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Chair

The Honourable John McKay

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• (1530)

[English]

The Chair (Hon. John McKay (Scarborough—Guildwood, Lib.)): Colleagues, it's 3:30 p.m. I see quorum and I see that the minister has arrived.

Minister Goodale will be here with us for an hour, along with his colleagues. I'm assuming that he has an opening statement. I will leave him to introduce the people with him.

Welcome to the committee, Minister Goodale.

Hon. Ralph Goodale (Minister of Public Safety and Emergency Preparedness): Thank you very much, Mr. Chairman and members of the committee.

It's nice to be back with you once again dealing with another piece of very important legislation concerning the security and the public safety of Canadians. That is Bill C-83, which is legislation that would amend the Corrections and Conditional Release Act and another act.

I am pleased to be joined here today with representatives of the Correctional Service of Canada. The commissioner of the service, Anne Kelly, is to my left. Fraser Macaulay is the acting senior deputy commissioner. Jennifer Wheatley is the assistant commissioner for health services.

To my right, from the Department of Public Safety is Angela Connidis, the director general of crime prevention of the corrections and criminal justice directorate.

[Translation]

In every aspect of corrections, our priority is always the safety of staff, inmates and the public. The best way to ensure that is to support safe, effective rehabilitation.

[English]

Institutional safety and staff safety above all is a prerequisite for all the rehabilitative work that happens in the federal corrections system. For safety reasons, sometimes certain inmates need to be separated from the general population.

Currently, the tool for doing that is administrative segregation, which involves keeping someone in their cell for as many as 22 hours a day, with very little in the way of rehabilitative programming, interventions or meaningful human contact.

However, in the last year, two court cases—one in Ontario and the other in British Columbia—have found in different ways and for different reasons that segregation is unconstitutional, as currently practised. Those decisions are currently being appealed. One is being appealed by the government, while the other is being appealed by the other party.

As things stand, those rulings will take effect in the coming months. In fact, with one of them in December and another one in January, we need to be prepared for those legal inevitabilities.

Bill C-83 proposes to eliminate segregation altogether and establish structured intervention units, or SIUs, as an alternative. These units will be separate from the general population, so that the safety imperative in our institutions will be met, but the SIUs will be designed and they will be resourced to ensure the people who are placed there receive the interventions, the programming and the treatment that they require.

There will be a minimum of four hours daily out of the cell and a minimum of two hours daily of meaningful interaction with other people, including the staff, volunteers, elders, chaplains, visitors and other compatible inmates. There will also be a particular focus on mental health care, with new mental health professionals hired and assigned to the SIUs.

The idea is to ensure that people can be separated from the general inmate population, when that is necessary for important safety reasons, but only for as long as necessary and without sacrificing the access to rehabilitative programs, mental health care and other interventions that help reduce the risk that offenders pose, both while they are incarcerated and upon release.

There were a number of issues raised by various members about this part of the bill, during second reading debate in the House, and I will try to address as many of them as I can.

First, the question of staff safety was brought up several times, so again, I will underscore that the safety of correctional personnel is absolutely priority number one. Employees, including correctional officers, parole officers, program staff, health care providers and others, do a very important, difficult job in challenging circumstances. But only when they are safe is it possible for the correctional service to achieve its mandate, which is carrying out sentences and rehabilitating offenders.

•(1535)

Under this legislation, Bill C-83, institutions will retain the ability to separate offenders who pose a safety risk from the general population, and within SIUs incompatible inmates will never be mixed together. In other words, the new system will not increase the safety risk to correctional staff in any way.

Questions were also asked during the debate about why the bill doesn't include an external oversight mechanism and a cap on the number of days an offender can spend in an SIU.

The fact is that these were measures proposed as a way of guarding against the overuse of administrative segregation, because that system has been criticized as having harmful effects on inmates' mental health.

The point is this. We are getting rid of administrative segregation. The arguments pertaining to administrative segregation are thus no longer relevant. Structured intervention units will, compared with the previous system, have mental health care at their core, along with other interventions, programs and meaningful human contact. They are therefore qualitatively different from segregation.

Nevertheless, there is a robust system of review built into this legislation. The law is clear that placement in an SIU may only last as long as absolutely necessary, and the warden will review an SIU placement within five days to ensure that the necessity remains the case. If a person is still there after another 30 days, the warden will conduct another review. The commissioner will conduct her own reviews every 30 days thereafter. Additionally—and this is an important point—a health care professional can recommend removal from the SIU at any time.

Having said that, we of course understand the important need for accountability. To ensure that the new system is implemented as intended is our goal. To that end, once SIUs are up and running, the correctional service will publish statistics on a quarterly basis so that Canadians can see exactly how many people have been in SIUs and for how long. The commissioner will notify the correctional investigator whenever someone hits the 30-day mark and every 30 days after that. Community partners, such as the John Howard Society, the Elizabeth Fry Society, St. Leonard's Society of Canada and others, will be welcomed into the SIUs to see how they are functioning and to provide important feedback. That feedback and transparency are an important part of the way we want to make this system work.

Finally, speaking of making it work, we know that the new system will require new resources. Providing interventions, programs and treatments to offenders outside of the general population is a labour-intensive proposition. We understand that and we will be providing the resources necessary for it to happen effectively and safely.

Safety is the bottom line. The legislation prioritizes the safety of correctional employees and of the people in their custody. In fact, by enhancing the interventions and treatment provided to inmates who pose a particular risk, the new SIU system will help lower that risk and make the institutions safer. Ultimately, when their sentences are over, offenders are more likely to return safely to our communities if they have received effective rehabilitative programming, interventions and treatment.

I've only dealt with one aspect of the bill, that dealing with the SIUs, which is the largest aspect of the bill. There are several other components to this legislation. I would be happy to answer questions about those other components.

•(1540)

I would just make the point that they are all in aid of the same objective, to run a system that is safe and secure, and to run a system that is ultimately successful in rehabilitation so that in the future we will have fewer offenders, fewer victims and safer communities.

The Chair: Thank you, Minister Goodale.

Before I call on colleagues for questions, I just note that we are studying Bill C-83. Occasionally, when colleagues have a minister present, they seem to have an enthusiasm for questions that are possibly of limited relevance to the actual study. I just suggest that the chair be humoured by some tie-in to the actual bill itself, Bill C-83.

With that, we have Monsieur Picard.

Mr. Michel Picard (Montarville, Lib.): Thank you.

[*Translation*]

Thank you for being with us today, Minister. It is a pleasure to have you and your team of professionals here.

I'm going to dive right into the issue of structured intervention units. I have had the pleasure of visiting institutions with my colleague in the past, and my impression was that administrative segregation was a major reprimand, the end of the line, but when they explained to us why people are put in segregation, it was clear that the reasons are much more complex and diverse than we thought. People are put in segregation for safety and mental health reasons, but sometimes it's because the inmates themselves request it. People are put in segregation due to circumstances that vary significantly from case to case.

[*English*]

Hon. Ralph Goodale: Thank you, Mr. Picard.

I think the two names in themselves are indicative. On the one hand, you have administrative segregation where the focus, obviously, in the title is on separation and the important issue of security.

With a structured intervention unit, the security emphasis is not lost, but what is added is the notion of intervention. The way the existing system of administrative segregation works... Even though the correctional system will try very hard to continue with interventions, treatment programs, outside visitations and so forth, the way administrative segregation is structured it's just very difficult to accomplish anything but the segregation.

Under the new approach, there will be separated facilities, or units within facilities, that will accomplish the purpose of getting people apart when that is necessary to maintain safety and security, but they will be physically designed and resourced in such a way that the interventions will continue.

By definition, the people who are likely to be in a structured intervention unit are the ones who probably need the greatest attention and treatment and have the need for those external interventions.

It's a bit counterproductive when you just put them into a segregated area and are not able to continue the interventions. We're trying to maintain all of the dimensions of security that are necessary but to make sure that the structure and design and resourcing.... As I indicated, we'll be hiring additional mental health professionals, among others. The whole point is to continue the treatment, the interventions, the attention and the programming that they need to reduce the risk that they pose.

• (1545)

[Translation]

Mr. Michel Picard: This matter was raised about two years ago, and one of the major issues then was the number of days spent in administrative segregation. Under this bill, administrative segregation of an individual must end as soon as possible even if the individual is in a structured intervention unit.

How does the nuance in the bill address the thorny issue of number of days in segregation? I'm not 100% sure, but I think this came up at the UN.

People are put in structured intervention units in order to meet needs that we used to think, perhaps wrongly, were being met under the old system and to give them access to external programs and interventions.

How can we reduce the number of days an inmate has to spend in an SIU?

[English]

Hon. Ralph Goodale: According to the law, the person's time there will be as short as possible. The critical thing is that for the entire time they are in a structured intervention unit, they will receive the treatment they need to modify their behaviour, to deal with mental health issues, to be counselled—in the case of indigenous people, for example, by elders—and to be visited by the John Howard Society or the Elizabeth Fry Society. They will receive the kind of interventions and attention that will reduce the risk they pose and make it more likely that they can successfully return to the general population.

The problem with the previous form of administrative segregation—as it was called, and before that, solitary confinement—is that for 22 hours a day, that person was alone in a very dark place, probably getting worse, probably increasing the danger and the risk. The objective here is to create a different environment that will allow treatment and other interventions to continue. Their mental health will improve and their other difficulties will be reduced. They will become less of a risk, both inside the institution when they return to the general population, and outside the institution when they are eventually released.

The focus is on treatment and detention.

Mr. Michel Picard: Thank you.

The Chair: Thank you, Mr. Picard.

[Translation]

Mr. Paul-Hus, you have the floor for seven minutes.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Thank you, Mr. Chair.

Good afternoon, Minister, ladies and gentlemen.

On page 3 of the bill, section 29.1 relates to the reclassification of various areas in a penitentiary. They can be reclassified from minimum security to maximum security and vice versa.

In Ms. McClintic's case, you received a report, but we haven't heard your comments on that. Was the decision to move that person to a healing lodge based on the same philosophy as reclassifying certain areas in a penitentiary? For example, could the classification of that person's room where she was sent be changed from minimum to maximum security? I'm exaggerating, but only a little. I want to understand how this works. Can you tell us if, in this person's case, the classification will go back up to maximum security?

[English]

Hon. Ralph Goodale: That is a separate issue, Mr. Paul-Hus, which does not pertain directly to Bill C-83. As you know, however, some weeks ago I asked the commissioner to examine the circumstances around a particular transfer, and beyond that particular case, to also examine the transfer policy in general to determine, first, whether the policy had been properly applied, and second, whether the policy needs to be changed.

Toward the end of last week, the commissioner completed her work and provided me with a report. I have that report under very careful consideration and I expect to be in a position very soon to offer a response to the findings and to the advice I have received from the commissioner. As soon as I'm in a position to do that, Mr. Paul-Hus, I will make my comments public.

• (1550)

[Translation]

Mr. Pierre Paul-Hus: Thank you.

We are eagerly awaiting your comments, Minister.

This bill also covers body scan searches. Our understanding is that prisoners would be subjected to these searches.

Are you planning to subject all penitentiary visitors to body scan searches? Doing so would have a major impact on illegal substances entering correctional institutions and could eliminate the need for needle exchange programs.

Are you planning to subject everyone to body scan searches?

[English]

Hon. Ralph Goodale: Mr. Paul-Hus, as you know, contraband getting into correctional facilities is a serious problem. It presents very serious safety and security issues. The Correctional Service of Canada has various techniques now for trying to intercept contraband, which is against the law and needs to be stopped from coming into the institutions.

The one basic technique that the Correctional Service has at the moment to employ is searches, including strip searches and invasive searches. The introduction of body scanners will allow the same, or perhaps even an increased, level of security in a less intrusive manner. I notice that the use of these scanners is being extended to a number of provincial correctional institutions across the country.

[*Translation*]

Mr. Pierre Paul-Hus: Minister, my question was actually about whether you're planning to subject all penitentiary visitors to body scan searches. In 95% of cases, scans would prevent drugs and other items hidden in body cavities from getting into correctional institutions. Are you planning to use this kind of search on everyone?

[*English*]

Hon. Ralph Goodale: They could indeed be used for that purpose. Let me ask Commissioner Kelly to comment on what her practical intentions are.

Ms. Anne Kelly (Commissioner, Correctional Service of Canada): Yes, the body scanners would be for use with the offenders and the visitors. It would be used the same way as other methods that we now use at entrances. If there is a hit, we do a threat risk assessment.

[*Translation*]

Mr. Pierre Paul-Hus: Thank you.

If everyone went through body scan searches and if fewer illegal substances got in as a result, there would be no need for needle exchange programs, which unions don't like. After all, needles are used to consume contraband drugs. I know the program is meant to control the spread of disease, but the problem is still there. If there is a way to keep 95% of illegal substances out of penitentiaries, there would be no need to give prisoners needles.

Can we all agree on that?

[*English*]

Hon. Ralph Goodale: Mr. Paul-Hus, our objective is to make these institutions as safe and secure as they can possibly be for the people who work there, for the people who visit there on occasion, and for the people who are in custody there. All these measures are intended to enhance public safety.

[*Translation*]

Mr. Pierre Paul-Hus: Thank you.

Earlier, you said that segregation cells were dark, but I visited a penitentiary where the lighting in those cells was exactly the same as the lighting in regular cell blocks. The difference is that the inmates were segregated for 22 hours a day. Their cells had windows and were very bright. They even had televisions. People think that the hole, the segregation cell, looks like it did in the old days. They think it is a dark place with a locked door, but that is no longer the case.

After your parliamentary secretary's speech, I asked her what the main difference was structurally. Forget the administrative side of things and the medical and psychological aspects. I'm talking about the physical structure. How will structured intervention units differ from the current set-up. There are already comparable cells. Will they be bigger? I'm trying to understand.

●(1555)

[*English*]

Hon. Ralph Goodale: The crucial distinction is the level of service, treatment and interventions; the amount of time that is allowed out of the cell during the day, which will be doubled in an SIU compared with administrative segregation; and again, the whole orientation of the system.

Under administrative segregation, the heavy emphasis has been on the control and safety and security imperatives, without continuing treatment. In a structured intervention unit, the security features are maintained, but the objective is to ensure that the treatment, interventions and programming will continue and perhaps even be enhanced, particularly with respect to mental health, to make sure that the individual gets less dangerous and not more dangerous.

The Chair: Thank you, Mr. Paul-Hus.

[*Translation*]

Mr. Dubé, you have the floor for seven minutes.

[*English*]

Mr. Matthew Dubé (Beloeil—Chambly, NDP): Thank you very much, Chair.

Minister, thank you for being here.

I just want touch on this issue of independent review. You'll recall that in the 1990s, when Justice Arbour commented on the situation, her notion was around this fact that essentially power was being taken away to a certain extent from the courts because of the abuse and misuse of solitary confinement.

She would probably not like me paraphrasing, but I'll do my best. Her assessment was that, essentially, the courts were being to a certain extent impeded on because the nature of the punishment was changing through the way that solitary confinement was being used at the time. From what we've seen with these court decisions, arguably that hasn't changed. She called for judicial oversight.

In Bill C-83, there is this notion that with the commissioner—and I say this, of course, with all due respect—and the institutional head, the warden essentially, will be reviewing and that's satisfactory. However, my issue is that even the Ontario decision, which didn't go as far as the B.C. decision, says that the person who is reviewing shouldn't be in any way influenced, or in the circle of influence, or reporting to the person who made the decision.

If the commissioner is designating an area and designating an inmate, and the warden is then the one who is reviewing every—what is it?—five days or so, does that not contravene what the judge's assessment was about the circle of influence that can prevent this review from being truly independent?

Hon. Ralph Goodale: Monsieur Dubé, I hear your point, but your question assumes that the system being examined is the same system under Bill C-83 as the one that exists today. Our objective is to change that system fundamentally so that it's no longer in any way, shape or form administrative segregation. It is a new approach that focuses on intervention, treatment and programming that does not have the dark aspects that Justice Arbour was rightly concerned about.

Mr. Matthew Dubé: In the technical briefing, we were told that the current cells that are used for solitary could be converted into SIUs. Senator Pate has said this is essentially solitary confinement under another name, and others have said similar things.

The John Howard Society said, "There's nothing in Bill C-83 that specifically limits the placement of people with mental health issues in these structured intervention units."

Minister, the concern I have there, and I wonder if you could respond to this, is that in his report last week the corrections investigator talked about the staffing issues with psychiatric services in our corrections facilities. When you go back to the bill, the purpose of an SIU is defined in it as to:

provide an appropriate living environment for an inmate who cannot be maintained in the mainstream inmate population for security or other reasons;

What's to prevent "other reasons" from becoming an issue of appropriate staffing? It's great to have language in the bill that talks about mental health practitioners, but what's to prevent the person from being placed there because there just aren't the resources to handle someone? That's what we're seeing currently with solitary confinement.

Hon. Ralph Goodale: I'll ask Commissioner Kelly to comment on this as well, but you are absolutely right to say an SIU system cannot be run on the same human resources and financial resources complement.

• (1600)

Mr. Matthew Dubé: Minister, with respect, that's not what I'm saying. Part of the reason we see the abuse of solitary confinement now is the lack of proper resources. That's why we see an overrepresentation of people with mental health issues. They're being put in solitary.

Hon. Ralph Goodale: That's my point. You need—

Mr. Matthew Dubé: How will that change, then?

Hon. Ralph Goodale: You need more staff.

Mr. Matthew Dubé: However, that's the situation currently as well. Isn't that correct?

Hon. Ralph Goodale: When we change this system—and it will change gradually over time—the commitment that goes along with it is to increased resources, both human resources and financial resources, to make sure that we can change the orientation of the system. If it's going to run just like administrative segregation, that is not our intention. That's not what we want to accomplish.

We want to add the mental health professionals, add the upgraded and improved programming, so that the people who are there are actually getting the interventions, the programming and the treatment that will change the behaviour, reduce the risk and make them ultimately healthier citizens.

Mr. Matthew Dubé: Minister, just—

Hon. Ralph Goodale: If your point is that it takes a budget allocation too, you're right.

Mr. Matthew Dubé: That is currently the case at any rate. Certainly, we have a fundamental disagreement on whether this is actually a change beyond a cosmetic one.

I have a question, however, about the cap on the number of days. As Mr. Picard said it's something that has been brought up by the UN. In fact, I'm curious to know whether you can explain why in Bill C-56 there was a prescribed cap. Mind you, we can debate, as we did at the time, the view that the mechanisms in place, should that cap be surpassed, were insufficient, but beyond that the cap was still there in writing, much closer to what the UN has called for—to respect human rights and dignity, essentially.

I'm wondering why there's no cap beyond the five-day and then the 30-day review? The bill doesn't prescribe a limit on the amount of time that a prisoner can be in solitary.

Hon. Ralph Goodale: A cap is necessary if you're dealing with a system of administrative segregation. As you recall, we proposed to start at 20 days and bring it down to 15.

Mr. Matthew Dubé: Minister, can you really say, though, when we're going from 22 or 23 hours to 20 hours a day, that we're changing fundamentally what the current system is?

Hon. Ralph Goodale: It is absolutely fundamentally different, because the programming continues, Mr. Dubé. This is not tinkering around the fringes of administrative segregation.

Mr. Matthew Dubé: Without any independent review or mechanism, if there should be abuses, it's basically all happening internally. I say this with all due respect to the capabilities of those conducting these reviews, but ultimately, if there's no one there to respond with any power of law to any abuses that might take place, then we're right back at square one, with the current status quo.

Hon. Ralph Goodale: Let's ask Commissioner Kelly, because she will be charged with running this system in a way that reflects the fundamental changes. It is no longer administrative segregation. It is a mental health treatment approach.

Mr. Matthew Dubé: My time is up, Minister, and we'll have the officials the next hour, but I don't think we've been convinced that it's truly a different system.

The Chair: Thank you, Mr. Dubé.

I apologize, Ms. Kelly. We are captive to clocks.

Madam Damoff, you may take seven minutes, please.

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Thank you, Chair, and thank you, Minister, for being here, along with all of your officials.

I actually like the intent of this bill. I think there are some really transformational changes being made here.

I have a number of questions. The first one has to do with healing lodges, because there is a change in this that modifies section 81 of the act. What it does is authorize CSC to enter into agreements with, in the currently used language, “the aboriginal community”. The new language would change this to an “Indigenous governing body or any Indigenous organization”.

I had the opportunity in Edmonton to visit the Stan Daniels Healing Centre and Buffalo Sage Wellness House, both of which are outstanding examples of the partnership with the Native Counselling Service in Alberta. I wonder, Minister, whether you could explain to us why that language has been changed in section 81. It was actually also a recommendation that came out of our Status of Women report: that we allow organizations such as Stan Daniels Healing Centre to run more of these healing lodges.

Hon. Ralph Goodale: The objective, Ms. Damoff, is to have language that accurately reflects the contracting capacity of the person or the organization with whom you will be entering into a contract with, if I have my participles right. The language in the present law is a bit vague, and the intention here is to describe the other contracting party who has the legal capacity to enter into a contract with the Correctional Service of Canada. There is no intention here to narrow the scope or to rule out potential contracting parties, but they need to have the legal capacity to enter into a legally binding contract.

I note that the language we've used here is similar to the language used in other legislation—for the Department of Indigenous Services Canada and so forth. We've tried to mirror that legislation by expressing it in the same way.

If some further clarity needs to be found in that language so that we get the intent exactly right, we would be happy to consider any amendments that might be proposed, but we think this language, running in parallel to what Indigenous Services Canada does, accurately reflects the intention here: to enter into contracts for the provision of services, with the other side having the legal capacity to sign the contract and to honour it.

•(1605)

Ms. Pam Damoff: Thank you, Minister.

One of the fundamental changes being included in Bill C-83 is the increase in the number and role of health care professionals in these SIUs. The fact is that in the past, administrative segregation has been used for individuals with mental health issues. Can you comment, Minister, on whether or not these mental health professionals will have the ability to move individuals from an SIU to a treatment facility?

Also, is additional funding at some point for more treatment facilities being contemplated? Often, in my opinion, many of these individuals should actually be treated for their mental health issues and not put into segregation, which is what was being done in the past. Could you comment on that a little?

Hon. Ralph Goodale: The intention is indeed to substantially increase the number of mental health professionals and to give them the professional independence to come to their own conclusions about the conditions or circumstances of a particular individual and not in any way feel compelled or coerced by the correctional setting they are in. They would have the independence to require the right

kind of treatment for that particular person, according to their best independent, professional judgment.

Let me ask Commissioner Kelly to add.

Ms. Pam Damoff: Before Commissioner Kelly speaks, would this allow us to perhaps provide that independent oversight?

I don't disagree with Monsieur Dubé about making sure that someone independent is watching what's going on in these units. I am wondering whether these health care professionals can provide that independent oversight. Maybe there is some tweaking in the language of the bill to give them the power to have that oversight ability.

Hon. Ralph Goodale: They certainly have a critical role to play in that regard.

Commissioner Kelly, do you have something to add?

Ms. Anne Kelly: Yes.

What the bill says is that, first of all, there is going to be a daily visit by a health care professional, and that health care professional can actually recommend to the institutional head that conditions of confinement be modified or can even recommend removal from the SIU, if the SIU is aggravating the person's mental health condition.

Ms. Pam Damoff: I visited the Stony Mountain prison, where they have units.... I don't remember the term they used for them, but there were four units, basically for people who needed to be segregated from the general population for whatever reason, but the four or six individuals—whatever number it might be—could interact with each other. Physically it was much different from a segregation unit that I've seen.

Is that generally the thinking around these SIUs?

•(1610)

Ms. Anne Kelly: Yes. Right now, in current segregation the offenders are not able to associate. With the structured intervention units, if certain offenders can associate—they're not incompatibles—they will be able to do so, and we will be able to offer programming to that group of offenders, which is different from administrative segregation.

The Chair: Thank you, Ms. Damoff.

Mr. Motz, take five minutes, please.

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

Thank you, Minister, for being here.

You indicated in your opening remarks that this legislation will in no way impact the safety of the staff in the prisons.

The Union of Canadian Correctional Officers has expressed concern with this legislation, particularly with eliminating disciplinary segregation.

Allow me to quote their president, Mr. Godin, who said that the correctional officers need tools to ensure “that inmates displaying dangerous and violent behaviour have some consequences for their actions.” He says that since Correctional Services Canada has limited its use of segregation with new policies, there has been an increase in the number of assaults on inmates and staff.

With that reality, what in this bill will make sure that correctional officers will be safe at work?

Hon. Ralph Goodale: The power to separate people when they need to be separated for the purposes of safety, whether that is safety of the institution, safety of the staff, safety of other inmates, safety of personnel who may be visiting the institution—that power to get people apart, if they need to be apart for safety reasons—remains.

Mr. Glen Motz: All right.

Minister, you had indicated also in your opening remarks that the SIUs will be redesigned. I'd like to know what renovations will be required to change the current units into what you're envisioning with this particular legislation. Help me understand the additional staffing requirements that you have identified there.

What's the cost? I look at this legislation and I see no reference to what it will actually cost to play this out. What types of costs are associated with the renovations required, the change in structure and the additional staff requirements to make this a reality?

Hon. Ralph Goodale: The finances to allow the implementation of Bill C-83 will be forthcoming through the appropriate budget allocations and estimates.

I'd make the point that one doesn't wade into the detail of that until one actually has the legislative authority to do it. You've made that point yourself, so I take that point. When we have the legislative authority, we will then come forward with the budgetary allocations to implement this plan.

In terms of the physical structures, that will vary from institution to institution, but let me just ask Commissioner Kelly if she—

Mr. Glen Motz: We have her in the second hour, so I'll reserve those questions for her. Thank you, Minister.

Again, just about the cost, there have been indications that some of the institutions don't have the infrastructure required to get them up to standard to even meet the requirements for body scanners. I know you say you're going to implement the budget requirements for this and you'll announce that in due course, but in my estimation the cost is going to be substantial to bring them up to standard.

I have one more question for you, in regard to the term “meaningful human contact”. That is not defined in legislation. As in many other pieces of legislation that this government has introduced, the devil is always in the details.

What does that actually mean? I have no idea what that means. I don't know whether I'm getting “meaningful human contact”. We don't know. Without a definition, it's difficult—

Some hon. members: Oh, oh!

Mr. Glen Motz: The other side of that is, without it being defined, is there a possibility that without some clear ability to address what those requirements might be, the vague terminology is going to

create an environment where there could be vexatious grievances by inmates because they're not getting meaningful human contact?

• (1615)

Hon. Ralph Goodale: The language used in Bill C-83 is intended to refer generally to social interaction and psychological stimulation that is conducive to mental health and rehabilitation. That is what, by definition, is lacking in administrative segregation. For 22 out of 24 hours a day, a person is alone.

We intend to change that substantially. That may be programming staff from the outside. It could be elders. It could be various kinds of counsellors. It could be mental health professionals, a whole range of people. It could indeed, from time to time, be other compatible inmates.

The whole point is to try to change the course of behaviour of these individuals so that they pose less of a risk to themselves and less of a risk to others and to society generally.

Mr. Glen Motz: But isn't that—

The Chair: Thank you, Mr. Motz.

Mr. Glen Motz: I was just getting going.

The Chair: I know.

It's Ms. Dabrusin's five minutes and she's never had to question whether she's had meaningful human contact.

Ms. Julie Dabrusin (Toronto—Danforth, Lib.): I'm going to leave that.

Before today, I was reading through the two cases, the Ontario case and the B.C. case, as well as the Ashley Smith inquiry recommendations. One of the things that really struck me was how we provide services to inmates who are mentally ill.

In the decision from the B.C. court, it states:

On the evidence before this Court, the most serious deficiency in dealing with administrative segregation placements is the inadequacy of the Government's processes for dealing with the mentally ill.

How does this bill respond to those concerns that were raised by the court?

Hon. Ralph Goodale: The answer to that, Ms. Dabrusin, is that this lies at the core of what Bill C-83 is all about. That is, to provide the capacity in the segregated intervention units through mental health professionals and others to make the interventions, and to provide the treatment and care that will in fact address those mental health issues.

I think I mentioned in the debate in the House that, with respect to the overall population of offenders, the number of those with significant mental health issues is in the neighbourhood of 70%, I believe, when you add men and women together. The number for women is much higher and the number for men is a bit lower. Mental health difficulties are involved with the vast majority of offenders. If we're not addressing that and just sort of storing people until the time runs out and they're eventually released, they're very likely to come out of the system in worse shape and more dangerous than before they went in.

Ms. Julie Dabrusin: One of the things that struck me was the finding of facts in the B.C. case about some individuals actually seeing someone for mental health services only once a week.

I believe there's a change on that in this bill that would require more visits.

Hon. Ralph Goodale: As Commissioner Kelly mentioned, in these units, there would be a visit by a health professional once per day. The legislation specifically safeguards the professional independence of the mental health professional to be able to exercise their judgment according to what they believe is right.

Ms. Julie Dabrusin: One of the other things I was looking at was the truth and reconciliation calls to action. One of them, number 36, calls upon—and I'm abbreviating—the federal government to work with aboriginal communities to provide culturally relevant services to inmates on issues such as substance abuse, family and domestic violence, and overcoming the experience of having been sexually abused.

With the finding in the B.C. case, there was a section 15 violation for indigenous people.

I have just under two minutes left. Can you let me know how this bill might address the call to action and that finding?

Hon. Ralph Goodale: It does so in several ways.

Also, beyond the legislation, there are the financial commitments made in the last two budgets that provide more resources for dealing with indigenous-based programming within federal institutions. We are, by this legislation, essentially enshrining in law the Gladue principle.

For the last 15 or 20 years, the correctional service has applied the Gladue principle in the way it has tried to function, but now it will actually be enshrined in law that indigenous histories, backgrounds and characteristics need to be taken into account in the custodial transfer and treatment decisions made by the Correctional Service of Canada.

• (1620)

Ms. Julie Dabrusin: Section 80, I believe, of this new bill states, "Without limiting the generality of section 76, the Service shall provide programs designed particularly to address the needs of Indigenous offenders."

Could you tell me a little bit about what the thought was behind that?

Hon. Ralph Goodale: There has been criticism over the years from the courts—you referred to some of it—the Office of the Correctional Investigator, the John Howard Society, the Canadian

Association of Elizabeth Fry Societies and others that indigenous people do not have as much access in our federal institutions as other inmates have to programming and services that are appropriate to them. By the legislation and by the budget commitments that we are making, we are trying to address that issue. You may recall that this is a mandate that was given to both the Minister of Justice and to me in our mandate letters from the Prime Minister.

We were also told to implement the findings of the coroner's inquest into the death of Ashley Smith. This legislation takes some important steps forward in doing that. Ashley Smith's case was one of the very tragic circumstances where an indigenous woman with significant mental health issues was failed by our system, and we're trying to address that.

The Chair: Thank you, Ms. Dabrusin, and thank you, Minister.

Mr. Eglinski, take five minutes, please.

Mr. Jim Eglinski (Yellowhead, CPC): Thank you, Mr. Minister, for being here today.

You mentioned during your input earlier the health care professional's independent decision-making. If a health care official visits an inmate once a day and that prisoner is being watched for 20 hours a day, and for four hours under the new act he or she can move around, you're saying that the health care professional has the ability to say that the person should be released or removed from that part of the jail.

Is there an appeal or a method under the new act whereby the institutional head or the commissioner may say, no, we do not think it's safe, or in the interests of the guards, the other prisoners or even the inmate himself or herself?

We're going to be dealing with, yes, a professional person who might be seeing that person for half an hour a day, in contrast to the guards and the institution, watching that person for 23 and a half hours a day. I wonder whether there is a mechanism for the head or the commissioner to object to that assessment.

Hon. Ralph Goodale: Commissioner Kelly can explain the exact process here, but my understanding of how this would work is that if the health care professional thinks there's something fundamentally wrong—that this person is in a circumstance such that his conditions are making him worse, not better—then the health care professional can give that very emphatic advice to the administrators of the institution, and they have the ability to then act on the advice.

Anne, can you elaborate on this ?

Ms. Anne Kelly: Yes.

The health care professional can make a recommendation to the institutional head.

I think your concern is about what happens if the institutional head doesn't follow that advice. Obviously, a health care professional who felt strongly that the conditions of confinement should be changed or that an offender should be removed from the SIU would in all likelihood consult with the region through health services, and then the question would get to our assistant commissioner of health services and would be dealt with.

Patient advocates are going to be part of this model as well, to help inmates navigate through the health care system to better know their rights. They are then better engaged in their health treatment.

● (1625)

Hon. Ralph Goodale: That was specifically one of the recommendations that came out of the Ashley Smith inquest.

Mr. Jim Eglinski: All right, but you haven't really clarified the one thing I was asking. Is there some protection in there for the institution itself to argue its case against the medical professional? What I'm concerned about is the safety of our public employees working in institutions.

Ms. Anne Kelly: Yes, absolutely there is, because the health care professional is making a recommendation to the institutional head. The institutional head has all of the information at his or her disposal and can balance the risks and make a decision.

Mr. Jim Eglinski: Okay, thank you.

You mentioned that the health care professional is independent. Say this person is not being treated properly in the institution and has to be removed, under the recommendations of the health care professional. Mental health falls under provincial medical legislation. Are there portions of the act whereby the provinces will be compensated, if you have to move this person from an institution to a mental health facility?

Ms. Anne Kelly: If need be, we have treatment centres, and if the offender needs to be in a treatment centre to get the proper care, that's where the offender would be transferred.

Mr. Jim Eglinski: Okay, you have facilities, then, within the correctional institution to deal with severe mental conditions and violent mental—

Ms. Anne Kelly: Yes, we do.

Hon. Ralph Goodale: For example, there is the Regional Psychiatric Centre in Saskatoon, which deals with the prairie region.

The Chair: Thank you. We're going to have to leave it there, Mr. Eglinski.

Mr. Spengemann, you have the final five minutes, please.

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Mr. Chair, thank you.

Minister Goodale, it's good to be with you and to have the senior leadership from your corrections team with you as well.

There is a fundamental difference in vision that you've achieved. I'd like to commend you for the leadership, for bringing this bill forward. To me, what you said early on captured it. When we put somebody into administrative segregation for any length of time, they are, in your words, "probably getting worse". We're achieving outcomes that the correctional system isn't aimed to achieve. If we

put somebody through it and they come out at the other end in a worse condition, that is not where we want to be.

To get back to some of the costing questions that my colleague Mr. Motz put in front of you, can you talk briefly about the economic opportunity or the benefit inherent in the proposal? In other words, when we have somebody who leaves the correctional system in a much better way, both in terms of mental health and potentially through programming other skills sets as well, when she or he returns to the community, what are the economic expectations? What are the expectations for that person's ability to integrate and resume normal life, so to speak?

Hon. Ralph Goodale: It all depends on the individual, of course, but the point is, if we don't make appropriate efforts at treatment, rehabilitation and ultimately reintegration, people will come out of correctional facilities no better, or perhaps worse, than when they went in, and that will increase the danger to the public.

Our whole goal here is to be successful at the treatment and at the rehabilitation so that this person will not offend again, there won't be any more victims from this particular individual, and our communities will be safer. When you have fewer offenders in the future, fewer victims and safer communities, your costs go down.

It's a difficult thing to quantify, but the investment in treatment, intervention and mental health care, considering the huge proportion of that population that requires mental health care, is an investment up front that is bound to save dollars down the road.

Mr. Sven Spengemann: Thank you very much. That captures what I was trying to get at.

Administrative segregation would have created a risk of stigma within the correctional system as it's currently framed, as it was previously applied. To what extent do you think there is a residual stigma attached to SIUs? In other words, for somebody who's going through an SIU under the proposed bill, would there be less stigma as far as their peer population is concerned? If so, what forms would that take?

● (1630)

Hon. Ralph Goodale: Mr. Spengemann, I'm going to have to defer to Commissioner Kelly here, as she has 30 years of experience in this system and understands the impacts very well. I would ask her if she could comment on that issue. When someone comes out of an SIU, how likely are they to be able to reintegrate back into the general population in an effective way?

Ms. Anne Kelly: I believe in the SIUs because of the targeted programming and interventions that are going to be provided.... Our goal is to ensure that we address the underlying behaviour, the reasons that offenders are placed in SIUs in the first place, and then ensure that when they are returned to the mainstream population, they don't come back to an SIU.

Mr. Sven Spengemann: Thank you very much.

Minister, we often look to our allies in matters of public safety, particularly the Five Eyes—Australia, New Zealand, the U.K., and the U.S.—and others. How do we line up with this new proposal in terms of how other countries are managing their corrections systems? Is this cutting-edge, ending administrative segregation altogether? Are other countries doing it? What experience, if any, is coming back to us from them?

Hon. Ralph Goodale: I think of what we proposed in Bill C-56 as a way to reform administrative segregation. I recall the Office of the Correctional Investigator describing that legislation as probably putting Canada in the vanguard of the world in terms of a progressive approach.

This legislation now goes further, eliminating administrative segregation and creating a quite different model that is intended to focus on mental health and other forms of treatment and intervention. Obviously we have to be successful in developing the new structures. We have to be successful in providing the new budgets and in the implementation of the plan, as it would be phased in over a number of years, but this has the potential to put Canada way ahead of virtually all our contemporaries in the way we manage our correctional system.

The Chair: Thank you, Mr. Spengemann.

Before I suspend, I want to thank the minister for his attendance here today. I anticipate that he will be back here very shortly on something else entirely.

Hon. Ralph Goodale: Mr. Chairman, let me just thank all members of the committee for their conscientious attention to the subject matter. This is a topic that's difficult, and it takes a lot of careful attention. I'm grateful that people on both sides of the table are dealing with it in a serious way.

The Chair: Thank you.

With that, we'll suspend for a minute or two and re-empanel.

•(1630) _____ (Pause) _____

•(1635)

The Chair: Colleagues, could we come back together again? We have limited time.

Commissioner Kelly, I'm assuming you have no additional statement you wish to make?

Ms. Anne Kelly: No, I haven't.

The Chair: We'll go directly to Ms. Dabrusin.

You have seven minutes, please.

Ms. Julie Dabrusin: Thank you.

When I was reading the B.C. decision, one thing that really struck me was evidence from a Mr. Somers, who talked about “inmates volunteering to be in segregation...as comprising the largest proportion of segregated inmates and the most difficult to get out of segregation”. That stuck with me, because then there were findings that the judge made later in the case about how to deal with these inmates in particular.

Through this bill, is there any improvement regarding the way to deal with those individuals? What can you see structurally to help get those people out faster from the structured intervention units?

Ms. Anne Kelly: You're quite right, we do have a certain percentage of offenders who, for example, are currently in segregation and want to be there—it's at their own request. We're likely going to have the same in the structured intervention units.

What's going to be different about it is that we will have targeted interventions and programming. There will be staff—program staff, parole officers, elders, behavioural counsellors—who are going to work with those offenders to try to find alternatives for them so that they can go back to the mainstream population. Just the fact that there are going to be intervenors working with the offenders is going to make a difference.

Ms. Julie Dabrusin: That was one piece. I believe the case referred to a new subpopulation labelled “voluntary dissociation”. They were talking about even having a separate system for those individuals. I don't know how realistic that is, and I don't know whether operationally they're held in a different place.

How does it work operationally, for the voluntary....?

Ms. Anne Kelly: Actually, of the offenders we have in our current segregation, we have a percentage who are there voluntarily. Work is under way right now to see how we can work with them to find alternatives to current segregation.

In some of our institutions in which we have ranges or units that currently are not full, we're trying to see whether we can take some of these offenders and place them in those ranges.

Fraser, do you want to elaborate?

Chief Superintendent Fraser Macaulay (Acting Senior Deputy Commissioner, Correctional Service of Canada): Yes.

It's a bit twofold. First, in the SIUs we'd be looking at the root cause of their not being willing to integrate. Then, if there were requirements to intervene, we would do so. The other object right now is that if they just plainly don't assimilate and we can find other places where they can, we're going to be looking at that solution as well. It's thus a two-pronged approach.

Ms. Julie Dabrusin: I appreciate that response.

The reason I raise the question is that this seemed to be pointed out as a subpopulation for whom hard caps on the number of days were harder to deal with. I'm trying to see where the potential solutions are and how this system might be able to deal with this group.

I have another question. When I was reading through the decision, I noticed some inmate stories. There was one individual who talked about how she had managed to take classes in the regular mainstream population, which had increased her education, I believe from grade 5 to almost graduating, but who said that once she was in segregation, because somebody was basically just dropping off assignments for her and leaving, she didn't complete.

How do you see our being able to provide classes or education in the structured intervention units that wouldn't involve someone just dropping off a piece of paper and saying, "This is your assignment for this week"? How would you manage that in this new structure?

• (1640)

Ms. Anne Kelly: As part of the structured intervention units, there will also be teachers who are available to work with the offenders, so the offenders who are upgrading their education will be able to pursue that course and finish upgrading their education.

Ms. Julie Dabrusin: The way I understand it is that there are teachers now. They just don't spend time directly with the inmates in that way, if they are in what is right now administrative segregation. Do there need to be different kinds of physical spaces so that these inmates can perhaps have time with a teacher one on one, or in a group setting? How would that work?

Ms. Anne Kelly: As I mentioned earlier, in current segregation the offenders are each in their cell. With the structured intervention units, we're going to look at whether it's possible that certain groups of offenders can associate together, and if they can, then we'll be able to offer programming to that group of offenders. It's the same with actually teaching.

Ms. Julie Dabrusin: Thank you. That's helpful, because this question really struck me when I was looking through the different stories about rehabilitation and about trying to allow people to continue on the course they were on.

Here is the other thing I was curious about. This is shifting a bit, but we had talked about and had been studying ion scanners here at committee. In this bill, I see that bringing in body scanners is part of what's foreseen.

Is there a point at which you envision body scanners potentially replacing ion scanners and their use for visitors?

Ms. Anne Kelly: I'll ask my colleague to respond to that.

C/Supt Fraser Macaulay: There is the possibility that under different conditions this would occur. The body scan will depend on what technologies we're going to use, and there's still a lot of reviewing to be done as to what type of technology it will be and where the units will be placed within the institution.

The ion scan, however, is not just for drugs. It's for other things as well. These systems will be working together. I don't see a scenario in which we'll just completely eliminate ion scans.

Ms. Julie Dabrusin: I believe I'm out of time.

The Chair: Yes. Thank you. We have to leave it there.

[Translation]

Mr. Paul-Hus, you have the floor for seven minutes.

Mr. Pierre Paul-Hus: Thank you, Mr. Chair.

I am still unconvinced as to this bill's true intentions. The idea is to end administrative segregation, but people will be locked up in a cell for 20 hours a day. It's basically the same, just two hours less per day. Currently, incarcerated individuals in regular areas of penitentiaries have access to services. The administrative segregation area is for dangerous inmates, inmates in crisis who need to calm down, and people who ask to go there to get away from other prisoners.

I get that there has been abuse in some places and that there have been problems, but the basic principle hasn't changed. The bill seems to be about creating a section that will look like a regular cell block but be for inmates in segregation who can be in contact with one another. There are two basic reasons for segregation: prisoners are segregated because they are very dangerous and have to be kept away from others or because they want to be segregated.

What's the goal here? Don't you think this will end up creating three distinct areas: the regular area, a new area called a structured intervention unit and the actual administrative segregation area? A maximum security penitentiary is not full of choir boys. Maybe the goal is to create a kinder, gentler environment, but there still has to be a stricter area, right?

Ms. Anne Kelly: To be admitted to a structured intervention unit, offenders have to meet certain criteria. Inmates may be moved for reasons related to the security of the penitentiary or of other inmates. That is how it's done now, and that will continue to be the case. Inmates can be segregated. The main difference has to do with being allowed out of their cells for at least four hours a day, two of which are for programs tailored to their needs and structured interventions led by professionals.

• (1645)

Mr. Pierre Paul-Hus: That would be done individually though because those inmates cannot be allowed to interact. The point of putting people in segregation is to cut off human contact. If you set up discussion groups with these inmates, you're going to have a problem.

Ms. Anne Kelly: Some of the inmates in these units may be allowed to interact. If so, they may be offered group programs, such as educational activities. It may be impossible for others to interact because of incompatibility, so they will have to go to individual sessions.

Mr. Pierre Paul-Hus: That's what I was saying earlier. There's going to have to be another area just for segregation. For some inmates, that's the only solution. They can't interact with others ever. I'm thinking of Paul Bernardo, a guy who should have been in segregation full time from day one of his imprisonment. He is a hopeless case, and I highly doubt you'd be able to get him to participate in a group discussion for group therapy. He's not the only one.

Ms. Anne Kelly: True, these units would not be appropriate for some offenders. If they can function in groups, we'll do that, but for others there will have to be individual sessions.

Mr. Pierre Paul-Hus: Okay.

I'd like to talk some more about body scanners. My understanding is that these devices work very well but are not infallible. I believe Ontario and British Columbia are already using them. I gather they have a 95% success rate for detecting drugs and other objects, such as cell phones, hidden on or in a person's body. Can you confirm that these scanners are 95% effective at detecting drugs people are trying to smuggle into penitentiaries?

Ms. Anne Kelly: I don't know what the devices' success rate is.

Mr. Pierre Paul-Hus: Okay.

Are they that advanced though?

Ms. Anne Kelly: We are still in the process of comparing various models.

Mr. Pierre Paul-Hus: Ontario is already using them, and so is British Columbia. Have you been in touch with those provinces to find out how well the devices are working?

Ms. Anne Kelly: Yes. We've been talking to the provinces that are already using them to find out how it's going and what their success rates are. That being said, we are currently comparing different models.

Mr. Pierre Paul-Hus: Bill C-83 seems to indicate that these scanners would be used to examine inmates, but it seems that they are not necessarily meant to be used for all visitors. Do you think it would be a good idea to go that far?

Ms. Anne Kelly: The bill refers to offenders, visitors and staff.

Mr. Pierre Paul-Hus: That's great.

I now want to come back to the controversial needle exchange program that will be offered to inmates at all penitentiaries and jails. As you know, the unions completely oppose the plan. I asked the minister about it. I understand the problem: drugs are getting into institutions.

If the introduction of drugs could be curbed as much as possible and at the source, and if drones could be stopped from delivering drugs, for example, to the institutions, would those needles still be needed? The officers feel they pose a real threat to their safety.

Ms. Anne Kelly: It's important to remember first and foremost that it's a sanitation program meant to reduce the incidence of infectious diseases.

In terms of drugs, yes, there is a drone problem, as you mentioned. Drones are dropping packages for prisoners. The practice is becoming increasingly sophisticated. A drone was recently found hidden in the grass, which is making it even harder to detect and recover drugs.

Mr. Pierre Paul-Hus: The issue the officers are raising is the threat posed by putting needles into the hands of prisoners. They become weapons. You know how imaginative and creative inmates can be. What are your thoughts on that?

Ms. Anne Kelly: The danger posed by needles is evaluated based on a threat and risk assessment. It's important to remember that our penitentiaries already allow the use of EpiPens and insulin syringes.

Mr. Pierre Paul-Hus: It's important not to generalize. At present, inmates have to submit a request to get that equipment.

Ms. Anne Kelly: No.

[English]

The Chair: Okay, we're going to have to leave it there. Thank you, Mr. Paul-Hus.

You have seven minutes, Mr. Dubé.

[Translation]

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

I'm not sure in some cases who I should address my questions to, so I'll just ask them of everyone and leave it up to you to decide who should respond.

My first question has to do with indigenous peoples. I understand there is a discrepancy between the English and French versions of the bill. The English term has been changed from "aboriginal" to "indigenous". In French, the term is still "autochtone" or "aboriginal".

There is also another change. Clause 79 of the bill refers to a "council, government or other entity that is authorized to act on behalf of an Indigenous group, community or people that holds rights recognized and affirmed by section 35 of the Constitution Act, 1982".

Will this provision limit the number of aboriginal communities that can be consulted or can sign agreements with the Correctional Service of Canada? Will you work with the appropriate federal department?

•(1650)

Ms. Anne Kelly: That provision will not prevent us from reaching agreements with aboriginal communities. The change applies more to something the minister explained, having to do with contracts. It would be a contract with what is referred to as an aboriginal governing body. That is the change.

Mr. Matthew Dubé: Okay, perfect.

My next question has to do with the December deadline. The minister has referred to that date several times over the past few weeks to get us to speed up our study of the bill. I'll resist the urge to show my cynicism regarding that objective.

If the bill does not receive royal assent by the deadline, there will be a legal vacuum. If there is a legal vacuum until the bill passes, is there an interim plan to manage the situation?

Ms. Anne Kelly: Of course, we will be keeping a close eye on the court decisions. If the bill does not pass by that date, a contingency plan will be needed.

Mr. Matthew Dubé: If I understand correctly, you are hoping the bill passes on time, but it's possible that it won't. In such a scenario, has a contingency plan been developed?

[English]

Ms. Angela Connidis (Director General, Crime Prevention, Corrections and Criminal Justice Directorate, Department of Public Safety and Emergency Preparedness): Yes, hello. I'll take that question.

We have sought an extension from the court to delay the implementation or the coming into force of the decisions. We're seeking an extension for that. Definitely, the priority for the contingency plans will be the safety and security of the staff, the inmates and the institution itself.

Getting into specifics right now isn't possible, but it is definitely the intention of Public Safety and the Correctional Service of Canada to work together to ensure that should the need arise, the contingency plan in place will protect the safety of the staff, the institution and the inmates.

[Translation]

Mr. Matthew Dubé: We were just talking about correctional officers' safety. I know this is a hypothetical situation and that, in politics, it can be difficult to speculate, but should that situation arise, would the union be asked to help develop the contingency plan for what happens going forward?

C/Supt Fraser Macaulay: The union would certainly participate, as is the case for all our policies.

Mr. Matthew Dubé: Okay, thank you.

At the technical briefing, something that came up a few times was the resources needed for institutions to be able to adapt to everything in the bill, if it passes.

We heard that the spaces currently being used for segregation could be adapted. Would any physical changes need to be made to those spaces, or could they be used as they are? Commissioner Kelly, you could designate those spaces according to the criteria outlined in Bill C-83, could you not?

Ms. Anne Kelly: We will be able to use the existing spaces. However, we'll have to see how the staff responsible for the structured intervention units want to proceed.

Mr. Matthew Dubé: I have a question about the translation. I don't know whether anyone here can speak to the details of the drafting of the bill.

In the English version, where it talks about releasing someone from the structured intervention unit, the expression "at the earliest appropriate time" replaces "as soon as possible", while the French version keeps the wording "le plus tôt possible" or "as soon as possible".

Is there a reason for the change in English? Is it for concordance purposes?

•(1655)

Ms. Anne Kelly: I'm not sure.

Mr. Matthew Dubé: I'll have to ask someone at the Department of Justice.

[English]

The Chair: Maybe that's a more appropriate question to be raised at clause-by-clause.

Mr. Matthew Dubé: Okay.

The Chair: I don't think it's appropriate that the witnesses venture an opinion at this point.

[Translation]

Mr. Matthew Dubé: Okay.

How much time do I have left?

[English]

The Chair: You have a little more than a minute.

[Translation]

Mr. Matthew Dubé: I want to come back to a question I asked the minister regarding the definition of inmates who cannot be managed safely in the traditional prison population.

From a security standpoint, it's pretty self-explanatory. It goes on to say "for security or other reasons".

Can you describe the other reasons? I alluded to a lack of personnel and other such problems. Can you talk to the committee about other reasons for which an inmate might have to be relocated like that?

Ms. Anne Kelly: Normally it's for the security of the penitentiary or other people.

Mr. Matthew Dubé: It says "for security or other reasons". I understand the security aspect, but I'm wondering about the other reasons.

[English]

Ms. Angela Connidis: That was discussed earlier. There are some inmates who voluntarily wish to go into administrative segregation who may not pose a serious security risk, and it could happen with regard to the SIUs as well.

The Chair: Thank you, Mr. Dubé.

Madam Sahota, you have seven minutes.

Ms. Ruby Sahota (Brampton North, Lib.): Thank you.

Earlier this year, the Parliamentary Budget Officer tabled a report looking at costs of inmates. What came to my attention was that the cost for those who were in segregation was extremely high compared with the cost for all other types of inmates. Minimum and medium security were about \$130 to \$230 a day, depending on the type of facility, but segregation was costing over \$1,000 a day—about \$1,269 is what they estimated.

Why is there such a difference in the costs? Is this the new implementation of the SIUs that we've been hearing a lot about, the resources that are going to be needed for this? Would there be savings in other areas that might be recouped from this program?

Ms. Anne Kelly: I can't answer that. I would have to get back to you on the cost of segregated offenders.

Ms. Ruby Sahota: You don't know why that would be higher.

Ms. Anne Kelly: It depends on what they capture in the cost of segregated offenders. Obviously, with our segregated population, what we try to do is to reduce the numbers. Sometimes there are transfers involved, so if that's captured in the cost, it might be as a result of that. I would have to see the breakdown.

Ms. Ruby Sahota: In creating this piece of legislation, were considerations of the correctional officers and the staff who work in these facilities taken into account?

Ms. Anne Kelly: Yes. As the minister said, with regard to those structured intervention units, there is also a need for resources. The types of resources that are going to be required are correctional officers, program and parole officers, as well as elders and health care professionals.

Ms. Ruby Sahota: From the opposition we've been hearing concern, and I'm sure it is valid concern, about the safety of the correctional officers in the facilities. Was that brought to your attention in the drafting of this legislation?

Ms. Anne Kelly: The safety of all staff is a priority for us. With regard to the structured intervention units, again, because the offenders are going to get targeted programming and interventions, we believe that it's actually going to create safer environments. We're going to be able to get to the underlying behaviours that prompted their admissions to the structured intervention units. We also believe that, by having the programming and these interventions, offenders will be less likely to return to a structured intervention unit.

I just want to say that research has shown that programs can reduce general reoffending by 45% and violent reoffending by 63%, which is substantial.

• (1700)

Ms. Ruby Sahota: That's excellent. We heard the minister say that just storing inmates until the time is up and then releasing them is not effective. This is interesting, too: that even the safety of the officers who are working within the facilities could improve, perhaps, in this situation.

With regard to the hours that were chosen in the legislation—the four hours a day—what was the reasoning behind that time frame?

Ms. Anne Kelly: Right now, they're entitled to two hours, so we looked to four hours. Again, it was looking at a full day in prison, and it's four hours, with two hours of structured intervention and programming.

Ms. Ruby Sahota: Do you think that doubling the time would result in a big difference? What kinds of results do you expect to see from two hours to the four hours?

Ms. Anne Kelly: The results we expect to get are... Again, because of the programming and interventions that are going to take place with the offenders, we expect to have more engaged offenders in their correctional plans, to address the underlying behaviours that got them into the SIU, and to see fewer returns to the SIU—offenders who can actually manage in mainstream population.

We expect better outcomes and ultimately better public safety.

Ms. Ruby Sahota: The minister was stating earlier that we would be ahead of the curve if this legislation were passed.

Can I get your comments on that—and from anyone on the panel—about why you think this legislation is important, and why it would put us ahead of the curve? Are there other countries, though, that are perhaps not within the Five Eyes, that have implemented similar pieces of legislation or made these changes, which we've learned from or can learn from?

Ms. Angela Connidis: It's very true, as the minister said, that we would be ahead of the curve. No country that we've studied—and we did this when we introduced Bill C-56, as well—has taken such a deliberate approach to focusing the safety on the reintegration aspect and dealing with the underlying causes.

In Norway, they make it a priority for those who are excluded from the general population to receive some targeted interventions. No other countries have a legislative requirement that they should be out for four hours.

Remember, in the legislation, this is a minimum of four hours, so this is across the board substantially more beneficial for reintegration than other countries.

Ms. Ruby Sahota: Okay.

The Chair: Before I turn it over to Mr. Motz, you referenced a PBO report.

Can you be specific as to which PBO report? Once we have a specific PBO report, we could ask the commissioner to comment on it and undertake to forward her comments to the committee.

Ms. Ruby Sahota: I believe it was March 2018, and I can get you more details.

The Chair: It was March 2018, so it's a fairly recent report.

Ms. Ruby Sahota: Yes.

The Chair: Okay.

Based upon that, we'll take it as an undertaking that you'll offer your observations with respect to that report, and forward them to the committee, we're hoping in a timely fashion, because we're all under a bit of pressure here.

Ms. Anne Kelly: Okay.

The Chair: Mr. Motz, you have five minutes, please.

Mr. Glen Motz: Thank you, Chair.

Thank you, Commissioner Kelly for being here, and your staff.

As we heard from the minister during his remarks and in answering questions, as well as with a comment that you just made, it appears that this legislation will prompt a substantial increase in health professionals, mental health workers, and probation, parole and program workers. You mentioned correctional officers and guards, as well.

Has Correctional Service of Canada undertaken an analysis of the number of resources that you'll be required to implement and step up in compliance to this legislation?

• (1705)

Ms. Anne Kelly: This is something that we're still looking at.

Mr. Glen Motz: Do you have any idea how many numbers you're going to need across the spectrum of what your mandate is federally in the country?

Ms. Anne Kelly: I don't have those numbers.

Mr. Glen Motz: Are you doing them, or have you done them?

Ms. Anne Kelly: We are looking at that.

Mr. Glen Motz: Okay.

Ms. Angela Connidis: I would echo what the minister had said, that as the legislation goes through the formal process with the House of Commons and the Senate, we will be continuing to monitor how that works and will undertake our continuing efforts to identify the full human resource needs and capital needs. That will then come out through the budget process.

Mr. Glen Motz: Fair enough, but at this stage, it would be reasonable for an organization of your size, with the potential of this looming, for you to undertake to have a staffing analysis done, which you say you are in the works of doing.

Has anyone from the current government asked for a cost analysis of the staffing implications of this to date?

Ms. Angela Connidis: Every time we look at different policy changes, we take a broad look at all the implications. Definitely that would have been done, but we're not in a position to start putting numbers forth.

Mr. Glen Motz: You haven't started putting any numbers towards the cost of this bill yet.

Are you able to provide the committee a list of the parts of the bill that you are looking at that have cost implications in their impacts?

Ms. Angela Connidis: I'll have to get back to you on that one. Is that on particular parts of the bill costed out per se?

Mr. Glen Motz: The bill will have cost implications, and there are a number of different clauses in the bill that will have large budget implications. What I'm asking is if you can provide a list of those parts of the bill that have costing implications to us. We're going to need that as we go through the amendments of this bill. That would be critical, if you could.

The Chair: Is that within the ability of the commission?

Ms. Anne Kelly: At this point, the bill talks about the fact that there are going to be health care professionals, so as Angela said, there are going to be resources required. The minister said that, and this is, again, something that's been undertaken.

Mr. Glen Motz: I'm not asking for a dollar amount. The minister said that hasn't been done and that it's part of a process that will be coming, depending on the impacts of this legislation and what is passed and what isn't.

Obviously, as a department, you know what is going to be part of the implications for you to study, and that's all I'm asking. In your estimation as Correctional Service, do you see that having a financial impact? My request is to get that back to the committee, if you could.

The Chair: I don't quite understand what is being asked here, because you're saying you don't want a dollar amount.

Mr. Glen Motz: There are sections in this bill that will have financial implications. All I'm asking is for Correctional Service to say, "Here's the areas of this legislation where we anticipate having to do a cost analysis". They don't have a cost analysis. That's been made clear by them and the minister, but I'd like to know where they think there will be financial implications with the implementation of this bill.

The Chair: Is that understood?

Ms. Angela Connidis: What I would say, if I understand, is that while a section may have cost implications, we would not be in a position right now to say whether that would be new cost implications. As any operation has, they will have cost implications, but it might be covered under current operational expenses.

• (1710)

Mr. Glen Motz: That leads me to the next question. That's staffing I talked about.

We heard from the minister that there are significant redesign and renovation requirements specific to this legislation as well. You know your infrastructure inventory across the country. How substantial of a renovation redesign are we talking to meet the SIUs specifically, only?

The Chair: Go ahead and answer his question. Mr. Motz is always disappointed at how I run the clock.

C/Supt Fraser Macaulay: We have put together an implementation team. We also have some infrastructure. I don't believe the minister said "substantial", and even from our own perspectives right now, we're trying to work with the numbers—projected numbers is the term—and how much intervention space and what types of intervention spaces we're going to need. The implementation team is working on those things.

At some of our sites, we know that we have spaces where we can deal with issues the way the physical infrastructure is today; others will require changes. Even if I start talking about the scanners—there was some discussion about scanners—where those are placed within the institution strategically and the type of scanner we're going to use will depend on what we need in the way of infrastructure changes.

The Chair: Thank you, Mr. Motz.

Mr. Spengemann you have five minutes, please.

Mr. Sven Spengemann: Thank you very much.

I'd like to go back to the discussion that we had on stigma.

Ms. Kelly, as you know, this committee has been extremely invested in the question of mental health. In fact, we did one of our first reports on the mental health of our first responders, which included the Correctional Service. We looked at it from the other side of the fence.

Could you give the committee an appreciation of what is happening within the correctional system from the inmates' perspective on issues of mental health? How open are the discussions? How known is the problem? How approachable are inmates to solutions like the one you're putting forward?

I would like to return ultimately to the question of whether stigma is being created or broken down. Can we just get your overall appreciation of mental health within the correctional system?

Ms. Anne Kelly: I'll ask Ms. Wheatley, who is the assistant commissioner of Health Services, to speak about that, but as you heard from the minister, in terms of offenders with mental health issues, based on what's in the DSM, it's about 70% of inmates, but 36% of them, if they were diagnosed, would have a diagnostic with moderate to severe impairment. There's been substantial investment made in mental health. We have, as you know, a continuum of care that includes primary care, intermediate care and acute care.

I'll turn it over to Ms. Wheatley.

Ms. Jennifer Wheatley (Assistant Commissioner, Health Services, Correctional Service of Canada): The issue of stigma can be a deeply personal issue for individuals whether they're incarcerated or not. Certainly we've benefited from following the lead of the Mental Health Commission of Canada and their work to address stigma. Both for staff and inmates, we've come a long way in addressing stigma. In our experience, of course it's very individualized, but most inmates who need treatment are willing to come forth to the health professional and get the treatment they need.

The provisions in this act that speak about clinical independence and patient-centred care will also help address stigma, because it's going to be very clear to the patient, the inmate, that the health professional is there to help them with their wellness and their treatment.

Mr. Sven Spengemann: Going back to my exchange with the minister, is it fair then to say that there's a presumption that administrative segregation to the extent that it does create stigma for any given inmate would create a more significant or worse stigma than SIU would, or is it too early to come to that conclusion?

If somebody is or was put into administrative segregation within the population of inmates, what does that outcome create for her or him when they go back to the general population in terms of mental health consequences of having been put into a AS?

Ms. Anne Kelly: I think certainly with the SIUs, again, because of the fact that there's going to be programming and interventions provided, that's going to assist the offender, no question about it.

Mr. Sven Spengemann: That's helpful. The mental health care professionals you're going to need to hire under these provisions, who are they? Are they coming in from the outside without any experience of what the correctional system is all about? Do they need to have some familiarity of the mental health dimensions that the system may advertently or inadvertently generate, or can they be completely fresh from the outside, never having looked at it before?

• (1715)

Ms. Jennifer Wheatley: From a recruitment perspective, it's sort of all of the above. We hire new graduates and we hire staff who have experience in forensic systems from emergency rooms. We hire a variety of staff who are interested in working with vulnerable populations, and we have an orientation program for health professionals that responds to fill in their knowledge gaps based on their education and past experience.

Mr. Sven Spengemann: That's helpful. Can you make a comment on the continuum of care going from traditional health care as we have it outside of a correctional system to mental health care in the correctional system and how an inmate would navigate these services that are available to her or him within the system?

Ms. Jennifer Wheatley: The bill speaks to the role of patient advocacy as a fundamental responsibility for all health care professionals, and then it's specific services in institutions that are designated by the commissioner. Those patient advocates and the patient advocacy role is really there to help the inmates navigate the system to understand their rights and to assist their family members as well when we're dealing with serious mental illness and trying to put together appropriate plans and treatments with the inmate patient.

Mr. Sven Spengemann: Thanks very much.

Thanks, Mr. Chair.

The Chair: Thank you.

Mr. Eglinski, you have five minutes, please.

Mr. Jim Eglinski: Thank you.

Thank you to the witnesses for coming out.

On any given day in the federal prisons, what is your average population?

Ms. Anne Kelly: Today it's just a little lower than 14,000 incarcerated and 9,300 under supervision in the community.

Mr. Jim Eglinski: Based on some rough stats I have, on any given day in Canada we have 40,147, or approximately 40,200 prisoners. About 36% of them are held in our federal institutions, and about 64% are held in our provincial institutions, which usually means two years less a day.

The Liberal government is bringing in Bill C-83, an act to amend the Corrections and Conditional Release Act and another act, and I have two questions for you. First, why are we only concerned with the federal prisoners' rights and not the rights of provincial prisoners?

Second, does your organization work with its provincial counterparts, and is there any action going to be taken to see if they are going to come on board with similar standards?

Ms. Anne Kelly: As the federal service, we administer the sentences imposed by the courts for offenders who are serving two years or more. I can't speak to what is occurring in the provincial government.

Mr. Jim Eglinski: The provincial government does not have to follow the guidelines at all here, so their segregation will still probably take place as it's been taking place in the past.

Ms. Anne Kelly: The provincial government probably has some interest in what we're doing, but they will have to make a decision as to what they will do.

Mr. Jim Eglinski: Okay. Thank you.

As Ms. Sahota mentioned earlier, the cost was up to about \$1,269 a day for a person in solitary confinement.

In your experience of 30 years—and I think collectively our witnesses today have well over 100 years' experience in the institutional facilities—do you feel there will be a greater cost incurred, per prisoner, than we are incurring currently, just because of the new demographics that are being given to you under Bill C-83?

Ms. Anne Kelly: I can't speak to that.

What I can say is that what is being proposed in Bill C-83 is addressing the underlying behaviours of offenders who will be going into structured intervention units. Hopefully we can address those behaviours, which will mean they can then integrate into the mainstream population, be engaged in their correctional plan, and go before the Parole Board. If they are eligible, they could then potentially get released and become law-abiding citizens.

Mr. Jim Eglinski: Thank you. I have one further question.

In a federal institution, I believe you have maximum security, medium security and minimum security facilities. There's been a lot of talk in the newspapers and a lot of criticism about Terri-Lynne McClintic and her release to a local wellness centre in Saskatchewan.

I wonder if you could explain to me who, in the current federal penal system, makes the decision as to whether a person is in maximum, medium or minimum. I understand some weight is placed on the offence that the person has been convicted of, but I wonder who makes that decision to place these persons in maximum or move them to medium or minimum.

• (1720)

The Chair: We were behaving so well up until this question. It's a fair question in generalities, as far as the way in which the decision might be made, and the officers or the people who might be responsible for the decision. I don't think we should get into the specifics of the person you mentioned.

Mr. Jim Eglinski: Okay, I'll just take the person out of there.

Who makes the decision to move people from maximum to medium to minimum?

Ms. Anne Kelly: First of all, there are a number of factors that need to be considered when we classify an offender. We consider institutional adjustment, escape risk and risk to the safety of the public, and under each of those factors there are many subfactors.

We also use actuarial tools, which parole officers complete. Again, if the actuarial tool says one thing, and they're looking at something else that doesn't correspond, then they need to ask themselves some more questions.

In terms of the decision, for the most part the decision is made by the institutional head, although in certain cases it's more elevated than the institutional head.

The Chair: Thank you, Mr. Eglinski.

Ms. Damoff, you have five minutes, please.

Ms. Pam Damoff: Thanks, Chair.

I have a few questions, so I'm going to ask if you can be brief.

There's a proposed section in the bill that allows the commissioner to classify penitentiaries or areas. It's proposed section 29.1. I'm just wondering if you can clarify it for us. I know that we have multi-level security institutions right now. I visited one, the Edmonton Institute for Women. It is minimum, medium and maximum security. Perhaps you can clarify what that proposed section does.

Does it give you authority to designate individual areas within an institute?

Ms. Anne Kelly: I would be able to create, for example, certain areas of the institution as a health care unit or as a structured intervention unit. That's what it's going to allow me to do.

Ms. Pam Damoff: Thank you.

When we were studying indigenous women in corrections at status of women committee, one of the things that came up a number of times was the misuse of Gladue reports in corrections. They are applied for justice for the trial, but when women were getting into prisons, they were being used because these women had faced poverty, substance abuse or trauma. Sometimes they were being used to increase security classifications to say that they needed more time in different areas.

I'm wondering how we ensure, now that it's going to be legislated that you look at them, that those reports are being used in a positive way and not being misused against offenders to make it worse for them in prison.

Ms. Anne Kelly: It's through training. We were very good at documenting the unique circumstances of indigenous offenders. Where it's more difficult is taking those factors, which, as you say, are often aggravating factors, looking at alternative options and then seeing if those options can be applied.

Mr. Macaulay and I were at several institutions, and the staff were saying that the quality of their reports has increased through the training. They understand better how to use those factors and then look at alternative options.

• (1725)

Ms. Pam Damoff: Thank you.

Ms. Anne Kelly: What the parole officers have shared with us, which is very encouraging, is that it's not only the quality of the reports for indigenous offenders, but they're looking at every offender differently and looking at their unique circumstances.

Ms. Pam Damoff: Thank you.

I understand, when I visited the Regional Psychiatric Centre, that health care workers there have authority now. In that institute, they work alongside parole officers and corrections officers. Is that what you're envisioning in these SIUs, a similar type system where they're working side by side and not one on top of the other?

Ms. Anne Kelly: Absolutely. It's going to be integrated so people work together. Jennifer can speak more to this, but even in our treatment centres, you'll see in the morning the staff get together, and it's not siloed. It's all the different groups of staff talking about what's going on and the different cases.

Ms. Jennifer Wheatley: I think one of the unique things about working in the correctional system is that the interdisciplinary team for any patient includes correctional officers, parole officers and elders, because we all need to work collaboratively with the patient on the same treatment goals. We certainly define interdisciplinary teams very broadly based on our environment.

Ms. Pam Damoff: Do we envision additional training for corrections staff, mental health training in particular? I was quite concerned at the Regional Psychiatric Centre that they only get one hour of mental health training there, which to me seems grossly inadequate for the types of interventions they need. I only have 30 seconds left, but I'm just wondering if you can speak to the need for additional training, mental health training in particular?

Ms. Jennifer Wheatley: We're consistently and constantly reviewing the training we provide to staff. A lot of the training that we previously provided as stand-alone courses is now integrated into existing courses, integrated into the first course the correctional officers receive. We've integrated mental health training into that course so that when you're learning about static and dynamic factors, you learn about how those are impacted for people with mental health needs. It's a much more integrated way of doing training as opposed to stand-alone courses. We're also always reviewing that, getting feedback from staff and reviewing our national training standards.

The Chair: Thank you, Ms. Damoff.

Mr. Dubé, you have the final three minutes.

[Translation]

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

I would like to discuss the exceptions proposed in clause 10 of Bill C-83, which amends subsection 37 of the Corrections and Conditional Release Act. One of the exceptions would allow inmates to refuse the opportunity to spend at least four hours a day outside their cell or interact with others for at least two hours a day.

Are there any mechanisms in place in the event that the opportunities offered pose a problem? I didn't see anything in the bill. I'm thinking of something like a snow storm, heavy rain or ice storm. Are there any provisions that protect the inmates' right to spend time outside their cells in reasonable conditions?

Ms. Anne Kelly: I'm not sure I understand your question.

Mr. Matthew Dubé: I'm referring to a situation where inmates might refuse to avail themselves of the opportunity to go outside if, for example, it's -40°C or there is a big snow storm. If an inmate is offered the opportunity to go outside for fresh air in those conditions, it's not hard to imagine them refusing, as most of us probably would.

Is there some kind of protection to ensure that reasonable offers are made to inmates, so that they won't have to refuse the opportunities offered because they are inappropriate?

Ms. Anne Kelly: Yes, if it's -40°C and too cold for inmates to go outside, they still have the opportunity to leave their cell and go to a common area.

Mr. Matthew Dubé: That's great.

If it's raining, is the timing of when they leave their cell left up to the discretion of the institutional head? Are inmates being penalized by the fact that the bill doesn't include any reasonable grounds for refusing? To the extent that the goal is to limit the use of segregation, do we not run the risk of creating a situation with this bill where inmates are being discouraged from availing themselves of their time out of their cell, which is already pretty limited?

• (1730)

Ms. Anne Kelly: No. Inmates will be offered the opportunity to go outside, that's true. If the weather does not allow that, they can still leave their cell.

Mr. Matthew Dubé: Thank you.

[English]

The Chair: Thank you, Mr. Dubé.

On behalf of the committee, I want to thank Commissioner Kelly and her colleagues for their appearance here today.

Colleagues, before I adjourn this meeting, I need a motion to pass the budget for the study on Bill C-83.

I see Mr. Picard, and I see that Mr. Eglinski is also enthusiastic about this.

Is there any debate?

(Motion agreed to)

The Chair: Thank you very much.

The meeting is adjourned.

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