



To: Lilian Kordic, Institutional Head
Edmonton Institution for Women
11151 178 St NW Unit 1, Edmonton, AB T5S 2H9

September 19th, 2025

Dear Lil,

I want to thank you and other members of the institutional management team (IMT) at the Edmonton Institution for Women (EIFW) for taking the time to meet with me on August 21st, in person at EIFW.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women from August 20th and 21st and provides summaries of the discussion between the Canadian Association of Elizabeth Fry Societies (CAEFS) and members of IMT following the visit, the relevant laws and policies, and CAEFS' recommendations.

We look forward to your response.

Respectfully,

Jacqueline Omstead
Senior Advocate



Lockdowns, Restricted Movement: Search and Cohorts

Description: CAEFS received reports that people have been under prolonged and consistent deprivation of movement, for four consecutive weeks. People reported that this began as two weeks of cohorts, followed by one week of lockdown for the purpose of a search, and then followed by another week of cohorts. During the search period, individuals reported:

- Mail was not delivered.
- Programs, school, and work were cancelled.
- Some visits were cancelled, including a legal visit.
- There was no access to medicines or Elders.
- People were unable to leave their living units, except for one hour of patio access daily.
- Some houses were required to remain in the gym for up to seven hours while their units were searched.

Individuals shared that these restrictions, particularly during searches conducted during the lockdown, had significant impacts on people's mental health and wellness. Not having access to connection to the outside world, culture, or movement are extremely hard on individuals and have been reported consistently to have lasting adverse impacts. People further reported that nothing was found during the search, and so feel more disempowered by the institutional response, and fearful of the possibility of future restrictions.

Discussion: The IMT clarified that the search was a routine search. They stated that they were not targeting anything specific beyond monitoring the "fire load" of the cells and confirmed that no strip searches were conducted. The IMT explained that cohorts were implemented in response to a number of assaults where aggressors were not identified, and that this only affected the main compound. They also reported that visits were not cancelled, though staffing shortages required a modified routine, and that access to Elders was limited because many were attending a Sundance ceremony.

Law & Policy:

CCRA s. 4(c): The Service uses the least restrictive measures consistent with the protection of society, staff members and [federally sentenced people].

CCRA s. 3 The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by (b) assisting the rehabilitation of [incarcerated people] and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community.

CCRA s. 58: A staff member may, in the prescribed manner, conduct searches of cells and their contents in the prescribed circumstances, which circumstances must be limited to what is reasonably required for security purposes.

CAEFS' Recommendations: Lockdowns and restricted movement produce significant trauma and result in long-term adverse impacts to individuals subjected to them. CAEFS works with many individuals post release who suffer from post-traumatic stress disorder attributed to the conditions they experience in penitentiaries, and while CAEFS appreciates the steps that EIFW took to maintain visits during the search period, we encourage CSC to develop alternative and less harsh and restrictive measures to respond to issues of institutional safety, measures that support the wellness of people in your care and custody.

Changes to Opioid Antagonist Treatment (OAT)

Description: CAEFS has received reports that all individuals receiving Opioid Antagonist Treatment (OAT) are being transitioned to the Sublocade injection. Some people were told this would occur within six weeks, while others were not provided with a timeframe. Individuals reported being told they must either discontinue treatment or switch to Sublocade— a



decision they feel does not align with community standards of care. Many people expressed concern about this change and its potential impacts on their well-being and ability to engage in their correctional plans. Reports included experiences from those previously prescribed Sublocade who described significant side effects, such as nausea, exhaustion, and prolonged vomiting requiring medical intervention. Some individuals reported sleeping excessively for weeks, while others said the medication felt too strong initially but wore off too quickly, resulting in withdrawal symptoms. Several people indicated that these effects prevented them from consistently attending or completing programming. Concerns were also raised about the injection process itself. Individuals described the injection as very painful, with discomfort caused by the lump under the skin. For some, receiving treatment by injection was reported to be triggering, particularly for those with past experiences of intravenous drug use. People also shared that while they understood concerns about Suboxone misuse, a blanket switch to Sublocade would not address the root issue. They explained that individuals in active addiction would likely turn to other substances.

Discussion: The Institutional Management Team (IMT) advised that the decision to switch to Sublocade is a national policy affecting all federal penitentiaries. They noted that diversion of other OAT medications is a significant concern and that injections would reduce pressure to divert. However, the IMT also acknowledged that transitioning to new medications—or discontinuing treatment—should occur gradually and with a period of stability.

Law & Policy:

CCRA s. 86(2): The provision of health care under subsection (1) shall conform to professionally accepted standards.

CCRA s. 86.1: When health care is provided to [incarcerated people], the Service shall (a) support the professional autonomy and the clinical independence of registered health care professionals and their freedom to exercise, without undue influence, their professional judgment in the care and treatment of [incarcerated patients]; (b) support those registered health care professionals in their promotion, in accordance with their respective professional code of ethics, of patient-centered care and patient advocacy; and (c) promote decision-making that is based on the appropriate medical care, dental care and mental health care criteria.

CCRA s. 4(g): Correctional policies, programs and practices respect gender, ethnic, cultural and linguistic differences and are responsive to the special needs of women, Indigenous persons, persons requiring mental health care and other groups.

CCRA s. 3 The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by (b) assisting the rehabilitation of [incarcerated people] and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community.

CAEFS' Recommendations: Given CSC's responsibility to provide safe and humane care for individuals in federal penitentiaries—where they rely on staff and contractors for health services—CSC must look for additional measures to ensure the dignity and well-being of those in its care. Changes to Opioid Antagonist Treatment must prioritize informed consent, individualized care, and continuity of treatment. Ensuring that people in custody have access to appropriate, trauma-informed health care not only aligns with community standards but also directly supports their ability to engage meaningfully in correctional plans and prepare for successful reintegration.

Vacant Inmate Committee Position and Reduced Access to Peer Supports and Services

Description: CAEFS received reports that the last Inmate Committee (IC) election was held in February 2025. It was also reported that the IC Chair is no longer in her position, yet a replacement election is not scheduled until November. Individuals expressed that they would like an election to take place immediately, or as soon as practicable, to ensure effective democratic representation. It was further reported that the IC representative in the Maximum-Security Unit was removed from her position and that the unit currently has no representative. That representative shared she had only been able to attend one meeting with management before her removal. Staff also reported that all pod representatives recently had their "levels" reduced,



preventing them from meeting collectively since they were no longer classified as Level 3. This also prevented CAEFS from meeting with them as a group. Staff explained the reductions were due to “behaviours and interpersonal dynamics.”

The IC Vice-Chair reported that she is able to visit the Maximum-Security Unit to meet with people, but she would like this to occur regularly. People in the Maximum-Security Unit also expressed that they want access to peer supports and peer advocates.

Discussion: The Institutional Management Team (IMT) stated they would review the Directives regarding election timeframes and confirm the date of the last election. They clarified that the Chair was not removed when she was transferred to the MSU. The IMT also explained that the Maximum-Security Unit representative is not an elected position but added that some peers have now been approved to connect with people in the Maximum-Security Unit.

Law & Policy:

CD 083 s. 8: Elections will be held at least once a year, unless there are exceptional circumstances.

CD 083 s. 12: Non-executive members of the Inmate Committee will be determined through the polling of inmates living in the same range/living unit/house as the candidate.

CCRA s. 73 [Incarcerated people] are entitled to reasonable opportunities to assemble peacefully and associate with other [incarcerated people] within the penitentiary, subject to such reasonable limits as are prescribed for protecting the security of the penitentiary or the safety of persons.

CCRA s. 74 The Service shall provide [incarcerated people] with the opportunity to contribute to decisions of the Service affecting the [incarcerated] population as a whole, or affecting a group within the [incarcerated] population, except decisions relating to security matters.

CAEFS’ Recommendations: The principles of *Creating Choices* emphasize empowerment, meaningful participation, and shared responsibility, and the CCRA enshrines that federally incarcerated people retain all rights except those necessarily limited. Upholding these commitments not only aligns with policy but also strengthens trust, accountability, and constructive engagement within the institution.

Food Quality and Safety in the Maximum-Security Unit

Description: People in the maximum-security unit reported ongoing concerns with the quality and safety of the food provided. Specifically, they described regularly receiving undercooked meat, food containing hair, and that food items were sometimes mouldy. CAEFS was shown multiple request forms and complaints related to these issues. Although responses were provided, individuals reported that the problems have persisted. They shared that this has left them feeling discouraged, angry, and without meaningful choice, as they must eat what is provided. Many described the situation as “dehumanizing” and “inhumane.” Some individuals reported significant weight loss since being placed in maximum-security, while others described weight gain due to reliance on unhealthy canteen items as alternatives.

Discussion: The Institutional Management Team (IMT) committed to following up on these concerns and reviewing food quality control processes.

Law & Policy:

CCRR s. 83 (1): The Service shall, to ensure a safe and healthful penitentiary environment, ensure that all applicable federal health, safety, sanitation and fire laws are complied with in each penitentiary and that every penitentiary is inspected regularly by the persons responsible for enforcing those laws.



CCRR s. 83 (2): The Service shall take all reasonable steps to ensure the safety of every inmate and that every inmate is (a) adequately clothed and fed [...]

CD 880 s. 8: Meals are a critical factor in creating a healthy penitentiary environment and healthier [incarcerated people].

CD 880 s. 9: Changes in food quality/quantity or withdrawal of food will not be used as a form of punishment.

CAEFS' Recommendations: CAEFS appreciates the IMT's offer to follow up on these reported concerns. The quality and quantity of food in the maximum-security units of prisons designated for women has been a consistent concern over the past year. CAEFS urges CSC to take immediate action to address these concerns. Access to healthy, fresh food is essential to the health, well-being, and dignity of incarcerated individuals and must guide all food-related decisions. The disparity in access to nutritious food between maximum-security units and lower-security units contravenes CSC's own directive that food quality must not be used as a form of punishment.

Staff Response to Interpersonal Conflict and Behavioural Concerns in the Maximum-Security Unit

Description: People in the maximum-security unit reported that staff practices for addressing interpersonal and behavioural concerns are having adverse impacts on them. They shared that, following an incident, they are often asked to speak "off unit," which feels intimidating, and people expressed concern that their statements in these meetings may be misconstrued, as they reported has happened in the past. It was also reported that when staff consult unit members about whether a new person should move in—seemingly intended to mitigate interpersonal conflict—their concerns are frequently disregarded. Additionally, people reported receiving multiple overlapping interventions in response to the same incident. For example, one individual described receiving a formal charge, being removed from employment, being placed on a drug strategy, and losing a level—all for a single event. They shared that this approach does not feel fair or proportional and negatively impacts their ability to follow their correctional plan.

Discussion: CAEFS and the Institutional Management Team (IMT) discussed how some of these concerns were raised during meetings with pod representatives, while others were shared individually. Signed consent forms were provided where required. The IMT offered to follow up on these reports, and CAEFS committed to continuing to support individuals in submitting requests and pursuing grievances to address these concerns. CAEFS also raised that having access to peer supports to attend meetings with staff may help address the concern of being asked to speak "off unit."

Law & Policy:

CCRA s. 4(c): The Service uses the least restrictive measures consistent with the protection of society, staff members and [federally sentenced people].

CCRA s. 4(f) correctional decisions are made in a forthright and fair manner, with access by the [individual] to an effective grievance procedure

CCRA s. 3 The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by (b) assisting the rehabilitation of [incarcerated people] and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community.

CAEFS' Recommendations: Ensuring that staff practices related to preventing and addressing interpersonal and behavioural concerns are fair and proportionate is essential to meeting CSC's obligations under the Corrections and Conditional Release Act. Access to peer supports during staff meetings, timely intervention in interpersonal concerns especially when requested, and proportional responses to incidents all reflect the recommendations of numerous public inquests, and of course the principles of *Creating Choices*, which emphasize empowerment, meaningful participation, and shared responsibility. Aligning



practice with these standards is critical to fostering safety and conditions that contribute to CSC's rehabilitative and reintegrative mandate.

Maintaining Least Restrictive Conditions

Description: CAEFS received reports that several items were removed from the general population and have not been returned. People shared that this has created the perception that once something is removed, it is gone permanently, contributing to increasingly restrictive conditions. They reported that items are often taken away in response to individual incidents, yet the removal impacts the entire population. These items included: metal cutlery, cheese graters, vegetable peelers, and cinnamon.

Discussion: The Institutional Management Team (IMT) and CAEFS discussed the items that were reportedly removed, the circumstances leading to their removal, and the accommodations that were implemented in response. It was shared that some items that were removed were done so as a result of changes to a national directive, not a site level decision.

Law & Policy:

CCRA s. 4(c): The Service uses the least restrictive measures consistent with the protection of society, staff members and [federally sentenced people].

CCRA s. 4(f) correctional decisions are made in a forthright and fair manner, with access by the [federally sentenced person] to an effective grievance procedure

CAEFS' Recommendations: CAEFS encourages CSC to ensure that any restrictions imposed in response to an incident are proportionate, specific, and time-limited, and that they are reviewed and lifted once no longer necessary for safety. The process for implementing and reviewing restrictions should be transparent and clearly communicated to the population.

