

CLASS ACTION! NEWS



PRISONERS JUSTICE DAY
ISSUE #38 ~ SUMMER 2025

< *Editor's Note* >

It is Summer & Issue #38 of 'Class Action News'.

This zine is by & for the 'Prisoner Class' on Treaty Lands with Canada.

In every Issue we provide a safe space for creative expression, informative news & support resources. These zines feature art, poetry, stories, news, observations, concerns, & anything of sincere value to share.

Health & Harm Reduction info will always be provided, of course - Yes, Do Be Safe!



Quality & Quantity:

Items printed are those that are common for diverse readers, so no religious items please.

Artwork: Black pen (tat-style) works the best. Cover Artist (CDN) will receive a \$25 donation.

Writings: only short poems, news, stories, ...

Items selected are those that fit nicely & allow space for others (½ page = 325 words max).

For author protection, letters & story credits will all be 'Anonymous' unless requested.

'Class Action News' is published 4 times a year & is free for prisoners in Canada.

If you are on the outside or an organization, please do consider a donation.

It really, really does help to get this inside!

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Cover: Brian Hindson - 'Tree of Knowledge'
'The what is & what could be at our prison ...'

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Very special thanks out to: Charles K. !

Canadian Charter of Rights & Freedoms

- The right of life, liberty and security of person (Section 7).
- The right not to be arbitrarily detained (Section 9).
- The right not to be subjected to cruel and unusual punishment (Section 12).
- The right to be equal before and under the law (Section 15).

< *Ancestral Territorial Acknowledgment* >

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≈ 'Dish With One Spoon' Treaty ≈

The more that you read,
the more things you will know.
The more that you learn,
the more places you'll go.
- Dr. Seuss

It was hell: Former inmate sues N.B. government over segregation, access to meds

Every so often, Eric Robichaud dreams about being trapped in a small, grey room - cut off from other people, with nothing to do but stare at the ceiling.

When he wakes up, Robichaud is horrified to remember that this dream was his waking reality for five months at a New Brunswick jail in 2016.

The former inmate, who lives with anxiety and attention deficit hyperactivity disorder, said his mental health quickly deteriorated.

"It was hell," Robichaud said.

He describes the segregation cell he occupied at the Southeast Regional Correctional Centre in Shediac as windowless and cold.

Robichaud said his segregation stemmed from staff concerns about his taking his anxiety medication while in the general population.

The 39-year-old Baie-Sainte-Anne resident is now a lead plaintiff in a 2023 potential class action lawsuit against the province following his experience in 2016.

Though his time in segregation at the Shediac jail was almost a decade ago, CBC News has learned that lack of access to health services and medications in jail is a persistent complaint to the New Brunswick ombud.

Varied access

In 2014 and 2015, Robichaud was an inmate at the Dalhousie Correctional Centre and Madawaska Correctional Centre after being sentenced for attempted robbery.

At both jails, he was able to take a prescribed benzodiazepine - a common sedative prescribed for anxiety - without issue.

But this changed, Robichaud said, when he was remanded to the Southeast Regional Correctional Centre in 2016 on two assault charges.

At the Shediac jail, Robichaud claims staff were concerned about the drug potentially circulating to other inmates and decided he would only be allowed to continue his medication while in segregation.

That arrangement continued for five months, until Robichaud was transferred to the Dalhousie Regional Correctional Centre.

There, Robichaud said, he was able to resume living in the general population while continuing to take his medication.

84 complaints in one year

Inmate complaints about access to health care and medications often land on the desk of the New Brunswick ombud.

In 2023-24, the most recent reporting year, Marie-France Pelletier's office fielded 84 complaints about access to health care, including medications, behind bars, she said.

The office doesn't track complaint outcomes by topic, but a spokesperson said by email that staff were able to find an informal resolution in most cases. Statistics on whether complaints are founded are not kept.

In 2018, Kim Adair-MacPherson, who was auditor general at the time, flagged major shortcomings in how New Brunswick's corrections system handles inmates with mental illness and addictions.

As part of that report, she recommended the province standardize the medications available across its correctional institutions. The province said in a statement that it has completed this step.

But Pelletier said she still gets complaints about access and has been working with correctional officials to find a solution.

"If it's just a question of ... one institution doing it differently than the other, that hardly seems like a good reason to not have access to the health that you need," Pelletier said.

The province declined several CBC News requests for an interview.

The province's policy on segregation lists "medical treatment format" as one of six acceptable reasons for segregation, but the only use related to medication included in the document is about inmates in detox or using a "high security opioid prescription."

A spokesperson for the province said the regional health authorities created their own policies on medication in jails. Responsibility for health services in corrections was transferred to the two authorities in 2022, the province said.

Both Vitalité Health Network and Horizon Health Network declined interview requests.

CBC News asked for copies of the current medication policies from both regional health authorities, and in response they sent emailed statements.

Vitalité oversees the Dalhousie and Madawaska correctional centres.

"When a patient enters a provincial correctional facility, they undergo an initial nursing assessment to review medications they were prescribed prior to admission," a Vitalité spokesperson wrote.

"Existing prescriptions, including medications for anxiety or addiction treatment such as methadone, must then be re-prescribed by the facility's physician."

But that can pose problems because there is no on-site physician. While a nurse is on site for 16 hours, the spokesperson said, inmates could face delays accessing medication or treatment that need a doctor's approval. Doctor visits usually happen weekly.

Horizon said physician visits to the Saint John Regional Correctional Centre, Southeast Regional Correctional Centre and New Brunswick Youth Centre/New Brunswick Women's Correctional Centre can happen weekly, biweekly or monthly, either virtually or in person.

Natasha Lemieux, Horizon's vice-president community, said in an email that a physician will write a prescription after an inmate interview and a thorough review.

"This history is compared to the history the patient's pharmacy provides, and what the patient's electronic health record shows," Lemieux said.

The provincial policy, which is no longer in effect, outlined a similar process but also included information on transferring inmate medications between jails and prescriptions to be issued when an inmate is released.

The 'revolving door' effect

Research by Martha Paynter, a University of New Brunswick associate professor of nursing, suggests inmates tend to have highly complex backgrounds and health-care needs.

Paynter says even a short period in jail can be destabilizing.

"You're arrested," Paynter said. "And so perhaps you're losing your job, and you're losing your house because you don't pay rent, and you're losing your children."

"We know those things all cause us all trauma. That's why people commit suicide. That's why people spiral into psychosis ... now you're not getting your proper psychiatric medication."

Paynter says that can lead to behaviours that result in further charges, making provincial jail a "revolving door".

According to the Department of Public Safety, 20% of people who were sentenced to jail in 2024 had been in custody within the past three years on other sentences.

That figure doesn't include those held in remand or serving sentences within the community.

Family physician Dr. Sara Davidson, who sees patients at the Riverstone Recovery Centre and Fredericton Downtown Community Health Centre, says some of the people she treats have spent time in jail.

She said access to medication and health services appears to depend on the jail, the doctor working there, and their perspective on what treatment is necessary while a person is in custody.

"It seems to be quite prescriber-dependent in terms of how some of that care rolls out - in good ways, and also in other ways that maybe [aren't] meeting people exactly where they are at," Davidson said.

"There's that lack of consistency across the board from a provincial institutional level."

On release, she said, inmates may face insecure housing, poverty, and domestic violence. Something as simple as not having a cellphone can feed into the revolving-door effect.

"You miss your followup check-in with your probation officer, or you miss your appointments ... and so you're picked up on breaches, and it just becomes this wild cycle that people really get deeply stuck in."

This has implications for New Brunswick's bottom line, as Adair-MacPherson warned in 2018, noting the cost to accommodate an inmate for one year was \$66,000.

"Not treating mental health and addiction issues can increase the vulnerability of individuals to negative outcomes, including re-offending, which in turn increases the cost to New Brunswickers," Adair-MacPherson wrote in 2018.

The Department of Public Safety reports that the cost as of 2022-23 had grown to \$88,300.

Lawsuit next steps

Robichaud said he hopes the potential class action will help New Brunswickers understand how many inmates have been through a similar experience - and how detrimental it can be.

"You're almost certain to go crazy after a while," Robichaud said. "You're pretty much like a confined animal."

Halifax-based People's Advocacy and Transformational Hub, known as PATH, filed the suit and is awaiting class certification.

The suit centres on extended stays in segregation, including for medical reasons.

The statement of claim contends Robichaud's experience constitutes "cruel and unusual punishment."

However, as noted by PATH's filing, "there is no absolute limit" in New Brunswick when it comes to the number of consecutive days an inmate may be kept in solitary confinement.

The province gave notice of its intent to defend against the action in March 2023. A spokesperson declined to comment on the case while it's before the court.

Legal director Emma Halpern said PATH is currently awaiting disclosure of plaintiff documentation from the province.

Savannah Awde
CBC News
Apr 14, 2025

Prisoners' Justice Day is ...

... a solidarity movement that takes place every year on August 10.

The movement began in Canada in 1974 in support of prisoners' rights and to remember all the people who have died of unnatural deaths while incarcerated.



I am no longer accepting the things I cannot change.

I am changing the things I cannot accept.

- Angela Davis

- The right to meaningful work with fair wages
- The right to useful education and training
- The right to proper medical attention
- The right to freedom of speech and religion
- The right to adequate legal services



Prison needle programs could save double what they cost

Needle and syringe programs are a proven public health intervention that provide free, sterile injecting equipment to people who use drugs. By reducing needle sharing, these programs help prevent the spread of blood-borne viruses such as hepatitis C and HIV and minimise life-threatening bacterial infections.

Australia leads the world in community-based needle and syringe programs. But they are not used in Australian prisons - which are hotspots for injection-related infections.

This is a breach of human rights and United Nations resolutions, which make clear health-care standards for people in prison must be equivalent to those in the community.

In addition to meeting human rights standards, our new modelling - the first of its kind in Australia - shows there would be significant economic benefits to implementing prison-based programs.

Australia is a world leader in needle and syringe programs in the community. There are 4,218 sites across the country (as of 2021). Each year they distribute more than 50 million needles and syringes.

Among people who inject drugs, that's about 508 needles and syringes per person each year - the highest rate globally, and more than double the World Health Organization's benchmark for high needle and syringe program coverage (200 per person per year).

For reference, the country with the second-highest coverage was Finland (with 450 needles and syringes per person who injects drugs per year) followed by the Netherlands (367).

A law enforcement emphasis in responding to drug use - rather than public health focus - has resulted in grossly disproportionate rates of incarceration among people who use drugs.

In Australia, between 29% and 52% of people in prisons report injecting drugs at some point in their lives, and around 40% of people who were injecting drugs in the community before prison continue to inject inside.

Without access to sterile injecting equipment, needle sharing and unsafe injecting practices are common. As a result, people who inject drugs in prison are at higher risk of transmitting blood-borne viruses such as hepatitis C than those in the community.

In 2023, 42% of all hepatitis C treatments in the country were delivered in prisons. These treatments are government-funded, highly effective and curative (meaning total recovery).

But the prevention strategies used in the community - which stop infections happening again - are not used in prison. Re-infection in prisons occurs at more than twice the rate of initial infection.

Australian peak bodies, as well as major research and community health organisations, have long supported the introduction of prison-based programs.

However, legal and political opposition, concerns around safety and security, and funding constraints have all contributed to the lack of progress.

As of 2023, prison needle and syringe programs operated in 11 countries worldwide. The outcomes are positive for both health (reduction in needle sharing, drug use and hepatitis C and HIV transmission) and prison safety.

A 2024 study of Canada's existing needle and syringe program, operating in 9 prisons, found it will save the health-care system \$850,000 in treatment costs between 2018 and 2030 by preventing hepatitis C and other injection-related infections. In contrast, the program cost just \$450,000 to run. Canada has since expanded the program to 11 prisons nationwide.

To bring an economic perspective to this debate in Australia, our new study estimated the costs and benefits of introducing needle and syringe programs in all Australian prisons, aiming to reach 50% of people who inject drugs in prison between 2025 and 2030.

We drew on a similar program in Luxembourg which follows international best practice. This needle and syringe program is delivered through prison health services. Sterile injecting equipment is provided face-to-face by health staff. Used equipment is exchanged one-for-one (meaning a sterile needle-syringe can be exchanged for a used one), in a confidential and safe manner.

Then, we identified the specific components and resources needed to implement the program, such as sterile injecting equipment and annual training sessions for prison health staff.

We researched their associated costs to calculate the total cost of scaling-up nationally. Finally, we modelled the number of hepatitis C and other injection-related infections the

program would prevent. These infections can have serious health consequences and are costly to treat. The money saved here helped us calculate the cost savings (that is, the benefits) of the program.

Implementing prison-based programs nationally would cost approximately \$12.2 million between 2025 and 2030. But this investment could prevent 894 hepatitis C infections and 522 injection-related bacterial and fungal infections.

We estimated these infections would cost the health-care system \$31.7 million to treat - more than double the cost of preventing them with a prison needle and syringe program.

In other words: for every dollar invested in prison-based programs, more than two dollars would be saved in health-care costs.

People have strong views about injecting drug use and prison-based needle and syringe programs. But countries where needle and syringe programs have been successfully implemented in prisons have several things in common.

First, there is widespread understanding among everyone involved in using, administering or overseeing the program of its benefits. Eliminating blood-borne viruses can reduce health risks for people in prison and improve the safety of staff.

Second, successful implementation is inclusive. It ensures a range of people have meaningful input in how the program is designed and delivered, including incarcerated people, health-care professionals and policymakers, prison officers and government bodies.

Third, drug use in prison is treated as a public health issue, not a political football. The failed War on Drugs has only compounded the issue, leading to the over-incarceration of people who use drugs and the creation of lucrative prison drug markets.

If Australia is to eliminate hepatitis C by 2030 - as the national hepatitis C strategy outlines - it will be essential to combine prison-based treatment with prevention strategies, including needle and syringe programs.

We now know they are likely to save money too.

Farah Houdroge, Mark Stoové, Nick Scott
TheConversation.com

Apr 20, 2025

B.C.'s first involuntary care beds for incarcerated men open in Surrey

Involuntary care beds at Surrey Pretrial Centre are officially open for men in custody - but with construction of a designated space not yet complete, the beds are temporarily contained in a segregation unit.

Surrey Pretrial Services Centre, which is a high-security provincial remand centre for men awaiting trial, will host 10 beds to treat individuals with severe mental-health, substance use and addiction challenges who are being held in custody. Maple Ridge's Alouette Correctional Centre (Monarch Homes) will host 20 beds for individuals needing long-term care and housing. Jennifer Duff, chief operating officer, B.C. Mental Health and Substance Use Services, said the space at Surrey Pretrial is being renovated to accommodate the involuntary care beds. It is expected to open in late fall or early winter 2025.

"We are making quite extensive renovations to a former living unit that exists in this facility, and we're making those renovations for important reasons: one, for the humanity and treatment of the people who we will be caring for, and two, for the safety of our clinical teams and staff who work in the facility," she said.

Dr. Daniel Vigo - appointed by Premier David Eby in June 2024 as B.C.'s first chief scientific adviser on psychiatry, toxic drugs and concurrent disorders - added that this "intervention decreases the use of segregation."

"It is incredibly better to have someone, once they are put in segregation for their episode of agitation of psychosis, etc., to treat that person so that they can come out of segregation with a stable, sustainable treatment plan."

Vigo added that this unit ensures that a person can receive the mental health care they need immediately instead of having to wait for a bed in a forensic hospital - where staff then have to deal not only with the mental health episode but with the "accumulated harms that result from untreated segregation."

"So it's really important for us to understand this piece, this decreases the use of segregation, and this allows for people to seamlessly transition to less restrictive environments," he said.

As of Thursday (April 24), there were no incarcerated individuals in the Surrey unit,

although one man in the centre was being assessed for potential admission, Duff added.

Fatima Benrabah, a registered nurse with Correctional Health Services, said she was excited about the new unit.

"This is a pivotal moment for us, as it represents not only a significant step forward in the care we provide, but a progressive approach to mental health within our communities," Benrabah said. "Once a patient is placed under the Mental Health Act, they will be admitted to the mental health unit, where we will initiate assessments, interventions, medications, without delay in patient care. Our team will consist of physicians, psychiatrists, psychologists, registered nurses, such as myself, registered psychiatric nurses and pharmacists, and we will collaborate with the patient to deliver patient-centred care."

"This unit is the first of its kind, where patients receive care and treatment without stigma. In the context of incarceration, this support and care will be available to our patients 24 hours a day, seven days a week."

Surrey Mayor Brenda Locke expressed her gratitude to Dr. Vigo and the province for opening these beds in Surrey.

"It is one of those challenges that I think many, many cities are facing," Locke said. "With over 1,060 individuals experiencing homelessness in Surrey - a staggering 65% increase since 2020 - it's evident that our resources are falling short."

"I'm actually very, very pleased to hear this work that Dr. Vigo has done and that the province is delivering to our city. So we're quite grateful for that and I'm very glad to see that the first program is starting here in Surrey," Locke added.

Two community groups, Moms Stop the Harm and Surrey Union of Drug Users, expressed their concerns about involuntary care and B.C.'s drug policy.

Moms Stop the Harm is a network of Canadian families impacted by substance use-related harms and deaths who advocate for changes to drug policy. Board chair Traci Letts wondered what the province's care policy meant for the average person who uses drugs.

Eby said he could understand the concern some may have.

"We have a really unfortunate history in the province of involuntarily detaining different groups - forced treatment, sterilization,

residential schools, you name it; the legacy of institutional care in this province is not a positive one. So I understand why people feel anxious," Eby said.

"There is a critical component to the work that Dr. Vigo is doing, which is to recognize the humanity and the dignity of each person that will receive treatment. Leaving individuals to die in a ditch exploited by others with a serious brain injury and mental health issue to the point where they can't care for themselves is not respectful of their rights, of their humanity, so we're going to intervene.

"For the vast majority of people that are struggling with addiction, this has absolutely nothing to do with you. We're opening specific voluntary beds across the province. We've doubled the number of people to 5,000 people last year who received voluntary treatment through provincially funded addiction beds in this province, and we're continuing to expand those voluntary resources."

Eby added that these are "targeted beds" for people already in custody.

"Their liberty has already been taken away. They're in jail, and we're providing additional care so that, on release, they're either going to a facility where they can get the care that they need, or they're stabilized and connected with care in the community, so that they're interrupting that cycle of offending," Eby added.

Meanwhile, Surrey Union of Drug Users wondered how the new unit would manage benzodiazepine withdrawals for people detained under this policy.

Dr. Vigo said managing withdrawals is "enormously complex."

This is something that psychiatrists have been doing for decades in the community, helping people wean off benzodiazepines, he said. Now this same level of treatment can be given to eligible incarcerated individuals, Vigo added. "Imagine a patient going off this combination of drugs on their own in segregation. So now we're doing that with patients who unknowingly became addicted to those by using the illegal drug supply."

The SUDU is calling for increased oversight of addiction and recovery centres, particularly in light of the province's shutdown of the John Volken Academy (JVA) recovery centre in March.

"Instead of involuntary care, why doesn't the government keep track of the recovery house operators? Is there any oversight? Money is being wasted, and the people who need those resources most are being screwed," Sandy Mavety, member of the SUDU research and policy committee, said. "Why are we continuing to throw money at an unregulated system that has not served us well? 'Licensing' is a load of crap."

Several B.C. Conservative MLAs are saying the new plan is not enough, as it leaves a group of individuals who do meet the criteria for involuntary care but who are not in custody.

Surrey-Cloverdale MLAs Elenore Sturko stated, "British Columbia needs compassionate intervention legislation for involuntary care which combines community-based programs and bed-based involuntary treatment when necessary, for people who are a danger to themselves or others because of drug use."

Eby said on Thursday that the province has plans to open additional beds in communities across the province later this spring.

"Work continues on more than 400 mental health care beds at new and expanded hospitals in B.C., all of which can provide involuntary care under the act," noted the province in a news release Thursday.

Anna Burns
The Free Press
Apr 25, 2025



Ontario government facing lawsuits from inmates over 'unconscionable conduct' by Maplehurst jail guards

The Ontario government is facing at least five lawsuits - including a proposed class-action - from former Maplehurst prisoners who say they suffered serious abuse when they were collectively punished after an inmate punched a guard.

In addition to the five lawsuits that have already been filed, a letter authored by a Crown attorney reveals the province has been served notice that lawyers intend to sue in 11 other cases.

The proposed class action alleges Maplehurst jail staff carried out an "unlawful mass strip search, systematic assault and collective punishment" against an entire unit of inmates on Dec. 22 and 23, 2023. It's seeking \$30 million in damages on behalf of the 192 affected inmates - "all of whom were subjected to Maplehurst's illegal and unconscionable conduct."

The other four lawsuits, representing eight inmates between them, are each seeking \$1 million in damages for alleged Charter violations and other offences.

The civil lawsuits add to the widening impact of the Maplehurst incident, which has already compromised dozens of criminal prosecutions, triggered a damning internal probe, and led Ontario's Ombudsman to launch an investigation "due to significant public concerns about transparency, accountability and inmates' rights."

The province has not yet filed any statements of defence. The proposed class action still needs to be certified by a judge before it can proceed.

A spokesperson for the Ministry of the Solicitor General, which is responsible for provincial jails, declined to answer questions for this story, saying it would be "inappropriate to comment" since "these matters are subject to litigation."

An internal ministry investigation completed last year found the decision by senior Maplehurst officials to carry out the mass strip search was "unnecessary, excessive" and "not proportionate" to the threat posed by inmates.

Solicitor General Michael Kerzner has repeatedly declined to answer questions about the incident, saying he cannot comment while it remains "under investigation." Given the

ministry's internal investigations have concluded, it's not clear to what investigation Kerzner is referring. His office wouldn't clarify.

As previously reported by the *Star*, the incident occurred two days after an inmate sucker-punched a guard, breaking his orbital bone. That inmate was immediately removed from the unit and subsequently transferred to a different jail. The other inmates were locked in their cells. On the morning of Dec. 22, correctional officers from the jail's Institutional Crisis Intervention Team (ICIT) - an internal riot squad - threw flash grenades onto the unit and proceeded to carry out a mass strip search of every prisoner in each of the unit's six wings over the next two days.

Inmates were forcibly removed from their cells in their underwear, their hands zip-tied, while guards contorted their arms and wrists as they led them to a nearby hallway. There they were forced to sit cross-legged with their heads bowed while other guards trained pepperball guns at the backs of their heads.

"You guys want to assault staff, this will happen everyday," guards told inmates while they were seated in the hallway, according to one of the lawsuits. "You guys are the tenants, we are the landlords. We will make your time here hell." Inmates were left in their underwear for up to two days after the search, while jail staff allegedly turned on industrial fans to blow cold air onto the unit.

"With no clothing or bedding, they were left to freeze in the cold cells," one of the lawsuits reads. "The sole purpose of the ICIT's actions were to intimidate, punish, and terrorize."

The proposed class-action alleges guards also "ransacked" inmates' cells, pouring condiments and shampoo on the floors and mattresses, throwing entire toilet paper rolls in the toilet and trashing personal items, such as family photographs.

The lawsuit also highlights allegations of an attempted coverup from the ministry's internal investigation, including that some video evidence may have been purposely destroyed.

"What happened to the inmates on Unit 8 at Maplehurst should never happen in Canada," said Louis Century, of Goldblatt Partners, one of three lawyers working on the proposed class action. "The state wielded its tremendous power to systematically assault and collectively punish a

group of human beings for something they did not do."

Geetha Philipupillai, also of Goldblatt Partners, and defence lawyer Gabriel Gross-Stein are also representing lead plaintiff Jamarey Chisholm, who, like more than 80 per cent of inmates in provincial jails, was awaiting trial and had not been convicted at the time of the incident.

The other four lawsuits were all filed by civil lawyer Christopher Stienburg, who declined an interview request.

The *Star* published some surveillance camera footage of the incident earlier this year after it was made an exhibit in a criminal case. A judge said the video shows Maplehurst staff "breaking the law by abusing the very prisoners they have a duty of care to protect."

The surveillance cameras did not record anything that occurred inside the cells, where many inmates say they were beaten and pepper sprayed.

The incident has already compromised more than 30 criminal prosecutions across the province, according to a recent *Star* analysis, as inmates seek to have their charges stayed or sentences reduced because the jail violated their Charter rights.

Additional restitution is necessary, Gross-Stein argued, not only to compensate the inmates allegedly abused by the state, but also to deter future abuses.

"This type of extreme state misconduct can only occur where an institution believes itself to be immune from consequences," he said, adding that a class action is a way to "counter impunity at Maplehurst and create meaningful accountability."

Brendan Kennedy

The *Star*

June 16, 2015

What you have become is the price you paid to get what you used to want.

- Mignon McLaughlin

It must surely be a tribute to the resilience of the human spirit that even a small number of those men and women in the hell of the prison system survive it and hold on to their humanity.

- Howard Zinn

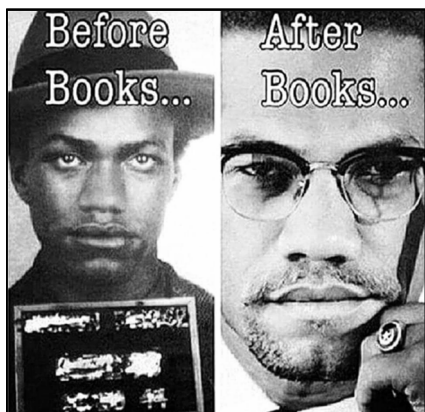
Book Clubs for Inmates (BCFI)

Book Clubs for Inmates (BCFI) is a registered charity that organizes volunteer-led book clubs within federal penitentiaries across Canada. Currently, BCFI is facilitating 30 book clubs from Nova Scotia to British Columbia.

BCFI runs French and English language book clubs for men and women incarcerated in minimum, medium, and maximum security facilities. Book clubs are usually made up of 10-18 members who meet once a month to discuss books, both fiction and non-fiction of literary merit.

Every month, hundreds of inmates participate in book clubs across the country and each year thousands of brand new books are purchased, read, and discussed.

Book Clubs for Inmates
720 Bathurst St, Toronto, ON, M5S 2R4



I have often reflected upon the new vistas that reading has opened to me.

I knew right there in prison that reading had changed forever the course of my life.

As I see it today, the ability to read awoke inside me some long dormant craving to be mentally alive.

- Malcolm X

Fascism should more properly be called corporatism, since it is the merger of state and corporate power.

- Benito Mussolini

Trans+ People in Canadian Prisons Project

In 2017, "gender identity or expression" was added to the Canadian Human Rights Act as prohibited grounds for discrimination.

There are two ways for people to get involved in this research:

- (1) talk to us in a 1-hour private, confidential interview about their thoughts and experiences,
- (2) answer similar questions in writing using the mail.

We are hoping to connect with:

- (1) Current Trans+ prisoners in Canadian federal prisons, AND
- (2) Current cisgender (non-Trans+) prisoners who have ever lived in a Canadian federal correctional institution with Trans+ prisoners.

If you chose to participate, no guards or administrators will be present or observing in any way. Each institution will have a CSC Staff person who can help arrange participation and has promised to keep your involvement confidential. We will use a pseudonym (fake name) when quoting people or mentioning the stories that are shared with us.

This project is being conducted by the University of Victoria with funding from the Correctional Service of Canada (CSC).

If people have questions, or would like to volunteer to be interviewed, or participate by mail, they can contact us at 1-800-516-3083 (on the common access list) or at:

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Society is like a stew, if you don't keep it stirred all the scum settles on the top.

- Edward Abbey

The right and the left wings belong to the same colonial bird that shits on us

- Terri Monture

What does this system seem designed to do?

As I see it, it seems designed to send people right back to prison, which is what happens about 70% of the time.

- Michelle Alexander

Prison Health is Public Health:

The Right to Hepatitis C Prevention, Diagnosis, and Care in Canada's Correctional Settings

About Hepatitis C

Hepatitis C (HCV) is a preventable and curable liver infection. It is the leading cause of liver disease and transplantation, and one of the most burdensome infectious diseases in Canada. HCV spreads through contact with infected blood, but symptoms may be delayed for years, so many people who are infected are unaware. The only way to confirm a chronic HCV infection is through a blood test.

Hep C Elimination is Within Canada's Reach
Progress in treating HCV is one of the great medical breakthroughs of our time, making elimination possible. Direct Acting Antivirals (DAAs) are a new generation of medications for treating HCV infection. These new therapies are highly effective, curing HCV infection in more than 95% of people treated with daily pills in as little as 8-12 weeks, with minimal side effects.

Canada's Promise

In May 2016, the first-ever Global Viral Hepatitis Strategy was endorsed by the 194 Member States of the World Health Organization (WHO), with the goal of eliminating viral hepatitis as a public health threat by 2030. As a Member State, Canada signed onto this strategy and endorsed the targets contained within it. The WHO strategy includes specific targets, and all countries were tasked with developing a National Action Plan to meet these targets. The Public Health Agency of Canada (PHAC) responded by publishing the Pan-Canadian framework for action to reduce the health impact of Sexually Transmitted and Blood-Borne Infections (STBBIs) in 2018 and the Government of Canada five-year action plan on STBBIs in 2019.

Why Focus on Correctional Settings?

People who are incarcerated (PWA) are 40 times more likely to be exposed to HCV than Canada's general population. In addition, people who are released from incarceration often face barriers to accessing health care in the community. The delivery of HCV care to people in correctional settings in Canada is essential to HCV elimination.

Current State:

Federal - YES !!!

Correctional Service of Canada (CSC) could be well-positioned to achieve HCV elimination in people incarcerated within federal Canadian correctional institutions by 2030, with best practices such as universal HCV screening, universal access to treatment, and some harm reduction services available.

Provincial/Territorial - NO !!!

The same standard of health care is not available to people in correctional centres as in the community in any province, and significant disparities in HCV care exist across provincial correctional centres. HCV elimination is unlikely to occur in the Canadian provincial/ territorial prison system by 2030.

www.actionhepatitiscanada.ca/prisonhealth

Doing 2yrs less? So, when you get out:

- When released, get right on Social Assistance.
- Federal health care programs like NIHB & IFH may cover costs.
- Go to a Health Clinic and get your blood test done so you can get into a Treatment Program at no cost to you.

All Federal prisoners with hep C are now eligible for treatment.

BC & ON Prov prisoners with hep C are now eligible for treatment.

HEP C = 18-30% in prison
HIV = 1-5% in prison

Do Not Share or Re-Use:
needles, ink, ink holders, rigs, ...
... well, anything in contact
with blood !!!

BLEACH DOES NOT KILL HEP C

Toll-Free Support Line for SK Prisoners

For prisoners in Provincial jails & Federal prisons in Saskatchewan.

Funds will be used to help inmates purchase call packages to keep them connected to their family, help out with canteen for necessary things & for transportation home. Maintained by prisoner advocacy groups Beyond Prison Walls Canada and Inmates for Humane Conditions.

☎ 1-866-949-0074 ☎

Phone Line for Disabled Prisoners who Experience Ableism and Racism in Ont.
www.djino.ca

OUT of PRISON: 905-973-4332

TRAPP Phone Numbers (Toll Free):

Hamilton - 905-631-4084

Kenora - 807-548-4312

Kingston - 613-881-0050

London - 519-690-0836

Milton - 416-775-7983

Niagara - 905-227-5066

Ottawa - 613-768-9951

PRISON RADIO

- Guelph - CFRU 93.3 FM

Prison Radio - Thurs 10-11 am

Call-in 519-837-2378

- Halifax - CKDU 88.1 FM

Black Power Hour - Wed 9 pm

- Kingston - CFRC 101.9 FM

CPR: Prison Radio - Wed 7-8 pm

- Montreal - CKUT 90.3 FM

PRS - 2nd Thurs 5-6 pm & 4th Fri 11-noon

- Vancouver - CFRO 100.5 FM

Stark Raven - 1st Mon 7-8 pm

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

CPR features 'Calls From Home', sharing letters, emails, voice messages and music requests by and for prisoners and their loved ones.

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

2025 dates: Feb 19, Mar 19, Apr 16, May 14, Jun 11, Jul 9, Aug 6, Sep 3, Oct 1, Oct 29, Nov 26, Dec 24.

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

Email: CFRCprisonradio@riseup.net

Call: 613-917-1390 to record a message or music request to be broadcast on-air.

Free Jail Hotline for MCC, OCI, TEDC, TSDC & VCW

The Toronto Prisoners' Rights Project (TPRP) provides prisoners with free links to advocacy, referrals, information, and support through the Jail Hotline. This hotline is run by volunteers. It will take calls on:

**Mon, Wed, Fri, Sat
9-11 am & 2-4 pm**

☎ 416-775-9239 ☎

Why a Jail Hotline?

Prisons and jails carry out human rights abuses every day because they do not think anyone is watching. We are here in solidarity and struggle with prisoners.

Who Should Call This Hotline?

Please share the hotline with your loved ones inside. We cannot accept calls from other prisons or jails or from people in the community.

If you need to contact us outside of the line, you can message us on social media or an email to:

TorontoPrisonersRightsProject@gmail.com

Free Jail Hotline for EMDC

**Monday to Saturday
9-11 am & 2-4 pm**

☎ 519-642-9289 ☎

Penpal Program for Gay, Queer, Trans Prisoners

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

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

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

Please indicate French or in English. Veuillez
svp nous indiquer anglais ou en français.



Nov 20 is Transgender Day of Remembrance

Transgender Day of Remembrance (TDoR), is an international event commemorating people killed due to anti-trans violence. In the last year, 369 trans or non-binary people have been killed globally.

And it's a Canadian problem too: 74% of trans youth in Canada have been harassed at school, and 37% have experienced physical violence.

☞ Respect ☞

Incarcerated in Canada? Need Information?

Write On! is an all-volunteer group whose goal is to support prisoners in Canada by researching the information you need, such as:

General legal info, prison rules & policies, resources, programs, services, etc.

Write to us at:

Write ON!

234-110 Cumberland St,
Toronto, ON, M5R 3V5

Prison Visiting Rideshare Project

The Prison Rideshare is an ongoing project of Bar None to connect people with rides to visit their friends and loved ones who are in prison in Manitoba.

If you or someone you know is interested in getting a ride to visit one of southern Manitoba's prisons, if you are interested in volunteering, or for more info contact: barnone.wpg@gmail.com

Rides can also be arranged by phone or text message: 204-599-8869
(It's ideal to request a ride at least 5-7 days in advance).

PRISONERS JUSTICE DAY

☞ In Remembrance ☞

- August 10 -

There are more than 200 Unnatural
Prisoner Deaths in Canada.

- Each and Every Year -

We maintain a PJD 'In Remembrance' page on our website for Prisoners who have died in Federal and Provincial Prisons, Remands, Lock-ups and Parole in Canada.

If you wish to have someone remembered there, send us a note or email and we will honour your request.

PJD@PrisonFreePress.org

A Child of an Incarcerated Parent

The Reality

- Every year over 150,000 adults are remanded into custody which results in approximately 180,000 innocent children who suffer from the traumatic effect of parental incarceration in Canada
- Over 5000 children are impacted by parental imprisonment in the GTA
- The number of children affected by parental incarceration only increases with the passing of the Crime Bill C-10

The Need

- Despite the growing prevalence of these innocent victims the resources available are minimal
- The cost and lack of accessibility to correctional facilities restrict child-parent visits. Consequently, some children can never visit their incarcerated parents

The Impact

- Children of incarcerated parents grieve the loss of their parent
- These children are four times more likely to be in conflict with the law
- Social stigma of incarceration causes some families to avoid discussing the absence of a parent

Research suggests that parental incarceration has a detrimental impact on children. These innocent children suffer the traumatic experience of being separated from their parent. Following parental imprisonment, children are faced with a myriad of challenges including:

- feelings of shame, grief, guilt, abandonment, anger
- lowered self-esteem
- economic instability
- social stigma and isolation
- disconnection from parent
- insecurity in familial and peer relationships
- school absenteeism, poor school performance
- difficulty in coping with future stress/ trauma
- compromised trust in others including law enforcement

www.kipcanada.org ~ 416-505-5333



K.I.P. Canada - Family Visitation

Kids with Incarcerated Parents (K.I.P.) was founded in 2011 to support the needs of the over 15,000 children in the Greater Toronto Area that have a parent in the criminal justice system.

K.I.P.'s Family Visitation Program provides weekend transportation from Toronto to correctional facilities in Southern Ontario for children and families to visit imprisoned loved ones.

During our trips, K.I.P. provides free snacks and refreshments, offers a variety of games and activities, and plays movies.

Our bus is a place where youth and families have a chance to talk about their experiences of having a loved one inside and receive support from mentors and other riders.

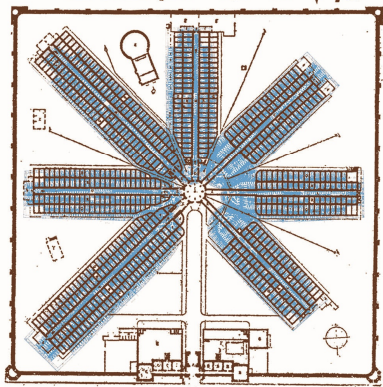
Our Family Visitation Program is free for anyone 18 years old and younger. If you are interested in participating in our program, please call or email K.I.P. to register today.

For more information or to book a seat on the bus please contact Jessica or Derek Reid by email at:

info.kipcanada@gmail.com

or by phone at: 416-505-5333

PRISONS



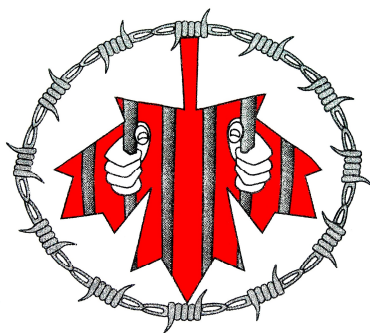
SLAVE SHIPS



ON DRY LAND



**SOLITARY
CONFINEMENT
IS
TORTURE**



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PO Box 39, Stn P
Toronto, ON, M5S 2S6

download, print, contact:
www.ClassActionNews.org

> Jan > Apr > Jul > Oct >

Next Issue: #39 - Fall 2025

Deadline: Sep 1, 2025
Mail-out: Oct 1, 2025

If you don't like the news ...

... make some of your own !!!

Whatcha got in there that needs gettin' out?

... Hmm ... ?

Art, Poems, Stories, News, Whatever !

