



# Study on the issues relating to the human rights of prisoners in the Correctional system

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Mister Chair and honorable members of the Committee,

I would like to thank you for inviting us, the Union of Canadian Correctional Officers, to speak with you today. I am also joined by my colleague and National Vice President, Éric Thibault.

Our Union represents over 7200 members working in all federal institutions across Canada. We are first responders behind the walls of institutions when incidents occur, acting sometimes as police officers, paramedics and firefighters.

As our mandate says, we contribute to public safety by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control. We do this 365 days a year, 7 days a week, 24 hours a day which is no easy task.

Correctional officers in our country are working under the Corrections and Conditional Release Act, which clearly states that “offenders retain the rights of all members of society except those that are, as a consequence of the sentence, lawfully and necessarily removed or restricted”. Among those fundamental human rights, there is the right to security of person.

To ensure this right is preserved and to fulfill our mandate, Correctional Officers need many tools, one of which is the use of

administrative segregation. Over the last years, there has been a lot said about this practice and it's fair to say there are a lot of misconceptions around the use of segregation in Canada.

First, as the words can be misleading, it is important to say that in our view there is no such thing as solitary confinement in our country. We are not a 3<sup>rd</sup> world country and solitary confinement is best left to the Hollywood movie producers. We use administrative segregation to separate an inmate from the general population, for a multitude of reasons like: preventing inmate on inmate assaults, inmate on staff assaults, self-harming inmates that need direct observation, disciplinary cases and those inmates that seek protection for numerous reasons. While solitary confinement isolates inmates from any human contact for 22 to 24 hours a day, in administrative segregation, the inmates are in contact with staff regularly, and sometimes even more than when in general population at times.

Also, it is important to understand that, for Correctional Officer's, segregation is always a last resort solution. Although the reality of our work environment would not allow us to carry out our mandate without this tool, we never use it lightly.

During the past decade, the offender population profile has changed. According to CSC's "Strategic Plan for Human Resource Management, 2007 to 2010" the changing offender population presents significant security and reintegration challenges. That trend continues today in 2017. In recent years, the offender population has

been increasingly characterized by offenders with extensive histories of violence and violent crimes, previous youth and adult convictions, affiliations with gangs and organized crime, serious substance abuse histories and problems, serious mental health disorders, higher rates of infection with Hepatitis C and HIV.

Though the numbers of incidents have not increased significantly, these numbers do not tell the true story in terms of the intensity of violence of the incidents that occurs in the institutions these days. In the past, inmates would take great care to hide from correctional officers an assault on or an attempt to murder a fellow inmate. It is no longer the case. Increasingly, officers report inmates are launching brazen attacks with no effort at all to shield their violence. Those trend lines are clear and continue to demonstrate a more intensive need for security in federal penitentiaries.

Effective management of these situations and of this more complex offender population requires greater resources, increase in specialized services (e.g., mental health care for offenders), more distinct and targeted interventions and new training and equipment for staff. Also, as an essential tool, the use of administrative segregation is paramount in keeping staff & inmates safe inside the walls.

As I stated previously administrative segregation allows Correctional Officers to manage disruptive inmates ensuring that the rights of staff

are protected (the right to a safe work place) & the rights of other inmates are respected.

Another important matter for us is how to manage inmates who suffer from mental illness. This constitutes a growing sector of the incarcerated population in federal institutions. As a Union, we do not debate the wisdom or morality of this shift. Our priorities are the security of the institutions and the safety of inmates and staff. UCCO-SACC-CSN's position is to maintain an integrated approach to the management of this class of inmate. The Union fully supports psychological treatment, but insists on the need to recognize that the potential for violence and unpredictable behaviour remains, as does the resulting need for proper security protocols. In order for effective treatment to take place the institutional environment must be safe and secure. The primary role of Correctional officers in the treatment Centres is to provide that safe and secure environment for treatment to take place.

We need all Correctional Officers to be trained on mental health issues, not just a targeted select group. In order to do this, more resourcing is required. In addition to health care professionals available at treatment centres and regional hospitals, the Union has repeatedly advocated for the government to resource funding for all institutions across Canada to ensure that health care staff are available 24 hours a day, 7 days a week, to deal with inmates with mental health issues who are not housed in treatment centres.

In 2014–2015, Correctional Officers conducted over 2000 medical interventions with inmates. Many of those interventions were related to mental illness and although this work is part of our mandate, we don't have all the skills of health care professionals. Yet, we are expected to perform this role with limited training. The presence of these professionals at all times in the institutions is a necessity to ensure we can carry out our mandate.

The other demographic group we want to bring to the attention of the committee today is the high-risk women offenders. It is a constantly growing group, as the Federal Sentenced Women incarcerated population has increased by almost 38% over the last 10 years.

The high risk female inmates we are referring to are those Violent, High Risk (Risk to Public safety, Risk to Escape and to the institution as a whole), and those with serious Mental Health conditions that elevates them to a higher level of risk to be a danger to themselves, staff and other inmates.

The series of violent confrontations at the Kingston Prison for Women in April 1994 were a catalyst for sweeping changes to Correctional Service Canada policies governing the incarceration of federally sentenced women. From this, 5 Women's Prisons were built and one female healing lodge, with housing units similar to men's minimum security institutions on the bases of community living. In 2002 maximum security units were built within the compounds which consisted of a small segregation range on each. (3 or 4 cells max).

The “Commission of Inquiry into Certain Events at the Prison for Women in Kingston”, led by Madam Justice Louise Arbour, issued a number of recommendations that continue to inform the management of the network of Institutions for Women that was subsequently developed in each of CSC’s administrative regions across Canada. One of the Commission’s key recommendations concerned the use of segregation: “that the practice of long-term confinement in administrative segregation be brought to an end”.

Unfortunately, violent incidents in institutions for women still give rise to prolonged segregation of inmates. Disturbances in segregation areas continue to occur on a regular basis, accompanied at times by interventions of the institutional emergency response team. In recent years, correctional officers, other CSC personnel and inmates have been taken hostage, severely assaulted, injured and threatened with death in a wave of incidents that repeatedly involved a hard core of female inmates.

The small segregation units have a low cell count of 3 to 4. Not one larger in our 5 women’s institutions. The segregation ranges are not only being used for administrative segregation but also as the secure observation ranges for those inmates who require a high, often constant level of mental health monitoring. There is NO other observation ranges available in the women’s institutions outside the segregation ranges that are located on the maximum security units. Although the Management protocol has been dismantled and replaced with what CSC has named Mental Monitoring (CD 843) this

is no different to a segregation placement outside of legal documentation presented on their institutional files. When placed at this cell level with direct observation by a correctional officer they may not be an “administrative segregation placement” yet still limited when it comes to cell effects, unsupervised or unescorted movements and interventions. With these cases our mandate as correctional officers by CSC now is to enter immediately once an inmate becomes violent towards herself. In doing so usually results in these inmates re-focusing their violent, self-injurious actions towards us, the correctional officers. These frequent assaults on staff are some of our highest assaults/acts of violence we encounter/experience, often daily with these women inmates.

The frequency with which these events recur invalidates the notion that new models of incarceration and new institutions would by themselves resolve most of the problems that were common in previous penitentiary approaches. The direct impact of these incidents on staff and inmates should not be underestimated. We have no choice but to conclude that a certain percentage of the maximum-security female inmate population represents an ongoing and unacceptable threat to security in the units. Presently the only structural option for some of these inmates is at our regional Psychiatric Centre in the Prairie Region. This is a specialized psychiatric unit specific to female inmates with specific needs. Issue here is inmate classifications are not considered, those of all classifications are housed here while participating in counselling. All movement of these inmates are conducted the same, not always

monitoring the risk to us. The staffing levels of Correctional Officers are very low on this unit, and does not compare to the Women's Institutions. To date the sending institution must have consent from the inmate to be transferred to this "treatment" unit and this unit does not have the cell capacity to house all our violent mentally ill inmates and is by no means a high security unit available for our higher functioning maximum high risk inmates.

Even if the correctional model described in the Arbour report remains an attractive goal, punitive discipline persists as a feature of prison life for incarcerated women. Simply because no other safe alternatives exist, offenders sometimes serve long terms of imprisonment in segregation pursuant to what use to be called the offender management protocol, but now exists as Mental Health Monitoring or simply longer administrative segregation stays as the only safe option. Increasingly, both the high risk violent inmates, those at a high risk to public safety as well as those who are high risk to assault themselves and all others have different needs and require greater supervision and specialized unit structures than do most women inmates in maximum security institutions. These inmates continue to be repeatedly transferred between the 5 institutions, but the receiving institution is usually no better equipped to deal with the high-risk inmate. Another institution is thus exposed to a predictable cycle of violence without any consistent interventions, mental health professionals or institutional routines.

These multiple transfers prompt us to associate them with an escalation in the violent acts committed by these inmates. The current procedure for handling these cases has a direct impact upon the daily operations of the Secure Units where your regular population of maximum security inmates are housed. Often these inmates residing on the segregation ranges are being managed on secure movement plans where it takes all 3 officers designated to this unit to complete any of their daily movement outside cell level. This completely mobilizes the daily operations of the secure unit thus allowing inmates to avoid our dynamic security. Any planned staff intervention with our higher risk inmates, the general secure unit inmates must cease their activities and return to their module or cell. Terminating their activities in this way and limiting their movements, often over a long period, creates dissatisfaction and increases the level of tension in the unit. In addition, many of the general max inmates require much heavier supervision due to an anti-social personality or severe mental health disorder. Isolating them from interaction with the personnel can lead to an increase in their level of anxiety. We can then be confronted with aggravated situations, with a nonetheless limited staff capacity to take action. Accordingly, this compromises the security of the staff, the inmates and, indeed, the entire institution.

While segregating high-risk women for very long periods of time does effectively provide a means for managing the risk that they represent, the Union is conscious that this practice in no way responds to their considerable needs. The fact that these inmates cannot work and be

remunerated entails problems at the other levels within our institutions. In addition to a restrictive milieu, we decrease their autonomy by impoverishing them and preventing them from treating themselves to a miscellaneous canteen, hygiene and clothing items. The Mental Health Inmates who are housed on the segregation unit often have daily physical interventions by us to cease their self-injurious behaviours and more times than not have to be physically placed in soft restraints (pinel bed) in an alternate make shift room also on the Secure Unit. This again ceases immediate injury to the inmate, it is a tool for us to stop self-inflicted injuries, repeated entries and potential assaults on us but again this automatically ceases any other operations of this unit and often limits general max populations to cell level movements, not even pod/modular movement.

However, we cannot turn a blind eye to women who make regular use of violence and/or those who are sentenced to complete federal time in our institutions. We must instead work to find an appropriate response to this phenomenon. A response that will preserve staff and inmates right's to a secure and safe environment and have the medical professionals working with the correctional officers 24 hours a day.

In 2005, the Union submitted a report recommending CSC create appropriate infrastructure for high-risk female inmates, both those of high risk to public safety and those who pose violent risks to themselves and others with severe Mental Health diagnoses. This proposed unit would enable them to receive programming and

treatment and to engage in daily activities and movement routines. More than 10 years later, we are still waiting for a real discussion around that recommendation.

Thank you for your attention. We now welcome the Committee's questions.