



Watching Glory Die

Written and Directed by Judith Thompson

Resource and Educational Material



Presented by Windsor Feminist Theatre and Kelly Daniels

This document **contains graphic content**; it may be used for educational purposes only.
This play is recommended for ages 12+.



INTRODUCTION:

By Judith Thompson

I was riveted by accounts of the tragic death of 19 year old Ashley Smith in her isolation cell at Grandview Prison for Women; six guards watched as Ashley tied a strip of her gown around her neck and strangled herself. They were given orders not to go in until Ashley was blue. They finally went in, and she was dead. Nineteen. She had been tossed into jail for throwing crab apples at a postman. Once she was in prison, she simply could not abide by the rules and do her time quietly. She would tell the guards to "fuck off" she would scream, she would strike out. Every time she did, a new charge would be laid. She was put in solitary confinement for months on end.

Why was I drawn to this story?

Because Ashley is an outlier, like every artist. Ashley simply could not be a "good girl." She could not shut up and do what she was told. She was wild, and reckless, and if she had been a boy, she would have been admired. The artist's job is to throw those crab apples, to unsettle and startle conforming folks, to question everything. That is what Ashley was doing, in her way, and she paid with her life. Hers was not a suicide. It was a homicide. It was, in fact, ruled a homicide in civil court.

Who was punished for her death?

Only the guards, who were doing their jobs, afraid to jeopardize their pensions. Those who gave the orders were promoted.

I am as interested in the guard, who I call Gail, and Ashley's mother Coralee, who I call Rosalee, as I am in Ashley.

Three women, all ensnared in patriarchal fascism.

SYNOPSIS:

Glory is a troubled teenage inmate who, in her solitary prison cell, is tormented by hallucinations. While she battles the creature in her mind, her adoptive mother Rosellen struggles to remain connected to her daughter, believing that she can sense Glory's feelings no matter the distance. In the prison halls, Gail, a working-class guard, glides between her conscience and her professional duties, knowing her actions could ultimately lead to a tragic end.

THEMES:

Incarceration, Authority, Suicide, Loss of a Child, The Canadian Legal System, Mental Health, Mental Illness, Family, Solitary Confinement

CHARACHERS:

Glory

Roughly 19 years old. Rosellen's adopted daughter.

Rosellen

An older woman. Glory's adopted mother.

Gail

Correctional Officer at Glory's correctional facility. A more mature woman.

CAST AND CREATIVE:

Playwright & Director – Judith Thompson

Performers – Nathanya Barnett, Kelli Fox, Kathryn Haggis

Lighting Design – Kirsten Watt

Stage Manager & Costume Design – Meaghan Carpentier

Sound Design –

Assistant Lighting Design – Audrey Taylor

Assistant Director – Meghan de Chastelain

ABOUT WINDSOR FEMINIST THEATRE:

Windsor Feminist Theatre, a non-profit theatre company founded in 1980, is recognized as one of the nation's first feminist theatre organizations and is among the oldest organizations of its kind in Canada. Throughout its thirty-five year plus history WFT has written, created, developed, produced and presented more than fifty socially relevant and groundbreaking productions to thousands of audience members. Our season consists of participation in MayWorks Windsor, the Windsor Writers Series, the production of The Pelee Island Stone & Sky Music & Arts Series, and at least one other original creation annually. With a goal of inclusion, WFT invites community participation, and provides employment for primarily local professional artists through specialized workshops/master classes, artists' residencies, and original productions. Our mission is to illuminate the reality of women's lives and stories through theatre and the arts.

Our Governing Core Values

A Feminist Framework – We recognize & support the social, ethnic, political, and economic empowerment of women and girls.

Engagement – We encourage critical thought and creative expression for effecting social change with participating artists and our audience.

Learning – We foster collaborative mentorship, training and education within our organization and our community.

ASHLEY SMITH:

Ashley Smith was born January 29th, 1988 in Moncton, New Brunswick where at 5 days old was adopted by Coralee Smith and Herbert Gober. At age 14 Ashley threw a crabapple at the postman whom hadn't brought their social assistance cheque. This event snowballed into Ashley spending the next five years being bounced around the carceral system across Canada. She was transferred 17 times over 11 months in 5 different provinces and spent 1000 days in solitary confinement, being tasered and pepper sprayed numerous times for misbehaving.

In solitary, Ashley would tie ligatures around her neck in an act of self-harm. On 16 October 2007, Smith requested to be transferred to a psychiatric facility, where she was placed on a formal suicide watch. The prison authorities gave strict instructions to not go into Ashley's cell, when she would self-harm, until she is blue. On October 19th, 2007 Ashley placed a ligature around her neck, while someone videotaped. There was no correctional officer intervention, and 45 minutes later she was examined and pronounced dead.

More Resources: <https://www.cbc.ca/fifth/episodes/2009-2010/out-of-control>

BILL C-83:

An act to amend the Corrections and Conditional Release Act which governs the Correctional Services of Canada (CSC). CSC is responsible for offenders serving a sentence of 2 or more years. Bill C-83 is meant to eliminate segregation, further address the needs of Indigenous peoples and affirm the importance of clinically independent and patient-centred health care. These changes will also support enhanced assessment and early diagnosis of inmates at intake and throughout incarceration, enhanced primary and acute mental health care, and provide for patient advocacy services. This Bill introduces a new correctional model and the use of structured intervention units (SIU) for inmates who cannot be managed safely within a mainstream inmate population. Structured interventions and programming will be available to inmates to address their specific risks and needs, with the goal of facilitating their reintegration into a mainstream inmate population as soon as possible. It is expected that SIU's will enhance correctional outcomes, as well as assist in reducing the rate of institutional violent incidents, resulting in a safer environment for staff, offenders and visitors. Many who were against Bill C-83 believe the bill simply changes the language of the current bill, but does not actually make any substantial changes to segregation rules, or inmate mental health care.

TO LIVE AND DIE IN SOLITARY CONFINEMENT

By Breese Davies Published December 21st, 2016 - Walrus

On July 4, 2016, ten years into a life sentence for murder, Terry Baker was found unresponsive in a segregation cell at the Grand Valley Institute for Women, in Kitchener, Ontario. The Canadian Association of Elizabeth Fry Societies, an organization that works with imprisoned women, reported that she had a ligature around her neck; her body was scarred from years of self-harm. Baker was haunted by

her role in the vicious killing of Robbie McLennan in Orangeville, Ontario, which occurred in 2002, when both she and the victim were just sixteen years old.

Like so many other female inmates in Canada, Baker struggled with mental illness. She engaged in self-harming behaviour throughout her time in custody. At one point, it became severe enough that she was transferred to the Regional Psychiatric Centre in Saskatoon. When she returned to prison, she was in and out of segregation, where treatment for complex forms of mental illness is virtually non-existent. Now Baker is the latest in a growing list of mentally ill women who have died in federal penitentiaries. Canada no longer executes convicts. But for those suffering from mental illness, a prison sentence too often becomes a death sentence.

In 2011, the correctional investigator of Canada reported that about one in ten men and two in ten women entering federal custody had a mental illness. Eighty-six percent of women in prison have also been victims of physical abuse. Some are seriously ill, yet have still been deemed criminally responsible for their behaviour. These people, who are “sane” enough to find themselves in a prison rather than a psychiatric hospital but are too unwell to live safely among the general prison population, are most likely to experience the horrors of segregation—Canada’s very own Catch-22.

When mentally ill prisoners act in unpredictable ways or become difficult to manage, they may be put into “administrative segregation.” There, they are confined to a cell alone for twenty-three hours a day, sometimes in physical restraints—strapped to a bed or a chair, or in cuffs that inhibit their movement. These steps are supposedly taken to protect them, the other inmates, and staff. But in some cases, prison officials simply don’t know what else to do. While Correctional Service Canada (**CSC**) staff are purportedly trained to address inmates’ mental-health needs, evidence presented at the coroner’s inquest into the death of Ashley Smith revealed that many in the organization, including those specifically tasked with managing complex mental-health issues, have shockingly little knowledge about mental illness and the best practices for working with people who suffer from it.

If psychiatric symptoms are detected and addressed properly, there is rarely any need to use segregation, which can exacerbate mental illness and destabilize people further. Although the **CSC** has the legislative power to transfer mentally ill people out of prison and into mental-health facilities, it rarely uses its authority in this way. At the same time, there are very long waiting lists for beds in forensic mental-health facilities

across Canada, and hospitals are not enthusiastic about accepting transfers from correctional institutions. Forensic hospitals, moreover, are not always equipped to create a therapeutic, supportive environment for patients who have challenging mental-health needs. When inmates transferred there become difficult, it is too easy for the hospital simply to send them back to the prison. Nobody feels truly responsible for providing proper care for offenders with serious mental illnesses.

Very few citizens will ever come face to face with what actually goes on in Canada's prisons—or with the horrors of solitary confinement. But for those of us who have, it is difficult to understand how segregation is still an accepted practice.

Several years ago, I represented the Elizabeth Fry Society at the coroner's inquest into the death of Ashley Smith. Ashley died in her cell at the Grand Valley Institute on October 19, 2007, while a prison guard stood by and videotaped her. She was nineteen and had been in segregation for close to four years.

Partway through the inquest, the coroner, jury, and lawyers toured the prison, and we were given the opportunity to go into Ashley's cell. I asked the officers whether I could go in alone. As the heavy door closed behind me, I imagined how helpless she must have felt in that cement box, which was furnished only with a toilet, a metal slab for a bed, a surveillance camera, and a four-by-twelve-inch food slot in the door through which she communicated with the medical staff and guards.

If Ashley behaved, she may have been allowed out of her cell to shower or to spend a short time in the "yard," a small cement enclosure. Otherwise, she was in her cell, clothed only in a tear-proof gown, with no blanket or mattress and nothing to occupy her time. She even had to ask the correctional officers for toilet paper, which they rationed out of concern that if they gave her too many squares at one time, she would use them to cover the lens of the camera in her cell and take the opportunity provided to harm herself. (Sadly, such behaviours are not uncommon: prisoners in segregation have been known to make use of any tool at their disposal to help them end their own lives.)

In December 2013, after having listened to the evidence for eleven months, the jury issued a list of recommendations that could have revolutionized the way the mentally ill are treated in the correctional system ¹. The CSC was required to submit a report to the coroner detailing the changes it had instituted. But a year later, its response contained more buzzwords than substantive updates. For example, when it came to

the issue of mentally ill women being transferred to hospitals to serve their sentence, the **CSC** boasted that it had introduced a five-year pilot project that involved access to two beds at a psychiatric hospital in Ontario. Yet at the time of the inquest, one prisoner advocacy group estimated there were nearly thirty women in custody that needed psychiatric care.

Terry Baker's death in the same institution where Ashley died is a painful, unnecessary reminder that prisons can be life-threatening for people with serious mental illness—and that little has been done to mitigate that danger. However, there are signs that political will may be starting to align with common sense: the United States, a country to which Canada typically adopts a condescending attitude when it comes to penal reform, recently banned the use of solitary confinement on juveniles in federal prisons, citing its “devastating, lasting psychological consequences.”

We will never know how Baker's life would have unfolded if she had received proper psychiatric care in a therapeutic environment. Her legacy now will be yet another coroner's inquest. But we don't need another jury to recommend the decarceration of mentally ill people. When Justin Trudeau delivered his mandate letter to the new minister of justice last year, he directed her to implement the recommendations of the Ashley Smith inquiry. It's now been more than a year since the Liberals took office, though, and little has been done. We should not have to see more suffering and death before they take action.

What We Learned from the Ashley Inquest

In December 2013, the jury in the coroner's inquest into the death of Ashley Smith made 104 recommendations with a view to preventing deaths in similar circumstances. Many focused on the treatment of women with complex mental-health issues. The jury, for example, recommended:

- that women with serious mental-health issues and/or self-injurious behaviours serve their sentence in treatment facilities, not prison-like environments;
- that women with serious mental-health issues be “promptly transferred” to treatment facilities;
- that there should be an absolute prohibition against holding women in segregation for more than fifteen days;
- that when a woman is held in segregation, she should still have access to programs, activities, and services within the institution;

- that if physical restraints are used on an inmate, one-on-one therapeutic support must be provided while she is in restraints;
- that the CSC make it possible for inmates to have weekly contact with their families; and
- that non-governmental organizations have greater access to CSC institutions and inmates in order to monitor and report on the conditions of detention.

Solitary Confinement in Canada & Bill C-83

By Chris Lupis Published November 6, 2018 – Queen's Law

In 2007, Ashley Smith, a 19-year old inmate, took her own life after spending over 1000 days in solitary confinement. This event sparked concern and controversy across Canada in regards to the imprisonment practices inmates may face. Similar events have occurred to this day. In fact, the Federal government recently introduced Bill C-83 to combat what is perceived to be cruel and inhumane punishment of inmates who are forced into solitary confinement. But what exactly is solitary confinement? What laws empower the Correctional Services of Canada to resort to it? And what does Bill C-83 purport to change?

Solitary confinement is the practice of separating an inmate from other inmates within a prison. An inmate in solitary confinement is constrained into a small cell, with very little contact with other people. The duration can be long-lasting. This is arguably the most extreme form of imprisonment that an inmate can be subjected to.

In Federal prisons, the Corrections and Conditional Release Act ("the Act") outlines the rules around solitary confinement. Specifically, section 31 states that the purpose of "Administrative Segregation" (a gentler wording) is to maintain the security of the prison and safety of those within in it, by disassociating inmates from each other.

The institutional head of a penitentiary can exercise Administrative Segregation where they are satisfied that there are no other reasonable alternatives, or where they believe on reasonable grounds that:

- (a) the inmate will jeopardize the safety or security of the prison or those within it;
- (b) the inmate will interfere with an investigation that could lead to a criminal charge or a serious disciplinary offence under the Act; or
- (c) the inmate's safety could be jeopardized if they associate with other inmates.

Section 31 (2) of the Act states that an inmate “is to be released from Administrative Segregation at the earliest appropriate time”. Additionally, an inmate can be placed in solitary confinement for up to thirty days if they commit a disciplinary offence under the Act. However, there are many documented instances where the effects of solitary confinement involve serious mental and psychological harm to the inmate. In response to social, legal, and moral challenges to this form of punishment, in comes Bill C-83. Bill C-83 seeks to replace these forms of punishment with a system that uses “Structured Intervention Units” (SIUs). The SIUs would be tailored to respond to the specific situations of inmates and it would allow them to spend at least four hours a day outside of their cell. They would also have at least two hours of meaningfully human contact and ongoing programming intended to meet correctional objectives. Keep it mind however, that Bill C-83 targets Federal prisons – not provincial prisons.

In the event that Bill C-83 does become law, it remains to be seen if it will meaningfully eliminate solitary confinement or merely reproduce it in a different form, with a different name.

Mental Health Resources:

Maryvale – Local

1-519-258-0484 | <http://maryvale.ca>

Services: A Children's Mental Health treatment centre, with school, after school, weekend and counselling programs.

Welcome Centre Shelter for Women and Families – Local

1-519-971-7595 | <http://www.welcomecentreshelter.com>

Services: Emergency Shelter, Drop-In Program, Food Bank and Harm Reduction Program.

Crossroads Centre for Personal Empowerment - Local

1-519-252-5456 | <http://www.crossroadsc4pe.ca>

Services: Recovery Programs, Counselling, Women and Youth Programs.

Hôtel-Dieu Grace Healthcare – Local

1-519-257-5220 | www.hdgh.org

Services: Crisis Centre, Counselling, Mental Health and Rehabilitation Programs.

Canadian Mental Health Association – Local and National

1-519-973-3345 | <https://windsoressex.cmha.ca>

Services: 24/7 Crisis Line, Information, Referrals and Support Groups

Talk4Healing – Ontario Wide

1-855-554-HEAL | <https://www.talk4healing.com/>

Services: A culturally grounded, fully confidential helpline for Indigenous women available in 14 languages all across Ontario.

Fem'aide – Ontario Wide

1-877-336-2433

Services: French Language Support, Information, and Referrals 24/7.

Kids Help Phone – National

Call 1-800-668-6868 | Text CONNECT to 686868 | <https://kidshelpphone.ca/>

Services: 24/7 Professional Counselling, Information, Referrals. Volunteer-led, text-based support to young people in both English and French