



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

August 18<sup>th</sup>, 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 July 17<sup>th</sup>, in person at EIFW.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women from July 16<sup>th</sup> and 17<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



## **Water Safety Concerns – Maximum-Security Unit**

**Description:** People in the maximum-security unit reported a microbial contamination in the water supply in early July and shared a boil water advisory notice dated July 3rd. Many individuals became seriously ill in the days prior to the advisory, reporting symptoms such as diarrhea, vomiting, fever, and sharp stomach cramps. On the evening the advisory was issued, staff provided each person with two 500 mL bottles of water. The following day, individuals received another two bottles after lunch and two more after dinner. People reported that this limited water supply was expected to meet all needs, including drinking, brushing teeth, and washing dishes, and that it was insufficient. When individuals requested additional water, they were reportedly told to boil tap water themselves—something not possible on the unit due to lack of access to appropriate equipment. On July 6th, staff verbally informed people that the water was safe to drink again. However, many remained hesitant, and some who resumed drinking the tap water reported feeling ill again. People also reported that health care staff did not respond to multiple written and verbal requests for assistance and did not attend the unit, even when concerns were raised during medication lines. Individuals expressed that they would have appreciated a visit from health care staff following reports of illness, more flexible distribution of bottled water based on need / request, and a written notice confirming the boil water advisory had been lifted.

**Discussion:** The IMT clarified that the boil water advisory affected the entire site, not only the maximum-security unit. They explained that the advisory was issued due to sediment entering the pipes during work conducted by an external contractor. The IMT stated they worked with the Inmate Committee to support information sharing across the institution and that the Assistant Warden of Management Services visited the maximum-security unit to speak with individuals directly. They noted that bottled water was intended for drinking only, as the tap water was considered safe for other uses. Recognizing that many individuals at EIFW have lived on reserve and have prior experiences with boil water advisories, the IMT acknowledged that this context may have affected people's comfort with using tap water for non-drinking purposes. The IMT explained that written requests, including those directed to health care, are not processed on weekends, which may have delayed the response to reported illnesses. They committed to following up on the health care concerns and relayed that they had shared information about the incident with the Office of the Correctional Investigator.

### **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.

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.

CCRR, section 83(1): The CSC shall 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' Recommendation:** CAEFS appreciates the IMT's recognition of the distinct ways in which boil water advisories disproportionately affect incarcerated Indigenous people with lived experience on reserve, and the steps taken to address these impacts. CAEFS encourages EIFW to implement the recommendations put forward by individuals in the maximum-security unit in the event of future advisories. These include: regular visits from health care staff to assess and respond to health needs; more flexible distribution of bottled water based on individual need or request; and the provision of written confirmation when the advisory is lifted.

## **Overcrowding and Revocations: Impacts on Access to Family and Programming**

**Description:** People incarcerated at EIFW reported that the institution is currently at full capacity, resulting in several adverse impacts. The current population level is directly limiting access to family connections. Two women approved for the Residential Mother-Child Program remain separated from their children due to a lack of space, and no child has resided at



EIFW since early 2025. Additionally, the Private Family Visiting Unit continues to be used as a living unit, which has prevented private family visits from taking place for years. Overcrowding has also affected access to programming. Individuals described long waitlists and significant delays. Some reported being removed from Dialectical Behaviour Therapy to make space for new people to be moved into the Structured Living Environment. People identified an increase in parole revocations as the main driver of population growth. Many expressed that community parole officers are failing to support successful reintegration and lack a meaningful understanding of addiction. As a result, substance use often leads to breaches and returns to custody rather than community-based support.

**Discussion:** The IMT confirmed that Buffalo Sage Wellness House, Eagle Women's Lodge, and the Okimaw Ohci Healing Lodge are also at full capacity, describing the situation as a region-wide challenge. They explained that in the Prairie region, individuals whose parole is suspended are returned directly to EIFW rather than held in provincial custody, unlike in other jurisdictions. While this allows for more timely decisions regarding parole revocations and cancellations, it places additional strain on EIFW's population. The IMT emphasized their ongoing efforts to promote the Creating Choices model in the community and to support safe and timely reintegration whenever feasible. They also noted that a national population management strategy is in place for the "Women Offenders" sector. Regarding access to family, the IMT explained that they are often unable to fill all of the beds in the Mother-Child Unit due to the program's eligibility criteria and individuals choosing not to reside on the unit because of the emotional toll associated with their own experiences of parenting and separation. They shared that there is currently a waitlist for people wishing to transfer to the Minimum-Security Unit, and as a result, they are not prioritizing the Mother-Child Unit at this time. To support family connections in the interim, the IMT reported working with Visits & Correspondence (V&C) to expand visiting options and shared that several new Private Family Visiting units are planned for the first phase of new construction at EIFW. CAEFS and the IMT also discussed positive feedback from the population about the new option to book visits via email, which provides written documentation and confirmation for individuals.

### Law & Policy:

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. Section 4(c.2): The Service ensures the effective delivery of programs to [federally sentenced people], including correctional, educational, vocational training and volunteer programs, with a view to improving access to alternatives to custody in a penitentiary and to promoting rehabilitation.

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.

**Recommendations:** CAEFS encourages community parole offices to align their practices with the principle of least restrictive measures, the *Creating Choices* framework, and CSC's purpose to support successful community reintegration—particularly for individuals managing addictions. The high number of revocations based on perceived risk that could be addressed in the community is undermining institutional management's ability to fulfill their mandate and to ensure meaningful access to family. We are encouraged to hear that efforts to address this are underway and remain available to provide support and consultation.

### Access to Fresh Air

**Description:** Individuals reported wanting increased access to fresh air during, especially in the summer months, by extending patio hours. Specifically, they requested access to the patios from 7:00–8:30 a.m., 12:30–1:00 p.m., and 4:30–9:45 p.m.



**Discussion:** The IMT confirmed that the Inmate Committee had raised this request and that it is under review. They noted that operational and scheduling considerations need to be addressed and that they plan to consult with their labour partners.

#### **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. 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 recommends implementing the proposed increase in access to fresh air and appreciates EIFW's efforts to review this request.

#### **Searching of Pathways Unit: Handling of Medicines and Cultural Items**

**Description:** People residing on the Pathways Unit in the Minimum-Security Unit (MSU) reported that staff conducted a search on the morning they were due to return from a multi-day cultural camp. They described their cells as having been "tossed" and expressed deep distress over how staff handled their sacred medicine bundles, feathers, and medicines, which they said were treated with disrespect and "terrorized". Individuals reported that the Pathways Unit is searched frequently, creating significant anxiety. Many shared that they have worked hard to participate in Pathways and maintain placement in minimum security yet continue to feel that they are treated badly and with suspicion.

**Discussion:** The IMT stated that the search of the Pathways Unit was intelligence-based and that its timing was linked to intelligence information, not the cultural camp. They explained that searches involving cultural items are typically conducted with the support of Elders and Indigenous Liaison Officers. However, many of these staff were attending the camp and may not have been present at the institution during the search. The IMT offered to follow up with the Correctional Manager regarding the concerns raised.

#### **Law & Policy:**

CD 566-12, s. 12: Any required security examination of Indigenous medicine bundles, religious and spiritual articles or other sacred objects will be accomplished by having the owner manipulate them for visual inspection by the examining officer. If the owner is uncooperative or refuses to manipulate the item for visual inspection, the item may be inspected by an Elder, Chaplain, or cultural representative who is not [a federally sentenced person].

CCRA s. 4(g) "Correctional policies, programs and practices respect gender, ethnic, cultural and linguistic differences and are responsive to the special needs of women, Indigenous persons, persons requiring mental health care and other groups."

**CAEFS Recommendations:** CAEFS encourages CSC to ensure that all searches involving sacred medicines and cultural items comply fully with CD 566-12, including the requirement that such items be handled by the owner whenever possible. CAEFS further recommends that CSC implement trauma-informed search protocols that uphold dignity and cultural safety, particularly in Pathways units.

#### **Changing Needs of the Population and Access to Mental Health Care**

**Description:** Individuals at EIFW reported a growing number of people experiencing serious mental health concerns and shared that existing supports are inadequate to meet these needs. They described a triage-based system where supports are



often only available when a person's condition becomes acute. People shared that peers are frequently relied upon to de-escalate and intervene in crisis situations. While staff have reportedly acknowledged they lack adequate training to support individuals with complex mental health needs, individuals expressed that they, too, feel ill-equipped to take on these responsibilities. CAEFS and the IMT discussed the case of one woman whom CAEFS observed being taken to hospital after a serious incident of self-harm.

**Discussion:** The IMT acknowledge the changing needs of the population and shared challenges that they are facing as a result, including that small-group housing is premised on the idea that everyone can care for themselves and that there are limited beds available within the Structured Living Environment. The IMT shared information about new buildings slated to be built in the coming years that are intended to support in addressing this. The IMT also shared that they are continuing to implement their 24/7 health care model. As part of this, nurses will all be trained to support with mental health concerns. This implementation process is scheduled to be completed in September 2025. CAEFS and the IMT also discussed challenges related to people being transferred from different penitentiaries and provinces, with different prescribing physicians and formularies and the impact that this has on 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.

CCRA s. 4(g) "Correctional policies, programs and practices respect gender, ethnic, cultural and linguistic differences and are responsive to the special needs of women, Indigenous persons, persons requiring mental health care and other groups."

CD 800: s. 7: The Manager, Institutional Mental Health, will ensure the provision of comprehensive mental health services to support rehabilitation and successful reintegration.

**CAEFS' Recommendations:** CAEFS recommends that the federal government develop a comprehensive strategy to support alternatives to custody and to strengthen community-based release planning and ongoing care for individuals with severe or chronic mental health diagnoses who have been convicted of a federal offence, recognizing that prisons are not appropriate environments for meeting their needs. CAEFS also encourages CSC to ensure that mental health services are responsive to all individuals in federal custody, with a focus on building partnerships with community-based organizations and care providers.

### Quality of Health Care

**Description:** With consent, CAEFS raised concerns about access to health care for two individuals at EIFW. To protect their privacy, most details are not included in this letter. However, their experiences highlight broader systemic issues, including a lack of continuity between community health-care providers and CSC medical staff—particularly for individuals managing serious health conditions prior to incarceration. In one instance, repeated requests for treatment were dismissed as drug-seeking, and it was only when the individual was no longer able to walk and was taken to hospital that appropriate care was provided, and she was immediately sent for emergency surgery for a condition that would have left her paralyzed if left untreated – an example of how legitimate and sometimes urgent requests for care are dismissed as drug seeking. In both cases, the individuals reported significant barriers in communicating with health care staff and feeling that their care needs were not being met, and that their health had deteriorated during their time in custody.

**Discussion:** Although a health care representative was unable to attend the meeting, the IMT offered to follow up directly with the individuals for whom consent was provided. CAEFS and the IMT also discussed the distinct challenges of delivering health care in a penitentiary setting—particularly those related to information sharing—as well as effective avenues for raising and addressing health-related concerns.



**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 800: s. 10: Health care professionals, including those providing services under contract, will:

- (a) provide health services to offenders 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
- (b) ensure health services are sensitive to the needs of Indigenous and women offenders, and offenders with special needs. To the extent possible and with the offender's prior consent, health professionals providing services to Indigenous offenders will consult with Elders to gain an Indigenous perspective on the impact of the offender's social history in order to deliver culturally relevant health services

Excerpts from relevant practice standards:

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.

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' 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. 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.

