July 2026

Dear Ontario AIDS Service Organizations (ASOs) and colleagues of ASOs,

This year, **August 10th marks the 51st year of Prisoner Justice Day (PJD)**, a day dedicated to prisoner rights and solidarity. We call on our network of ASO's to organize in solidarity with those organizing within and outside prisons across Ontario. August 10 is a day that belongs to imprisoned people. It was created by them, and its meaning has been carried by them for five decades.

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Nowhere left to lawfully exist

Criminalization is not new to the people we serve. It has structured their lives for decades. Today, law after law has narrowed the places a poor, unhoused, or person who uses drugs may lawfully be without being criminalized.

Ontario's ***Safer Municipalities Act***, in force since June 2025, empowers police to direct people who use drugs to leave public spaces, with fines of up to $10,000 or imprisonment of up to six months for non-compliance. It arrived alongside the closure of supervised consumption sites — the very places where using was lawful and survivable. The ***Protecting Ontario's Streets and Communities Act***, 2026 extends comparable powers to transit special constables, closing transit as a place of refuge. Federally, the border and immigration measures enacted through Bill C-12, the ***Strengthening Canada's Immigration System and Borders Act*** with lawful-access provisions carried forward separately in Bill C-22. Together, these measures criminalize people who are without housing, money, and a safe place to use and have led to a rapidly growing prison population. Roughly 82 to 85% of people in Ontario's provincial jails are imprisoned on remand and more than 85% of women in provincial custody are similarly pre-trial. With these realities at play, Ontario is currently building more jails, with limited work towards release planning, affordable housing, or supporting people's mental health and well-being.[1]

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Where this day comes from

Eddie Nalon was serving a life sentence at Millhaven Maximum Security Prison in Bath, Ontario. He had spent much of that sentence moving in and out of segregation. In 1974, wanting a transfer to a non-working unit, he was told to sign a refusal-to-work form. He signed it. Rather than being transferred, he was put in solitary confinement, and then a return to segregation. On July 31st, his request to rejoin the general population was approved. No one told him. On August 10th, 1974, after ten days of silence, Eddie Nalon

[1] Remand figures: roughly 82–85% of people in Ontario's provincial jails are held pre-trial, and more than 85% of women in provincial custody are pre-trial. CBC News data investigation (December 2025); Canadian Mental Health Association (Ontario).

died alone in his cell. He pressed the emergency call button. Other prisoners pressed theirs. The receiver had been deactivated.

One year later, on August 10th, 1975, prisoners at Millhaven refused to work, held a one-day hunger strike, and gathered for a memorial service. They took up the very act — refusal to work — that had been used to punish Eddie Nalon. They did so knowing what it would cost them. Many of those identified as organizers were still in segregation a year later. In May 1976, Robert "Bobby" Landers, a prisoners' rights organizer transferred to Millhaven after helping organize a strike elsewhere, died of a heart attack in the same segregation unit. The call buttons had still not been repaired.

By August 1976, thousands of prisoners across Canada were fasting and refusing to work on August 10th, and committees had formed outside the walls to carry their demands into public view. In 1983, prisoners in France joined. By the mid-1990s, the day had spread across Europe and the United States. Fifty-one years on, it is observed internationally.

The form the protest takes is not incidental. Refusing food and refusing work are among the only means of peaceful protest available to a person in prison — and both are treated as disciplinary offences. To fast on August 10th is to risk segregation for the act of mourning.

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Why this day matters in HIV work

This is not adjacent to the HIV sector. It is the HIV sector. HIV and hepatitis C concentrate inside prison walls. A study of Ontario remand facilities — precisely the population that bail changes are now swelling — found HIV prevalence of 2.1% among men and 1.8% among women, and HCV prevalence of 15.9% among men, 30.2% among women, and 54.7% among people who inject drugs. Across Canadian prisons, HIV prevalence has been estimated at roughly 10x that of the general population, and HCV as much as 20x. Recent incarceration has been found to raise the risk of HIV and HCV among people who inject drugs by 81% and 64% respectively. Modelling suggests that reducing incarceration is the single most effective way to lower HIV incidence in this population — more effective than any intervention delivered after the fact.[2][3] These reported figures are almost certainly undercounts. Correctional Service Canada and the Ministry of the Solicitor General make little transmission data available, so the true rates inside are likely far higher than what is recorded. That gap is itself a public-health failure: prison health is public health, and rates of transmission inside prisons and jails do not stay inside. Prisoners return to community settings with every release.

Prisons mean interruptions to antiretroviral therapy and whole-health treatment, severely restricted access to safer substance use equipment, and increased barriers to continuity of care after release. Incarceration will always fragment and disrupt care. The pattern is visible in people's bloodwork. CD4 counts are lowest at prison entry, rise during custody where ART is supervised and consistent, and fall again after release, when only a small minority fill their prescriptions within the first weeks. Those re-incarcerated after months in the community return with higher viral loads and lower CD4 counts than when they left. HIV management does not fail because of one interruption; it fails because criminalization makes consistency impossible.[4]

[2] Comparative prevalence (HIV ~10x, HCV up to ~20x the general population) and elevated risk following recent incarceration (HIV 81%, HCV 64%): "Prisons and public health," Open Medicine; Stone et al. (2018), systematic review, via the National Collaborating Centre for Infectious Diseases ("Incarceration and STBBI").

[3] HIV and HCV prevalence in Ontario remand facilities: L. Calzavara et al., "Prevalence of HIV and hepatitis C virus infections among inmates of Ontario remand facilities," CMAJ (2007).

[4] U.S. evidence; Canadian equivalents are limited by the same data gaps noted above. A Connecticut cohort of 882 people with HIV in custody found mean CD4 rose by 98 cells/μL during incarceration, with viral suppression increasing from 29.8% at entry to 70.0% by release: Meyer et al., "Optimization of HIV Treatment During Incarceration: Viral Suppression at the Prison Gate." Of roughly 2,100 people taking ART in custody in Texas, only 5% filled prescriptions within 10 days of release and 30% within 60 days; people re-incarcerated after three or more months in the community showed interim viral load increases and CD4 decline: "Infectious Diseases and the Criminal Justice System: A Public Health Perspective."

These realities further existing inequities. The over-incarceration of racialized and marginalized people concentrates this burden in the same communities already carrying a disproportionate share of HIV, and the numbers are stark. In 2023/2024, Indigenous adults made up 33.2% of the average daily custodial count across Ontario and other reporting provinces while representing just 4.3% of the adult population. Black adults made up 12.8% of the custodial population while representing 3.3% of the adult population.[5] These are not incidental disparities; they are the product of the same criminalization of poverty, substance use, and homelessness described above, compounded by the closure of consumption and treatment sites and the removal of harm-reduction programming.[6] Even inside these conditions, prisoners build community — supporting one another, sharing knowledge, and keeping each other safe where the system will not. HIV criminalization operates on the same logic — rendering a health status into grounds for prosecution.

The consequences do not end at the prison gate. There is a severe lack of data on overdoses inside prisons and jails, but the risk of death from drug poisoning is highest in the weeks immediately following release. Prison health is public health. Expanding access to evidence-based harm-reduction programming and services in provincial and federal institutions would not only reduce loss of life inside; it would reduce HIV and HCV transmission in prisons and jails — rates that will only climb with rising incarceration and the defunding of the very programs that prevent it — and would support continuity of care as people begin reintegration. That is the difference between trauma-informed, person-centred care and care made stigmatizing by a person's history of incarceration.

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How your organization can act

We invite ASOs to mark PJD in ways that match your capacity and local community organizing. The actions below move from immediate to sustained. In all of them, the principle holds: follow the leadership of people who are and have been imprisoned.

On the day — solidarity and remembrance

- Support local groups organizing PJD events, and the leadership of people who have been incarcerated. Offer food, space, transportation, or funds.
- An organization may choose to observe a fast, hold a moment of silence, or participate in an act of solidarity like holding a collective moment of silence, to honour those who have died in Ontario's prisons and jails — and to mark that those inside who fast today may be punished for it.
- Mark the day publicly — a statement, a post, a display in your space — naming the connection between incarceration and HIV so that community and staff see it acknowledged.

Supporting the leadership of imprisoned and formerly imprisoned people

- Compensate people with lived experience of incarceration who advise, speak, or train — at professional rates, as you would any consultant.
- Create a paid seat for a formerly incarcerated person on your board, advisory committee, or PHA advisory body.
- Support prisoner-led communication from inside through letter writing, accepting collect calls, subscribing to and circulating prison newsletters, and amplify writing by people inside.

[5] Overrepresentation figures for 2023/2024: Statistics Canada, "Overrepresentation of Indigenous and Black adults in provincial and federal custody," The Daily (January 14, 2026). Indigenous figures cover six reporting provinces (including Ontario); Black figures cover four (including Ontario).

[6] This pattern is national and sustained: safe supply programs have been defunded across jurisdictions; Vancouver police raided the Drug User Liberation Front (DULF) and arrested its co-founders on October 25, 2023, after which the B.C. Ministry of Health directed Vancouver Coastal Health to terminate DULF's funding and site lease effective October 31, 2023 — closing an overdose prevention site and drug-testing service it had funded at $200,000 annually; and Ontario announced its CTS closures in 2024. Sources: CBC News; The Tyee; Canadian Drug Policy Coalition.

- Review your hiring policies. Ensuring you are creating spaces that employ and support people who have been incarcerated.

Within your organization — continuity of care

- Review intake and case management so they reach people recently released from custody, fostering re-entry and wrap around care.
- Increase your presence in the release materials and release planning for people leaving your local or regional jail or prison, so that a connection to care exists before someone is back in the community.
- Establish or strengthen relationships with PASAN and local bail, reintegration, and prison health programs.
- Offer health-related programming inside that is not funded by Correctional Service Canada or the Ministry of the Solicitor General, filling gaps that institutional funding leaves unaddressed.
- Train frontline staff on the health impacts of incarceration — interrupted ART, HCV exposure, withdrawal, the loss of identification — so a history of incarceration is met with competence rather than stigma.

Beyond your walls — advocacy

- Write to your MP and MPP identifying the ways that current laws are impacting the community you work with.
- Collaborate with coalitions working on bail reform, decarceration, and prison health, including the Black Legal Action Centre, the Canadian Civil Liberties Association, and Rittenhouse: A New Vision.
- Call publicly for reinvestment — the $3 billion committed to jail beds redirected toward housing, harm reduction, and community-based reintegration, which the evidence shows does more to prevent crime than incarceration does.
- Recognize that many MPs, MPPs, and officials in power are not currently guided by evidence-based practice — if they were, consumption and treatment sites would not have been closed despite years of advocacy from 2023 onward, including the legal injunction brought to keep them open. Advocacy now means both making the evidence unavoidable and building public pressure where decision-makers will not act on evidence alone.

Learning and reflection

- Create spaces for dialogue about PJD, incarceration, and criminalization, drawing on many resources such as the few below.

Resources

Tracking Injustice, a database of Canadian police-involved deaths and deaths in custody.

"Criminalized Lives" by Alexander McClelland, illustrated by Eric Kostiuk Williams, on the criminalization of HIV and its harm to poor, Black, and Indigenous people, gay men, and women in Canada.

Walls to Bridges, offering for-credit university and college courses inside the prison system.

The Prison 4 Women (P4W) Memorial Collective.

The Criminalization and Punishment Education Project, bringing together criminologists, students, front-line workers, and those directly affected.

Rittenhouse: A New Vision, a grassroots organization committed to transformative justice.

PASAN, an AIDS Service Organization advocating for prisoner rights with a focus on prison harm reduction, HIV, and HCV.

Cell Count, a quarterly bulletin by and for incarcerated and formerly incarcerated people. Each issue is filled with articles, stories, art, and poetry with relevant health information, news and resources; space for prisoners and ex-prisoners to express ideas and share experiences.

51 years ago, prisoners at Millhaven marked Eddie Nalon's death by refusing to eat and refusing to work and were sent to segregation for it. They did it again the following year, and thousands joined them. The demands they issued that first August remain largely unanswered.

Our commitment to this work belongs across the year, not on a single day. On August 10th, we are in solidarity with those inside.

Sincerely,

African and Caribbean Council on HIV in Ontario (ACCHO)
Gay Men's Sexual Health Alliance (GMSH)
Ontario AIDS Network (OAN)
PASAN
Women and HIV/AIDS Initiative (WHAI)