



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

February 24th, 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 January 27th via Teams.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women on January 24th and 25th 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,

A handwritten signature in black ink that reads 'J. Omstead'.

Jacqueline Omstead
Senior Advocate

Access to Healthcare: National Formulary Changes

Description: CAEFS continues to receive reports about the mandatory switch to Sublocade for individuals receiving Opioid Agonist Therapy. Reports include a case of an untreated allergic reaction involving nighttime scratching to the point of bleeding, rashes, dizziness, and difficulty breathing. Despite reporting these symptoms to health care, the individual was told by health care staff that she was experiencing anxiety, and no further care was provided. CAEFS has also heard ongoing concerns from others who have been switched to Sublocade, including experiences of sedation, infections at the injection site, and the psychological distress associated with receiving an injection as a recovering intravenous drug user. People expressed that the transition to Sublocade felt rushed — beginning in October despite the reported April 1 implementation date — and shared that they felt they had no agency or meaningful choice in the process. Many noted that the change was not aligned with community standards or their best interests.

CAEFS also received reports that people remain deeply concerned about the removal of Wellbutrin from the Correctional Service of Canada (CSC) National Formulary and the potential impact on the EIFW population as a whole. Individuals questioned why a medication that “already works” for many is being discontinued. They expressed fears that the removal of Wellbutrin will create a less safe environment for both incarcerated people and staff, noting that widespread mood destabilization could lead to increased conflict and altercations. Many worried that resulting behavioural changes may lead to more people being sent to the maximum-security unit.

Discussion: A representative from Health Services was unable to attend the scheduled meeting. It was decided during the meeting that the information below would be sent to the Warden who would forward it on appropriately. This email was sent on January 29th, 2026. At the time of writing, a response has not been received.

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

CAEFS’ Recommendation: CSC is responsible for providing safe and humane care for individuals in federal penitentiaries — where incarcerated women and gender diverse people rely on staff and contractors for health services. 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 Healthcare: Treatment by Health Care Staff and Patient-Centered Care

Description: CAEFS received numerous reports regarding treatment by health care staff and a lack of patient-centered care. People described feeling condescended to, demeaned, and judged, which has led many to feel unable to speak openly with health care providers. They reported that their concerns were not taken seriously by health care at EIFW and that advocacy was often required to have basic health-care needs addressed. CAEFS also heard from individuals who filed grievances and



met to resolve them, but that no corrective action was taken. People further reported that grievances were being marked as resolved before any corrective action or resolution had occurred.

Discussion: A representative from Health Services was unable to attend the scheduled meeting. It was decided during the meeting that the information below would be sent to the Warden who would forward it on appropriately. This email was sent on January 29th, 2026. At the time of writing, a response has not been received.

Law & Policy:

CD 800: s. 10: Health care professionals, including those providing services under contract, will: provide health services to [incarcerated people] consistent with relevant provincial/territorial and federal legislation, the provincial/territorial regulatory body's professional practice standards, as well as CSC policies and practice directives

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
- 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.
- 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' Recommendations: CSC must look 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.

Access to Mental Health Care

Description: CAEFS received reports that individuals have been removed from the Dialectical Behaviour Therapy (DBT) program after receiving disciplinary charges from the penitentiary. People shared that this disruption significantly set them back in their correctional plans and creates a perception that access to mental health care is treated as a privilege rather than a necessary intervention. They emphasized how harmful it is to have therapy interrupted partway through the program, particularly when participants are required to revisit challenging and traumatic experiences and are then left without the support or tools needed to manage the resulting emotional impacts.

Discussion: The IMT shared that the DBT House is a transitional, multidisciplinary living environment with high demand and limited capacity, and that it operates differently from the DBT program itself. They noted that placement is not automatically revoked following the laying of disciplinary charges. Instead, concerns are addressed through warnings and follow-ups, with an emphasis on maintaining a safe and supportive environment. The IMT also emphasized that medication compliance is essential, as sharing or taking unprescribed medication can destabilize residents and compromise safety. Continued noncompliance, including medication sharing, may result in removal from the house after warnings have been issued. CAEFS shared that this does not align with what has been reported.



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 s. 44 (1): An [incarcerated person] who is found guilty of a disciplinary offence is liable, in accordance with the regulations made under paragraphs 96(i) and (j), to one or more of the following: (a) a warning or reprimand; (b) a loss of privileges; (c) an order to make restitution, including in respect of any property that is damaged or destroyed as a result of the offence; (d) a fine; and (e) performance of extra duties.

“The Nelson Mandela Rules”, Rule 46 (1) Health-care personnel shall not have any role in the imposition of disciplinary sanctions or other restrictive measures.

Recommendation: Access to clinical interventions should not be treated as a privilege or contingent upon disciplinary outcomes. Therapy interruptions, particularly when participants are engaged in trauma-focused work, expose individuals to significant emotional harm and undermine their correctional plans. CAEFS recommends that CSC adopt clear, trauma-informed safeguards that prevent the withdrawal of mental-health services as a response to disciplinary charges or administrative concerns, and that decisions about DBT participation remain grounded in evidence-based clinical judgment rather than security-driven considerations. Further, CAEFS encourages CSC to ensure transparent, consistent practices regarding the distinction between the DBT House and the DBT program itself, and to prioritize uninterrupted, supportive care that promotes healing, stability, and meaningful progress toward reintegration.

Access to Health Care: Gender-Affirming Care and Cruel Treatment

Description: CAEFS spoke with a non-binary individual who was taken to hospital in early January, where they were treated for toxic shock syndrome related to untreated complications from their vaginoplasty surgery. They reported experiencing seizures, vomiting, bleeding, and peritonitis. This followed months of raising concerns that their post-operative care was inadequate and ill-informed. They were recently advised that they will require additional surgery as a result of these unresolved complications.

The individual also disclosed that they have not received estrogen pills, despite documented allergies to estrogen administration through the gel and patch methods. As a result, they have effectively gone without appropriate hormone therapy for 10 months and have medically de-transitioned, as confirmed by their community endocrinologist. They reported significant impacts on their mental wellbeing. They further shared concerns that health care staff have been referring to them using “he/him” pronouns and as a “trans man,” contributing to a further loss of trust in the ability of health services to provide informed and respectful care. The individual also reported that their transfer request to Grand Valley Institution was denied on the grounds that access to health care is the same across penitentiaries. They noted that this decision did not reflect their release plans or acknowledge the significantly different political climates regarding the rights and safety of trans people in Alberta compared to Ontario.

Discussion: A representative from Health Services was unable to attend the scheduled meeting. It was decided during the meeting that the information below would be sent to the Warden who would forward it on appropriately. This email was sent on January 29th, 2026. At the time of writing, a response has not been received.

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.

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 [WPATH]
- b. health services staff are aware of and follow the World Professional Association for Transgender Health Standards of Care

CAEFS' Recommendation: CAEFS recommends that CSC amend Commissioner's Directive 100 to guarantee timely, uninterrupted access to gender-affirming treatments, medications, and post-operative care to prevent serious harm. CSC should also require mandatory, ongoing training for all health care and penitentiary staff on gender-affirming care, respectful communication, and the World Professional Association for Transgender Health Standards of Care. In addition, CAEFS recommends establishing clear accountability mechanisms to ensure that failures in gender-affirming health care are identified and corrected promptly, and that transfer decisions meaningfully account for an individual's clinical needs, community supports, and the differing provincial climates affecting the safety and rights of trans people.

PIN List Processes for People Labeled as Part of a "Security Threat Group"

Description: CAEFS received reports that when individuals labeled as part of a "security threat group" (often referred to as having "STG status") request that someone be added to their phone PIN list, the community member is required to answer additional questions. If any question is answered incorrectly, the person is not approved for the PIN list. The questions reported to CAEFS include: the complete birthdate of the incarcerated person, where they met the incarcerated person, how they met, and the community member's current place of residence. These additional requirements have created further barriers to maintaining contact with friends and family. Given the disproportionate number of Indigenous people who are assigned STG status, these practices are having particularly adverse impacts on Indigenous individuals and their ability to maintain contact with family and community.

Discussion: The IMT stated that they were unaware of additional questions being asked during the PIN list process and offered to follow up on these reports.

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].

CD 085: Correspondence and telephone communication, section 18: Telephone communication is a part of the overall program of reintegration into the community, similar to visits and temporary absences.

Recommendations: Penitentiaries designated for women were created to support close community and family connections for federally sentenced women and gender-diverse individuals, a goal central to *Creating Choices*. CSC decisions should prioritize meaningful access to these relationships, including consistent telephone contact. Separation from family and community has harmful short, medium, and long-term impacts. Institutions must therefore provide dignity-preserving environments that foster personal growth, empowerment, and successful reintegration. CAEFS urges CSC to more fully apply the *Creating Choices* principles of empowerment, support, and person-centered care, and to actively listen to the needs and perspectives of those in its custody.

Access to Family



Description: CAEFS received reports that the Mother-Child Program at EIFW remains nonoperational. It was also reported that the room designated for part-time Mother-Child program participants is not suitable, as it lacks a sink.

CAEFS also spoke with a pregnant woman who is experiencing significant barriers in her efforts to ensure she will be able to keep her child with her after birth. She reported that she had been working toward a transfer to Okimaw Ohci Healing Lodge (OOHL) with the support of her team but was later told that she would not be accepted because she is pregnant and was instructed to withdraw her application. Prior to this, she had been told to withdraw her application to the Mother-Child Program at EIFW because she was transferring. Further, she has experienced setbacks in her attempts to plan for conditional release at the earliest possible date, including being advised to postpone her day parole and her applications for temporary absences not being processed. She shared that her Parole Officer told her to “just plan to not have your baby with you,” which she found extremely distressing. She described how difficult it is to be pregnant at EIFW and expressed feeling as though her baby is being punished. CAEFS was also made aware that there are two additional pregnant individuals at EIFW.

CAEFS received reports that there is only one video visit terminal available in the minimum-security unit (MSU), which is insufficient to meet the family access needs of the people incarcerated there.

Discussion: The IMT shared that Minimum Security is currently at capacity and that there is a waitlist. They explained that this impacts their ability to host the residential Mother-Child Program. According to the IMT, creating a dedicated mother-child pod would result in empty beds, as many people prefer not to reside in these pods, and increasing population numbers prevent the penitentiary from leaving beds unused. They also noted a shortage of babysitters for the program. The IMT encouraged parents to continue submitting applications and completing the mandatory parenting program. In response to concerns about the lack of a sink in the part-time program room, the IMT offered to follow up, noting that participants can use sinks in the visiting area, and they committed to confirming whether a changing table is available. The IMT also agreed to follow up with the case management team, acknowledging that the reports shared by the pregnant woman were inconsistent with expected practices.

The IMT confirmed that there is one video visit terminal in the MSU, two on the main compound, and one in the secure unit. CAEFS and the IMT discussed potential spaces where an additional terminal could be installed. The IMT also shared that changes to the location of telephones in the MSU are planned for completion by the end of the fiscal year, which they expect will increase access to family contact.

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.

“The Bangkok Rules”, Rule 50: [Incarcerated women] whose children are in prison with them shall be provided with the maximum possible opportunities to spend time with their children.

CD 768: The purpose of the Institutional Mother–Child Program is: To foster positive relationships between federally incarcerated mothers and their child, by keeping them together where appropriate, and providing a supportive environment that promotes stability and continuity for the mother–child relationship.

CAEFS’ Recommendations: A core purpose of establishing regional penitentiaries designated for women was to support close community and family connections, as outlined in *Creating Choices*. CAEFS urges CSC to take all necessary measures to facilitate meaningful parent–child contact, including through the Mother–Child Program and by prioritizing healing lodges and community-based alternatives to incarceration wherever possible. Ensuring that mothers can maintain parenting responsibilities and reside with their children - particularly in the community - must be a central objective. Given that EIFW incarcerates people from across the Prairie provinces, expanded access to video visits is essential to upholding individuals’ right to reasonable family



contact. This need is especially urgent considering that most people at EIFW are Indigenous and CSC has heightened obligations to support family connectivity for Indigenous federally sentenced people.

Access to Law and Policy

Description: People continue to report barriers to accessing law and policy at EIFW. These reports include broken or inactive links within Commissioner’s Directives (CD); requests for printed copies of all CDs being denied on the basis that it was “too much to print”; and limited access to CDROMs containing the CDs, with only a few available at each security level. People also reported that the institutional handbook was last updated in 2023 and emphasized the need for a current, updated version.

Discussion: The IMT shared that the institutional handbook is currently being updated and is at the review stage. They also noted that the Commissioner’s Directives should be accessible on the computers and encouraged the Inmate Wellness Committee (IWC) to submit a request if additional support is needed.

Law & Policy:

CCRR s.97(3): The Service shall ensure that an [incarcerated person] has reasonable access to (a) legal counsel and legal reading materials; (b) non-legal materials, including (i) Commissioner’s Directives, and (ii) regional instructions and institutional standing orders, except those relating to security matters [...]

CD 705-4 s.4: Staff responsible for orientation in all institutions, except CCCs, will also ensure that the process includes information on (17) Corrections and Conditional Release Act.

Recommendation: CAEFS is committed to fostering a climate of legal literacy within penitentiaries, and we hope that EIFW will work alongside us to ensure that access to relevant laws and policies is supported, and free from barriers. Access to legal and non-legal materials is an essential part of facilitating access to a fair and effective grievance system and is aligned with legislation and CSC’s values statement.

Hunger Strike and Conditions in Maximum-Security Unit

Description: CAEFS received reports that a group of people in the maximum-security unit undertook an eight-day hunger strike. As reported to CAEFS, individuals in maximum security were protesting the physical conditions of confinement, including ongoing concerns about lack of access to filtered water; limited access to Elders and spiritual care, including church; a lack of response to grievances; and reports being framed in ways that portray them in the worst possible light or appear manipulated to fit a particular narrative. People also shared that they often feel discriminated against by staff and that some staff interactions feel intended to provoke them. Following the hunger strike, individuals reported that several concerns are expected to be addressed, including renovations to the unit — work that is being carried out by the people residing there — and the beginning of weekly Elder visits to maximum security. There remains an outstanding request for a sharing circle to discuss these concerns with management and Elders.

Discussion: The IMT shared that they did not believe a hunger strike had taken place. They explained that they had been in contact with the pod who reported undertaking the strike but did not deem it to meet the criteria, as individuals were still accepting trays and reportedly consuming canteen items, drinking juice, and microwaving food. The IMT stated that a Case Manager had been tasked with meeting with the group to discuss their concerns and confirmed that work was being carried out on the unit, that Elder support would be increasing, and that the IWC was looking into water filters. The IMT reiterated that water is tested regularly but acknowledged the trauma many Indigenous people experience related to lack of access to clean water and boil water advisories. Regarding the request for a sharing circle, the IMT expressed willingness to participate but noted that preparatory work is required with the Elders, as management cannot initiate circles.

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

CD Guideline 801: Hunger Strike: Managing an [Incarcerated Person's] Health, s. 1: Working in collaboration, staff must try to resolve the issue(s) identified by the [incarcerated person] as the reason(s) for declaring a hunger strike.

"Indigenous Justice Strategy", Department of Justice, Priority Action 15: In consultation and cooperation with First Nations, Inuit and Métis and in collaboration with provinces and territories, seek to develop, expand and implement integrated, holistic, distinctions-based and culturally safe and appropriate case management and wraparound supports for First Nations, Inuit and Métis people in custody to support reintegration and healing.

CAEFS' Recommendations: CAEFS calls for the closure of the Maximum-Security Units in Canadian federal penitentiaries. While these units continue to exist, CAEFS appreciates EIFWs efforts to address reported concerns. CAEFS recommends that EIFW ensure consistent access to clean and filtered water and consistent responses to grievances. We recommend dedicated investigation into reported systemic discrimination and cultural rights violations, and that incarcerated individuals at EIFW be meaningfully included in discussions with IMT regarding the identification and implementation of potential solutions.

Inmate Wellness Committee and Ethnocultural Committee

Description: CAEFS continues to receive reports that there has not yet been an Inmate Wellness Committee (IWC) election, despite CAEFS last being informed that there was one scheduled for November 2025. The position of Chair has been vacant at least since our August advocacy visit. CAEFS also received a report from the Ethnocultural Committee sharing that management has not met with the committee as frequently as is outlined in the protocols. The committee reports that they have a budget to spend prior to the new fiscal year, but given the delays, they are concerned that they will not have the opportunity to host events or spend the money in time.

Discussion: The IMT shared that an election is upcoming. They also confirmed that they were aware of the Ethnocultural Committee's concerns, as these had been raised at the most recent IWC meeting. CAEFS and the IMT discussed that there are fewer active committees and lower levels of participation at EIFW compared to other prisons designated for women, and that strengthening committee engagement is a priority for CAEFS.

Law & Policy:

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.

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

CD 083, s. 34: The Assistant Warden, Interventions, will conduct by-elections to fill vacant positions within two months of the vacancy.

CAEFS' Recommendations: CAEFS encourages the IMT to work to support meaningful democratic representation at EIFW, by holding IWC elections without further delay and by providing timely administrative support to enable committees to use their allocated budgets before the end of the fiscal year. Peer-led committees are an essential element of the Creating Choices model of incarceration and are legislated through various principles within the Corrections and Conditional Release Act. Committees also promote a culture of democracy and shared responsibility as well as empowerment. Functional committees provide individuals with the opportunity to build community, positively contribute to the penitentiary environment, and to develop transferable vocational skills that will aid in community re-entry.



Structured Living Environment

Description: CAEFS met with an individual who has been in the Structured Intervention Unit (SIU) since her arrival at EIFW approximately one month ago. She reported that she was placed in the SIU for her own protection. She shared that she expects to be transferred to another penitentiary and believes she will remain in the SIU until her intake is completed — potentially resulting in an additional two months of isolation — something she does not want. She also reported that opportunities for meetings with staff are often offered in the morning, which she declines due to insomnia that causes her to sleep during that time. She has asked staff to meet with her in the afternoons or evenings instead but stated that they continue to come in the mornings. This both disrupts her sleep and results in missed opportunities for meaningful human contact.

Discussion: The IMT shared that she would be transferred prior to the completion of her intake, and that the delay in transfer was due to the absence of a flight in January. They stated that the expectation is that she will be integrated into the general population following the transfer. The IMT also offered to follow up on the reported insomnia diagnosis, noting the potential impacts this could have throughout her incarceration.

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' Recommendations: 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.

Population Count

At the time of CAEFS' meeting with the IMT, there were 2 individuals being held in the Structured Living Environment (SIU). The overall population at EIFW was 166 people. The IMT shared that they expected 7 people to be transferred to EIFW in the days following our meeting.

