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Chair: The Honourable John McKay



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• (1545)

[English]

The Chair (Hon. John McKay (Scarborough—Guildwood, Lib.)): I call the meeting to order.

This is the 37th meeting of the Standing Committee on Public Safety and National Security. It is a study on the current situation in federal prisons in relation to the Correctional Service of Canada.

I apologize for cutting the witnesses short last time, and it looks like we might cut the witnesses short this time. As you can see, we're waiting for votes, and I may ask for the indulgence of colleagues to gain as much time as possible out of this portion of the meeting.

With that, we're going to turn to Ms. Stubbs for six minutes.

Mrs. Shannon Stubbs (Lakeland, CPC): Thank you, Mr. Chair.

Yes, I hope we'll be able to hear more from all of the witnesses. The testimony at the last meeting was very compelling and in some cases extremely troubling and disturbing.

I note that Jeff Wilkins, the head of the union for correctional officers, didn't get any opportunity to answer questions last time. I'm going to focus on some questions for him in my time, and I hope that everybody else will also be able to speak during this meeting.

Mr. Wilkins, I'm wondering if you wanted to explain for us laymen and for Canadians who might be watching what the are differences between solitary confinement and administrative segregation, with a specific focus on prisoner and correctional officer safety, and if you want to expand on any comments on whether or not, in your experience, solitary confinement impacts or either improves or worsens an offender's chance for rehabilitation.

Mr. Jeff Wilkins (National President, Union of Canadian Correctional Officers): I see solitary confinement and administrative segregation—or what was formerly administrative segregation—as two different things. Administrative segregation, for the majority of cases in the populations across the country, was at the behest or the request of the inmates.

We have what's called “protective custody”, and a lot of the arrangements under the administrative segregation were for protective custody. We have inmates who can't associate with the general population for various reasons; it could be that they owe debts to the general population and they're fearing for their own safety. They're put into a population where they can essentially be separated from the general population.

During what was formerly administrative segregation, they of course have time for recreation outside their cell; they have time to get outside of their cell to do that. They have meetings with health care every day. They have meetings with elders, for example. In some cases, they continue to take programming inside of the former administrative segregation.

Of course, it's a more restricted environment. For the most part, the reason is that we are dealing with people who are dangerous. Some of the movement protocols that we need to hold inside those segregation units are for the officers' safety. They're for staff safety and the inmates' safety. It's to protect them against other inmates, to protect them against themselves in some cases, and of course to protect the staff who are working in there.

Again, I see administrative segregation and solitary confinement as two things. When I think of solitary confinement, which we've never had in Canada—in my career, I should say—you're thrown into the hole, you turn the lights off and you get a tray thrown in at you for some food. That's not the way things work. They have access to telephones. They have access to their PlayStation. They have access to TVs. They have access to everything that everybody else does. It's just that they need to be separated for their own safety or for others'.

Mrs. Shannon Stubbs: Thank you.

I know that a John Howard report has said that solitary confinement has been used as a means of population control in chronically overcrowded prisons. Have you or any of your members observed that?

Mr. Jeff Wilkins: I'm a little unsure as to what is meant by “population control”, to be frank. Of course, it is a population management strategy when we're talking about segregation, for the reasons that I have indicated already—for the protection of the inmate and the protection of others—but I'm not really sure that I understand what you're meaning there, Mrs. Stubbs.

Mrs. Shannon Stubbs: Okay. I'm sure that there will be other opportunities later in the meeting for this to be expanded on.

Chair, how much time do we have? I want to get to this quickly.

The Chair: You have about one and a half minutes left.

Mrs. Shannon Stubbs: Mr. Wilkins, on the issue of the management of COVID-19 in correctional institutions—because this is part of the motion—I wonder if you want to let people know what the experience has been like for your members, for staff and for offenders in penitentiaries over the past year. Also, do you have any comments in terms of the vaccination pilot program and the ways in which that was done for correctional officers and support staff within institutions, as well as for offenders?

Mr. Jeff Wilkins: I said in my opening comments in our previous meeting that the Correctional Service of Canada and the work my members do are often overlooked by society. People don't think about what happens once somebody goes into an institution and is outside of regular society.

COVID-19 has been detrimental to the way we have had to do business. As I said in my opening comments, the ironic thing is that what stops the spread of this virus is that we isolate from one another, we separate ourselves from our neighbours and we don't go into public spaces. That is exactly what happens when you're in the institution. It just goes to further isolate our inmate population, because the recreation they could be having in the evening shifts is not available. The gymnasium is not open and their visitors are not allowed to come. Of course there are restrictions that are—

• (1550)

The Chair: Unfortunately, we're going to have to leave it there.

Mr. Fisher, you have six minutes, please.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Thank you very much, Mr. Chair. I'll stick with Mr. Wilkins as well. To the other folks who are here today to provide us their level of expertise, welcome.

Mr. Wilkins, CSC has taken an awful lot of measures during COVID. I know that unions were very much a part of a collaborative process to make decisions about sites and things like that. This led to significantly few deaths, disturbances and outbreaks, more so than in some other countries.

What would you say has worked well, and why has it worked so well?

Mr. Jeff Wilkins: I think that Canada in general, and of course the CSC, was highly unprepared for COVID-19. When it first struck our institutions—the first institution was Port-Cartier in the Quebec region—it spread like wildfire. We know that because of the proximity of the inmates and the staff to one another in those confined environments, as soon as the disease gets into the institution, it thrives.

It became very evident that to solve these problems, the bargaining agents were going to need to be consulted. We were going to have to come to some agreements on how we were going to change the operations, because sometimes operations and routines that are ingrained in my membership are a hard dime to turn on. We've been doing them for years and years. Routine is very important.

Of course, all of our focus became about how we could keep the virus at bay. The very first thing we needed to do was close the borders to our institutions to outside visitors or staff who weren't essential to the workplace. I do believe that was the very first step in

trying to mitigate some of the spread in our institutions, but once it gets hold, the spread happens so quickly. We have had some serious outbreaks across the country in every region, except for the Atlantic regions.

I'm not sure I answered the question.

Mr. Darren Fisher: The Atlantic region is, of course, the region I'm from. Thank you for that.

More generally, can you speak to some of the operational realities or challenges that correctional officers face when dealing with offenders in an SIU?

Mr. Jeff Wilkins: In the SIU, we know that there is still the reality that the mixture between inmates can't happen. They can't be long in the general population and there are reasons that they can't associate with one another. There's a lot of analysis done to make sure that inmates who are recreating with one another can do so. The operational reality is that it's hard to make the movement and the types of routines that are needed in the SIU—and I say “needed”—happen in the run of a day.

Back in November, we did a survey of our membership to find exactly what the problems were. Staffing was an issue. We needed more staffing. Infrastructure was an issue. In order to make the recreation happen between different populations, for example, we needed different yards, more yards.

The operational reality in terms of COVID has been that things have slowed down quite substantially, as they have across Canada. For example, it's very difficult to have meaningful contact with chaplains who aren't coming into the institution.

Mr. Darren Fisher: Mr. Chair, do I have another minute?

The Chair: You have two minutes.

Mr. Darren Fisher: I want to talk about the training correctional officers receive. There's a presumption there's lots of training. Is there uptraining, retraining, modernized training on a regular basis?

Maybe you could tell me a bit about that. I had a conversation one time with a paramedic. He said, “I get retrained all the time on this, this and this, but I've never had retraining on mental health, for instance, in 20 years as a paramedic.”

Could you talk about modernizing training, uptraining, retraining and things like that?

• (1555)

Mr. Jeff Wilkins: Absolutely. One of the biggest initiatives we saw over the past few years was the road to mental readiness training that came out. It was mandatory training for all staff at CSC. It is more of a preparedness for mental health and for recognizing the importance of mental health among staff and inmates.

Coming out of COVID-19, the biggest plague that is going to impact many departments, but CSC in particular, is mental health. To be honest, so many more resources need to be dedicated for the mental health of not only the inmate population but of the staff members who are working there. What we've seen over the course of 15 or 16 months has just been unprecedented. Our members are burnt. They need recognition and they need help.

The more resources we could dedicate to training.... Really, there is no ongoing yearly training for mental health. It was that road to mental readiness. We do receive suicide prevention training, which is not exactly the in-depth analysis we need to make when it comes to mental health. Certainly more can be done in that area.

Mr. Darren Fisher: Thank you to all witnesses.

The Chair: Thank you, Mr. Fisher.

[*Translation*]

Ms. Michaud, you have the floor for six minutes.

Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ): Thank you, Mr. Chair.

First, I'd like to thank the witnesses for being here. I am very grateful to them.

I missed your opening remarks. Unfortunately, I had to be somewhere else. I'm sure they were very interesting. I'm going to continue with some questions anyway. Actually, I'm going to continue in the same vein as my colleague Mr. Fisher, with respect to the unions. I will address Mr. Wilkins first.

I'd like to know what challenges your union members have faced since the pandemic began. You mentioned staffing, infrastructure and space issues. Are those challenges still ongoing?

In what ways has Correctional Service Canada supported you? Have your requests been heard?

[*English*]

Mr. Jeff Wilkins: Just to be clear, Mr. Chair, are we speaking directly about SIUs, or just in general?

The Chair: Can you clarify that, Madame Michaud?

[*Translation*]

Ms. Kristina Michaud: You can talk about it in general.

[*English*]

Mr. Jeff Wilkins: One of the biggest things that has happened during the course of this pandemic has been staffing crises.

We've had many outbreaks across the country. As I said in my opening comments, to date around 450 of our members have contracted COVID-19 in the course of this pandemic. We have a membership of only around 6,500 to 6,800 who report to work, so that represents a huge percentage. For the most part, because we are going in to the workplace every single day, and have been, the infection has been as a result of work.

With contact tracing, trying to keep the virus at bay, keeping it out of the institution, and keeping people at home who may be exposed to the virus, our staffing in some cases has been reduced by up to 70%. When that happens, of course, we're now talking about people being forced to stay in the workplace after their shifts are over.

Forced overtime last summer was a reality across the country. It got to the point where our members, in order to take some needed time off, were afraid to take a day off, because they didn't want somebody else to be stuck in the workplace.

It's just a constant cycle of a downward spiral when it comes to physical and mental health. That has been a huge reality. There's the genuine fear of going in to the workplace, knowing that COVID-19 is there and thinking about the possibility of bringing it home to the family. Members have been hospitalized because of COVID-19. Members have gone home from the workplace and infected their families.

On several occasions we had public health measures specifically dictated for our membership: You are to go to work; you're not to stop for gas on your way home from your shift; you're not to stop at the grocery store; when you get home, you need to isolate away from your family so that you can report to work the next day. These types of things have led to, I would say, the biggest morale problem that we've ever seen in the CSC.

I know you missed my opening comments, so I will say again that there has been no recognition of the sacrifices—and I will use the term “heroes”—made by our members during the course of this pandemic.

● (1600)

[*Translation*]

Ms. Kristina Michaud: Thank you.

Actually, I'm wondering if your members felt safe going to work, although they may have been short-staffed.

Is that one of the reasons they asked for a bonus recognizing them as essential workers? What happened with that request, was it heard?

[*English*]

Mr. Jeff Wilkins: We received a preliminary answer through the National Joint Council just last Tuesday that the government has done an extensive analysis on hazard pay for federal public servants. The answer is that, no, it will not be provided, which is incomprehensible to me. The provinces are being subsidized to have that recognition. Colleagues in corrections in the provinces are receiving these types of allowances.

What is really astounding is that if a staffing crisis developed to the point that we didn't have correctional officers to report to the workplace, the MOU or the contingency would be to call the military in to do our jobs. The military would come in to do our jobs. When the military went into the long-term care facilities to staff them, they received an allowance, so the ironic thing is that if the military came in to our jobs, they would receive an allowance for the jobs that we do not receive an allowance for.

[*Translation*]

Ms. Kristina Michaud: It's unbelievable to hear that. I imagine that members must feel somewhat undervalued when a request like that falls on deaf ears.

My next question is, do staff members feel prepared to deal with another pandemic? It's not going to be tomorrow morning, because we're not out this yet and the challenges still remain, it seems.

In what ways can Correctional Service Canada provide support and improvements, even beyond the issue of wages or working conditions?

[English]

The Chair: Unfortunately, there is no time left to answer that question, Mr. Wilkins, but I'm sure you can work it in.

I believe Mr. Green is here to replace Mr. Harris. Mr. Green, you have six minutes.

Mr. Matthew Green (Hamilton Centre, NDP): Thank you very much, Mr. Chair.

I appreciate the opportunity to sub in today on this very important topic, particularly as it relates to recent reports on the use of solitary confinement.

I'll share with this committee—this being my first time here—my very personal connections to this topic. I think everybody would likely know somebody who, at some point in time, has been incarcerated. I myself know many people, some of whom are families, who have been incarcerated and subjected to what I would call the cruel and unusual punishment of solitary confinement.

I would like to begin by asking about the ways in which biased risk assessments are used in prison, and perhaps I'll have Ms. Sprott share ways in which they might disproportionately affect Black and indigenous inmates.

Dr. Jane Sprott (Professor, Department of Criminology, Ryerson University, As an Individual): With respect to the biased risk assessments, there might be someone on this panel who is better able to talk about them than I am.

What we were looking at in the function of the SIUs was whether or not the Correctional Service of Canada was implementing the legislation. We found that overall, 38% of stays were qualifying, by the Mandela rules, as solitary confinement or torture.

That was the starting point to try to understand why that was happening. We never received a response from the Correctional Service of Canada. Maybe they already knew about it, so they didn't think it was worthy of a response.

With regard to the biased risk assessments, I think there are a fair number of court challenges and findings around those assessments with regard to security classifications. I think that is quite well known, but others on the panel could probably talk about that issue more generally than I could.

• (1605)

Mr. Matthew Green: I appreciate that—

The Chair: Sorry, Mr. Green. I see that Mr. Doob has his hand up. Do you wish to hear from him?

Mr. Matthew Green: Yes, please. Thank you.

Thank you for that response, Professor Sprott.

Dr. Anthony Doob (Professor Emeritus, Centre for Criminology and Sociological Studies, University of Toronto, As an Individual): I think what you might want to consider is that Black prisoners are overrepresented in the SIUs, so they're overrepresented in the Correctional Service of Canada to begin with. About 30% of

prisoners in CSC facilities are Black, and close to 40% are going into the SIUs.

Going back to the risk assessment issue, the problem is that what we know about risk assessment is that the validity of the risk assessment seems to vary with the group. We know quite well that the risk assessment tools that are used by CSC do not work well for women and do not work well for indigenous people. I have less information about whether they work as well or as badly for Blacks as they do for others, but I think it's fair to say that in this sense what we don't know is very important.

As Professor Sprott just pointed out, the difficulty is that these things are not being looked at by the Correctional Service of Canada. They are, in a sense, largely being ignored. Even the issue of the overrepresentation of Blacks in the SIUs or the fact that Blacks are spending more time in the SIUs is not something the Correctional Service of Canada itself ever talks about.

Mr. Matthew Green: Mr. Doob, can you also provide an analysis with regard to indigenous inmates, as I understand that they are perhaps even more overrepresented statistically in Canada?

Dr. Anthony Doob: Well, they are certainly overrepresented in the Correctional Service of Canada. They're highly represented in the institutions and in the SIUs. I think the treatment in the SIUs between the two disadvantaged groups—Blacks and indigenous people—actually does vary. Some of our analysis would suggest that indigenous people are spending about the same amount of time, I believe, as the rest of the population in the SIUs once they get there. Indigenous people are more likely to get there in the first place.

I think what you have to consider is that each of these groups in a sense is being treated in different kinds of ways. All of them seem to be subject to the same kind of treatment, which is outside of what is contemplated by the legislation, to the point that we weren't able to find any groups that were being treated in the same way that the legislation would suggest they should be.

Mr. Matthew Green: I do—

The Chair: Mr. Green, I see that Ms. Coyle has her hand up, but it's up to you.

Mr. Matthew Green: Sure. Yes. Thank you, Mr. Chair.

Ms. Emilie Coyle (Executive Director, Canadian Association of Elizabeth Fry Societies): Thank you for that question. I think it's a really important one.

In the prisons designated for women across the country, because they're multi-level prisons, they have max, medium and minimum security, and we certainly see what are called the "max pods". In those max pods, you see an over-classification, an overrepresentation, of indigenous women and gender-diverse folks.

In these pods, you have about three to five people who are on the same ranges day after day and have very little access to the rest of the prison. We really liken the treatment of those prisoners to the treatment of those who are found in other solitary confinement-like situations, just to bring that to your attention.

The Chair: Unfortunately, Mr. Green is going to have to leave it there.

Colleagues, we have 25 minutes in the next round of questioning and we have 20 minutes before we have to move on, so I'm going to be a bit arbitrary and ask if Mr. Van Popta, instead of doing five minutes, will do four, and if Mr. Green and Madame Michaud will do one minute each instead of one and a half.

With that, Mr. Van Popta, you have four minutes, please.

• (1610)

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Thank you very much, Mr. Chair.

Dr. Doob, I was very shocked by your testimony the other day when you said that the application of our SIU operations in some cases falls within the internationally recognized categories of torture. You pointed out that the problem is more severe in the Pacific region than in, for example, the Ontario region.

In your evidence—and I'm quoting from the record—you also stated: "I never thought that in my career as a criminologist I would be comparing torture rates in institutions under the control of the Government of Canada."

Could you expand on that, particularly with the comparison of the Pacific region to other parts? I'm from the Pacific region. That's why I'm interested.

Dr. Anthony Doob: We took the definitions from the Mandela rules. We gave what we would consider to be a very conservative threshold for defining something as either solitary confinement or torture, so our numbers are probably lower than most people would have put them. We then looked at how many prisoners were in each of these regions and the proportion or the rate per thousand prisoners for this kind of treatment. We did find, as you already said in your question, enormous variability across regions. I think it's important.

Remember that the terms "solitary confinement" and "torture" are in effect technical definitions drawn from the Mandela rules. Here Jane Sprott and I are, criminologists talking about torture rates in different regions in our country. We found it rather disturbing that when we looked to see whether anybody had calculated torture rates in western countries, we weren't able to find them.

Mr. Tako Van Popta: Thank you for that.

The structured intervention units program requires meaningful human contact for a certain period of time every day. My question is whether there is any agreement about what "meaningful human contact" means and whether the inmate's opinion counts for anything in coming to that definition.

Dr. Anthony Doob: I think the answer to that is fairly simple. We used the definition that the Correctional Service of Canada does for those activities. It is very broad and very vague. When we did that, using CSC's own assessment as to whether time out of cell was meaningful human activity, we found that they were not meeting the criteria outlined in the legislation.

The question, I think, is a very important one, but it would be more important if people were getting their meaningful human contact in a majority of cases. Then I think we would quite properly want to look to see what that consisted of. The problem for Jane Sprott and me is that we're dealing with administrative data. We're

taking their story, CSC's assessment, at face value. Even taking it at face value, they are falling far short of what they are supposed to be doing, so—

The Chair: Thank you.

Dr. Anthony Doob: —we don't have to get to their question.

The Chair: Unfortunately, we will have to leave it there, Mr. Van Popta.

Madam Damoff, you have four minutes, please.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thank you, Chair.

To all of our witnesses, thank you for all the work that you do. UCCO and USJE, I would like to thank you for the work you are doing in our institutions. The men and women who work in our prisons do fine work.

However, Mr. Wilkins, I will say that I visited Edmonton max. I had a tour of one of the cells. UCCO was present when I visited. There were no TVs or PlayStations. I was told that they were not even allowed books because of suicide risks. I just want to clarify what I saw at Edmonton max.

I just finished listening to a podcast called *Life Jolt*, about women at Grand Valley. One of the women who had returned to prison was put in segregation because she was going through drug withdrawal. That's not the right place for people. Now, I will tell you that I worked on Bill C-83. I was actually the one who introduced the amendment for an independent external decision-maker. I was extremely hopeful that things would work, and Dr. Doob and Professor Sprott, thank you for the work you are doing. I do still think we can get there.

My question—I have only four minutes—is actually for the Elizabeth Fry organization.

Emilie, could you give us recommendations concerning sexual violence in the prisons? It's something that you've done a report on. We know that there is a zero tolerance policy at CSC, but it is still happening. Could you perhaps tell us both what we need to do legislatively and also what the commissioner can do without legislation?

• (1615)

Ms. Emilie Coyle: Thank you for that question.

I think a zero-tolerance policy is aspirational and not what is happening in practice. I think that goes with most of the comments about what happens in prisons, especially if you're coming from the lens of what's happening at headquarters versus what's actually happening in the prisons.

We really have to take that into consideration when we hear from people about what's happening in the prisons. Who are you actually hearing from? Are you hearing from someone who thinks this is how it's supposed to look and this is what the legislation is and these are the rules? How is it actually happening on the ground, practically speaking?

Ms. Pam Damoff: The chair is going to cut us off in a minute and a half.

Ms. Emilie Coyle: Okay, I'm trying really hard to get there, but I think that's an important piece for us to remember going into these discussions.

First of all, I think there needs to be—and this is really important when it comes to sexual violence and coercion perpetrated by staff on prisoners—an independent public inquiry, because we don't have enough information about what's happening and we need that information.

The second thing we can do is to stop strip searching, which is state-sanctioned violence. We don't need it. We can stop it right now. It isn't serving its purpose at all.

The third thing that I would recommend is to have access to outside mental health counselling for anyone who wants to come forward with allegations of sexual assault. They won't trust Correctional Service of Canada staff. They need to have outside mental health counselling.

I think those are the three most important points.

Ms. Pam Damoff: Emilie, can those things be done by the commissioner, or do we need legislation to do them?

I guess I'm asking what we can act on tomorrow.

Ms. Emilie Coyle: On strip searching, the legislation that exists has very permissive language. It says it “may” happen. It doesn't say that strip searches have to happen. That's something that can be done relatively easily, without legislation. I think that would be the one I would look to. I wouldn't want it replaced with something that would be equally as invasive or—

Ms. Pam Damoff: Sorry. Really quickly, in 2008, there were 800 people in segregation. There are 190 now, which is still too many. There are very few women. Do you know how many there are in SIUs right now? At one point it was about five.

Ms. Emilie Coyle: It changes all the time. In fact, we were at a meeting with the Correctional Service of Canada about SIUs last week, and the number of people in the SIUs changed from Thursday to Friday, so I actually don't know that number at the moment.

The Chair: Thank you.

[*Translation*]

Ms. Michaud, you have two minutes.

Ms. Kristina Michaud: Thank you, Mr. Chair.

Of course, I started with the COVID-19 situation in federal prisons, because that's what has been in the news this year.

However, there's another extremely disturbing situation, which is part of the motion that was introduced: the reports of sexual coercion and violence in federal prisons. The Correctional Investigator of Canada's report was quite clear. He pointed out that there is a genuine culture of silence. He clearly said that this issue is never, or almost never, discussed in the public eye. I wonder why that is.

My question is for Mr. Wilkins of the Union of Canadian Correctional Officers and any other witnesses who have something to say

about this culture of silence. What needs to be done to talk more about it and find solutions?

I invite the witnesses to respond to my question.

[*English*]

The Chair: You have one minute, please.

Mr. Jeff Wilkins: In reviewing the correctional investigator's report, I noted it talks about inmate-on-inmate sexual violence. Of course, this is something that has happened throughout the history of time. I'm sure that growing up we have all seen memes like “don't drop the soap in the shower if you go to prison”. Of course, this is something that has been a reality for longer than my career. I also noted in that correctional investigator's report that there was one instance of reported sexual assault from a staff member in a span of four or five years.

We certainly do not condone any type of sexual abuse or coercion from any staff member towards an inmate, but the focus here is on how you can put a stop to it inside of the institutions, and—

• (1620)

The Chair: I feel badly, Mr. Wilkins. I keep cutting you off, but I have no choice. I'm sorry about that.

Mr. Green, you have two minutes.

Mr. Matthew Green: Thank you, Mr. Chair.

Under the basic principles, rule 1 of the Mandela rules talks about how “All prisoners shall be treated with respect due to their inherent dignity and value as human beings.” Rule 2 is that “The present rules shall be applied impartially” and “There shall be no discrimination on the grounds of race, colour, sex, language, religion” and so on.

However, in testimony, Mr. Doob expressed that Black inmates are subjected to this cruel and unusual punishment—this torture of solitary confinement—for longer periods of time.

If I can get one thing out of this committee, through you, Mr. Chair, to Mr. Doob, what remedy would you have to help dismantle the inherent anti-Black racism within this regime?

Dr. Anthony Doob: I don't have a simple answer to that question. The problem is that we're dealing with a description that CSC has given us. We can identify the problem, but I don't have simple solutions to suggest to you.

I think that the first thing that needs to be done on all of these matters is that CSC has to acknowledge the fact that they exist there and work toward changing the situation.

I do have a suggestion—

Mr. Matthew Green: With specificity, would it be to acknowledge the inherent anti-Black racism in the extended period of time they're given in detainment?

Dr. Anthony Doob: Whether they acknowledge it as such or whether they acknowledge the fact that the lengths of time do vary is at least a start.

At the moment, remember that we don't even have an acknowledgement that there are any problems whatsoever that are not caused by prisoners in the SIUs. I think it's important that we start by acknowledging what the problems are.

I do have some suggestions on where they might start. The variation that we see across institutions is a good place to start. It's not as if there are any institutions that are wonderful, but there are institutions that are much worse than others. If we could find that some institutions are doing things better, maybe we could learn from those differences and move on.

Remember, what we're looking for.... Jane Sprott and I are sitting in separate offices in Toronto working with CSC administrative data. I would have hoped, had there been proper oversight of the SIUs, that a panel like the one that I chaired and was unsuccessful in—

The Chair: I too am unsuccessfully chairing a committee—

Mr. Matthew Green: On a quick point of order, Mr. Chair, could I request that he provide the remainder of his statements in writing to the committee for our consideration at a later time?

The Chair: Absolutely.

Again, I apologize to everyone. I see Ms. Latimer's anxious to answer a question here, but I'm going to have to move on and go to Mr. Motz for four minutes.

Mr. Glen Motz (Medicine Hat—Cardston—Warner, CPC): Thank you, Chair. I'm actually going to defer to my colleague, Mr. Kurek.

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Thank you very much, Mr. Chair, and thank you to the witnesses for joining us here today.

Mr. Wilkins, I'm proud to represent a large region of east central Alberta that includes the Drumheller Institution. I've certainly worked with and heard from many correctional officers, so I've heard about some of the challenges related to COVID.

My question is specifically about vaccines and some of the concerns I've heard. At any point did the Correctional Service of Canada consult with the UCCO about their vaccination strategy?

• (1625)

Mr. Jeff Wilkins: Absolutely. They did after they announced that they would be procuring vaccines for staff members in the institution. Since the beginning of the pandemic, what UCCO-SACC-CSN has been calling for is that once a vaccine was available, it should be offered in the institution for both the staff and the inmates because of our close-quarter working environments and the fact that we're a communal living facility. When we put the onus onto the provinces, we see differences across regions as to who is going to get vaccinated first.

Our members are performing as the first responder group of all occupations. We're firefighters, paramedics and police inside the institution. We're often in very close quarters with inmates and with each other. It was very important to us that our members were given priority.

We engaged on many fronts about being a priority. Finally we were consulted once vaccine had been procured for the institution and staff.

Mr. Damien Kurek: Thanks for that.

I think that one of the frustrations that I certainly heard from Correctional Service officers, members of the UCCO, is that they were in the precarious position of having to assist with the administration of vaccines to inmates and had seen nurses and other health care professionals who had received theirs, but they were not prioritized in the same way. Is that an accurate perception, from your point of view?

Mr. Jeff Wilkins: Absolutely. That's because the initial vaccine rollout was conducted by each of the provinces, and the provinces made their determinations based on the NACI guidelines, and they were different, of course, and rightly so. Health care providers need to be given priority, but we're also providing health care in the institutions, so it was very confusing to us that we weren't listed under that communal living category and made priority number one in the provinces. Of course, with the influx of vaccines now, there have been vaccines in the institutions.

Mr. Damien Kurek: Although the final surplus was much delayed, I would suggest that it has certainly alleviated a lot of these challenges. However, I know from speaking to Correctional Service members that there's a great deal of frustration about both the work they were doing within the institution and also the perception of how things were being managed at the institution from the community. In many cases, officers live in the community or nearby. I'm paraphrasing, but one basically said, "The public information coming out of the institution is false. They're lying to us." Those were the words I heard.

Now, that's specific to an institution that I represent. I've spoken to a number of colleagues who likewise represent other institutions. I was concerned to hear—

The Chair: Mr. Kurek, you're unfortunately well past your time.

Mr. Damien Kurek: Okay.

The Chair: I'm sorry about that. You've got to love this job.

You have four minutes, Mr. Lightbound.

Ms. Pam Damoff: It's me taking them, Chair.

The Chair: Oh, are you? Okay.

Go ahead, Madam Damoff.

Ms. Pam Damoff: Thank you.

One of the things that I found really frustrating as COVID first hit was that inmates in the institutions were being vaccinated by the federal government, but those who worked there were subject to provincial decisions, and unfortunately the provinces made the decision not to prioritize those who work in the institutions. I think it was frustrating for all of us, Mr. Wilkins, that you and all the others who work there weren't prioritized by the province.

I have a question for Dr. Doob. Have you had an opportunity to visit an SIU, and if so, what were...? I mean, COVID has obviously put restrictions on visitation. It was something that I had hoped to do and haven't been able to do, but I'm wondering if you have had an opportunity to visit them in person.

Dr. Anthony Doob: The simple answer to that question is no, I haven't, and part of it was that I took seriously the plan that the panel I chaired had in place, which was that we were going to be looking at the data in the early days of the operation of the SIUs. Our plan was to look at it in early 2020. The Correctional Service of Canada was supposed to be giving us data in February 2020, and then we would learn from that administrative data the questions that we should be looking at within the institutions, because we, as a panel, always felt that the administrative data that Jane Sprott and I have been working on for the last 10 months or so was the starting point, not the end point; the starting point was that we would go into the institutions knowing what to look for and what we should be questioning people about.

We had two problems. One, obviously, was the COVID problem. The second problem was that we were delayed many, many months by Correctional Service of Canada's decision not to give us data until they were pressured to do so by the minister in the late summer of 2020.

• (1630)

Ms. Pam Damoff: I see Ms. Latimer has her hand up.

Just before we go there, I know one of the concerns we heard was that inmates don't necessarily want to leave their SIU. One of the flags I had when we looked at Bill C-83 was that it indicates a problem that needs to be reviewed, because there's a reason they don't want to leave, whether it's safety or mental health or whatever the reasons are. It doesn't indicate that it's right that they don't want to leave, and it may very well be true, but we need to get to the bottom of the reason.

You've only got about a minute, Catherine.

Ms. Catherine Latimer (Executive Director, John Howard Society of Canada): I had an opportunity to visit the structured intervention units in January. They had been up and running for a couple of months anyway, and they were pretty disorganized. I went to the one at Millhaven.

I'm happy to send you my notes. I'll send those to the clerk.

Ms. Pam Damoff: That was in January 2020. That was right after they'd been implemented, though, right?

Ms. Catherine Latimer: Right.

I'd be happy to send my notes to you. You can see my initial observations.

Ms. Pam Damoff: Maybe you could send them to the whole committee.

Ms. Catherine Latimer: Sure. I'd be happy to do that.

Ms. Pam Damoff: That would be great.

The Chair: I would really rather you left it there.

Ms. Pam Damoff: I'll leave it there. Thank you, Chair.

The Chair: Thank you.

It's 4:32. We have the commissioner up next, and we have a hard stop at 5:30.

I want to thank the witnesses over and over again for their patience in coming back. This is an extremely important subject, so again, thank you.

With that, we'll suspend while we empanel the commissioner.

• (1630)

(Pause)

• (1635)

The Chair: This meeting is called back to order.

We have with us Madame Kelly, the commissioner of CSC.

We are under the gun, so I'm going to ask you to make your seven-minute statement, and unfortunately I'll have to cut you off when we have to leave.

With that, we will hear from Madame Kelly.

• (1640)

[*Translation*]

Ms. Anne Kelly (Commissioner, Correctional Service of Canada): Mr. Chair and members of the committee, I would like to thank you for the opportunity to appear before you today.

I would like to begin by highlighting that today is the National Indigenous Peoples Day. I like to take this opportunity to celebrate the contributions and rich culture of indigenous peoples, including those of our numerous indigenous employees who play an essential role in inmate rehabilitation.

[*English*]

With respect to COVID-19, I want to offer thanks to CSC staff for their tireless and dedicated efforts and recognize the ongoing collaboration of offenders in helping us manage the pandemic. I am pleased to report that we currently have zero active COVID-19 inmate cases across the country.

Before speaking about our vaccination program, I want to highlight what has worked in getting to that result.

[*Translation*]

Our partnership with our public health experts, our unions, and our stakeholders, including the Red Cross; completing infection prevention and control reviews at all of our 43 sites; developing an integrated risk management framework, with the help of our public health partners, unions and stakeholders; early on, developing a comprehensive testing strategy, and the adoption of rapid testing—to date, we have performed close to 52,000 tests; training over 250 of our own staff to do contact tracing; communicating weekly with staff and inmates and monthly with our partners; and having CORCAN quickly pivot during the pandemic and, along with a number of inmates, produce 850,000 masks.

[English]

I will turn to vaccines, which provide light at the end of this long tunnel.

As of June 17, over 75% of the inmate population had received at least one dose and 42% were fully vaccinated. We continue to run clinics and engage with inmates who have declined, in order to understand their concerns and work to address them.

Managing COVID, although not easy on anyone, has truly been a team effort. We are currently starting to plan for when we can safely resume activities and lift restrictions. This will continue to be a collaborative effort with public health and with what the data is telling us.

I would now like to turn to structured intervention units, or SIUs. As you know, SIUs were implemented on November 30, 2019, and represented a transformative change for CSC. Although COVID-19 has created unique challenges for everything we do, including SIUs, I am extremely committed to their successful operation.

SIUs are not about punishment or causing harm; it is quite the opposite. SIUs are meant as a temporary measure, and are about helping inmates by providing them with the opportunity to engage in targeted interventions and programs to support their safe return to a mainstream inmate population as soon as possible.

There are currently 186 inmates in SIUs, which represents roughly 1.5% of federal inmates in Canada. I should point out that there are 33 indigenous inmates, so 17%. This is in contrast to the former model, under which close to 800 inmates, or over 5%, were in administrative segregation in 2009-10. This points to a shift in mindset, whereby SIUs are being used as a last resort, with more being done proactively to manage situations within the mainstream population.

This 1.5% needs to be put in context. Inmates in SIUs present a profile that clearly distinguishes them from the mainstream population. A recent analysis shows that they are more impulsive, have low frustration tolerance, frequently act in an aggressive manner and are 14% more likely to hold attitudes that support goal-oriented violence.

• (1645)

[Translation]

SIUs are in place at 15 of our 43 institutions. Inmates can only be transferred to an SIU if they meet one of the three criteria in the Corrections and Conditional Release Act and there are no other reasonable alternatives to placement in an SIU.

Before transferring an inmate to an SIU, every possible alternative is explored, such as mediation or conflict resolution, transfer to a different unit or range in the institution, and involvement of the inmate committee or staff who have influence over the inmate, such as an elder, chaplain or volunteer.

[English]

It's important to note that support for inmates is not a one-size-fits-all approach. We deal with some difficult and complex situations. For example, we have over 250 separate gangs in our institutions, which makes it a challenge to find a safe space for some in-

mates. While some cases can resolve quickly, others take time and require ongoing care and steady work.

The law is clear that inmates who are transferred to an SIU must be provided with the opportunity to spend a minimum of four hours a day outside their cell, including two hours of meaningful interaction. The legislation recognizes that there are situations in which inmates may be held in their cell for longer—for example, if they refuse to leave. While it is their right, we continue to make active offers.

A key safeguard—

The Chair: Excuse me. Sorry, Commissioner Kelly. I apologize. It's all I do in this committee.

I have the permission of members to continue until five minutes before the vote. It's just under five minutes now.

Could I get guidance from the clerk as to whether we have one vote or two coming up?

The Clerk of the Committee (Mr. Mark D'Amore): There are votes on the report stage of Bill C-30, so I believe there are two.

The Chair: Then there's no chance that we can come back and hear the rest of the commissioner's statement?

Ms. Pam Damoff: If we come back for the in camera portion, Chair, I think we can.

The Chair: Well, we have a hard stop at 5:30.

Ms. Pam Damoff: I don't think we do.

The Chair: Correct me, Clerk. Can I come back for that?

The Clerk: The information I've been given is that it's a 5:30 hard stop.

Ms. Pam Damoff: I'm being told that because other committees didn't meet this afternoon, we might be able to extend it, Chair. I know we have to go to votes.

The Chair: Right now the meeting will be adjourned, and unfortunately I will call the meeting for next Wednesday regardless, and table both the Levesque report and the Bastarache report tomorrow.

If we can come back and we do have time and we can do it, the clerk will send out a notice.

Mr. Damien Kurek: Sorry, Mr. Clerk—did you say Wednesday or next Wednesday? I just want to be clear.

The Chair: It's next Wednesday. There are two days.

I apologize again, Madam Commissioner. You can appreciate more than most that we are in difficult circumstances.

I can't suspend. I'll have to adjourn, and if there's an in camera portion, we'll recall...call another meeting.

With that, we're done. Thank you again, and my apologies.

[Proceedings continue in camera]

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