



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

May 4<sup>th</sup> 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 on March 31<sup>st</sup> via Teams.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women on March 28<sup>th</sup> and 29<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,

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

Jacqueline Omstead  
Senior Advocate

### **Health Care: Continuity of Care and Adequate Accommodations**

**Description:** An individual reported sustaining a fractured elbow after tripping on uneven walkway on the main compound. She reported that the resulting injury led to a significant loss of independence and dignity, as she was unable to complete basic hygiene and daily tasks without assistance. According to her report, a peer-based caregiving arrangement was implemented to address these needs; however, compensation for this work was inconsistent and inadequate given the level of responsibility involved. She shared that this resulted in the resignation of the peer caregiver and left the individual without formal support, requiring her to rely on informal assistance from others in her living unit. The individual reported that health care staff assisted with hygiene on several occasions; however, she stopped requesting this assistance due to the manner in which care was provided, which she felt undermined her dignity. She reported that this has had adverse impacts on her hygiene, mental health, and relationships with peers. The individual also reported ongoing concerns regarding continuity and appropriateness of medical care following her injury. She described persistent, severe pain (rated 7/10) and reported that pain management was ineffective and inconsistent, with medication frequently limited to Advil or Tylenol, despite a surgeon's prescription for stronger analgesia. She further reported that access to alternative pain medication was inconsistent and dependent on the discretion of the nurse on duty. Additional concerns were reported regarding post-acute care and rehabilitation, including that health care staff were unable to properly apply the hospital-provided sling and encouraged her to use an incorrect one, and that a peer later assisted her into the correct sling. She also reported a lack of access to physiotherapy, resulting in secondary pain and reduced mobility.

CAEFS has received similar reports from an elderly individual who described reduced mobility due to an untreated injury and a lack of adequate assistance for hygiene and daily tasks.

In both cases, CAEFS was advised that concerns were raised with health care services; however, little or no effective response was reported.

**Discussion:** A representative from Health Services was unable to attend the scheduled meeting. The Warden shared that she would relay the concerns appropriately and signed consent was shared.

### **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.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.

**CAEFS' Recommendation:** CAEFS recommends that CSC strengthens communication and coordination with external health care providers to ensure continuity of prescribed treatment; implementing clear, standardized processes to deliver consistent, holistic, and patient-centred care; and ensuring timely, appropriate accommodations for individuals with reduced mobility who require assistance with hygiene and daily living activities. These measures are necessary not only to meet community standards of care, but also to protect dignity, prevent further harm, and support successful reintegration.



## **Health Care: Medication**

**Description:** Individuals reported that medications are being changed without their knowledge or consent, creating risks to their health and exposing them to potential disciplinary consequences if they are perceived to be using medication not formally prescribed to them. More broadly, individuals described a lack of consistency, transparency, and continuity in the management of their health care and wellbeing.

In a particularly serious report, CAEFS was advised that an individual requested her prescribed seizure medication when she began experiencing prodromal symptoms but was told the medication had not been ordered and was therefore unavailable. According to the report received, the individual subsequently experienced a seizure during count and was reportedly instructed by staff to stand. Another incarcerated person alerted staff that the individual appeared to be having a seizure. CAEFS was advised that staff did not respond appropriately, including delays in contacting health care services and a failure to place the individual in the recovery position. It was further reported that health care staff took over 5 minutes to respond once contacted, and that emergency medical services arrived approximately an hour later. The individual reported that alternative medication has since been proposed, as her prescribed medication is not on the National Formulary; however, she expressed concern that the alternatives may not be clinically appropriate for her health care needs.

**Discussion:** A representative from Health Services was unable to attend the scheduled meeting. The Warden indicated that she would relay the concerns to the appropriate parties and follow up regarding the reported emergency response. Signed consent was shared. CAEFS and the IMT also discussed potential systemic barriers to effective continuity of care, including CSC's use of a separate health records database from provincial health care systems and the absence of on-site pharmacists to provide counselling regarding medication use or changes. CAEFS further inquired about the implementation of the patient advocacy program, as EIFW had been identified as a pilot site. The IMT advised that the pilot had not yet launched but indicated that they would follow up with Health Services to obtain an update.

## **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.

GL 800-4 s. 3: Non-Health Services staff arriving on the scene of a possible medical emergency must immediately call for assistance, secure the area, and initiate CPR/first aid, according to their certification and training applicable to their CSC functions, without delay [...]

GL 800-4 s. 10: As soon as a possible medical emergency is identified, the Correctional Manager or officer-in-charge must notify Health Services and the ambulance service in accordance with the Institutional Contingency Plan, Standing Orders or Post Orders.

**CAEFS' Recommendation:** CAEFS urges CSC to improve practices related to medication management and emergency response. This includes implementing clear, standardized processes to ensure informed consent and continuity of prescribed medications; strengthening staff training and compliance with emergency response requirements; and improving coordination with external health care providers. CAEFS further recommends enhanced access to medication counselling, including pharmacy expertise, and the timely implementation of the patient advocacy program to support patient-centred care.

## **Accommodation of Food Allergies**

**Description:** A newly admitted individual reported that her anaphylactic allergy to pineapple is not being accommodated, placing her at significant risk. She advised that the allergy was disclosed during intake and is documented in her file; however, since arriving at EIFW, she reported receiving pineapple on multiple occasions and raising concerns each time with staff and health care. According to the information shared with CAEFS, health care advised that while the allergy had been communicated to food services, accommodation would not be provided until physician confirmation was obtained. The individual indicated that



she is willing to obtain confirmation but requires interim accommodations. CAEFS has received similar reports from others in the maximum-security unit in the past.

**Discussion:** CAEFS and the IMT discussed the policy requiring that interim accommodation be provided while an individual awaits testing. Signed consent was shared and the IMT offered to follow up with the individual.

### 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.70 : The Service shall take all reasonable steps to ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated persons] and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity.

GL880-2, s. 21: [Incarcerated persons] suffering from reactions to food allergens must receive meals that will mitigate the risk of an allergic reaction and eliminate unnecessary dietary restrictions.

GL880-2, s. 23a: An interim diet will be provided to an [incarcerated person] self-reporting an undiagnosed/unsupported food allergy to one or more of the priority allergens, until a clear and defined diagnosis has been made.

**CAEFS' Recommendation:** CAEFS recommends CSC to strengthen communication and accountability between intake, health care, and food services to ensure documented allergies are consistently acted upon, and to implement oversight mechanisms to ensure adherence to the guidelines supporting accommodation.

### Involuntary Transfers to the Maximum-Security Unit

**Description:** CAEFS received reports from individuals who were recently involuntarily transferred to the maximum-security unit. In one case, an individual reported to CAEFS that a Correctional Manager told her she was being taken to the interview room in the maximum-security unit to "cool off" after she became distressed following repeated searches of her unit and the confiscation of her beads, which she identified as important to her mental health and cultural wellbeing. She reported that she verbally confirmed multiple times that she was not being involuntarily transferred to the maximum-security unit or the SIU. According to her report, after approximately 30 minutes in the interview room, she was provided with documentation indicating that she was being involuntarily transferred to the maximum-security unit and was instructed to move immediately. She reported that this process was highly distressing and that she felt misled into complying with the move. She requested additional time in the interview room but was denied. She subsequently engaged in repeated acts of self-harm and was placed in the SIU for one week. She further reported that no meaningful de-escalation or mental health supports were provided, and that staff actions escalated her distress and caused further harm. As a result of the reported deception, she stated that she has lost trust in staff. She also reported that, due to her emotional state, she did not understand that she was declining the opportunity to rebut her transfer when asked, and she advised CAEFS that she wishes to submit a rebuttal.

**Discussion:** CAEFS and the IMT discussed the individual case with signed consent. The IMT indicated that they would accept written submissions from the individual for the 30-day review hearing; however, they advised that a formal rebuttal would not be possible, as the timeframe for an expedited 15-day hearing had lapsed because an intention to rebut was not stated at the time.



## Law & Policy:

GL 710-2-4 s. 8 Before the movement of the [incarcerated person], the Institutional Head or designate will (1) meet with the [incarcerated person] to explain the reasons for the proposed movement

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.4(f): The Service offers correctional decisions that are made in a forthright and fair manner, with access by the [federally sentenced person] to an effective grievance procedure;

CD 060, s. 10: Staff must actively encourage and assist [incarcerate people] to become law abiding citizens. This includes establishing constructive relationships with [incarcerated people] to encourage their successful reintegration into the community. Relationships shall demonstrate honesty, fairness and integrity [...]

**CAEFS' Recommendation:** CAEFS encourages CSC to more meaningfully embed the Creating Choices principles of empowerment, support, and person-centred care in the administration of the material conditions of incarceration. CSC must manage perceived risk using the least restrictive measures and ensure that, where interim placements occur, all applicable guidelines are followed, and individuals clearly understand their rights. CAEFS encourages CSC to recognize the well-documented and profound impacts of segregation on the mental and physical health and wellbeing of incarcerated people, as well as its detrimental effects on CSC's ability to fulfill its dual mandate of providing safe and humane custody and supporting reintegration.

## Inmate Wellness Committee Suspensions / Terminations & Fair Process

**Description:** CAEFS received reports that two newly elected members of the Inmate Wellness Committee were suspended or terminated shortly after assuming their roles, leaving both positions vacant. Both individuals raised concerns regarding fairness and discrimination in the suspension process, reporting that they requested to attend their suspension hearings but were only permitted to make written submissions. One individual further reported that she requested access to video evidence relied upon to substantiate the allegations against her but was denied access on the basis that disclosure would reveal the location of surveillance cameras.

For one individual, the impacts of the allegations were reportedly far-reaching, including the denial of a compassionate ETA, the tapering of medication, and significant negative effects on her mental health. More broadly, CAEFS was advised that the rapid removal of elected representatives has undermined confidence in committee processes and discouraged participation.

**Discussion:** CAEFS and the IMT discussed the reported concerns. The IMT indicated that they understood the process for suspending an individual from the Inmate Wellness Committee to differ from that of other work positions and advised that attendance at the hearing was therefore not permitted, though they indicated they would confirm this understanding. The IMT further suggested that the individual submit an ATIP request to seek access to the requested video footage.

## 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(c): the Service uses the least restrictive measures consistent with the protection of society, staff members and [incarcerated individuals]

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



CD 083 s. 39: Where an Inmate Committee member is dismissed, the Institutional Head will: (a) inform the member in writing within 10 business days of the reason(s) for the dismissal; (b) provide the [incarcerated person] an opportunity to respond verbally or in writing within 10 days of being informed of the reason(s) for dismissal.

**CAEFS' Recommendation:** CAEFS encourages CSC to strengthen its policies governing the dismissal of Inmate Committee members to ensure procedural fairness, which includes the right to be heard, and correctional decision-making that is fair and forthright. Peer-led committees are a core component of the Creating Choices model of incarceration and are supported through multiple principles within the Corrections and Conditional Release Act. Functional committees support community-building and positive engagement within institutions, provide opportunities for skill development relevant to community reintegration, and foster cultures of empowerment, democratic participation, and shared responsibility.

### **Access to Programs and Elders in the Maximum-Security Unit**

**Description:** CAEFS received positive reports from people in the maximum-security unit regarding increased access to correctional programming. Individuals shared that this is the first time programming has been available on the unit in approximately ten years. However, people in the unit continue to report very limited access to Elders and to cultural and spiritual supports. It was reported that Elders rarely attend the unit, and when they do, visits are typically limited to ceremony. Individuals expressed a desire for cultural teachings to accompany ceremony and emphasized the importance of access to Elders who reflect their specific cultural identities.

**Discussion:** The IMT advised that an Elder is assigned to the unit but is currently working at a limited capacity. They further indicated that interpersonal conflicts between Elders and individuals on the unit may be affecting access. The IMT also shared that many Elders are presently focused on the rollout of new Indigenous programming, which may be limiting their availability to the maximum-security unit.

### **Law & Policy:**

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. 83(2): The Service shall take all reasonable steps to make available to Indigenous [people] the services of an Indigenous spiritual leader or elder after consultation with (a) the national Indigenous advisory committee established under section 82; and (b) the appropriate regional and local Indigenous advisory committees.

**CAEFS' Recommendation:** Over 50% of people incarcerated in federal institutions designated for women are Indigenous, making meaningful access to Indigenous cultural, spiritual, and legal rights an urgent priority. Ensuring access to programming in maximum-security units is a critical step toward addressing the over-representation of Indigenous women and gender-diverse people in these settings, as timely access to programming facilitates cascading down in security classification. In the context of a well-documented national human rights crisis, and consistent with the principles of *Creating Choices*, CSC must prioritize the reintegration of Indigenous people into the community and ensure access to culturally appropriate care.

### **Correspondence: Photo Restrictions**

**Description:** CAEFS received reports of a new institutional policy limiting the number of photographs individuals may receive to 10 per mailing and a maximum of 15 per month. The policy also restricts photographs sent through third-party vendors such as Shutterfly, FreePrints, and similar services. Individuals expressed concern that these restrictions increase costs for families and are perceived as arbitrary and overly restrictive.

**Discussion:** The IMT advised that the policy was introduced in response to a significant increase in mailed photographs, concerns regarding fire load, and requirements that mail originate from a single, known source.



**Law & Policy:**

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

CCRA s. 71(1): In order to promote relationships between [incarcerated persons] 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:** CAEFS encourages EIFW to review and revise the photo restrictions policy to ensure it is proportionate, evidence-based, and consistent with the principle of least restrictive measures. This review should assess whether limits on the number and source of photographs are necessary to address fire safety concerns and explore less restrictive alternatives that do not impose undue financial burdens on families or unnecessarily restrict correspondence. Such alternatives could include permitting photographs from third-party vendors where packages include a known sender name and return address, or allowing individuals to replace older photographs when new ones are received by putting them in their stored personal property. All decisions regarding correspondence should be guided by the fundamental importance of maintaining family and community connections to support one's personhood and successful reintegration.

