



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

December 08th, 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 November 21st in person at EIFW.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women from October 19<sup>th</sup> and 20<sup>th</sup> 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



## **Health Care: Impacts of National Formulary Restrictions on Wellness**

**Description:** CAEFS received numerous reports that people's health is being negatively impacted by changes made to their medication because of restrictions imposed on health care providers by the National Formulary. With the signed consent of the individuals, three specific examples were shared with the Institutional Management Team.

An individual was cut off from medications prescribed by the Addiction Recovery Community Health (ARCH) team, which she credits for her sobriety. She described the changes as "cruel," noting severe emotional distress that prevents her from participating in programs or work. Another individual, diagnosed with fibromyalgia, was denied Gabapentin and Lyrica because Gabapentin is only approved for diabetes in federal institutions. She now experiences constant pain. A third individual requested injectable hormone therapy but was limited to gel, which she reports is ineffective, causing severe dysphoria and ideation. These concerns follow ongoing issues with mandatory Sublocade dosing, where requests for lower dosages are not accommodated.

**Discussion:** IMT and CAEFS acknowledged that decisions regarding the National Formulary are made at the Correctional Service of Canada (CSC) national level, by EIFW. Health Services reported receiving a grievance regarding the ARCH-prescribed medications and confirmed support for escalation to the final level, as these medications are classified as "non-formulary." They noted collaboration with a pain specialist but acknowledged a waiting list. Health Services confirmed awareness of concerns about hormone injections and committed to follow up and to review Sublocade dosage requests.

### **Law & Policy:**

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

CCRA 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 [their patients]

The Canadian Charter of Rights and Freedoms, Section 12: Everyone has the right not to be subjected to any cruel and unusual treatment or punishment.

**CAEFS Recommendation:** 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 adopt additional measures to protect the dignity and well-being of those in its care. Access to appropriate, trauma-informed health care is essential, not only to meet community standards but also to support meaningful engagement in correctional plans and successful reintegration. CSC should avoid undermining physicians' and nurse practitioners' ability to prescribe the most effective treatment by prioritizing security concerns over clinical judgment in formulary decisions.

## **Health Care: Concerns Not Taken Seriously**

**Description:** CAEFS received reports that health concerns at EIFW are not taken seriously, resulting in adverse outcomes: One individual with unmanaged colitis required surgery after months of severe symptoms. The surgeon indicated timely care could have prevented the procedure. Another individual reported prolonged high blood pressure, with delayed access to a doctor despite 24-hour health care staffing. Notably, this individual was transferred back to EIFW from a community-based healing lodge because of the 24-hour staffing model. A third individual experiences chronic pain following gender-affirming surgery due to lack of physiotherapy and inadequate pain management.



**Discussion:** Health Services stated they have met with the individual with colitis multiple times and advised that individuals experiencing delays should request their Primary Worker (PW) to email the Chief of Health Services. They noted staffing limitations, with only one provider available one day per week to adjust medications. Health Services indicated that, following the switch to Sublocade, they will work with the nurse practitioner previously responsible for the Opioid Antagonist Treatment portfolio to support prescriptions more broadly. Plans are underway to revise the doctor “on-call” system to improve continuity of care.

### Law & Policy:

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

The Canadian Charter of Rights and Freedoms, Section 7: Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

Excerpts from relevant standards of practice:

Canadian Medical Association Code of Ethics and Professionalism, Virtues exemplified by the ethical physician: a compassionate physician recognizes suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient’s suffering, and accompanies the suffering and vulnerable patient. Canadian

Nurses Association Code of Ethics: Guiding Principle 5.1, Context for Practice: Nurses use their knowledge of the social determinants of health in their nursing practice and recognize that equity-deserving groups in society experience disproportionate inequities. Nurses advocate for social justice and fair, equitable and inclusive care and workplaces. Nurses also advocate for the rights of all people, regardless of status or circumstance, to receive care and to participate in decisions about their care. Nurses respect the human and language rights of all people living in Canada. Nurses in formal and informal leadership roles uphold social justice principles.

**CAEFS’ Recommendation:** Given CSC’s unique 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, 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.

### Involuntary Transfers in the Institution

**Description:** CAEFS met with three individuals recently transferred to maximum security pending an “Offender Security Level” (OSL) review. Reported concerns include: a lack of timely meetings with management; unawareness of rights to legal counsel or rebuttal extensions; missed opportunities for less restrictive alternatives to be implemented prior to the transfer.

**Discussion:** The IMT clarified that guidelines specify the “Institutional Head,” which may refer to the Correctional Manager (CM) if transfers occur after hours or on weekends. The IMT committed to emailing the CM regarding rebuttal submissions and confirmed rebuttals would be considered at any time before the hearing. They stated that paperwork



outlining rebuttal rights and access to legal counsel should have been provided and signed, and offered to verify these records. The IMT requested that CAEFS email suggestions for less restrictive alternatives to the Warden for review by Case Management Teams; CAEFS confirms this has since been completed.

### **Law & Policy:**

Guideline 710-2-4, s. 13: In such circumstances [when an incarcerated person is moved to the higher security level location on an interim placement pending a review of their security classification level], within two working days after the movement, the Institutional Head or designate will: (1) meet with the [incarcerated person] to explain the reasons for the movement (2) give the [incarcerated person] written notice of the movement via a "Notice of Involuntary Transfer/Movement Recommendation" which will: (1) clearly state the reasons for the recommendation for the movement (2) advise the [incarcerated person] of their right to legal counsel without delay (3) advise the [incarcerated person] that they can prepare and make representations in person or in writing with respect to the movement in the next two working days (4) advise the [incarcerated person] of their right to request an extension of up to 10 working days to prepare and submit a rebuttal (5) be signed by the [incarcerated person] and a copy will be provided to them.

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 (a) carrying out sentences imposed by courts through the safe and humane custody and supervision of [federally sentenced people]; and (b) assisting the rehabilitation of [federally sentenced people] and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community.

**CAEFS' Recommendation:** CSC must take all reasonable steps to manage perceived risk in the least restrictive manner. When interim placements do occur, CSC must ensure that the guidelines are followed and that individuals understand their right to counsel and the opportunity to rebut the decision. CAEFS continues to call for the closure of maximum-security units in federal prisons designated for women, as their structure and conditions are incompatible with the principles of Creating Choices.

### **Structured Intervention Unit**

**Description:** CAEFS met with two Indigenous individuals who had been in the Structured Intervention Unit (SIU) for over a week. Both reported additional restrictions preventing them from being out of their cells at the same time for five days, following concerns about "passing." They described limited meaningful human contact—one individual was sometimes taken out only to sit alone in an interview room.

One individual with schizophrenia reported worsening mental health, noting that while a radio was provided, it was insufficient to prevent hallucinations. He requested hospital access for a cavity search and x-ray but was told it was unnecessary. He also underwent daily body scans, a strip search, and urinalysis. The other individual stated she is in SIU for her own safety while awaiting transfer, which may take over a month. She expressed that while she understands EIFW's position, the experience feels punitive.

**Discussion:** The IMT explained that additional restrictions were imposed due to concerns about "passing," noting one individual is suspected of concealing fentanyl and had received prior warnings. They stated policy does not specify where meaningful contact must occur. IMT confirmed daily mental health check-ins and agreed to explore options for peer interaction and prioritize mental health clinic access. They reported that a cavity search and x-ray were offered but



consent was withdrawn before hospital transfer. IMT also confirmed the second individual cannot return to mainstream population due to safety concerns.

### Law & Policy:

CCRA s. 32 (2): [...] every reasonable effort shall be made to ensure that the opportunity to interact through human contact is not mediated or interposed by physical barriers such as bars, security glass, door hatches or screens.

CCRA s. 37.11: If a staff member or a person engaged by the Service believes that the confinement of an inmate in a structured intervention unit is having detrimental impacts on the inmate's health, the staff member or person shall refer, in the prescribed manner, the inmate's case to the portion of the Service that administers health care.

"The United Nations Standard Minimum Rules for the Treatment of Prisoners", Rule 43: In no circumstances may restrictions or disciplinary sanctions amount to torture or other cruel, inhuman or degrading treatment or punishment. The following practices, in particular, shall be prohibited: [...] (b) Prolonged solitary confinement. Rule 44: [...] Prolonged solitary confinement shall refer to solitary confinement for a time period in excess of 15 consecutive days.

**CAEFS Recommendation:** CAEFS advocates to end segregative practices in federal penitentiaries, such as those used in Structured Intervention Units. 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.

### Restricted Movement

**Description:** CAEFS received reports of two incidents of restricted movement affecting recreation and cultural activities. In one case, individuals gathered in the yard to drum in support of a peer recently transferred to maximum security and to be able "do their time with dignity." On three consecutive evenings, movement was ended early after staff deemed the group out of bounds. In another case, movement was restricted before and during EIFW's 30th anniversary event, with some exceptions.

**Discussion:** The IMT explained that drumming took place on the patio of a living unit, and individuals are only permitted on the patio of their own unit. They shared they are working with Elders to identify an alternative indoor space, such as the gym or spirituality room. The IMT stated the decision to move drumming indoors was influenced by concerns about individuals gathering outside the fence allegedly smoking and drinking, and referenced recent incidents at other penitentiaries. Regarding movement restrictions during the anniversary event, IMT agreed to review the matter, noting they had believed restrictions the evening before the event were limited to the gym, and suggested that staffing shortages due to hospital supervision may have contributed.

### Law & Policy:

The Canadian Charter of Rights and Freedoms, s. 2. Everyone has the following fundamental freedoms: (c) freedom of peaceful assembly.

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



“Creating Choices”, Principle #4: “A positive lifestyle which can encourage the self-esteem, empowerment, dignity and respect for self and others so necessary to live a productive, meaningful life, can only be created in an environment in which all aspects of environment are positive and mutually supportive.”

**CAEFS’ Recommendations:** Lockdowns and restricted movement schedules produce significant trauma and result in long-term adverse impacts to individuals subjected to them. CAEFS encourages CSC to develop alternative measures to respond to issues of institutional safety that support both of their legislated purposes. Adverse institutional responses to peaceful protest, including a loss of leisure time, must be prohibited.

### **Access to Family**

**Description:** CAEFS received multiple reports of barriers to family access: Individuals in maximum-security reported visits are limited to “glass” or video visits, scheduled only on Sunday mornings. Medium-security visits are restricted to weekends (Saturday mornings and afternoons, Sunday afternoons), creating significant challenges for families with work, childcare, or cultural obligations such as hunting. Limited time slots mean sign-ups are perceived as first-come, first-served, and the contrast with the more flexible minimum-security schedule creates the impression that visits are a privilege rather than a right.

The Private Family Visiting (PVF) Unit continues to be used as a temporary living space for individuals who cannot be integrated into a unit, described by individuals as feeling akin to protective custody, though currently unoccupied.

There are no children in the residential mother-child program.

**Discussion:** The IMT clarified that not all maximum-security visits occur behind glass and stated schedules are based on need and trends. They committed to consulting Visits and Correspondence to explore weekday options and emphasized their goal of equitable access, rejecting the perception of first-come, first-served scheduling. IMT noted in-person visits are infrequent, while video visits remain popular but limited by available stations. They explained that minimum-security unit staff manage visits for that unit, allowing greater flexibility, and cited operational capacity as a factor at other security levels. The IMT confirmed openness to Private Family Visit applications and explained that the ( has been temporarily used as an alternative to SIU placement when individuals cannot be integrated into living unit.

### **Law & Policy:**

CCRA s. 71 (1): In order to promote relationships between [incarcerated people] and the community, an [incarcerated person] is entitled to have reasonable contact, including visits and correspondence, with family, friends and other persons from outside the penitentiary, subject to such reasonable limits as are prescribed for protecting the security of the penitentiary or the safety of persons.

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

“The Bangkok Rules”, Rule 50: Women prisoners whose children are in prison with them shall be provided with the maximum possible opportunities to spend time with their children

**CAEFS’ Recommendation:** A key rationale for establishing regional penitentiaries designated for women was to promote close community and familial contact—a goal clearly articulated in Creating Choices. All CSC decisions should be guided by a commitment to facilitating the broadest and most accessible opportunities for connection with community and family. Given that there are people from across the Prairie provinces incarcerated at EIFW, increasing opportunities



for video visits would support people's right to reasonable contact with their families. Further, alternatives to custody should be prioritized by CSC, such as transfers to Healing Lodges in order to enable better proximity to family.

### **Population Count**

At the time of CAEFS meeting with the IMT, there were 19 people in the maximum-security unit and 3 people in the SIU. There were reportedly 4 to 5 open beds in the minimum-security unit. The overall population count at EIFW was 179 people.

