-  
2757

**Books 2  
Prisoners**  
PO Box  
78005, 1755  
East Broad-  
way  
Vancouver,  
BC  
V5N 5W1  
604-682-3269  
x3019

**Books Be-  
yond Bars**  
PO Box  
33129  
Halifax NS  
B3L 4T6  
902-446-1788

**Open Door  
Books (ODB)**  
c/o QPIRG  
Concordia  
University  
1455 de Mai-  
sonneuve O  
Montreal,  
Quebec  
H3G 1M8  
514-848-7585

**Write ON!**  
Supporting prisoners through correspondence

**INCARCERATED IN CANADA?  
NEED INFORMATION?**

**WRITE ON!** is an all-volunteer group whose goal is to help and support prisoners in Canada, through correspondence.

**WE CAN:**  
Research general information you need, such as:  
• general legal information  
• info on prison rules and policies  
• info on resources, programs and services  
• and possibly other kinds of information you need.

**WE CANNOT:**  
• Give any kind of professional advice, legal or otherwise.  
• be a pen-pal service (though we could refer you to one)  
• promise to adequately respond to all requests for information.

**CONTACT US:**  
Write ON!  
Suite # 234  
110 Cumberland Street  
Toronto, On M5R 3V5

**write to us!**  
A FREE, PLATONIC  
PEN PAL PROGRAM FOR  
FEDERAL PRISONERS

Who are we?  
We are a group of community volunteers who help to support prisoners in having platonic, safe, and meaningful pen pal connections.

Who are we?  
We are dedicated to social justice, anti-racism, and freedom. We believe in the right to dignity and humanity for all.

**Pacific & Prairie Region**  
Penn2Paper  
104-1015 Columbia St.  
Box 873  
New Westminster, BC  
V3M 6V3

**Ontario & Atlantic Region**  
Penn2Paper  
455 Danforth Ave  
Box 429  
Toronto, ON  
M4K 1P1

send us a note to one of these addresses depending on your location

**TPRP JAIL HOTLINE**  
(416) 775-9239  
MONDAY, WEDNESDAY,  
FRIDAY, SATURDAY  
9-11AM + 2-4PM

NOW TAKING CALLS FROM:  
TORONTO SOUTH DETENTION CTR.  
VANIER CENTRE FOR WOMEN  
MAPLEHURST CORRECTIONAL  
COMPLEX

THE JAIL HOTLINE IS FREE!  
FOR PRISONERS SEEKING  
ADVOCACY, REFERRALS,  
INFORMATION + SUPPORT!