CAEFS
Canadian Association of Elizabeth Fry Societies

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

October 30, 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 September 22, 2026, over Teams.

This letter summarizes reports received and conditions observed during our visit to the Edmonton Institution for Women on September 15 and 16, 2026 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
On behalf of the Prairies Regional Advocacy Team

Health Care

Description: Health care remained the most frequently reported concern during this month's visit. Many individuals expressed the feeling that health care staff do not consistently act in their best interests and that they must advocate to receive respectful and responsive care. Participants emphasized the need for more trauma-informed approaches and greater cultural competency, particularly when working with Indigenous people.

Individuals also acknowledged that decisions regarding the National Formulary are not made by the health care team at EIFW. However, they reported concerns about a lack of support, communication, and alternative treatment options when medications are no longer available through the National Formulary. For example, one woman with chronic nerve pain shared that she is being tapered off gabapentin due to formulary restrictions. She reported experiencing severe pain that has negatively affected both her quality of life and ability to participate in programming. During the visit, her leg appeared visibly swollen and discoloured. She reported that no mitigating measures or alternative supports had been offered. When asked by CAEFS what would be supportive for her, she requested simple interventions, such as a pillow to elevate her leg or access to a heat pack to help manage her symptoms.

Discussion: CAEFS and the IMT discussed opportunities to improve health care services, including following up on the proposed Patient Advocate position that was anticipated to be launched EIFW but has not yet been implemented. The discussion also focused on challenges related to continuity of care for new admissions. The IMT noted that health care standards and practices within the institution may differ from those available in the community and shared ideas that may support continuity of care and improve understanding of institutional health care processes. In response to concerns regarding cultural competency, the IMT noted that the Health Services team is culturally diverse and highlighted a recent immersive cultural learning opportunity with Elders at EIFW. No representative from Health Services was present at the meeting. Follow-up questions and discussion items were subsequently provided via email.

Law & Policy:

> 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.
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> 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, 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.
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> CCRA section 86 (1): The Service shall provide every [incarcerated person] with (a) essential health care; and (b) reasonable access to non-essential health care.
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> Commissioner's Directive 800 (Health Services), s.2: The Regional Director, Health Services, will ensure: (a) the provision of health services to [incarcerated persons] in Correctional Service of Canada (CSC) institutions and in the community, in accordance with relevant legislation, professionally accepted standards, CSC policies and practice directives; (b) implementation of procedures to monitor and evaluate the quality and timeliness of health services and in a manner that promotes patient safety and quality improvement.

National Inquiry into Missing and Murdered Indigenous Women and Girls, Call for Justice 3.2: Governments must ensure that health and wellness services are available and accessible within Indigenous communities and wherever Indigenous women, girls, and 2SLGBTQQIA people reside.

CAEFS' Recommendation: CSC must ensure the dignity, health, and well-being of all people in its care. CAEFS recommends strengthened, proactive external oversight by the relevant regulatory bodies overseeing health professionals working in penitentiaries, alongside a renewed commitment to holistic, patient-centered care in both policy and practice. To support professional autonomy and the delivery of essential health care, CSC's National Formulary should be measured for its restrictiveness and limitations, compared to access to broad medication in a community setting. By comparing treatment pathway limitations caused by Formulary procedure, less disjuncture will result between individual experiences and policy perspectives on the process. However, more foundationally, CAEFS suggests amending the Canada Health Act to recognize federally incarcerated people as insured persons. Such a change would help ensure equitable access to health care while reducing CSC's growing health-care costs and administrative responsibilities and ensuring CSC imposes the lease restrictive impacts on a person during incarceration.

Access to Emergency Care and Life-Threatening Cases

Discussion: CAEFS spoke with two individuals who reported serious concerns regarding delayed responses to urgent health and mental health needs. In both cases, the individuals reported repeatedly seeking assistance and raising concerns before receiving appropriate care. Both situations escalated into life-threatening medical emergencies.

In one case, a woman reported seeking medical attention for severe symptoms over several days before being transported to hospital, where she was diagnosed with a life-threatening medical condition requiring emergency surgery and a prolonged hospital stay. She raised concerns about delays in assessment and treatment, barriers to communication with family while hospitalized, and the use of restraints during her recovery. She also reported ongoing health complications following her return to the institution. In a second case, an individual reported repeatedly requesting mental health support while experiencing significant emotional distress. The individual stated that their requests were not meaningfully addressed before they attempted to overdose on medication. Following emergency hospitalization, the individual reported being informed that the overdose could have been fatal.

These reports raise concerns about the timely identification of, and response to, urgent medical and mental health needs within the institution, particularly when individuals repeatedly communicate that they are in distress or experiencing symptoms that require immediate attention.

Discussion: The IMT requested that additional information be provided by email to facilitate follow-up with Health Services, which was completed by CAEFS. CAEFS and the IMT discussed the circumstances of the second incident, including the institution's response and decision-making process. The IMT noted that the hospital transfer occurred by transport vehicle rather than ambulance, as it was believed this would facilitate a more timely transfer. The IMT further noted that response timelines may have been influenced by threat risk assessments and the need for the individual to stabilize. The IMT indicated that the matter would be reviewed. CAEFS and the IMT also discussed the potential use of an Individualized Accommodation Plan to support the individual's needs going forward.

Law & Policy:

> 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.
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> CCRA section 86 (1): The Service shall provide every [incarcerated person] with (a) essential health care; and (b) reasonable access to non-essential health care.
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> GL 800-4 section 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' Recommendations: Federally incarcerated individuals must depend on the CSC for access to emergency care during life-threatening situations. For this reason, the CSC must establish clear and direct guidelines stating that life-threatening medical or mental health crises override standard security threat risk assessments. To ensure the quality of emergency care, it must also be administered through the least restrictive means necessary. The unnecessary use of physical restraints and the institutional barriers that prevent meaningful communication with family during treatment are amongst the factors that trigger further physical and psychological harm. Furthermore, the CSC should consider a post-return continuity of care plan to manage an individual's ongoing medical needs and prevent future emergencies. CAEFS acknowledges the IMT's consideration of an Individualized Accommodation Plan to support the needs of the individual mentioned above, and we strongly encourage that this option be considered for all individuals with complex mental and physical care needs going forward.

Physical Conditions of Confinement: Pillows and Mattresses

Description: Individuals reported ongoing barriers to accessing a second pillow, including confusion regarding responsibility for approving, ordering, and distributing medically authorized pillows. Several individuals described being directed between Health Care and Stores without being able to obtain the approved accommodation. It was reported that even when Health Care has approved a second pillow, access may be limited by procurement or budget-related barriers. Many individuals shared that being limited to a single pillow and institutional mattress negatively affects their sleep, comfort, and quality of life. CAEFS heard concerns from individuals who were pregnant, recovering from surgery, or living with chronic injuries, all of whom described difficulties managing pain and physical discomfort without access to additional supports.

Discussion: The IMT advised that direction is being sought from the national level regarding the provision of additional pillows and mattresses and that EIFW is awaiting further guidance.

Law & Policy:

> CCRA section 86 (1): The Service shall provide every [incarcerated person] with (a) essential health care; and (b) reasonable access to non-essential health care.
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> 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 [...] provided with adequate bedding.
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> CCRA, section 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: The CSC must take steps to clarify the responsibilities of Health Care, Stores, and institutional management in approving and distributing medically authorized pillows. A clear process must be established to resolve delays caused by inventory or budgetary constraints so that approved requests can be fulfilled within reasonable timeline. The CSC should be aware of the various health impacts of delayed accommodations, particularly for those who are pregnant, recovering from surgery, and those living with chronic injuries who do not have access to additional supports. Where additional pillows are unavailable, appropriate and temporary clinical alternatives should be offered while the request is being resolved.

Access to Mother-Child Program

Description: CAEFS received reports that the full-time and part-time residential Mother-Child Program is not currently operational at EIFW and that children are therefore unable to reside at the institution. Many mothers expressed a strong desire to participate in the program and described significant emotional and practical impacts resulting from separation from their children. Reported impacts included challenges related to postpartum wellbeing, concerns about maintaining custody, and barriers to preserving parent-child relationships. Several individuals reported that they had been led to believe they would be able to access the program upon reaching minimum security but that this did not occur. They described the loss of this opportunity as deeply distressing. Many mothers emphasized that maintaining a connection with their children is a primary source of motivation.

Discussion: The IMT confirmed that the residential components of the Mother-Child Program are not currently operational because institutional overcrowding has eliminated the space required for a dedicated mother-child living unit. As a result, mothers at EIFW are currently unable to participate in the residential program, and children cannot stay overnight at the institution. The IMT noted that efforts have been made to expand visiting opportunities, preserve the use of the Private Family Visiting unit for family contact, and support transfers to institutions where the Mother-Child Program is available.

Law & Policy:

> Commissioner's Directive 768, Purpose: 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.
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> CCRA section 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 promoting the security of the penitentiary or the safety of persons.
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> United Nations Declaration on the Rights of Indigenous Peoples (Annex): The General Assembly, [...] Recognizing in particular the right of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child [...]
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> United Nations on the Rights of Child, Article 3 (1): In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

CAEFS' Recommendations: Given the evidence that most women can be safely supported in the community, at lower cost and with better outcomes for individuals, families, and communities, CAEFS recommends that CSC prioritize timely reintegration as a key strategy to address overcrowding and ensure that community supervision is guided by the principle of least restrictive measures. While CAEFS acknowledges EIFW's efforts to preserve access to the Private Family Visiting unit, overcrowding

continues to undermine family unity, particularly for Indigenous mothers, who are disproportionately impacted by incarceration and family separation. CAEFS recommends that CSC take additional measures to strengthen access to children and families, including expanding opportunities for meaningful contact and mother-child programming, and that the federal government increase the use of community-based alternatives for primary caregivers. Preserving relationships between mothers and their children must be treated as a core priority if Canada is to meaningfully uphold its commitments under UNDRIP and address the intergenerational harms of incarceration.

Complete Access to the Grievance Process

Description: Individuals reported instances in which staff who were the subject of complaints or grievances spoke directly with them about those complaints. Many described feeling intimidated by these interactions and expressed concerns about the potential for retaliation. While individuals generally indicated that they were willing to be interviewed as part of a grievance review, they felt such discussions should be conducted by a correctional manager or, at minimum, occur in the presence of a correctional manager. Individuals also raised concerns about privacy and confidentiality within the grievance process. Some expressed a belief that staff may have access to grievances in which they are named, contributing to reluctance to submit complaints or pursue the grievance process.

Discussion: The IMT and CAEFS discussed staff involvement in the grievance process, including the IMT's view that direct conversations between staff and individuals raising concerns can be appropriate in certain circumstances. CAEFS raised concerns about the power imbalances that may arise when staff who are the subject of a complaint engage directly with the person who submitted it, particularly where this may affect perceptions of confidentiality, safety, or potential retaliation.

Law & Policy:

> CCRA s. 91: Every [incarcerated person] shall have complete access to the [institutional] grievance procedure without negative consequences.
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> Guideline 081-1 s. 8(b): Upon receipt of a complaint/grievance, all Grievance Coordinators will: (b) ensure confidentiality of [incarcerated person's] file and complaint/grievance information throughout the [institutional] complaint and grievance process (i.e. share information only with those with a need to know).

CAEFS' Recommendations: While direct communication can sometimes help resolve concerns, CSC should ensure that such conversations occur only when appropriate and with sufficient safeguards to address power imbalances. Individuals raising concerns should have the option of discussing them with a neutral Correctional Manager rather than directly with the staff member named in the complaint. To ensure complete access to the grievance process, individuals should have confidence that concerns can be raised, investigated, and resolved fairly without fear of retaliation or undue influence.

Staff Conduct

Description: CAEFS received multiple reports of staff using abusive, and racist language. Individuals expressed concerns about the impact of these interactions and identified a need for additional trauma-informed and culturally responsive training for staff. Several individuals described being yelled at or spoken to in a degrading manner and shared that these interactions could be particularly harmful for people with histories of trauma and abuse. Members of the Inmate Committee advised that they had raised these concerns with a member of senior management and felt that the matter was being taken seriously.

Discussion: The IMT requested additional information regarding specific incidents and staff members. The IMT noted that some of the staff identified were no longer working at EIFW. With respect to other staff members whose names were shared, the IMT indicated that, based on their understanding, these staff members had conducted themselves professionally while carrying out their duties. The IMT also sought clarification regarding the reported interactions, including whether they occurred in the living units, elsewhere within the institution, or in the yard.

Law & Policy:

> Creating Choices, Principle 4, Supportive Environment: A positive lifestyle which can encourage the self-esteem, empowerment, dignity and respect for self and others so necessary to live a productive, meaningful life, can only be created in an environment in which all aspects of environment are positive and mutually supportive.
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> 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.
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> CD 001 s. 2: The CSC Values Statement guides behaviour, decision making and discretionary judgement in the Service. CSC staff are expected to demonstrate the following share, reciprocal values in all of their interactions with [incarcerated people], colleagues (peers, subordinates and superiors), partners, stakeholders and the public: [...] Respectful behaviours honour the rationality and dignity of persons – their ability to choose their own path, within lawful order, a meaningful life. A good test of respectful behaviour is treating others as we would like to be treated.

CAEFS' Recommendations: The Creating Choices philosophy is clear: the incarceration of women must provide an empowering, dignity preserving environment. While the CSC is facing constraints via cuts and overcrowding, there is nothing preventing the Service from treating women and gender diverse people with dignity. CAEFS recommends that CSC implement a service-wide standard for respectful, person-centered communication and conflict de-escalation, including encouraging staff to consider the demoralizing impact of their actions on people who enter incarceration with deep histories of victimization already.