Canadian Association of Elizabeth Fry Societies

Carole Chen, Warden
Fraser Valley Institution for Women
33344 King Rd, Abbotsford, BC V2S 6J5

Re: September 2025 Advocacy Visit Follow-Up October 10th, 2025

Dear Carole,

We want to thank the Institutional Management Team (IMT) at Fraser Valley Institution (FVI) for taking the time to meet with our Pacific Regional Advocacy Team on October 6th, 2025, via Teams. This letter details the overarching issues at FVI that were reported to The Canadian Association of Elizabeth Fry Societies (CAEFS) during our advocacy visit on September 18th and 19th 2025. It also includes our summary of the discussion that took place during the meeting mentioned above, relevant laws and policies, and CAEFS' recommendations.

1. **Physical Conditions of Confinement: Segregative Spaces in Maximum-Security Unit**

Description: People reported that there is mold growing in several locations throughout the Structured Intervention Unit (SIU), including mold coming out of the air vents in the individual SIU cells. Advocates received reports that the Correctional Service of Canada (CSC) staff in the maximum-security unit are telling people incarcerated in the SIU that it is their responsibility to clean the mold.

CAEFS advocates were also made aware of an individual who was transferred to the SIU and was reportedly told by CSC staff that it is their responsibility to clean the bathroom, which was reportedly still dirty from the SIU's previous occupant. Individuals shared that because their movement is generally restricted to either their SIU cell or the SIU range; the negative impacts of an unclean space on physical and mental health, and general wellbeing are immense.

Advocates also received reports on the physical conditions of confinement in the medical observation cell, a space used in the maximum-security unit to segregate and surveil individuals experiencing acute mental health symptoms. An individual reported the toilet in the medical observation cell to be full upon their arrival, and reported the small, confined space to smell badly as a result. It was also reported that no water cups were provided to a person in medical observation which impacted their ability to access and drink water, and that their specialized diet to accommodate their healthcare needs was discontinued over the course of their incarceration in the medical observation cell.

Discussion: IMT said they have not been made aware of these reported physical conditions of confinement in FVI's SIU range and the medical observation cell, but that they will alert their internal maintenance team and have these areas checked. IMT added that searches happen after an individual is transferred from the SIU, and that a checklist is maintained

to ensure the space is adequately cleaned. IMT recommended for individuals in either the SIU or medical observation cell to report their concerns directly to the correctional manager of the maximum-security unit or to FVI's Institutional Head during her daily visits to those incarcerated in the SIU. IMT also said that there is collaboration between healthcare and food services, and that individuals transferred to the medical observation cell should have no issues with accessing their same healthcare diet.

Law/Policy:

Corrections and Conditional Release Act (CCRA), section 3(a): The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by carrying out sentences imposed by courts through the safe and humane custody and supervision of [incarcerated persons].

CCRA, section 70: The Service shall take all reasonable steps to ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated people] and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity.

Corrections and Conditional Release Regulations (CCRR), section 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.

CAEFS Recommendations: CAEFS appreciates IMT's responsiveness to the physical conditions of confinement reported to advocates during our September advocacy visit. CAEFS advocates to end segregative practices in federal penitentiaries, such as those used in Structured Intervention Units and medical observation cells. CAEFS encourages the CSC to consider the profound impacts of segregation on the mental and physical health and wellbeing of incarcerated people, as well as its impacts on the ability of the CSC to fulfill its dual purpose of providing safe and human custody and supervision and for the rehabilitation and reintegration of people in their care.

2. **Environment in the Maximum-Security Unit**

Description: CAEFS received several reports that people in the maximum-security unit feel antagonized by the CSC staff, particularly primary workers and correctional officers. People shared feeling as though staff are purposely trying to "trigger" people by making comments or "jabs", so that the people who are incarcerated will respond negatively.

People reported being fearful to use the grievance procedure as a legislated mechanism of prosocial conflict resolution for fear of retaliation by maximum-security unit staff. People also reported being told by staff that they would be placed in the SIU if they do not comply with staff orders.

During the September advocacy visit, advocates witnessed an incident where an incarcerated individual was in extreme distress because they felt as though the correctional officers on duty were laughing at them. It also appeared this way to the CAEFS advocates witnessing this incident. The person who then reported the experience to us, was emotional and expressed feelings of humiliation and discomfort.

Advocates also observed the CSC staff in the maximum-security unit speaking rudely to individuals as they were moving from their ranges in the maximum-security unit to the interview room to meet with advocates. People entered

the room feeling frustrated by the comments made by correctional officers. These interactions appeared to exacerbate the overall tension present in the unit during our September advocacy visit.

Discussion: IMT encouraged advocates to connect with either them or a correctional manager immediately following an incident of mistreatment during an advocacy visit. IMT said that noting the time and location of the incident is helpful, as well as detailing the context and reported concern. IMT also added that the number of complaints and grievances submitted by people incarcerated in the maximum-security unit have increased substantially over the last several weeks.

Law/Policy:

Corrections and Conditional Release Act (CCRA), section 3(a): The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by carrying out sentences imposed by courts through the safe and humane custody and supervision of [incarcerated persons].

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

Commissioner's Directive (CD) 001 (Mission, values and ethics framework of the Correctional Service of Canada), section 14: All staff will (a) promote healthy, inclusive and respectful workplaces through their values-based behaviours; (b) use the CSC Values Statement as a guidepost in their behaviour, decision making and discretionary judgement; and, (c) ensure conflict is resolved at the lowest level and consider the use of the services of the Office of Conflict Management when required to contribute to workplace wellness.

CAEFS Recommendations: CAEFS advocates for both closure of maximum-security units and for alternatives to custody in a penitentiary be prioritized for Indigenous and racialized women and gender-diverse people under federal sentence in Canada. CAEFS also encourages the CSC to focus on the Creating Choices philosophies of empowerment, support, and person-centered care in its administration of the material conditions of incarceration to people of all security classifications, and to express compassion for people living within the maximum unit, which is an immensely challenging environment for individuals.

3. Access to Essential Healthcare: Opioid Agonist Treatment

Description: People accessing the CSC's Opioid Agonist Treatment reported their prescribed opioid medication being altered without their consent or meaningful consultation by FVI's physician or healthcare staff. It was reported to advocates that people at FVI are being transitioned from suboxone, a prescription drug designed for long-term opioid users to decrease the effects of withdrawal, to sublocade, a prescription drug with a weaker effect on the brain which can lead to withdrawal or relapse.

People shared that they feel nervous about this transition due to the different impacts and effects of sublocade. People reported feeling scared and like they have limited agency over their bodies and healthcare due to their incarceration status.

Discussion: IMT shared that the change of administration of suboxone to sublocade was a healthcare decision made at CSC's national level. IMT said they are encouraging people to meet with their healthcare teams to discuss the nuance of this transition, and to develop strategies to manage withdrawal and symptoms over the next few months.

Law/Policy:

CCRA, section 4(d): [People who are incarcerated] retain the rights of all members of society except those that are, as a consequence of the sentence, lawfully and necessarily removed or restricted.

CCRA, section 4(g): Correctional policies, programs and practices respect gender, ethnic, cultural, religious and linguistic differences, sexual orientation and gender identity and expression, and are responsive to the special needs of women, Indigenous persons, visible minorities, persons requiring mental health care and other groups.

CCRA, section 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 people]; (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.

CAEFS Recommendations: CAEFS encourages the CSC to consult with incarcerated people prior to implementing nation-wide changes to healthcare delivery in federal penitentiaries. CAEFS advocates for the provision of substance use healthcare in community by harm reduction community organizations as the penitentiary environment prioritizes security over the health and well-being of incarcerated people.

4. **Access to Essential Healthcare: Mental Health Supports**

Description: Advocates received reports of individuals struggling to access urgent mental health supports at FVI. Several individuals shared reporting feeling suicidal to FVI staff, but that no additional healthcare supports were offered at this time.

As an example, one individual shared that they reported feeling suicidal to a correctional officer and was told by the correctional officer to go back to their unit, as the on-duty correctional manager would provide follow up support. The individual reported no follow up from a correctional manager or any staff member on that day, or in the following days.

Advocates received reports that there are few opportunities for people in the maximum-security unit to receive mental health supports. Increased access to mental health supports was identified as a need by both people classified as maximum-security unit as well as by individuals incarcerated in the SIU.

Discussion: IMT said that correctional officers should be able to assess and manage the emergency healthcare needs of people incarcerated at FVI. IMT said that healthcare staff is available throughout the day, and if an emergency is reported, healthcare will be notified.

Law/Policy:

CCRA, section 86 (1): The Service shall provide every [incarcerated person] with essential health care; and reasonable access to non-essential health care.

CD 800 (Health Services), section 17: All staff and contractors (including non-health) will respond to medical emergencies. The primary goal is the preservation of life while ensuring the personal safety of staff and other individuals. Once on the scene, the health care professional or the ambulance service assumes responsibility for the medical response, as appropriate.

Canadian Medical Association Code of Ethics and Professionalism, Commitment to justice: Promote the well-being of communities and populations by striving to improve health outcomes and access to care, reduce health inequities and disparities in care, and promote social accountability.

CAEFS Recommendations: Given CSC's responsibility to provide safe and humane custody for individuals in federal penitentiaries —where they rely on staff and contractors for health services, referrals, and emergency care— CSC must look for additional measures to ensure the dignity and well-being of those in its care. CAEFS recommends increased access to peer supports, and pro-active external oversight from relevant governing bodies of healthcare professionals working within the penitentiary environment and improved continuity of care and collaboration between community-based providers and those employed within CSC.

5. **Access to Informal Resolution**

Description: Individuals report experiencing consequences to alleged incidents that result in disciplinary charges, prior to receiving the opportunity to informally resolve through conversations with their case management teams or the Security Intelligence Officer.

It was reported that the disciplinary system feels punitive rather than corrective and does not give incarcerated people the opportunity to engage in conflict resolution at the lowest possible level or use their communication skills.

People reported wanting to cooperate with the CSC to create a structured plan that meets the least restrictive measures but reported not being provided with the opportunity to informally resolve conflict prior to receiving consequences, such as disciplinary charges.

People reported on the negative impacts of disciplinary charges like increased security classification, reduced access to programming and supports, and changes to conditional release opportunities.

Discussion: IMT and CAEFS advocates did not have time during the IMT meeting to discuss this reported concern. IMT said they will address informal resolution as a reported concern in their response to CAEFS' September systemic advocacy letter.

Law/Policy:

CCRA, section 4(f): correctional decisions are made in a forthright and fair manner, with access by the [person who is incarcerated] to an effective grievance procedure.

CCRA, section 38: The purpose of the disciplinary system established by sections 40 to 44 and the regulations is to encourage [incarcerated people] to conduct themselves in a manner that promotes the good order of the penitentiary, through a process that contributes to the inmates' rehabilitation and successful reintegration into the community.

CCRA, section 41(1): Where a staff member believes on reasonable grounds that an incarcerated person has committed or is committing a disciplinary offence, the staff member shall take all reasonable steps to resolve the matter informally, where possible.

CAEFS Recommendations: Informal resolution is the legislated tool to mitigate use of the formal disciplinary system within the penitentiary environment. Both minor and major disciplinary convictions have profoundly negative impacts on the liberty of people who are incarcerated, and formal disciplinary actions are legislated to be imposed as a last resort because they have significant impacts on the present and future liberty of federally sentenced women and gender diverse people. CAEFS recommends that the legislation be closely followed, and informal resolution should be utilized in all possible instances.

6. Access to Meaningful Relationships in the Maximum-Security Unit

Description: Advocates received reports of couples in the maximum-security unit putting in requests to co-habilitate with their partners, but being denied by the correctional manager of the maximum-security unit with no clear rationale or reasons provided in the decision. Individuals report being told they must double bunk, with two people per cell, in the maximum-security unit due to its capacity levels, but are being denied the ability to double bunk with their partners, which is the preference of all couples.

Couples report that if the penitentiary does provide a reason for denied cohabitation, security issues are often cited as the grounds for denial. Couples report feeling confused by this response as they report no instances of violence between them, and no disciplinary charges related to an escalated conflict. People in maximum security also shared that if couples do not live together but one member acts as a caregiver, this can increase barriers to healthcare and impede daily functioning.

Discussion: IMT and CAEFS advocates did not have time during the IMT meeting to discuss this reported concern. IMT said they will address access to meaningful relationships as a reported concern in their response to CAEFS' September systemic advocacy letter.

Law/Policy:

Canadian Human Rights Act, section 2: all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability or conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.

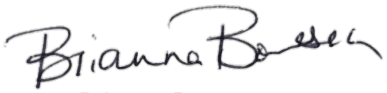
CCRA, section 4(d): [People who are incarcerated] retain the rights of all members of society except those that are, as a consequence of the sentence, lawfully and necessarily removed or restricted.

CCRA, section 4(g): Correctional policies, programs and practices respect gender, ethnic, cultural, religious and linguistic differences, sexual orientation and gender identity and expression, and are responsive to the special needs of women, Indigenous persons, visible minorities, persons requiring mental health care and other groups.

CAEFS Recommendations: CAEFS reminds the CSC that people must not be prevented from access to services, including co-accommodation, on the basis of relationship status, and that all denials of requests to cohabitate must be accompanied by a clear rationale, as per a previous Canadian Human Rights Commission decision related to the matter.

Thank you for taking the time to review this letter and for your continued efforts to improve the outcomes for individuals in your custody and care. CAEFS appreciates IMT's willingness to engage in dialogue with the people incarcerated at FVI to ensure the voices of those impacted are included in institutional decisions. CAEFS encourages FVI to continue collaborating with the committees at FVI to improve the conditions of confinement and create a penitentiary environment that is aligned with law and policy, and the Principles of Creating Choices.

Respectfully,



Brianna Bourassa
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