



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

January 6th, 2026

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 and Chanelle Lajoie on December 16th via Teams.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women on December 13th and 14th 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



Barriers to the Grievance Process

Description: CAEFS received reports that individuals at the Edmonton Institution for Women (EIFW) face significant barriers to accessing the grievance process. Reported issues include: lack of confirmation that complaints and initial-level grievances have been received, leaving individuals without proof of submission; responses to requests not being provided within the required 15-day timeframe; requests to the Warden being redirected to other staff; and continued unavailability of Commissioner's Directives on computers in the Minimum-Security Unit (MSU). Additionally, corrective action for an upheld grievance regarding a beeping door in the MSU has not yet been implemented.

People share that barriers cause frustration and prevent individuals from meeting their needs and progressing with correctional and reintegration planning. Many feel, through the deficiencies in the grievance process, that their concerns are not taken seriously by CSC or acted upon. People expressed that the process lacks credibility and that they do not trust it.

Discussion: The Institutional Management Team (IMT), through the Grievance Coordinator, confirmed that individuals should receive written confirmation when complaints and grievances are submitted. CAEFS noted that without duplicated, individuals cannot independently verify submission. The IMT offered to follow up on specific cases if names are provided and encouraged resubmission where necessary. They also committed to consulting the Chief of Administrative Services on this matter.

The IMT acknowledged delays due to a high volume of requests, sharing that duplicate requests are sometimes multiple departments within short timeframes. They suggested that requests directed to the Warden may also be contributing as policy lists the Warden as decision-maker, but operational tasks are handled by relevant departments. The IMT encouraged individuals to direct their requests to the appropriate department to ensure more timely responses and to consult the institutional handbook for guidance.

Finally, the IMT reported that efforts to repair the beeping door in the MSU are ongoing.

Law & Policy:

CCRA s. 90: There shall be a procedure for fairly and expeditiously resolving [federally sentenced people's] grievances on matters within the jurisdiction of the Commissioner [...]

CCRA s. 91: Every [federally sentenced person] shall have complete access to the [internal] grievance procedure without negative consequences.

Guidelines 081-1, s. 8: Upon receipt of a complaint/grievance, all Grievance Coordinators will (a) acknowledge receipt of the complaint/grievance by sending a letter to the grievor with the expected responses date

CAEFS' Recommendations: The grievance system is the legislated tool through which individuals can resolve the issues they face. To strengthen accountability and ensure individuals can verify submissions, CAEFS recommends that all complaint, grievance, and final-level grievance forms be converted to duplicate forms, allowing individuals to retain a copy for their records. This measure should complement, not replace, the written confirmation provided by the Grievance Coordinator, ensuring transparency and confidence in the process.

Access to Private Family Visits



Description: CAEFS received reports that the Private Family Visiting Unit (PFV) is being re-established for its intended purpose, and that dry goods have been ordered and furniture installed. However, no information has been posted to indicate that the PFV is available or to explain the application process. The absence of PFVs at EIFW since 2018 has significantly limited opportunities for meaningful time with loved ones, weakening vital family connections. During conversations with incarcerated individuals, people expressed hope about the return of PFVs and emphasized how access to this resource would strengthen relationships and provide emotional support essential for their well-being and help contribute to their successful reintegration.

Discussion: The IMT shared that a PFV visit is scheduled over the holiday for an individual whose family is from out of town, had multiple visits planned over the course of one weekend, and had previously applied and been approved for PFVs. The IMT explained that they have not broadly advertised PFV availability due to uncertainty about its long-term operation and a desire to avoid creating false expectations around ongoing access. Given that many individuals at EIFW have never accessed PFVs, it was suggested to CAEFS that issuing a written memo outlining what PFVs are and providing clear instructions on how to apply would improve equitable access.

Communications were sent to Primary Workers to support individuals to access PFVs. They also noted that PFV information is available in the Institutional Handbook. The IMT is also looking for other ways to expedite scheduling when availability arises, including a quick reference list of approved visitors. Currently, there are two pending PFV applications and additional requests for “quiet time” use of the unit.

The IMT noted that approximately 60% of individuals at EIFW are from outside Alberta, which they believe may limit PFV utilization.

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.

CAEFS’ Recommendations: To uphold the principles of *Creating Choices*, CSC decisions should prioritize broad and accessible opportunities for family and community connection. CAEFS welcomes the reestablishment of Private Family Visits (PFVs) at EIFW, recognizing their importance in supporting families, including families who travel long distances by providing meaningful, cost-effective visits. CAEFS continues to recommend that CSC prioritize alternatives to custody, such as transfers to Healing Lodges and timely access to conditional release, to improve proximity to family and reduce population pressures that limit access to family contact.

Body Scanners and Structured Intervention Unit (SIU) Placements

Description: CAEFS spoke with two individuals who were placed in the Structured Intervention Unit (SIU) for 4 and 5 days, respectively, following body scans that allegedly indicated concealed packages. Both individuals maintain they were not concealing anything and report that nothing was seized. They were scanned daily and expressed concerns about the reliability of the body scanner and staff’s ability to interpret results. One individual was told the anomaly might be a cyst; the other requested an alternative scan or x-ray but said the request was ignored. They expressed frustration at not being believed that they were not concealing packages and about the lack of alternative mechanisms available for confirming that they were not concealing anything were not available to them, seemingly resulting in more time in the SIU. Both were released to maximum-security pods without x-rays or cavity searches and are now interim placed in maximum-security pending Offender Security Level reviews. Being held for days, denied alternative scans or x-rays, and



then released without further investigation, created suspicion that the SIU confinement may be functioning as a punitive measure rather than a necessary security response.

During their time in the SIU, both reported no access to the common area and no interaction with other incarcerated individuals. While staff frequently asked if they wanted to talk or had questions, neither person understood these interactions as opportunities for time outside their cell and reported confusion about their entitlements. They reported very limited out-of-cell time and limited access to the phone, feeling isolated and disconnected.

Discussion: The IMT explained that SIU placements followed incidents involving assaults linked to Security Threat Groups. The IMT shared that body scans were conducted as part of the routine process for involuntary transfers to maximum security, and anomalies identified contributed to SIU placement due to concerns about introducing contraband, noting that dry cells can longer be used in these instances. Risk assessments were made based on SIU cell availability, which led to the individuals' subsequent release to maximum security.

Regarding SIU experiences, the IMT noted that multiple offers for interaction were made but often declined, possibly because some offers occurred in the morning. The IMT also shared that individuals can apply for group interactions on the range if they wish to engage with others being held in the SIU.

Law & Policy:

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.

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

CAEFS' Recommendation: CAEFS encourages EIFW to ensure that responses to body scanner anomalies are guided by the principle of least restrictive measures. To uphold fundamental justice, CAEFS recommends that CSC automatically provide incarcerated individuals with printed copies of body scans whenever an abnormality is detected, particularly when it results in restrictions on liberty or other sanctions. CAEFS further recommends that EIFW increase opportunities for peer interaction within the SIU and provide clear, accessible guidance on the process for submitting group interaction applications, as this is not currently articulated in legislation or policy.

Involuntary Transfer Process to Other Penitentiaries

Discussion: CAEFS met with two individuals who raised concerns about unclear communication regarding impending involuntary transfers. Both reported uncertainty about timelines and a lack of formal documentation. One individual stated that she was verbally informed by her Parole Officer that a transfer decision had been made and given an approximate timeframe but did not receive written confirmation until she specifically requested it. At the time of the visit, she remained unsure of her transfer date and continued to be housed in the SIU.

The second individual reported receiving conflicting information. She was initially told by her Parole Officer that a transfer would occur, then later advised by management that it would not. She had not received written confirmation either way. Additionally, she noted that she was moved from medium to maximum security over a month ago during intake and had not yet received an Offender Security Level Review, leaving her uncertain about next steps.

They are experiencing heightened stress and uncertainty about their future. They reported feeling powerless and excluded from decisions that significantly affect their lives, wellness, and futures.



Discussion: The IMT explained that final decisions regarding transfers to other penitentiaries within the Women Offender Sector are made by the Deputy Commissioner for Women. They noted that for the individual who had been in the SIU, the site did not receive the final decision until last week, and that she had now been transferred. For the second individual, the IMT stated that while other penitentiaries were initially considered, the person was ultimately pen-placed at EIFW.

Law & Policy:

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.

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

CCRR s. 12: Before the transfer of an [incarcerated person] pursuant to section 29 of the Act, other than a transfer at the request of the [person] an institutional head or a staff member designated by the institutional head shall (a) give the [person] written notice of the proposed transfer, including the reasons for the proposed transfer and the proposed destination; (b) after giving the [incarcerated person] a reasonable opportunity to prepare representations with respect to the proposed transfer, meet with the [person] to explain the reasons for the proposed transfer and give [them] an opportunity to make representations with respect to the proposed transfer in person or, if the [incarcerated person] prefers, in writing; (c) forward the [person's] representations to the Commissioner or to a staff member designated in accordance with paragraph 5(1)(b); and (d) give the [person] written notice of the final decision respecting the transfer, and the reasons for the decision, (i) at least two days before the transfer if the final decision is to transfer the [person], unless the [person] consents to a shorter period; and (ii) within five working days after the decision if the final decision is not to transfer the [person]..

CAEFS' Recommendations: To uphold the principle of procedural fairness, CAEFS recommends that EIFW ensure transfer decisions are communicated clearly, in writing, and by the appropriate authority. In line with the goals articulated in *Creating Choices*, which emphasize maintaining close community and family connections, involuntary transfers or pen-placements in other regions should be treated as a measure of last resort and approached with the utmost seriousness, given their potential to disrupt familial and community ties.

Medication and Mental Health Care

Discussion: CAEFS received multiple reports regarding health care and medication management at EIFW. One individual reported that her prescribed medication for schizophrenia was withheld for two days without notice and that she was told to manage her emotions without medication, which she felt was inappropriate given her diagnosis. She expressed concern about the impact of missed doses, noting that a previous lapse contributed to an incident resulting in her transfer to maximum security. While she has met with a psychiatrist for medication-related discussions, she continues to wait for therapeutic support.

CAEFS also heard ongoing concerns about the removal of Wellbutrin from the national formulary. Individuals expressed distress about losing access to the only antidepressant that has been effective for them, despite trials of other medications. Questions were raised about the process for submitting non-formulary requests and where this information can be accessed.



Additionally, CAEFS received reports of adverse effects related to Sublocade injections. Individuals described severe symptoms, including persistent vomiting, following rapid transitions from oral strips to injections. It was reported that the current approach does not align with recommended gradual dosing protocols.

Discussion: The representative from Health Services was unavailable to attend the meeting. The attending IMT committed to sharing the concerns raised with Health Services for follow-up.

Law & Policy:

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

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

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 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. Regarding changes to the national formulary, CSC should not undermine physicians' and nurse practitioners' ability to prescribe the most effective treatment by prioritizing security concerns over clinical judgment in formulary decisions.

Access to Gender-Affirming Care

Description: CAEFS received reports of ongoing barriers to accessing gender-affirming care. One individual shared that, despite advocating for over a year, they continue to face challenges obtaining the full range of dilators required following gender-affirming surgery. While larger dilators were recently approved for mailing, they were told by staff that smaller dilators must be returned in exchange, despite their distinct functions. The individual emphasized that lack of access has caused significant physical pain and negatively impacted mental health. Concerns were also raised about hormone therapy. The individual reported that the gel currently prescribed is ineffective and requested a switch to pills or injections, citing severe dysphoria and associated impacts on daily functioning. Additionally, the individual expressed concern about being asked to educate a health care staff member assigned as a "gender-responsive" nurse, describing this expectation as inappropriate and indicative of insufficient institutional expertise in gender-affirming care.

Discussion: The representative from Health Services was unavailable to attend the meeting. The attending IMT committed to sharing the concerns raised with Health Services for follow-up. The IMT noted that they were recently made aware of the issue regarding dilators and indicated that it is expected to be resolved promptly.

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.

CD 100: The Assistant Commissioner, Health Services, in collaboration with others as required, will ensure:



- a. the provision of essential physical and mental health care to gender diverse [incarcerated people] (including in the case of a gender-affirming surgery) is according to the National Essential Health Services Framework, developed in accordance with the most recent edition of the World Professional Association for Transgender Health Standards of Care
- b. health services staff are aware of and follow the World Professional Association for Transgender Health Standards of Care

CAEFS' Recommendations: CAEFS recommends amending Commissioner's Directive 100 to guarantee timely access to all medically necessary gender-affirming devices and treatments, without arbitrary restrictions, to prevent delays and adverse health impacts. Additionally, CSC should implement mandatory, comprehensive training for health care staff on gender-affirming care to ensure informed, respectful, and holistic service delivery.

Physical Conditions of Confinement in Maximum-Security Unit

Description: CAEFS received reports and observed issues related to physical conditions in the maximum-security unit. In the east pod common area, windows reportedly do not close properly have been covered with sanitary pads to block cold air. People being held on that pod, shared that despite multiple maintenance requests, the problem remains unresolved. Individuals reported that increasing the heat to compensate has made cells uncomfortably hot. People reported that the conditions in the maximum security unit are detrimental to their well-being and dignity, leaving them feeling very disempowered.

Concerns were also raised about water quality in the maximum-security units. People reported symptoms such as nausea and hair loss, which they attribute to the water. They shared that they boil water in microwaves using plastic cups as their only option to help ensure access to safe drinking water, which is a necessity. While water testing reportedly occurs weekly, individuals expressed interest in knowing where samples are sourced and requested that test results be shared. As a solution, they suggested installing water filters on all faucets and showers to support a safe and healthful living environment.

Discussion: The A/AWMS committed to following up on concerns regarding the window in the east pod. He confirmed that water is collected from the taps in the maximum-security unit and tested off-site and offered to share the results, noting that some individuals have already received them. The IMT added that this issue was also raised at the Inmate Wellness Committee (IWC) meeting, and that feasibility of installing water filters is being explored.

Law & Policy:

CCRA s. 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

CAEFS' Recommendations: CAEFS appreciates the IMT's offer to follow up and address the reported concerns related to the window on the east pod. CAEFS recommends that EIFW prioritize repairs to any broken windows in the secure unit to ensure proper closure and insulation. CAEFS thanks the IMT for the offer to share the water testing results with people on the maximum-security unit. Considering ongoing concerns from incarcerated people about the impact of confinement conditions in the maximum-security unit on their health, CAEFS further recommends that an independent, comprehensive assessment of physical conditions in maximum-security units be conducted, including air quality, temperature regulation, water safety, mould, and infrastructure, and that these findings are then shared with the Inmate Committee.



Population Count

At the time of CAEFS' meeting with the IMT, there were no individuals housed in the SIU. The overall population at EIFW was 179, with an adjusted count of 174 to account for individuals temporarily at Pinel Psychiatric Hospital.

