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# Standing Committee on Public Safety and National Security

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Chair: Mr. Ron McKinnon





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• (0850)

[English]

**The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)):** I call this meeting to order.

Welcome to meeting number 56 of the House of Commons Standing Committee on Public Safety and National Security.

We will start by acknowledging that we are meeting on the traditional unceded territory of the Algonquin people.

Today's meeting is taking place in a hybrid format, pursuant to the House order of June 23, 2022. Members are attending in person in the room and remotely using the Zoom application.

Pursuant to the order of reference of Tuesday, November 1, 2022, the committee is commencing its consideration of the “Annual Report 2021-2022” of the Office of the Correctional Investigator of Canada.

With us today in person we have, from the Office of the Correctional Investigator of Canada, Dr. Ivan Zinger, correctional investigator of Canada, and Hazel Miron, senior investigator. Welcome to you both.

As requested by Dr. Zinger, we are allocating 20 minutes for the group opening statement.

With that, I now invite Dr. Zinger to make his opening statement.

[Translation]

**Dr. Ivan Zinger (Correctional Investigator of Canada, Office of the Correctional Investigator of Canada):** Thank you very much, Mr. Chair.

I'd also like to thank all the committee members for giving me two hours this morning. I am very pleased to be here today.

I am accompanied by Hazel Miron, a senior investigator from the Office of the Correctional Investigator of Canada. I should note that she also has the role of champion for indigenous issues. She has a great deal of experience in this area. When committee members ask us questions about indigenous issues, she will be able to provide additional insight and help committee members better understand the challenges facing the Correctional Service of Canada.

What I propose to do today is simply to talk to you about the content of the annual report. I have sent you two PowerPoint presentations. I'm just going to give you highlights of the annual report before I move on to my second presentation, which is on the profile

of people incarcerated in a federal facility. I believe that will give you a lot of content.

I must admit that, historically, correctional issues are not a high priority. When they are, it's often for the wrong reasons.

Our annual report, which was filed in early November 2022, includes several updates on issues of importance and concern to our office, including the use of dry cells, the mother-child program review, security escort vehicles and the Correctional Service of Canada's drug strategy.

My report also covered three national systemic investigations, including one on indigenous people, another on incarcerated Black individuals and a third on restrictive forms of confinement in federal correctional facilities.

I will now turn to the presentation focused on profiles. I will talk about it for around 15 minutes and then take questions.

I'd like to point out that I'm going to start with the second slide of the PowerPoint presentation.

[English]

I just wanted to give you the context of the profile of the offender population in federal corrections.

First, there are some things that many of you may not be aware of, and certainly some Canadians are unaware of some of the facts regarding federal corrections. The first thing is that generally, around the world, corrections is big business, and I would tell you that in Canada it is very much so. We spend an inordinate amount on federal corrections compared to other jurisdictions. The Correctional Service of Canada has a budget of close to \$3 billion to manage about 12,500 incarcerated persons as well as about 9,000 individuals who are serving the remainder of their federal sentences in the community.

It has approximately 19,000 employees. If you look at why it is such an inordinate amount of money, you see that the ratio between staff and prisoners in federal corrections is probably the highest in the world, with a ratio of 1.2 staff per prisoner. That is extraordinary by any standard, and if it is not the very highest, it is certainly at the very top. I have no problem with spending a great deal of money in federal corrections, but if we spend that kind of money, we should expect outstanding outcomes and performances in every single area of correctional endeavour.

• (0855)

In terms of the cost per incarcerated population, if you take the \$3 billion and you take away 6% of that budget to look after the community corrections component, you end up with an average cost, all-inclusive, overheads included, of about \$225,000 per year per individual. The official cost in corporate documents talks about \$126,000, but that doesn't cover the overall costs, like national headquarters, regional headquarters, etc. The real cost is very, very high.

I also want to point out that currently the service is operating about 43 penitentiaries, but many of them have vacancies. At the moment, there are over 4,000 empty cells across Canada. If the average penitentiary in Canada is about 500 incarcerated persons per institution, that represents about eight empty penitentiaries.

I have said it before and I even mentioned to the minister that it is maybe time to think about rationalizing those penitentiaries a bit. Three of them are over a hundred years old, and the average age of our penitentiaries in Canada is anywhere between 45 and 50 years old. It's very old infrastructure where it's very difficult to sustain humane custody as well as effective corrections, meaning a good rehabilitation environment.

With respect to the incarceration rate, I have to tell you that over the pandemic the federal correctional system saw a loss of about 10% of its in-custody residents, so we shrunk during COVID, by about 10%. This was primarily because during COVID the courts weren't processing cases as quickly as they should. There was no real attempt to try to empty our penitentiaries to manage the various waves of outbreaks.

At the provincial level, they did better, much better. They were proactive, and they were so because in the federal system we have single cell accommodation. It's not surprising, with all that empty space. For Correctional Service Canada, the way they managed the actual outbreak was to isolate people in their cells. That was the strategy. People spent an inordinate amount of time in their cells during COVID, and they still do, because of some systemic issues that are residual from those days.

At the provincial level, they have dormitories. They have overcrowding. They have double bunking, which means two people in a cell that was designed for one. They even have triple bunking, so there was a real, proactive effort to reduce the number of provincial incarcerated individuals. The jurisdictions were able to reduce the provincial prison population by anywhere from 25% upwards to 50%. I say this because despite those huge reductions, unheard of in Canadian history in terms of emptying our penitentiaries, crime rates did not go up.

I know you're facing a lot of pressures around, for example, things like bail. The reductions in those provincial facilities were largely due to reviewing bail decisions and releasing people who normally would have remained in jail.

Just as policy-makers and legislators, think about that. We reduce the prison population and crime doesn't go up.

Of course, there are some egregious cases, and those need to be subject to significant tightening and reforms, but let's keep that in mind. Let's have a balanced view of these things.

• (0900)

Let me talk to you a bit about the profiles of incarcerated persons in federal corrections. If you're following, I'm going to jump to slide number eight. Let me make a few more short comments first.

Why is the profile so important? The profile can be used to make decisions on approaches to federal corrections.

You've probably heard the famous saying that you can tell a lot about a society by entering its prisons. It can tell you a lot about the degree of civility, the commitment to social justice, or human rights, by entering prisons in any society. I've always wondered, since I started my career, what it would be like to enter a Canadian penitentiary. What would you see? I hope all of you have taken the time, because the legislation provides you with the authority to visit penitentiaries.

This saying was first quoted by Fyodor Dostoevsky. It was repeated by Winston Churchill, and later on even by Nelson Mandela.

The focus has always been about the treatment of prisoners. That tells you a lot about a society. I think we have to go beyond that. We have to ask ourselves, "Who are the men and women in our penitentiaries? Are they a random cross-section of Canadian society, or are they particular components of our society?"

The profile has been used, for example, by the Harper government during its 10-year presence in government to justify a tough on crime agenda. It used the profile to say, "Look at the profile. We're dealing with dangerous people who require mandatory minimum sentences, longer sentences, harsher conditions of confinement and fewer opportunities for parole." That has been the approach taken by using the profile to substantiate that.

My argument is that the profile can be used, if you want, as a barometer to gauge the success and failures of our broad Canadian policies. It can be used to detect whether our policies are anchored in good human rights principles and are fair, just and compliant with human rights. It can be used, certainly, to focus more on helping those who are incarcerated.

Let me jump in and give you the overview of that profile.

It's clear to me that all the data suggests that the prevalence of those who are mentally ill in prison is extraordinarily high. Those in prisons have significant mental health issues. If you look at the prevalence data, it shows that nearly 80% of all incarcerated men and women have a current mental disorder. That's a very broad definition of mental health, because it includes things like addiction issues and personality disorders. Even if you narrow it down, based on CSC data upon admission, about 30% of inmates, when they enter the federal system, require psychological or psychiatric services.

● (0905)

There is also an inordinate number of psychotropic drugs being dispensed every day, four times higher than in Canadian society at large.

We know from CSC research that about a third meet the diagnosis of PTSD, when it comes to women. We have a lack of data for men, but I suspect that it's also extremely high. We also know that the incidence of self-injury is extraordinarily high, and that it kept increasing over the last decade.

One thing that is less known is that our prison population also has significant cognitive deficits. These take the form of intellectual impairment, brain injury, fetal alcohol syndrome, learning disabilities and ADHD. All of these make it much more difficult for the Correctional Service of Canada to implement programming that is effective, because these things are lifetime issues. They are not things you can give a pill to resolve.

On some of that, the learning disabilities, for me, are really problematic, because the service does not do anything to address learning disabilities. It doesn't assess them. It's ill equipped to deal with them. It doesn't have specialized teachers. It's a shame.

Let me move on, because I want to make sure I finish this.

Let's go to the next slide, which is slide 9, on indigenous self-government. As you know, for the last three decades, the percentage of indigenous people in federal corrections has kept going up and up. The prison population is now at 32% with indigenous ancestry. For women, the situation is worse. It is now 50%.

Indigenous people don't fare well in prison. This is drawn from my last annual report. The latest data that we have again shows that indigenous prisoners compared to non-indigenous prisoners have a higher rate of custody versus community supervision. They're more likely to be involved in use of force. They're overrepresented in maximum security institutions and overrepresented in solitary confinement or the new structured intervention units. They're more likely to be affiliated with security threats or gangs, more likely to self-injure and more likely to attempt suicide. They were overrepresented in prison suicide for the last fiscal year. They serve a higher portion of their sentence compared to non-indigenous people, and they have a higher recidivism rate and a higher rate of parole suspension or revocation.

They don't fare well. Let me tell you that for all of these outcomes, the Correctional Service of Canada has some leverage on it. When corrections tells me, "Ivan, we have no control of who comes into our penitentiaries," that is correct, but it has leverage on correctional outcomes.

For Black Canadians, it's the same thing. We also covered in our last—

**The Chair:** Your time is up, Doctor, in two minutes.

**Dr. Ivan Zinger:** Okay.

It's the same thing with respect to the correctional outcomes, and they are as poor.

With respect to the drug strategy, 75% of our prison population has a history of substance abuse.

On education, the average educational achievement of prisoners coming into the system is a grade 8 education. Also, most of them—over 60% of them—were unemployed at the time of the index offence, and they have very poor vocational skills.

Finally, we'll go to the last slide. On harm reduction, we know that there is a much higher rate of HIV, as well as hepatitis C, although hepatitis C is being brought under control with new medication. Interestingly, despite the fact that we have had some attempts at harm reduction, we have about 25% of our incarcerated individuals who are now on methadone or Suboxone.

● (0910)

Women are one of the fastest-growing segments of the inmate population. We have to remember that the great majority of them reported sexual, psychological or physical abuse. Some questions need to be asked as to whether all of them should be incarcerated the way they are.

Aging is another issue. It's a growing segment of the inmate population. Twenty or 25 years ago, about 15% were aged 50 or over. Now we're looking at 26%. We did some systemic investigation on this and found an inordinate number of people who have dementia and Alzheimer's, who are palliative, terminally ill, have great mobility issues, are hooked up to oxygen tanks or are bedridden. In my view, these individuals have no place in penitentiaries.

**The Chair:** Could you wrap up, sir?

**Dr. Ivan Zinger:** Thank you very much.

Hopefully, this will give you a good background.

**The Chair:** Thank you for that excellent presentation.

We will start our first round of questioning. We will go to Ms. Dancho for six minutes.

**Ms. Raquel Dancho (Kildonan—St. Paul, CPC):** Thank you, Mr. Chair.

Thank you, Dr. Zinger and Ms. Miron, for being here with us today. Thank you very much for your hard work in advocating and providing oversight of our correctional facilities, and certainly for advocating for the dignity of all those who are in our corrections facilities.

I recently travelled to Stony Mountain penitentiary, which is outside of my community. A number of corrections officers who are employed there are from my riding. It was my second journey to visit the penitentiary and learn more about many of the issues that you've brought up today and some of the issues that our corrections officers are facing.

An issue that they have brought up twice to me in the last three years when I have visited is the prison needle exchange program. I would appreciate your perspective on this and if you could address a number of the concerns that have been raised to me.

For those who aren't aware—of course, you are—the prison needle exchange is a program where needle kits are provided to inmates who are injecting these illegal drugs that are being smuggled in, to the benefit of criminal organizations and gangs in Canada.

One concern raised by the corrections officers is for their own safety. Of course, a needle is sort of like a tiny knife that could be used to do a number of harmful things to other inmates and to corrections officers. I would describe what I've heard as considerable fear from corrections officers at Stony Mountain penitentiary that this prison needle exchange is coming. They have concerns for their own safety and the safety of other inmates.

Can you respond to that in short form?

**Dr. Ivan Zinger:** Yes. We've documented some of the concerns in this annual report.

Absolutely, there is a lot of fear out there. This is an issue that my office raised back in 2005 in terms of introducing it into penitentiaries. Under the pressure of litigation, Canada eventually introduced it in penitentiaries. The whole idea is to prevent harm. We know that—

**Ms. Raquel Dancho:** To clarify, it's to prevent harm from the spread of HIV, hepatitis and things like that from an inmate using a makeshift needle or a needle they were able to smuggle in. If they share that needle, they could be passing on various diseases.

Is that what you're referring to in terms of harm reduction?

**Dr. Ivan Zinger:** Absolutely, you're quite correct.

The countries that have introduced it have shown a great deal of success in reducing the spread of infectious diseases, but have also witnessed—and this is what's most important, but a hard one to sell to correctional staff—that it actually made the prison a safer place for correctional staff.

**Ms. Raquel Dancho:** Thank you very much.

If you wouldn't mind tabling that data specifically to the committee so we can review it, that would be greatly beneficial to our work here.

I have limited time, but I think that's an important piece of evidence that we should be reviewing.

I appreciate the laudable goals you provided to the committee just now, but there are also concerns from inmates themselves. I'm sure you're very familiar with the Edmonton women's institution, where they wrote a letter of their own accord, petitioning against having this program come to their prison.

In particular, they said that there is no such thing as safe injection in prison. They wrote that they need to heal and not to let the federal government introduce this program. They said that they matter; they are people and they don't need needles; they need staff to help them safely reintegrate.

They went on to say a number of things. They have considerable fear, and there are a number of names on this petition. This is from a women's prison.

I'm wondering how you rectify the fear and address the advocacy from the women themselves about introducing this program that they don't want.

• (0915)

**Dr. Ivan Zinger:** Again, I have to admit there are some challenges, absolutely, in terms of introducing a needle exchange program in federal corrections, so much so that my annual report says that right now the program is in name only; it involves so few inmates because Correctional Service Canada has made it so hard to participate in the program. Because of that, it actually causes more harm and risk to correctional officers. The few inmates who now have those kits are renting them to others or being bullied to get those needles—needles that are now clean, hopefully.

That's something you need to do a lot more work on: appeasing the culture of correctional officers, as well as the prisoners themselves, and demonstrating the validity and safety of it.

Absolutely, there are other programs. It's a half measure and not ideal. For example, the safe injection site pilot is showing a great deal of promise. It's still not being rolled out quickly enough, however. It's only in one penitentiary, at Drumheller. The union and correctional officers are more at ease with that program, but unfortunately it only works during the daytime, when health care is open and can supervise the safe injections.

**Ms. Raquel Dancho:** I'm out of time, so I'll thank you for your remarks. I appreciate your perspective very much.

Moving forward, I urge you to ensure you're considering fully the protection of our hard-working corrections officers and the inmates themselves, in particular the women who have very significant fears and concerns about this program coming to their penitentiary.

Thank you very much.

**Dr. Ivan Zinger:** To conclude, the danger is this: If you don't have it, there will be dirty needles everywhere, and when correctional officers search people, they can prick themselves. That's where the risk is. That's what other jurisdictions have demonstrated: You can reduce the risk of dirty needles lying around and officers touching them accidentally when they conduct searches. This is what I'm hoping the unions, as well as correctional officers, will realize.

Thank you.

**Ms. Raquel Dancho:** Thank you for your insight.

**The Chair:** Thank you, Ms. Dancho.

We'll now go to Ms. Damoff for six minutes.

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

Dr. Zinger and Ms. Miron, thank you and your whole team for your dedicated work for many years, and your helpful insight into what's going on in our correctional institutions.

I want to ask you about the mother-child program. I visited the mother-child program at Grand Valley, last year. The Library of Parliament did an outstanding report—I asked them to—on the mother-child program. Some of the information in that is quite shocking. In 2011—I'm sure it's worse today than it was in 2011—StatsCan said 48% of children residing in foster care were indigenous, and the majority of those children had incarcerated mothers. In that same year, no indigenous mothers were approved for the mother-child program in federal prisons, and to this day the program continues to be underused by Correctional Service Canada.

For those who don't know, this program not only connects moms to newborn infants but also—for the moms I saw—maintains their contact with older children. One of the challenges, though, is this: One of the moms I met was in Kitchener, at Grand Valley, and her children were in Flin Flon, so the ability for them to see each other was close to zero.

One of your recommendations states that CSC should “review the program requirements and eligibility criteria”. Those were changed during the Harper years, making it much more difficult for indigenous women to participate. I'm wondering whether you can talk a bit about the benefits of the program and what CSC should do to allow more women to participate.

● (0920)

**Dr. Ivan Zinger:** We raised this issue many years ago, and certainly we did when there were some political decisions to try to restrict access to those programs. We included it this year, thanks to you, because we knew there was Library of Parliament research that was conducted on this that was consistent with our own findings. We took the time to reflect on it.

We found that were certainly things like it's very difficult, and the service has a poor ability to track the number of participants. The data we have shows an extremely low participation rate. The criteria are, as you said, too restrictive and of a discriminatory nature when it comes to indigenous women. There are inconsistencies across the country and across the five different regional facilities

for women. Also, we know that there has been very little done about the impact upon the children who are part of those programs.

The program, as it's set up now, is limited to minimum security institutions, and there are very few indigenous women who make it to minimum security. The bulk of them are in maximum or medium security. In maximum security, my annual report states that 60% of those who are in the secure units, which are maximum security for women, are indigenous. It prevents mothers of indigenous ancestry from having access to the program. That's why we think there's a need to review the program.

I'm going to turn it over to Hazel to speak from her perspective, because she has an awful lot of experience with women's institutions.

**Ms. Hazel Miron (Senior Investigator, Office of the Correctional Investigator of Canada):** Good morning, everyone.

To touch on your question, Pam, in looking at the criteria for accessing this program, they are very restrictive for indigenous women. There's nothing cultural about the criteria, and it's almost a barrier for them to access this program. Family is very important for indigenous people, so it's a program that needs to be encouraged, and the criteria need to be overhauled to include a cultural perspective.

I've been to Buffalo Sage in Edmonton and have travelled across Canada to the various institutions and healing lodges. I've witnessed mothers with their babies at Buffalo Sage, and the effect and the impact that this has on the other women is astounding.

**Ms. Pam Damoff:** I have only 30 seconds left.

Does this lead to better outcomes for the women who are in prison? It's not just a nice thing to do for them. My understanding is that these women end up with better outcomes as well.

**Ms. Hazel Miron:** Yes, they have better outcomes, because they're not always worried about their family. They see their child, and they want to do more for themselves because they start building that mother-child connection. They want to do more for their children. In that sense, to me, it's really effective, but the criteria need to be revamped and have to take into consideration the cultural aspects of this access.

**Ms. Pam Damoff:** Thank you.

**The Chair:** Thank you, Mr. Motz.

[*Translation*]

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

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

Mr. Zinger, thank you for being with us today and for doing your job so thoroughly.

I want to ask you some questions about the authority of the Office of the Correctional Investigator.

In your report, you expressed some frustration with action taken by Correctional Service Canada in response to your recommendations. It seems that, for quite some time, the recommendations you make have been copied and pasted from year to year or simply reworded, because changes are not necessarily being made.

We might think that Correctional Service Canada is not acting on these new recommendations because they don't have enough resources or they are short-staffed, for example. However, according to the profile you gave us at the beginning, you say that the ratio of correctional officers to prisoners is one of the best in the world. You also say that Correctional Service Canada has a budget of almost \$3 billion. So we can do away with those assumptions.

In your opinion, why is Correctional Service Canada not acting on your recommendations year after year?

● (0925)

**Dr. Ivan Zinger:** That's a very good question. This is of great concern to me.

With respect to the effectiveness of the office, I would point out that we only have the power to make recommendations, which is not binding on Correctional Service Canada, the government or the minister. That's the appropriate approach.

In terms of effectiveness on the ground, when my investigators meet with wardens, the success rate is very high. We're able to settle cases with them. Over the years, I've always had a great deal of respect for those in these positions. They are very strong, very professional, and things work very well.

The problem arises when I make more systemic recommendations, as I do in my annual report, that are directed at the Commissioner of the Correctional Service of Canada, the minister or the Government of Canada. It's clear to me that in such cases our effectiveness rate drops significantly.

I also state in my report that sometimes when Correctional Service Canada refuses or ignores our recommendations, they do so at their own risk. We document various issues and concerns very thoroughly, and that documentation is used by counsel in court. Recently, only two weeks ago, minimum sentences were rejected in Supreme Court of Canada decisions, and these decisions were based on three reports from the office. The reports are cited in both Supreme Court decisions.

The same can be said with respect to dry cells. The government now has to amend the Corrections and Conditional Release Act due to litigation. We raised this issue over five years ago. The same is true for administrative segregation. In court proceedings, class actions and trials like that, our office's work has been cited extensively. It's the same thing with issues like needle exchange, transgender people and the difficulty of making accommodations based on people's gender identity or expression. At some point, it catches up with them.

**Ms. Kristina Michaud:** So it always has a positive effect.

Should the office be given a little more power?

With respect to the way things work now, as I understand it, you are relatively content to have the power to make recommendations

only. Because you visit facilities, there could be a lot of issues not raised in your report specifically because they are resolved directly with those running the institutions. Some things move forward without the need for Correctional Service Canada to intervene.

I take it that's a very good thing. I thank you for that.

You addressed the issue of dry cells. By the way, do the French terms "*cellules sèches*" and "*cellules nues*" both refer to dry cells or are they two completely different things?

● (0930)

**Dr. Ivan Zinger:** Dry cells are used when it's suspected that a person has ingested drugs or concealed them in body orifices. They wait for them to be flushed out. These are cells with dry toilets.

**Ms. Kristina Michaud:** With respect to dry cells, you recommended prohibiting any indefinite placement for longer than 72 hours. I visited the Port-Cartier Institution last summer. It was my first visit to a prison facility. I was accompanied by Ms. Damoff. We saw what they looked like. I believe that Minister Mendicino had issued a directive about dry cells a few days earlier.

What happens when a directive like that is issued? Does Correctional Service Canada have no choice but to make the changes? There didn't seem to be a deadline for acting on the directive.

Do directives of this kind help you in your work?

What happens when the minister directly intervenes on issues for which you have made recommendations?

**Dr. Ivan Zinger:** In this case, it was a Supreme Court ruling, a decision the government had to act on within a certain timeframe. So clearly the minister was being proactive until such time as new guidelines are put in place to mitigate the problem at hand.

I will give you an example of what I'm a little disappointed about. It's the second time that mandate letters have been issued by the Prime Minister to the Minister of Public Safety and by the Minister of Public Safety to the Commissioner of the Correctional Service of Canada.

The letter to the Commissioner is excellent. It's absolutely extraordinary, because it reflects all the problem situations that my office has been documenting for several years. Despite the tremendous content, the problem with letters is they don't include deadlines or action items. It's hard to hold someone accountable if you don't have a concrete timeline or a deliverable.



If I had one recommendation to help my office, it would be that a Correctional Service Canada-approved action plan accompany proposed actions to meaningfully demonstrate how to improve the situation. Otherwise, we end up with four years later and don't see much progress.

**The Chair:** Thank you, Mr. Zinger and Ms. Michaud.

[English]

We go now to Mr. MacGregor for six minutes, please.

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Thank you very much, Chair.

Welcome, Dr. Zinger. It's great to see both of you here.

For quite a while, our committee has really been sidelined with Bill C-21, and I think this is an important reminder of just how big the public safety portfolio is and how important your work is. I am glad we are doing this important change of topic.

I want to talk about reducing harms in the context of drug use. I come from British Columbia, which, in many ways, is the epicentre of the opioids crisis. In my community in the Cowichan Valley we have a really big problem. I have spoken with people who are on the front lines of this crisis. My Conservative friends like to underline the importance of treatment, and I agree with them, but my counter to that is that you can't treat a dead person.

Right now, we have so many people who are suffering from trauma. They are going out and playing Russian roulette every time they buy street drugs, because of the levels of fentanyl. Many of them are just not ready for treatment. There is a staged process for someone to be successful at treatment.

In your prisoner profile, you highlight the number of people who have substance use issues, and the mental health crisis. My first question to you is this: When it comes to reducing harm in our prisons, can you just put that in the context of what the overdose rate is like in our prisons?

The fact is that inmates, many of whom have substance abuse issues, are going to find a way to use drugs. That is just a fact. Drugs will make their way into prisons. I have talked with staff at the Kent Institution and at the Mountain Institution. Drugs will find their way into the prisons.

In terms of reducing harms and just trying to keep these prisoners alive so that they can, maybe, one day, successfully get into a program, I would like to hear more context from you on this really big issue.

• (0935)

**Dr. Ivan Zinger:** Thank you.

This is something that certainly plagues the Correctional Service of Canada. I'm very preoccupied by it. In order to be effective, you need to have a wide spectrum of initiatives to try to reduce the drugs coming into the penitentiaries, as well as the demand. We call "interdiction" all the measures that are applied to try to prevent drugs from coming in. On top of that, if you're balanced in your approach, you have outstanding programming in terms of reducing addiction, and then you're proactive in harm reduction as well. You need to have all of this.

What we see with the Correctional Service of Canada is that they are still focused on basically a zero-tolerance approach to drugs. That's what we wrote in my annual report. The policy on the strategy of the service dates back to 2007. That is extraordinary. It is so out of date. It doesn't even reflect some of the positive steps taken by the service. We spend an inordinate amount on interdiction—it's extraordinary how much—and it doesn't work. Interdiction itself, the zero-tolerance approach, just doesn't work. It doesn't work in our society. It doesn't work among countries. It just doesn't work in our penitentiaries.

There are some real issues and some new issues—for example, the issue around drones to try to prevent drugs from coming in—but drugs will always come in. That's why you need to have an outstanding ability to reduce the demand. The only way you can do that is by having a very accessible and very top-of-the-line addictions program. The service doesn't have that anymore. They used to have core programming that specifically targeted addiction. Now it's wrapped up with their new integrated model whereby you can treat anything. Whether it's family violence, anger management or addiction, everything is in one single program.

That's just not appropriate. Given that substance abuse can sometimes be years of abuse, you need to have one-on-one, professional counselling. You need to have groups and all sorts of measures in place. Some jurisdictions have even introduced a drug-free prison, where people commit to trying to help themselves. There are all sorts of things you can do for that.

On the harm reduction side, Harm Reduction Canada is at the forefront, on paper, with a prison needle exchange, but when we did our annual report, we did a snapshot: Only 46 people in the last fiscal year were involved in the prison needle exchange, and you have 3,000 who are on methadone and Suboxone. They are struggling with addiction issues. As I say, it's the most common area of concern.

It just doesn't work. There's only one pilot program, which is the safe injection site at Drumheller. Kudos to the service for trying, but when it comes to the implementation, there are many barriers. As somebody mentioned, some of those barriers are real. There is a lot of fear, but we have to change the approach. The approach is unbalanced and ineffectual. It's not serving anybody.

Our prisons remain sieves, I'm sorry to tell you, when it comes to the introduction of drugs. It's not by pouring hundreds of millions of dollars into trying to make them airtight that you're actually going to succeed. We have to take a different approach, and that's what—

• (0940)

**The Chair:** Thank you, Dr. Zinger.

We go now to our second round of questions.

Mr. Shipley, please go ahead for five minutes.

**Mr. Doug Shipley (Barrie—Springwater—Oro-Medonte, CPC):** Thank you, Chair.

Thank you for being here today, Dr. Zinger, and thank you for your report.

I'm probably going to carry on a bit where Mr. MacGregor left off, because I find that a little fascinating and a little alarming to know.

I toured a federal penitentiary a long time ago, and I haven't spent a lot of time in them since—thankfully, right? I have some questions, though.

The first one will be very basic. Is tobacco legal? Can you smoke tobacco in a federal penitentiary?

**Dr. Ivan Zinger:** The answer is no. Tobacco is considered contraband, and you can be punished.

Tobacco is obviously a legal substance in Canadian society. When introduced in penitentiaries, a pouch of tobacco can go for as high as \$800 in the underground market—

**Mr. Doug Shipley:** Thank you.

I have very limited time, and I'm sorry to interrupt.

I'm glad I asked that, because that wasn't the answer I was expecting. I thought it was legal.

My next question was going to be if marijuana is legal, because it's now a legal product, but obviously it's not legal in penitentiaries either.

What I am finding a bit hard to get my head around is a stack of releases from Correctional Service Canada. This is from just January. Of all the contraband that has been seized, some going in—which is good work, obviously—but much of it is while it's in there.... One of these seizures even had 10 cell phones and 13 chargers. This is a long list. There are 45 grams of THC and 1.8 grams of methamphetamines. I'm not going to read it all, but it is just mind-boggling how much is getting in there.

You mentioned in your last comment that federal penitentiaries, to quote you, are “sieves” for drugs getting in there. You also mentioned at the beginning that our staff-to-prisoner ratio is.... I don't think you used the word “excellent”, but it's very good, and we're spending a lot of money. What can we do to try to prevent some of these items from getting in there in the first place?

**Dr. Ivan Zinger:** We have to look beyond the drug trade and at conditions of confinement in general if we're going to impact this.

Part of the problem is that if you had programming that was meaningful, addressed substance abuse issues and reduced some of the demand, that would be very helpful.

Also, if you had meaningful vocational training, if you had good food so that you don't have to use the few financial resources you have to complement your diet, and if you had inmates' pay that was higher, because inmates' pay was set back in 1981 at \$6.90, and only very few of them per day—

**Mr. Doug Shipley:** Doctor, I need to interrupt, because you're mentioning things that are all internal. Is there nothing we could do externally as a correctional service, as a government, to keep it out?

You're mentioning things that would all be programs to help them want it less, and I understand that. Is there nothing we can do to keep it from entering?

**Dr. Ivan Zinger:** What I can tell you is that we spend an inordinate amount of money per prisoner per year. Could that money be better used to try to address substance abuse in the community? That would be one way of dealing with it.

If you were more proactive in the community in addressing chronic addiction issues, because substances are often used to manage mental health problems, if you had fewer mental health problems, better addiction services and treatment available in the community, that would reduce the—

● (0945)

**Mr. Doug Shipley:** I'm sorry to interrupt once again, but we're talking about getting them off it. Can't we do something like check everybody coming in?

I'm trying to simplify this for myself and for people watching. Can we not just be checking every parcel that comes in and every person who comes in? This is a confined area, and I'm not trying to make this a little issue, because it's not. I'm trying to get my own mind.... I'm sure other people are trying to figure out how it gets in there.

All the things you're mentioning are about trying to get people to not want it anymore or to reduce it. I agree with you, but I am talking about the one step of reducing it from going in. Is there no way, even around these facilities—and you've studied them, you've talked to the workers there—or any other ways we're not implementing to try to keep contraband of all sorts out of the facilities?

**Dr. Ivan Zinger:** Many countries have tried, and it's virtually impossible unless you shut an institution down completely.

Human ingenuity, greed, will always be a step ahead of you.

I think that question you can certainly ask to the commissioner of corrections. She may have some views on this.

I've visited prisons all around the world. The latest one was a week ago. I was in Austin, Texas, and I visited a jail there. I will be visiting one in Rome at the end of the month.

The availability of drugs is always an issue in any correctional facility I've visited around the world.

**The Chair:** Thank you, Mr. Shipley.

**Mr. Doug Shipley:** Chair, can I just say quickly, if he needed someone to go to that Rome penitentiary with him, I'd be willing to attend. I'm just saying, I could maybe learn a little.

**The Chair:** We can carry your bags. It'll be fine.

Mr. Noormohamed, please go ahead for five minutes.

**Mr. Taleeb Noormohamed (Vancouver Granville, Lib.):** Thank you, Dr. Zinger and Madame Miron.

You were talking about the ingenuity of some of these individuals in terms of getting drugs into the prisons. I'll point out that Mr. MacGregor and I had a visit on a very hot, 40-degree summer day outside of Vancouver, to Kent, and the staff there told us about drones, people trying to use drones—this would be interesting to Mr. Shipley. Despite everything the prison guards were trying to do, folks were trying to use drones to drop drugs, and the staff there successfully interdicted them.

We appreciate, I think, that it's quite a difficult task to keep these things out.

One of the things you mentioned was something that—again, I don't want to speak for Mr. MacGregor—I think both of us were struck by. This was issues related to nutrition and food. The fact that cuts were made and a number of policy changes were made under previous governments—and that is not to cast aspersions on the previous government; it's what we were told—made it impossible for local prisons to access locally sourced food and things that would be less expensive. They were forced into a model of, “This is the food you must serve on this date, and it must come from a central facility,” which, of course, led to nutrition issues, which led to some of the other challenges you've talked about.

One of the things that struck me was the impact of the poor conditions in what we saw, as well as these types of factors, on staff—staff morale, staff's ability to do their jobs well. There were also the concerns they had about the well-being of the prisoners, so that they would be able to improve and hopefully one day enter society.

When we talk about things like dry cells and about issues like mental health supports, in your estimation, what are some of the things you have seen that have been mandated by the minister on CSC and others that are some of the easy wins that we should really be focusing on and looking at to ensure that these conditions improve in prisons, not just for prisoners but also, by extension, for staff and hopefully, by extension, for better outcomes on re-entry?

**Dr. Ivan Zinger:** Let me just go back, because I want to make sure, proactively, that I'm not getting into trouble.

I am going to Rome, but all the expenses will be paid by the International Development Law Organization, and it's to provide legal training on human rights and develop material that has been sponsored by the American Department of Justice, of all places.

What exactly are you looking for, in terms of your question? Are you on the food thing or...?

● (0950)

**Mr. Taleeb Noormohamed:** No, there's a list of things that the minister's asked the CSC to do. There's obviously a list of issues that you've identified. You've identified food; you've identified mental health; you've identified a number of these different challenges.

What would be good for me to know—and I suppose others who have been in these places to at least take a look, but not to stay, thankfully—is what are the things that are some of the easiest steps that CSC could be taking to address that they perhaps have not?

I think that's a good starting point.

**Dr. Ivan Zinger:** Let me start with some of the number one complaints that we receive, and how things haven't really moved on those things.

Those two are food and inmate pay. Again, inmate pay was set in 1981. That's more than 40 years ago. It hasn't been indexed ever since, and only a very few people get the top rate of \$6.90 per day.

**Mr. Taleeb Noormohamed:** I'm sorry to interrupt, Dr. Zinger. Just to clarify, there are people out there who say, “Oh, they're in prison. Why should they get paid?”

Can you explain in that context why this is actually important?

**Dr. Ivan Zinger:** The strategy of the service is, unfortunately—because some of it is not under its control—to leave the inmate population in a compete state of destitution. The inmates cannot get ahead. If you cannot get ahead because you can't get enough pay to purchase canteen items, to make your stay a little more comfortable, maybe to buy gifts for your family or save some money for when you are going to be released from prison, then you end up in an underground economy that is very harmful. Basically, people will do anything they can to get ahead, including sexual violence and coercion, including drug trading and bullying, and all sorts of things. Inmate pay is really important.

Also, it's not a good message. If I were to ask you, as members of Parliament, if it would be acceptable that your pay be set in 1981 and not have been increased ever since, despite inflation, despite everything, you would say that's not fair, that's not okay.

Why is it okay for those who are incarcerated?

That's a really core—

**The Chair:** Very quickly.

**Dr. Ivan Zinger:** Food is also really important. Because the food is so unappealing, most now complement their diet with the canteen. The canteen looks like your local IGA or Metro or Sobeys. They sell protein there. They sell chicken, pizza—all sorts of food. Institutions no longer cook for 100% of their residents. They cook for about 70%, because they know not everyone will eat the food. Otherwise it will be wasted.

[Translation]

**The Chair:** Thank you, Mr. Zinger.

Ms. Michaud, you now have the floor for two and a half minutes.

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

I'm going to go ahead and continue in the same vein, as Mr. Noormohamed beat me to it.

When I visited the Port-Cartier Institution, we had the opportunity to meet with an inmate committee—I think that's what it's called. One thing they told us about were the challenges faced by inmates. We talked about it in connection with the rising cost of living, which affects everyone, including inmates.

There was a little chart next to the canteen. I thought the sandwiches were overpriced given how much the inmates are paid for the work they do. I can obviously ask you questions about everything in this year's report, but that really struck me. I sent a letter to Minister Mendicino and the Commissioner of the Correctional Service of Canada to tell them nothing had changed for years.

Have you made any recommendations about this or do you plan to make any?

• (0955)

**Dr. Ivan Zinger:** Yes, for many years we've documented the issue of wages paid to inmates.

Of course, it's a difficult issue politically speaking, and I accept that. However, I think that Correctional Service Canada could still be a little bit more innovative in trying to address this issue, maybe ensuring that they increase the purchasing power of inmates without even changing the maximum wage of \$6.90 a day.

They take a lot of deductions off that \$6.90. As I told you, only about 10% of the inmate population have that maximum wage. Eliminating deductions and having a subsidy to reduce the cost of items that can be purchased would improve the situation.

There are all sorts of potential strategies. They could make some items that inmates currently have to buy free, things as basic as toothpaste and soap, and aspirin or other health-related items.

Things could be improved even without changing the wages. Correctional Service Canada has not done that. In my opinion,

that's very little money in a budget of almost \$3 billion. They spend less than six dollars a day per inmate on food. We must keep that in mind as well. That's a really small amount.

You're talking about the Port-Cartier Institution. It may be one of the best establishments for food in the whole country because they've been able to find ways to improve the menu due to their remote location. Among other things, they started making their own bread and all kinds of—

**The Chair:** Thank you, Mr. Zinger.

[English]

Those are very good answers, but very long. They are appreciated, though.

Mr. MacGregor, you have two and a half minutes, please.

**Mr. Alistair MacGregor:** Thank you, Chair.

I just want to make a quick comment on the food issue. That visit to Kent Institution with Mr. Noormohamed was a real eye-opener. It made me feel glad I had a visitor's badge attached when I walked through those gates.

It was just incredible. Both those institutions—Mountain and Kent—are in Agassiz, B.C., surrounded by the most fertile farmland that British Columbia has to offer. It is just incredible that we're not pumping up the local economy and buying local food. In a previous life, I was a tree planter—I did it for eight years—and I know that the quality of the food served in camp has a huge impact on morale. If it's not good, you can have a mutiny.

I just want to underline the fact that having good-quality food can be such a huge boost to morale and to overall behaviour. It's really incredible.

Dr. Zinger, you said that with a \$3-billion budget—with that kind of money—we should have world-class results. It's obvious that we do not.

I am just incredibly frustrated, because we just keep talking about the Correctional Service of Canada, but the buck stops with the Minister of Public Safety. Our job as legislators is not only to look at the authorizing legislation—the Corrections and Conditional Release Act. We also have to hold the ministry of public safety accountable.

I guess my very basic question to you is, what can we as opposition members of Parliament do to help you out? Do you need legislative change? Do you need the minister to take a more forceful role? Ultimately, the Correctional Service of Canada is answerable to the minister, who holds his position by confidence of the House of Commons.

**Dr. Ivan Zinger:** That's a tough one and a loaded one, but yes, the fact remains that the Corrections and Conditional Release Act dates back to 1992. It was introduced by the Mulroney government, and it was a very good piece of legislation that breeds charter rights protection and administrative law principles, but it has been eroded over the years. Under the Harper government, it was further eroded.

It's 30 years old. It needs to be revamped.

My office, as part of our frustration.... When the Trudeau government introduced new legislation, it took about three tries to address the administrative segregation issue. It was done without consultation. It just added frustration. My office produced what a corrections and conditional release act 2.0 would look like if you started with fresh principles that are consistent with what we know best in corrections.

Yes, a legislation change would certainly be welcome.

The problem with the approach on solitary confinement was that it was in response to a class action lawsuit. It was very narrow in trying to address that, and it didn't ask the tough question of why so many people end up in segregation. Maybe it's because you don't have very good access to mental health services. Maybe you're getting in trouble because inmate pay is too low or because the food is so bad that you need to do all sorts of things—

• (1000)

**The Chair:** Thank you, sir. Could you wrap up your answer?

**Dr. Ivan Zinger:** All these things could be addressed, well beyond just the narrow view of solitary.

[*Translation*]

**The Chair:** Thank you.

[*English*]

We'll go now to Mr. Lloyd.

Go ahead, please, for five minutes.

**Mr. Dane Lloyd (Sturgeon River—Parkland, CPC):** Thank you, Dr. Zinger.

I met with advocates who deal with fetal alcohol syndrome, and they were very disappointed by the lack of support from the federal government and various levels of government. There's currently one program that's about \$1.5 million a year. They noted, as you noted, that a large proportion of the prison population struggles with fetal alcohol syndrome.

Are there any programs in prisons to deal with fetal alcohol syndrome? What more could be done to reduce the number of people with fetal alcohol syndrome committing crimes and, thus, ending up in Canadian prisons?

**Dr. Ivan Zinger:** I mentioned in my profile that studies conducted by the service show that anywhere between 10% and 23% meet the criteria. They either have symptoms or the diagnosis for FASD.

What I find outrageous is that despite the fact that the prevalence rate is so high, the service does not have a systematic way of assessing people, providing treatment and therapy to help those individuals, and providing the necessary support during incarceration, but also beyond. These are life issues that need support, and not enough is done.

I'll leave it at that.

**Mr. Dane Lloyd:** Thank you for that very good point.

I've always found in case studies in other countries that faith-based programming and indigenous spirituality programming can have a tremendous impact on changing people's lives and reducing recidivism and increasing better outcomes for everyone.

What is the state of this kind of faith-based programming in Canadian prisons? Is there room to expand that further?

**Dr. Ivan Zinger:** Let me turn to Hazel to talk a bit about the services that are being provided to indigenous prisoners that are culturally relevant, with spiritual services with respect to elders and so on.

Go ahead, Hazel.

**Ms. Hazel Miron:** From my experience travelling around the institutions, faith-based and cultural perspectives are very crucial for the indigenous population, because a lot of the fellas now coming into prisons don't really know about their culture. Once they make that connection.... There's a better outcome score when they connect with their culture, meet with the elders and do more indigenous programming.

The programs that are successful are the ones coming from an authentic indigenous perspective. That's something CSC needs to be mindful of: continuing to bring those types of programs into the institutions.

• (1005)

**Mr. Dane Lloyd:** Is there enough of this programming? Is this something that's lacking?

**Ms. Hazel Miron:** Currently, they have a one-size-fits-all program, which is not appropriate for other cultures. The cultural perspective, in my opinion, is not taken into consideration. The only way things are going to be effective is by having that perspective.

The way I find information out is that I actually go and talk to the inmates. I ask them, "How can we help you?" There are not enough people who do that—who go to see them, sit down with them and say, "How can we make prison life better for you?" At least, I do that with the people I visit.

They want to see more of us. They want to see more people. The staffing with indigenous issues.... There are not enough indigenous staff.

**Mr. Dane Lloyd:** What about programs other than indigenous ones, such as for Islamic, Christian or other groups?

**Ms. Hazel Miron:** It's probably the same.

**Mr. Dane Lloyd:** It's lacking. Okay.

**Ms. Hazel Miron:** They need that cultural perspective in order to reach people.

**Mr. Dane Lloyd:** I agree.

I have limited time.

My final question is something we've been studying with Public Safety, over and over again.

**The Chair:** Actually, Dane, you have 12 seconds.

**Mr. Dane Lloyd:** Okay.

How do we disrupt organized crime in our prisons?

**Dr. Ivan Zinger:** It's a real issue. Gangs and organized crime are real concerns. I would like to lead and talk, perhaps, about one of the systemic investigations we did, this past year, on Black prisoners who are overly identified as gang members, with a great deal of detrimental impact on them. Sometimes, it's unclear how they were provided that label, because the label carries very heavy consequences.

What we've also noticed is a "gang lens" on Black prisoners. Even those not affiliated with gangs or officially labelled in Correctional Service Canada's assessment as gang members or significant threats are treated the same way. That's a real problem.

[Translation]

**The Chair:** Thank you, Mr. Zinger.

[English]

Thank you, Mr. Lloyd.

We're now going to Mr. Chiang.

Mr. Chiang, please go ahead for five minutes.

**Mr. Paul Chiang (Markham—Unionville, Lib.):** Thank you, Mr. Chair, and good morning.

I'd like to thank the witnesses for being with us here today, and for imparting their knowledge.

In regard to discrimination, I was glad to hear that your office was encouraged by the Prime Minister's mandate letter to the Minister of Public Safety, which calls on him to address systemic racism in the criminal justice system, including federal corrections.

How can the Government of Canada ensure we get this right, moving forward, in terms of addressing systemic human rights concerns in federal corrections?

**Dr. Ivan Zinger:** Yes, there is a.... I'm not completely jaded all the way through to the core. I do have hope. I am hopeful; there are two particular initiatives led by the Department of Justice and the Minister of Justice that I think offer some hope—if rolled out ap-

propriately, of course. One is the strategy on indigenous criminal justice. Another strategy involves Canadians of African descent and the justice system. Both those initiatives are led by the Department of Justice, but it's clear that the Minister of Public Safety has a role to play in them as well.

My fear is always that when something is led by the Department of Justice, it will focus only on what it knows, which is the courts, sentencing, and these kinds of issues, so this year I've recommended in my annual report that corrections becomes a significant part of that overall strategy: Don't forget corrections. It certainly has enough money. There's a lot of stuff you could do to address some of those issues, dealing specifically with, if I had four groups or segments that I think need reforms, indigenous corrections; those who are significantly mentally ill or suicidal, or who chronically self-harm; women; and the aging population, because, in my view, for many of them, there is no reason to keep them in penitentiaries. They are not a threat to society.

• (1010)

**Mr. Paul Chiang:** Thank you, Dr. Zinger.

In regard to those recommendations, has there been any progress in addressing the discrimination in our correctional system?

**Dr. Ivan Zinger:** I can tell you that I am very disappointed with the response of the Correctional Service of Canada with respect to the recommendations I have made for over a decade when it comes to indigenous people. In our report, "Spirit Matters", as well as the report we did on the experiences of Black individuals incarcerated in federal corrections, which also dates back to 2013, I'm appalled that....

It's not just I who have made recommendations. My recommendations have been rolled into the work of the UN working group of experts on people of African descent, who cut and paste some of the same kinds of recommendations that I've made before. That was in 2016, yet very little has been done.

I notice that the trap with the Correctional Service of Canada is that they seem to be very good at producing a lot of corporate documents, but it doesn't filter down to the penitentiary floor, if you will, and effect change. The latest flurry of activity wasn't in response to my recommendations but to the Prime Minister's direction that every single government department should have an anti-racism strategy. There was a flurry of activity, but it still doesn't seem to have had any impact on how people are treated in our penitentiaries. They are still subject to pervasive discrimination, biases and racism. That's very unfortunate.

**The Chair:** Thank you, Mr. Chiang.

That ends our second round. We'll start our third round with Mr. Motz.

Mr. Motz, please go ahead for five minutes.

**Mr. Glen Motz (Medicine Hat—Cardston—Warner, CPC):** Thank you very much, Chair.

Dr. Zinger, in our last iteration on public safety, we had conversations about Correctional Service Canada as well. I notice that in your summary you have some new issues that you're facing, one of them being MAID, medical assistance in dying. That's one of the new challenges facing corrections. The rest of your report, however, doesn't make much mention of that practice.

An access to information and privacy request revealed that as of August 2020, a total of 11 individuals in the custody of the Correctional Service of Canada had made requests for medical assistance in dying. Three of them were granted.

This fiscal year, how many incarcerated people sought medical assistance in dying? How many incarcerated people received medical assistance in dying? Can you tell us those numbers, sir?

• (1015)

**Dr. Ivan Zinger:** The answer is no. I will tell you that I'm quite upset about it. When new legislation was being proposed, I was asked to testify. I provided some, I thought, very thoughtful and important changes that needed to be done. One of them is that the Correctional Service of Canada has no statutory obligation to inform my office of somebody either requesting or having the procedure of MAID done. I think that is inappropriate. That's one thing I'm a little upset about.

The second one is the most obvious one, which is that some of the procedures have been conducted inside penitentiaries, and I think that is ethically wrong. Canada is becoming the only country in the world that sanctions MAID in a correctional facility. I think it's extraordinary. Corrections should not be in the business of shortening the lives of individuals under their roof. It should be done in an outside hospital. Therefore, I've mentioned that as well.

Those are small changes that I think would be important.

The third one is that corrections does not do any mortality review when it comes to MAID. For me, it should. Why? It is because there are questions that are important, not just in terms of ensuring that a MAID procedure was appropriate, but questions about whether the health care that was provided to that person was up to snuff and did not accelerate the request for MAID, for example. Was everything done to try to transfer the person outside the penitentiary so that they could make a decision that was much more informed and free of constraint in the community before requesting MAID? This should be subject to investigations.

**Mr. Glen Motz:** Dr. Zinger, I certainly understand the frustration you have with that. Beyond what you have indicated, I'm wondering about this. I know you don't know the answer to this, and this is more of a statement, but I'm wondering about the concern over the slippery slope that MAID has become. We know, across this country leading up to the review last fall, that there are those who seek MAID and have received medical assistance in dying for mental health challenges and not for imminent death for which there is no cure. I suspect in our Correctional Service that would even be more of a challenge. Unfortunately, with some extension of this and a year-long extension to even start considering MAID for those who are experiencing mental health challenges, we are the only country

in the world that would even consider such a move. It's troubling. I think it's going to be troubling for you and for the Correctional Service moving forward.

Just changing gears a bit, sir, the last time you were here we talked about this. I think Ms. Damoff remembers these conversations we had. You have stated in your summary that you've provided us, supported by the numbers, that Black and indigenous individuals are overrepresented in Canada's correctional system. Given your current role and the experience you have on this matter, why is that occurring? Can you explain this overrepresentation of these groups in corrections?

**Dr. Ivan Zinger:** I'm going to turn to Hazel to give you a better answer than mine. My answer will be more as a human rights lawyer.

What I can tell you is that in Canadian society, indigenous people and Canadians of African descent do not benefit from the same socio-economic, cultural and political rights as other Canadians. There are a slew of reasons for that being the case.

I will turn to Hazel to provide you with a better answer in terms of the deep-rooted issues where history has resulted in a situation whereby they're not benefiting from the rights that you and I, as aging white men, certainly benefit from.

• (1020)

**The Chair:** Madam Miron, please make it a quick answer, as Mr. Motz's time went over.

**Ms. Hazel Miron:** The overrepresentation in the institutions right now is due to the lack of willingness or desire to have the indigenous or Black populations moved into medium and minimum security.

Most of our healing lodges are sitting empty as well, because there is that control factor that CSC seems to have for these people. They don't want to cascade them down to a proper security level.

We have a massive number of Black and indigenous fellows in medium facilities, mostly the less desirable institutions like Sas Pen or Stony Mountain. You'll find that the majority of the inmates there are indigenous. They're just being warehoused there because they are not being moved to a medium facility.

Of course—

**The Chair:** Thank you. I am going to have to cut you off there. The time is up.

We go now to Madam Damoff, please.

**Ms. Pam Damoff:** Thank you, Chair.

There is so little time here. I want to talk about gangs and I want to talk about geriatric inmates.

Really quickly on this one, does CSC have a national gangs strategy? Should it? I know that the framework to reduce recidivism mentioned gangs. Given the prevalence of gangs in the institutions, I wondered if you could really quickly comment on that.

**Dr. Ivan Zinger:** We've been calling for the service to have a national gangs strategy and also a specific initiative for the de-affiliation of gangs. So far, we haven't been able to convince the service of the benefit of having such an overall strategy and initiative.

We've documented some of the concerns we have with respect to younger prisoners. We did a systemic investigation on those aged 18 to 21. It was clear that they are subject.... They are fearful for their lives. When coming into the penitentiaries, they are proactively seeking gang membership for protection. The costs associated with that are tremendous for those individuals. It perpetuates a problem.

**Ms. Pam Damoff:** Thank you, Dr. Zinger.

Just before I go on to geriatric inmates, when I was at Grand Valley I saw the prison needle exchange program and I spoke to the nurse there. It's been extremely successful. My understanding is that there have been no incidents.

I acknowledge the fear that exists in the institutions that don't have it. Certainly at that institution there were stickers all over, opposing it, but when I spoke to the nurse and the people actually administering it, there had not been any issues in the institutions.

Your report talks about the average age being 45 to 50. All of us sitting in this room think to ourselves that this is not very old.

The fact is, I had an awakening when I went to Millhaven, Dr. Zinger. I saw an inmate and a group of inmates who I thought were in their 80s. They could have been at a table in a long-term care home. I found out that they were younger than I am.

The horrible food—it's difficult for Canadians to understand just how bad the food is—the conditions, the confinement and the lack of physical activities mean that these inmates are aging much faster than the general population.

Do you think there would be a benefit of a continuum of care by developing partnerships in the community to enable these inmates who are not posing a risk to society to be in long-term care homes or some kind of long-term care facility?

**Dr. Ivan Zinger:** Yes, the age we use is 50. That's to recognize people who are incarcerated, because the long history of mental illness, addiction issues and the life of crime prematurely age the body. You can add a chronological factor of 10 years to their age in terms of their health.

I don't know what to tell you. It's a growing number. It's clear to me that other jurisdictions have been able to release those individuals into the community safely and at a much lower cost. Keeping a person aging and dying in prison costs Canadians two to four times the average cost of incarceration, which is \$225,000, as I mentioned at the beginning. It's outrageously expensive.

If it could be done by not competing with the.... That's the key. Not competing is what the service tells me. If we're trying to transfer that person out, there's no bed space. There's no long-term care

facility bed space. There's no retirement home where we can send them. If the service, given the level of resource, could create bed space.... For example, the State of Connecticut went to the private sector and asked it to build some long-term care facilities. The cost is way cheaper. It doesn't cost \$225,000 or two to four times that to keep an aging parent in a retirement home or a long-term care facility. There are huge savings to be made. It is more humane and more dignified. It makes no sense.

There are about 50 to 60 people who die in penitentiary every year, the average age being 62. It's crazy. Two-thirds of these individuals die of natural causes. The vast majority are predictable deaths. People get chronic diseases, become terminally ill and palliative, and die in prison. There's absolutely no reason these individuals should be managing the last few months or year of their lives in a penitentiary.

When we did our systemic investigation on aging, we asked prisoners—we interviewed a lot of them, over 200—and they all told us that their biggest fear was of dying in prison. The service, even with MAID, tells us, "Oh no, we're doing it in prison because it's what they want." They don't want this. It's inappropriate; it's expensive, and I think we could do better. Given that it's a slowly growing proportion of our penitentiary population, we should be much more proactive. If legislation could help, for example, in terms of medical releases or geriatric releases to force the service to do the right thing, then please do it.

• (1025)

[*Translation*]

**The Chair:** Thank you.

Ms. Michaud, you have the floor for two and a half minutes.

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

I want to thank the witnesses again. Their comments are very interesting. I also want to thank my colleagues, who are asking questions on just about every subject. We're learning a lot from them.



I'd like to hear more about the experiences of Black individuals in penitentiaries. You made some recommendations in your report. You talk about racial bias, which is obviously very much present. You also talk about the availability of personal care products and do-rags, an accessory that some people use to cover their hair. The report also includes testimonials from people saying they got better service or felt more confident when they were served by someone from their community, or a Black person.

Can you talk more about your recommendations for those areas in particular?

**Dr. Ivan Zinger:** We made several recommendations in that section of our annual report, which was well received. In fact, I was very encouraged to see that our last report was cited in a Supreme Court decision. That decision held that a young Black individual should not have been handed the minimum sentence, given what was happening in correctional facilities and the discrimination that he might face, because it made his sentence disproportionate.

It was clearly acknowledged that Correctional Service Canada did not consider providing skin care products for Black individuals, who have different challenges than Caucasians, and that it considered do-rags to be gang-related. I have to say that Correctional Service Canada responded positively on both of those things, and we were pleased with that.

The most important recommendation we made was to develop a highly detailed national strategy that would really change the game in terms of how Black individuals are treated in the federal correctional system. I admit that I don't like this very much, because I often criticize this kind of organizational document, but it's important to my office, whose role is to ensure compliance with the law and policy. In the absence of policies, it's very hard for me to hold Correctional Service Canada accountable. That's why I made that recommendation. It touches on all sorts of areas where Correctional Service Canada could really make a difference for Black individuals incarcerated in our penitentiaries.

• (1030)

**The Chair:** Thank you.

[English]

We'll go to Mr. MacGregor, please, for two and a half minutes.

**Mr. Alistair MacGregor:** Thank you, Chair.

Dr. Zinger, one of my other committees is the Special Joint Committee on Medical Assistance in Dying. We are going to be releasing our final report next week. We had a witness, Dr. Jessica Shaw, who appeared before our committee to talk about MAID in prisons. I want to quote from her testimony. She said:

Well, what we informally call compassionate release is actually called parole by exception, and being granted parole by exception in Canada is exceedingly rare. In two of the three known MAID cases for patients in CSC custody, the prisoners had applied for and been denied parole. The third prisoner didn't apply. Apparently he knew that his prospects for release were minimal, even considering his advanced stages of illness.

She went on to say:

Canada is the only jurisdiction in the world where assisted dying is legal who does have specific guidelines about how it ought to be implemented for prisoners.

I don't have a lot of time here. What would you like to see in those guidelines? I want you to expand a bit, because this is obviously a pressing issue.

Could you also maybe talk about track 2? That's for people who do not have a naturally foreseeable death but are suffering from a grievous and irremediable condition.

Do you know much about that population in Canada's federal institutions?

**Dr. Ivan Zinger:** I can concur with what Dr. Shaw mentioned, and I suspect that some of the stories come directly from what we were able to gather.

The problem, as I said, is threefold. There has to be a statutory obligation to refer the cases so that my office becomes aware; there needs to be oversight in this business. The second one is that the service must investigate like it does for every single death dealing with a person who is incarcerated. Then there should be a clear prohibition that the procedure should not happen in penitentiaries—period—no ifs and buts. It should not happen.

What I think is really important to stress in a prison situation is to try to be extremely proactive and get the people who are palliative, terminally ill, have chronic diseases, where death is just a question of time, outside the penitentiary so they can make the decision there without the fear of dying in prison, and the coercion that can be either perceived or real. I think that's my wish.

With respect to phase two, or the expansion of it, given the high prevalence of people with significant mental illness who live in conditions of confinement, especially some of the people who are severely mentally ill, it's to give them a way out of prison with death, because they're struggling with mental illness and are in such poor conditions of confinement.

I can tell you that people with mental illness in corrections tend to be housed in higher-security institutions, maximum security. They're overrepresented in those structured intervention units, which are the new regime in administrative segregation.

Absolutely, this should have added oversight and some rigour if you're going to expand it. It's not only that they're suffering and they want the suffering to end, possibly, but also because the added suffering because of the conditions of confinement may taint their...so absolutely this should be done very thoughtfully.

• (1035)

[*Translation*]

**The Chair:** Thank you.

[*English*]

We'll go now to the last two slots in our questions, and we're going to cut them back down to four minutes.

Mr. Shipley, please go ahead for four minutes.

**Mr. Doug Shipley:** Thank you, Chair.

Doctor, I enjoyed our last exchange. I found that beneficial, and I learned some. I want to follow up on one of those, and I want to move on. I don't want to get caught up on where we were.

You mentioned in our last exchange that one of the programs that could be enhanced in the institutions is the employment program. This might help. In my research we found that 60% of maximum security prisoners are employed, but almost half the positions are cleaning jobs. Notably, at one institution, the Edmonton Institution, 80% are cleaning jobs. While there's absolutely nothing wrong with custodial work, it would probably be nice to have a bit of a variety and some options. I know many times lately I've met with many trade organizations, where there's a huge deficit in people looking to get into those roles.

Is there anything being done towards expanding on employment training in the facilities, which could help integrate them once they're released back into society?

**Dr. Ivan Zinger:** Yes. Most of the jobs in the penitentiaries have very little value in terms of vocational skills. Most of it is cleaning. Kitchen work with the new cook-chill...isn't really that great a skill to acquire.

The best program that the service has is called CORCAN. It's a prison industry program, but it only reaches less than 10% of the carceral population, and 80% of that is in textiles. They're basically using sewing machines, and I guess it's better than idling in their cell. The skills may nevertheless provide some legitimate skills in terms of making sure that they show up at work on time. It doesn't have transferable skills to the Canadian job market. We're not big on sewing jobs in Canada, with respect to sewing bed sheets or underwear or cheap jeans.

We have to do better.

CORCAN, however, has pockets involving typically a handful of individuals who are very good and who are working with the private sector. Sometimes, depending on whether they have work releases, they can actually go to those sites, but it involves so few individuals. This is the biggest challenge, I think, for the service. It's trying to expand those and make them so much more accessible. Right now it's to the benefit of only a few, and those few typically already have skills, so they're benefiting from vocational training, but they already have the training and the rigour—

• (1040)

**Mr. Doug Shipley:** Thank you for that.

I'm sorry for interrupting. I have just one last question, as I'm running out of time here.

This has been on my mind since I read this. If we touched on it earlier, excuse me for missing it.

You mentioned a lot about what the official costs are yearly. In one of the documents you gave us, on page 2, you mentioned that the latest official costs are \$126,000 for federal custody for men, and \$222,000 for federal custody for women. Why is it so much more—\$100,000 more—for women?

**Dr. Ivan Zinger:** It's just economy of scale. We have only about 600 incarcerated women across Canada, in five different institutions across the nation, so a lot of it has to do with still needing a lot of staff. It's much more cost-efficient to have a single institution with lots of people, than to have five, but we chose five back in 2000, and rightly so, to ensure the women would be closer to their communities. It's only, by and large, an issue of economy of scale.

**The Chair:** Thank you.

We now go to Mr. Chiang for four minutes, please.

**Mr. Paul Chiang:** Thank you, Mr. Chair, and thank you again to our witnesses for being here this morning.

In regard to Black overrepresentation, in the recommendations throughout your report you call for various national action plan policy developments and reviews. However, you also note that much of the action already taken by the government to address ongoing issues such as racism, for example, have resulted in little more than “policy exercises that have little direct impact on the lives of incarcerated Black persons.”

How, then, do we reconcile these findings to implement effective change?

**Dr. Ivan Zinger:** It does raise the question. My view is that we need a great deal of involvement of Black community leaders and organizations to assist the service. There are so many barriers to accessing the carceral population to provide services and advice. That is where I think you would effect change. Let them in. Let them provide programming, counselling, cultural initiatives, music and arts. Get them into penitentiaries. Get the community members to walk into penitentiaries, assist them and guide them in those policies, so they are truly policies that have that African Canadian lens to them, so that the initiatives resonate with them and they are culturally appropriate.

At the same time, do all the other things you should do, which means ensuring that staff representation at all levels of the organization is much more diverse and responsive to the culture.

**Mr. Paul Chiang:** Thank you very much, Dr. Zinger.

These recommendations, which you just made.... Are they being implemented anywhere, or are they just sitting on the shelf somewhere and collecting dust?

**Dr. Ivan Zinger:** I think I told you that I was disappointed with the overall response of the service, and I will leave it at that. There are a few things that are a bit more responsive. I mentioned health care products and stuff. We made some comments about health professionals who work for the service needing to be a bit aware of some of the cultural issues. They've responded quite appropriately and proactively, so I don't want to miss out on the opportunity to praise when the responses are constructive and meaningful.

**Mr. Paul Chiang:** Thank you so much, Dr. Zinger.

I'm glad that some things have been done to help our correctional population. Hopefully, we'll move forward to get a positive response and positive work done.

Thank you so much for being with us today, and I hope you have a good day.

• (1045)

**The Chair:** Thank you, Mr. Chiang.

Thank you, Dr. Zinger and Ms. Miron, for being with us today. It's pretty clear that you have a great deal of wisdom and guidance to offer us. Thank you for your fortitude in hanging in there for two full hours, although it's also clear that we could probably make use of you for a lot longer than that. Thank you for your time, and thank you to the committee for all of your work today.

I remind the committee that the Russia study has been released, at least internally, and hopefully, if there are no issues with it, we can pass it on Tuesday at the end of our witness testimony.

That being the case, we are now adjourned. Thank you all.

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