



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

June 2nd, 2025

Dear Lil,

I want to thank members of the institutional management team ("IMT") at the Edmonton Institution for Women (EIFW) for taking the time to meet with me on May 22nd, in person at EIFW.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women from May 21st and 22nd 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



Access to Health Care

Description: Two individuals reported significant concerns that serious, potentially life-threatening conditions they had been managing in the community have not been adequately addressed since their arrival at EIFW. To protect their privacy, specific details are not included in this letter, but they have been shared with the Institutional Management Team (IMT). Both individuals reported missed appointments, difficulties communicating with specialists, worsening symptoms, and fear for their lives. One individual reported being advised by her Parole Officer to postpone her day parole hearing to complete programming, despite having been accepted at a Community Residential Facility in the city where she previously received treatment and where her specialists are located. She has also submitted requests to Health Services. The other individual has not submitted written requests but has asked staff on multiple occasions to contact Health Services on her behalf. CAEFS has encouraged her to submit an urgent request.

Additionally, CAEFS received multiple reports of inadequate continuity of care following surgeries, including failures to provide prescribed medications and necessary supplies such as correctly sized dilators, hernia belts, and pain medication at the prescribed intervals.

Discussion: Consent forms were provided, and the IMT initially offered to follow up with both individuals. However, at the end of the meeting, after most IMT members had left, Health Care staff expressed concern about the appropriateness of raising these issues during the meeting, given that one individual had not yet submitted a formal request to Health Services. They stated that without a formal request, follow-up would not be feasible. CAEFS emphasized that the individual had been advised to submit a request to Health Services but that, given the severity and potential urgency of the issues raised, it was also appropriate to bring them to the IMT's attention, with the individual's express written consent.

The IMT noted that once a person returns to EIFW, they are under the care of the institutional physician, who may recommend a different approach or treatment plan than the one recommended by the hospital physician.

Law & Policy:

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

CD 800 s.11 All institutional staff/contractors (including those in Community Correctional Centres) will: (a) inform a health care professional of the condition of any [incarcerated person] who appears to have a physical or mental health concern, whether or not the [incarcerated person] identifies a health concern (b) relay an [incarcerated persons'] request for health services to a health care professional in a timely manner.

CAEFS' Recommendations: 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. To ensure that people with different needs, ability levels, and access to staff in the institution can have their health care needs responded to, there is no requirement in law or policy for health services requests to be made in writing. CAEFS recommends that this be clarified to all staff at EIFW, including health care professionals.



Physical Conditions of Confinement in Maximum-Security Unit

Description: CAEFS has received multiple reports of deteriorating conditions in the maximum-security unit, including maggots in common areas (near the fridge, washer/dryer, sink, and couch), believed to result from rotting floorboards. It was also reported that the taps in the kitchen sinks in the maximum-security unit and the SIU are corroded. People shared that maintenance inspected the taps but stated they do not have the necessary parts to complete repairs. CAEFS also received reports that cells in the Structured Intervention Unit smell and are not cleaned regularly.

Additionally, it was reported that the North pod has access to only one shower, while the other pods have two. CAEFS was told that the second shower in the other pods is used for decontamination purposes.

Discussion: The IMT offered to follow up on these concerns. They were not aware that only one shower was available in the North pod but suggested, if accurate, it may be due to a water heater issue rather than decontamination purposes.

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 encourages CSC to broaden its application of Creating Choices philosophies of empowerment, support, and person-centered care in its administration of the material conditions of incarceration. As such, CAEFS calls for the closure of the Maximum-Security Units and the Structured Intervention Units.

Access to Food and Nutrition in the Maximum-Security Unit

Description: A house representative reported to CAEFS that an individual on the South Pod has been awaiting sign-off from a dietitian to confirm her fish allergy for several weeks. Although she has not been eating the fish provided, she has reportedly experienced allergic reactions due to cross-contamination in the trays.

It was also reported to CAEFS that food is often overcooked or undercooked—examples include mushy vegetables and raw eggs. People shared that supplementing their diets through the Canteen is challenging due to limited healthy options and high costs. They expressed a desire to purchase groceries available to individuals on the main compound and in minimum-security units to increase their access to nutritious foods. Additionally, people requested access to soy sauce, as rice is a frequent item on the menu.

CAEFS also received reports that food in the maximum-security unit is not culturally appropriate and should better reflect the needs of Indigenous women, given their overrepresentation on the unit. Specifically, there were requests for bannock, soups/stews, and sandwiches.

Discussion: The IMT offered to follow up with the individual regarding her allergy and the reports related to food preparation. They suggested that soy sauce may not be included due to its sodium content but could potentially be added as a canteen line item through the Inmate Committee. CAEFS acknowledged that while the menu is set nationally and is not a site-level decision, it was important to ensure this issue was raised and documented.

Law & Policy:

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



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

CAEFS' Recommendations: The quality and quantity of food in the maximum-security units of prisons designated for women have been a consistent concern in the past year. We urge CSC to take action to address the concerns raised by those confined to these units. Access to healthy, fresh food is essential to the health, well-being, and dignity of incarcerated individuals and must guide CSC's food-related decisions.

Body Scanners

Description: CAEFS has received reports of adverse impacts stemming from the use of body scanners. It was reported that, as part of a search of House C, all individuals in the house were scanned multiple times. Each time, the scanner indicated something was present, suggesting possible malfunctions. Individuals were then subjected to ion scans, and one person was strip-searched. It was reported that nothing was found.

People in the minimum-security unit (MSU) expressed concern about the frequency of body scans, particularly when attending large gatherings or ceremonies on the main compound. They shared that the high number of false positives and subsequent responses—such as strip searches, SIU placements, and increased security classifications—discourages participation in these activities.

One person reported being scanned upon her arrival to EIFW late on a Friday evening from provincial custody and subsequently placed in the SIU. She stated that each follow-up scan, ion scan, and dog search came back clear. She reported remaining in the SIU over the weekend (three days) and being released only after requesting an ultrasound.

Discussion: The IMT shared that they have received reliable information regarding drug use and trafficking within the penitentiary, which informs their use of body scans. A high-level overview of this information was shared with CAEFS. The IMT explained that the frequency and timing of body scans change in response to reliable information, and the intent is not punitive. They expressed concern for the well-being of individuals who may conceal drugs within their bodies. The IMT also discussed current trends in substance use and trafficking at EIFW, as well as CSC's responses, including adjustments to programming.

Law & Policy:

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

CCRA, s. 3: The purpose of the correctional system is to contribute to a just, peaceful, and safe society by carrying out sentences imposed by courts through the safe and humane custody and supervision of incarcerated people and by assisting the rehabilitation of incarcerated people and their reintegration into community as law-abiding citizens.

CAEFS' Recommendations: CAEFS appreciates the IMT taking the time to share their perspectives on the challenges related to drug use and trafficking within the penitentiary and acknowledges the complexity of this issue. CAEFS encourages EIFW to continue working to ensure that responses to abnormalities on body scanners are addressed using the least restrictive measures possible. We also encourage CSC to address substance use and trafficking holistically by focusing on non-punitive approaches that target root causes, such as trauma and economic disenfranchisement. This could include substantially increasing access to independent, trauma-focused, community-based, and culturally appropriate treatments and therapies at the beginning of one's sentence, and raising the rate of pay for incarcerated people to a livable wage within the penitentiary environment to reduce reliance on alternative forms of income generation. Both recommendations align with CSC's legislated purposes.



Personal Property: Access to Clothing

Description: CAEFS received reports that individuals are being denied the ability to have clothing sent in when they have gained or lost significant weight. Instead, they are being advised to order from the catalogue, where prices are prohibitive and items are often unavailable. As a result, people do not have adequate access to appropriate clothing, particularly non-institutional clothing. Additionally, CAEFS was informed that a trans woman's request to exchange a broken wig for a new one was denied.

Discussion: CAEFS recognizes that the denials are likely a result of changes to CD 566-12, which the IMT confirmed. CAEFS and the IMT discussed the challenges the national catalogue presents for women and gender-diverse people, a concern that has been raised with the Women Offender Sector.

Law & Policy:

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

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

CAEFS' Recommendation: CAEFS recommends the reintroduction of provisions within CD 566-12 to allow people to receive new clothing from community contacts when they gain or lose significant weight. CAEFS also recommends that individuals who have been given long or life sentences be permitted to receive new clothing from the community every two years. Additionally, CAEFS encourages CSC to expand purchasing options for incarcerated people to better meet their diverse needs and to adjust compensation rates to keep pace with inflation, enabling them to purchase clothing and other personal items as required.

