



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

June 19th 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 June 1st, 2026, in person at EIFW.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women on May 30th and 31st 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



Death in Custody

Description: During this visit, many individuals spoke with CAEFS about the death of a woman at EIFW in May 2026. Several incarcerated people reported feeling supported by staff and noted an increase in available supports, including a stronger presence of Chaplaincy and Elders on the main compound, a smudging ceremony in the living unit, and a funeral. It was also acknowledged that a death in custody affects staff as well and was a difficult experience for everyone.

At the same time, many women said the supports offered were not sufficient to meet their needs. Some reported that mental health staff checked in only once and indicated that further support would be provided, but that this did not occur. Others said mental health staff periodically walked through the living units to offer support, but that these offers would have been easier to accept if made during count, when individuals were in their rooms and had more privacy. It was also reported that only those on the main compound were able to attend the funeral, leaving people in the minimum-security and maximum-security units without a sense of closure. Individuals in the maximum-security unit also described an ongoing lack of Elder support, stating that no Elder had visited the unit since January. Many people also commented on how quickly institutional routines resumed. They noted that individuals living in the affected unit returned within approximately six hours and that the deceased person's room had already been reassigned. Even among those who did not know the deceased well, the death had a broad impact across the institution. People described how it resurfaced their own grief and past experiences of loss, and said that a more holistic response was needed.

Numerous individuals told CAEFS that the person who died had been seeking additional mental health support and requesting a house move, but that neither request was acted on. It was also reported that friends in other living units had submitted written requests expressing concern that she needed support. Some said she had openly discussed her mental health challenges in programming. More broadly, women told CAEFS that many correctional programs require participants to revisit traumatic experiences without adequate support afterward.

Discussion: The IMT outlined the supports provided following the death, including the presence of Chaplaincy, Elders, and mental health staff in the living units, and noted that several individuals accessed mental health support that day. They advised that additional supports, such as a circle, are being explored, and encouraged individuals to continue accessing services through regular request processes. They also explained that cots in the gym had been considered for those living in the affected house, but this was ultimately not viewed as an appropriate or sensitive response. According to the IMT, the room was not intended to be filled immediately; rather, an individual who had been double-bunked volunteered to move into it. The IMT also outlined the supports that had been offered to the deceased prior to her death. CAEFS advised that we had brought in resource materials and are planning to propose an event focused on grief and loss.

Law & Policy:

CCRA s. 3: The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by (a) carrying out sentences imposed by courts through the safe and humane custody and supervision of [federal sentenced people]

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.

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: CAEFS recommends that CSC adopt a holistic, trauma-informed approach that reflects its positive obligation to ensure environments are not only safe and humane, but that actively promote well-being. This includes providing consistent access to independent and ongoing mental health care, culturally appropriate supports, and meaningful opportunities for engagement that uphold dignity and affirm personhood. It should also include more meaningful and sustained responses to grief and loss, recognizing the pervasive impact of bereavement within institutional settings and the need for collective and individual supports. To meet its preventative obligations, CSC should shift away from responses to self-harm or suicidal ideations that rely on isolation or other potentially harmful measures, expand access to independent care, and advance decarceration and community-based alternatives. CSC should also review programming practices that require individuals to disclose trauma in group settings without adequate safeguards, including appropriate preparation, informed consent, and meaningful follow-up support.

Structured Intervention Unit

Description: CAEFS met with two individuals in the SIU during this visit. Both women are Indigenous and reported that they had been placed in the SIU for their own protection while awaiting transfer to other penitentiaries. One woman reported that she had been in the SIU for approximately six weeks following the reporting of a sexual assault. She also raised concerns about the accuracy of the records of interaction provided to her. Specifically, she said an SPO had recorded multiple visits that, according to her, did not occur. She further explained that two offers of interaction from Behavioural Interventionists are typically made in the morning before she is awake, with one additional offer in the afternoon. She said these interactions usually last only about 15 minutes, with the Behavioural Interventionist citing a busy schedule. She also reported that she has repeatedly requested mental health support since the alleged assault but has not received meaningful assistance. Although she was told she would be referred to an outside psychologist, she has not yet received any update. The second woman reported that she had been in the SIU for seven days after it was determined that there were threats against her. She described feeling very isolated and said she had requested a television and radio to help support her mental health, but that this request had not yet been accommodated.

Discussion: The IMT advised that discrepancies in recorded interactions may reflect expanded documentation practices, including brief or declined contacts, which they viewed as a positive development. They noted ongoing daily management presence and engagement from the Indigenous Liaison Officer, as well as completion of a psychological review, with a psychiatry appointment potentially pending. The IMT shared that they are unable to loan TVs or radios. CAEFS emphasized the need for sustained, trauma-informed support, rather than a focus on monitoring and assessment.

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

United Nations Standard Minimum Rules for The Treatment of Prisoners, Rule 43: In no circumstances may restrictions or disciplinary sanctions amount to torture or other cruel, inhuman or degrading treatment or punishment. The following practices, in particular, shall be prohibited: [...] b. Prolonged solitary confinement [...]; Rule 44: [...] Prolonged solitary confinement shall refer to solitary confinement for a time period in excess of 15 consecutive days.

CD 574, s.29: After immediate medical concerns are addressed, the victim and alleged perpetrator (under CSC custody) will be provided with access to mental health services at the institution, or community mental health/support services if at a CCC, as soon as practicable.

CCRA s. 33: An [incarcerated person's] confinement in a structured intervention unit is to end as soon as possible.

CAEFS' Recommendations: CAEFS recommends that CSC eliminate segregative practices, including Structured Intervention Units, given their profound harmful impacts - particularly for women who have experienced sexual violence. While SIUs persist, CSC should ensure placements are as brief and least restrictive as possible, expedite voluntary transfers for protective cases,

and provide immediate access to trauma-informed, culturally appropriate mental health care, including timely external referrals. CSC should also ensure accurate records of interaction, meaningful daily engagement at appropriate times, and mitigate isolation by facilitating in-cell supports (e.g., television or radio) where prolonged placement cannot be avoided.

Overcrowding: Increase in Number of Incarcerated Women

Description: CAEFS was advised that the Private Family Visiting Unit (PFV) is currently being used as a living unit due to the increased number of women and gender-diverse people at EIFW. It was also noted that applications for PFV visits continue to be accepted. CAEFS also received reports that five additional beds are being added to the maximum-security unit (MSU), which will result in some rooms being double-bunked. In addition, several people reported hearing that the MSU building will become a mixed medium- and minimum-security unit, and that this change is expected to occur by December of this year, with a fence to be constructed as part of the plan

Discussion: The IMT advised that the PFV is being held as a contingency due to capacity pressures and confirmed that no visits have been cancelled. They also confirmed the addition of beds in the MSU through the use of double-bunking in the largest rooms. They noted ongoing regional movement and emphasized a shift toward increasing community-based minimum-security capacity, pending approvals, and the need for more community-based residential facilities in the region.

Law & Policy:

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 human custody and supervision of incarcerated people and by assisting the rehabilitation of incarcerated people and their reintegration into community as law-abiding citizens.

CCRA 4 (c.1) the Service considers alternatives to custody in a penitentiary, including the alternatives referred to in sections 29 and 81; *(c.2)* the Service ensures the effective delivery of programs to [incarcerated 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

CD 550 s. 7: Population management strategies must include single occupancy when feasible and ensure that double bunking remains a temporary accommodation measure.

CAEFS' Recommendations: CAEFS is concerned by the rising number of federally sentenced women, the increased reliance on double-bunking and alternative living arrangements such as PFVs, and the resulting harmful impacts on penitentiary environments. These approaches are inconsistent with evidence that most women can be safely managed in the community at lower cost to Canadians and with better outcomes. CAEFS recommends that CSC prioritize timely reintegration to reduce overcrowding and ensure that community supervision applies the least restrictive measures to prevent unnecessary revocations.

Accommodation for People with Disabilities

Description: CAEFS received reports that people are being asked by their Parole Officers whether they require accommodations for physical, mental, or learning disabilities. While many appreciated that these questions were being asked, several described the process as disorganized. They reported that the questions were sometimes asked in passing, that Parole Officers were not always able to explain why the information was being gathered, and that, in one instance, a Parole Officer recorded responses on their hand. CAEFS also received reports that some people with disabilities are facing barriers to participating in programs because appropriate accommodations are not being provided, raising concerns about the impact on their ability to progress in their correctional plans. Two examples were shared: one person was removed from a core correctional program after missing sessions due to seizures, and another was prevented from attending Dialectical Behaviour Therapy (DBT) after incorrectly recording a date in her diary. This individual has documented cognitive disabilities, including difficulties with memory and sequencing. She described the experience as humiliating and said it prevented her from continuing in a program that had been beneficial to her mental health.

Discussion: The IMT confirmed that a new policy is being implemented to support individualized accommodations and that Parole Officers are reviewing caseloads to identify needs. They noted that the absence of a Commissioner’s Directive may be contributing to inconsistencies, but observed ongoing engagement between individuals and Parole Officers. The IMT also acknowledged the cases raised by CAEFS and committed to follow up.

Law & Policy:

Canadian Charter of Rights and Freedoms, s. 15. (1): Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Canadian Human Rights Act, s. 2: The purpose of this Act is to extend the laws in Canada to give effect, within the purview of matters coming within the legislative authority of Parliament, to the principle that all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability or conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.

CCRA 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: CAEFS welcomes this new policy and CSC’s acknowledgment of its positive obligation to accommodate people with physical, mental, and learning disabilities. CAEFS recommends that CSC implement a clear, consistent, and accountable process to identify, document, and meet accommodation needs. This should include training staff to gather information respectfully and transparently, maintaining accurate records, ensuring timely, individualized supports, and recognizing community-based diagnoses. CSC must also ensure that disability-related needs are fully integrated into program access and delivery, so that individuals are not excluded or penalized due to their disabilities, in line with principles of equality.

Grievance Process

Description: CAEFS received reports that grievances are not being responded to within the required timeframes. Some people reported receiving multiple extension notices, while others said they did not receive any extension letters and still did not receive a response by the deadline. Others reported that they had submitted grievances and complaints but never received confirmation that they had been received. One person reported that a grievance concerning a serious and time-sensitive health care issue was returned because it exceeded four pages. CAEFS was also told that a staff member working in the maximum-security unit told people there that “nothing will happen if a grievance is filed because they are inmates.” People expressed that these delays, barriers to submission, and comments by staff undermine their trust in the effectiveness and fairness of the internal grievance process.

Discussion: The IMT offered to look into the specific cases raised by CAEFS.

Law & Policy:

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

CD 081 s. 12: Decision makers will render a decision with regard to complaints and grievances in the following timeframes:

Complaint and Initial Grievance



- High Priority – Within 15 working days of receipt by the Grievance Coordinator at the site
- Routine Priority – Within 25 working days of receipt by the Grievance Coordinator at the site

Final Grievance

- High Priority – Within 60 working days of receipt by the National Grievance Coordinator
- Routine Priority – Within 80 working days of receipt by the National Grievance Coordinator

CD 081, s.13: If the Institutional Head/District Director or the Director, Offender Redress, considers that more time is necessary to deal appropriately with a complaint or grievance, the grievor must be informed, in a letter produced on or before the due date, of the reason(s) for the delay and of the date by which the decision is anticipated.

CAEFS' Recommendations: CAEFS recommends that CSC rescind restrictions on the length of grievances, as they are arbitrary and undermine the purpose of the grievance process by creating delays and barriers—particularly for complex and serious matters. CSC should adopt alternative, evidence-based approaches to support timely responses. CAEFS further encourages CSC to adhere to the processes and timelines set out in the Commissioner's Directive to rebuild trust in the grievance system.

Response to Heat in Living Units

Description: CAEFS received reports that many people were concerned about the temperature in the living units during the week preceding the visit. Some said they had recorded indoor temperatures ranging from 28 to 32 degrees. People also reported being told that the number of shared fans in the living units would be reduced to one per unit. In addition, individuals said they must purchase personal fans themselves at a cost of \$28.50 each. A number of people also reported that hot weather worsens existing health conditions, including increased seizures and mobility-related difficulties associated with vasculitis.

Discussion: The IMT advised that heat-mitigation measures are in place. Air conditioning is expected to be available in the maximum-security unit in June, while the system in the minimum-security unit is currently not functioning; portable units are available as needed based on medical accommodation requirements. They also confirmed that shared fans are not being removed, but must be replaced by the IWC if damaged. Personal fans remain available for purchase following purchasing guidelines. The IMT noted that the living units are not well-designed for airflow and heat mitigation.

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.

CCRR s. 83(1): The Service shall, to 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.

Alberta Provincial Accommodation Standards – Continuing Care Home, Environmental Requirements Standard 4(1): In a type A continuing care home where residents are unable to adjust the temperature in their rooms and in the common areas of any type A continuing care home, the operator shall ensure that heating, cooling and ventilation systems are operated at a level that maintains a temperature that supports the safety of all residents and the comfort of the majority of the residents.

CAEFS' Recommendations: CAEFS acknowledges that EIFW has taken steps to mitigate the impacts of extreme heat on incarcerated people; however, sustained action is needed to ensure that living conditions during periods of extreme heat are safe, healthful, and consistent with human dignity, and aligned with comparable community standards (as cited above). This should include ensuring the timely repair and installation of air conditioning, maintaining adequate ventilation, and providing

sufficient cooling equipment at no cost to incarcerated people. CSC must ensure that access to cooling supports is not contingent on personal financial resources or limited to medical designations.

Drug Strategy

Description: CAEFS received inconsistent information regarding the use of the Drug Strategy (CD 585). One person reported that it is no longer being used, while others indicated that they remain on the Strategy. CAEFS has long received reports that being placed on Drug Strategy impacts people's ability to access forms of conditional release and ability to move forward in their correctional plans, and is not aligned with evidence-based approaches to additions, or community standards of care.

Discussion: The IMT confirmed that CD 585 has been updated as part of a shift toward a health-focused, rather than punitive, approach to individual substance use.

Law & Policy:

CD 585, Purpose:

To promote the health and safety of Correctional Service of Canada (CSC) staff, [incarcerated people], visitors, and the public by preventing and minimizing harms related to individual substance use.

To recognize the harms associated with the introduction, trafficking, financing, and distribution of contraband within CSC institutions, including a focused effort on mitigation strategies for reducing the presence of contraband, and ensuring those involved are held accountable.

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

CAEFS' Recommendations: CAEFS welcomes CSC's shift away from punitive responses to substance use and toward health-focused approaches. However, CAEFS recommends that the obligation to use the least restrictive measures be more clearly reflected in Guidelines 585-2: Contraband Interdiction and Management Framework, alongside a more holistic approach to addressing the introduction, trafficking, financing, and distribution of contraband. This should include addressing underlying drivers, such as inadequate income and limited access to basic necessities. CAEFS will continue to engage with incarcerated people at EIFW to monitor the implementation and impacts of these guidelines.

Health Care – Medication

Description: CAEFS received a number of reports from individuals describing barriers to accessing their prescribed medication. In one case, medical escorts were reportedly not being facilitated at the required intervals, resulting in missed treatments for a woman requiring IV medication for a chronic illness. It was also reported that this medication was not being stored appropriately at EIFW. Another individual reported that her prescribed asthma medication had been denied. Others described being removed from their medications without being provided with effective alternatives. Concerns were also raised about the broader consistency and continuity of care, particularly for individuals with chronic or complex health needs.

Discussion: It was agreed that the names, consent forms, and detailed descriptions of the reported issues would be shared with the Warden for follow-up with Health Services, as no Health Services representative was present at the meeting. Information regarding the reported cases was provided to the Warden on June 2; no response had been received at the time of writing.

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. The 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. 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): When health care is provided to [incarcerated persons], 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 [incarcerated persons]; (b) support those registered health care professionals in their promotion, in accordance with their respective professional code of ethics, of patient-centred care and patient advocacy; and (c) promote decision-making that is based on the appropriate medical care, dental care and mental health care criteria.

CAEFS' Recommendations: CAEFS urges CSC to implement clear, standardized processes to ensure informed consent and continuity of prescribed medications and improve coordination with external health care providers. CAEFS further recommends enhanced access to medication counselling. In order to ensure true professional autonomy in the treatment of incarcerated people and ensure that they are provided with their right to essential health care, the national formulary must be amended to reflect clinical best practices, rather than prioritize security-based restrictions.

Population Count

At the time of meeting, there were 2 people in the Structured Intervention Unit and 192 people incarcerated at EIFW.

