

April 11, 2020

TO: Honourable Selina Robinson
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OPEN LETTER: RE Need for URGENT ACTION to Address Inequities in COVID 19 Regional Response

Dear Honourable Ministers Robinson and Dix:

Thank you for your attention to ensuring protection of the health of all British Columbians at this time. **We are writing to bring to your attention the dire situation facing many people living in our community who are without shelter or living in overcrowded spaces.** *We are 4 weeks into COVID 19 restrictions and do not yet have the necessary resources to mobilize a response for those experiencing homelessness or at risk of homelessness to ensure the same health protections available to others. This is despite the efforts of many individuals from all sectors working hard to address the situation. Crisis is imminent in this population and time is running out. People who are homeless are a group at high risk of contracting and dying from COVID-19. They are [three times more likely to have chronic diseases](#) than the wider population – respiratory and heart problems and many are immuno-compromised. It is estimated that those who are homeless are [two to three times more likely to die](#) of COVID 19 compared to the general population.*

*We write to you as Greater Victoria based community organizations and allies to highlight the immediate provincial actions needed to provide an effective regional on the ground response to protect everyone in our community. **The [UN guidance for the protection of those who are homeless](#) outlines key elements of such a plan and we highlight 6 key areas here for immediate action.***

1. Mobilization of Housing and implementation of Housing First:

- ***Use emergency powers to immediately appropriate hotels and motels and fund costs including costs of staffing and Housing First supports.***
- ***Mobilize funds for regional purchase of permanent housing such as privately-owned vacant housing.***

People are unable to wash their hands, stay at home and isolate when they do not have a home. Housing is a front-line protection that gives people the ability to both stay at home/physically distance and to self-isolate. As pointed out by the UN Special Rapporteur on Housing in a statement published on March 18 “Housing has become the front-line defense against the coronavirus. Home has rarely been more of a life or death situation” ([UN Rapporteur on Housing](#)). Now is the time to immediately activate full on Housing First initiatives and offer housing to everyone who is homeless. As a group, those who are homeless are at high risk with the potential for rapid spread and increased risk of death. Due to overcrowding and high density, prevention is needed now, not after people are identified as symptomatic. Waiting until cases are identified is too late and prevention measures (just as for anyone else in the population) are essential now to protect the health of the population. Housing First is accepted as best practices federally, provincially and regionally. Housing First principles can be used for placement in hotels and motels until permanent housing is available so individuals do not return to homelessness when the pandemic is over. Shelters even with physical distancing measures are not considered adequate and may increase spread of the virus as per [UN COVID-19 Guidance Note](#) #10. People who need isolation require self-contained units with supports.

2. Support for the self determination of individuals to ‘shelter in place’ including

- ***Cessation of enforcement of no camping by laws in all municipalities.***
- ***Reinforce that public washrooms and hygiene facilities and park spaces are essential services.***
- ***Ensure handwashing stations and hygiene facilities are open in all public locations where people who are homeless are currently gathered.***
- ***Fund community-based outreach teams to support encampments until acceptable housing solutions are found.***

People cannot shelter in place or self-isolate if they being displaced and their possessions removed. As stated unequivocally by the [UN Rapporteur](#), cease the forced eviction or dismantling of self-governed encampments of homeless people as they can be safer options than shelters and large scale, state-operated camps ([UN COVID-19 Guidance Note](#) #9). If people have autonomy in outdoor space, they can participate in physical distancing with less overcrowding and less movement with delivery of supplies and services. Bathrooms are essential to day to day functioning. Handwashing and hygiene facilities are basic COVID 19 protection. The [Public Safety and Solicitor General](#) in consultation with the Provincial Health Officer declared the following to be essential services to be provided in BC during the COVID-19 pandemic including:

- *“Public washrooms and hygiene facilities (toilets, handwashing stations, showers) for unsheltered persons; and*
- *Parks and green space for public health and sheltering (for people experiencing homelessness).”*

As per [UN COVID-19 Guidance Note](#) #6, public facilities for handwashing and use of toilets and showers must be available and facilities must be regularly maintained with running water and soap at all times and cleaned. Mobile Outreach teams are vital to ensuring identification of needs, communication, wellness checks, and delivery of essentials such as food and harm reduction supplies. Provide nursing support to assist outreach teams with current communication.

3. Implementation of Safer Supply Initiatives:

- ***Re-emphasize to prescribers and their colleges the importance of the new [Guidelines for Risk Mitigation in the Context of Dual Public Health Emergencies](#) to saving lives***
- ***Reinforce need for immediate implementation of safer supply initiatives. Implementation should be done in advance of next cheque day on April 22, 2020 to avoid increased overdoses and overdose deaths.***

The Province has endorsed the Guidelines for Risk Mitigation in the Context of Dual Public Health Emergencies. Physicians, pharmacists and other prescribers need reinforcement of the new prescribing guidelines for safer supply to replace toxic street drugs in dual public health emergencies. People are facing difficulties gaining access to treatment, lack of awareness and resistance from providers and denial of treatment. At the same time, there is continual adulteration of an already toxic illicit drug supply with anticipated and real increases overdose deaths. Prescribers and pharmacists need support and clear direction to provide treatment to patients whose lives are at risk. The new guidelines include prescription access to opioids, benzos, stimulants but access to community cannabis and managed alcohol programs is needed.

4. Provide Non-Discriminatory and Culturally Safe Healthcare and Testing:

- ***Immediately ensure funding flow to emergency health care services to support health care teams as well as peer run and informed organizations to provide non-discriminatory and culturally safe health care where people are at including primary care, harm reduction, and facilitate access to testing.***

“Ensure all persons living in homelessness, regardless of where they are living, have access to non-discriminatory and cost-free health care and testing. There must also be widespread distribution of accessible, up-to-date information on COVID-19, including best health practices, government health policies and where and how health services may be accessed.” [UN COVID-19 Guidance Note](#) #5). Traditional healthcare services do not work for people who are homeless for many reasons including lack of transportation, inability of services to meet their needs due to deficits in socio-economic determinants, stigma and discrimination. Further, the flow of information is not through televisions, the internet or social media as those are often unavailable and severely disrupted for people that are homeless or living on the social economic margins. The flow is through peer networks and people with lived experiences. Existing peer networks are best positioned to share health information,

influence health behavior, provide support and facilitate implementation of interventions that are ethical and safe in real life contexts. Peer run and informed community organizations are essential to this work as hiring lone peers or attempting to integrate peers into healthcare systems has the potential for harm and inconsistent with best practices.

5. Decriminalization of survival-based activities:

- ***Recommend that the Minister of Public Safety and Solicitor General direct that police forces immediately and for the duration of both public health emergencies cease expending resources on the enforcement of simple possession and related offences***

Increased policing complicates access to services and results in distrust of services. “People should not be criminalized, fined or punished in the enforcement of curfew or containment measures and terminate law enforcement practices that that increase marginalization of people experiencing homelessness, including apprehension of personal property or street ‘sweeps”’ [UN COVID-19 Guidance Note](#) #8). The BC provincial public health officer has already recommended decriminalization of drugs for personal possession in her report [Stopping the Harm: Decriminalization of People Who Use Drugs in BC](#). People often engage in criminalized activities such as petty theft and sex work in order survive even though it puts them at risk. See [Sex Workers Must not be Left Behind during COVID 19](#). We must be vigilant and not criminalize or use policing to manage, contain or target people who are homeless including use of force to quarantine or test.

6. Respect for Human Rights:

- ***Respect and prioritize the rights and expertise of Indigenous people, people with lived experience and community outreach workers who are aware of the needs and solutions as the situation is unfolding.***
- ***Include those affected in the development of policy, protocols, and roll-out of programs and fairly compensate them for their time and expertise.***

The new [Human Rights Commissioner has said](#) human rights are never more important than in times of crisis. Public health and human rights must go hand in hand. We are on Indigenous lands and the actions we take in response to homelessness and the precariously housed have the power to reinforce colonial systems and related harms or support cultural decision making and support. Respect Indigenous rights to self-determination and [“Nothing about Us without Us”](#). This evidence based approach is essential, especially in a public health crisis, when working with systemically marginalized populations including those who use substances, [sex workers](#), and persons who are homeless or precariously housed.

This is a critical moment to act, and we have days rather than weeks to set up proper infrastructure and supports to save lives. In times of unprecedented crises, we require courage from decision-makers and elected officials to act on evidence and support those most vulnerable - this open letter

outlines the minimal required actions to support the safety and wellbeing of those experiencing homelessness or unstable housing to flatten inequities in order to flatten the curve.

We know you understand the severity of circumstances and impending disaster we face and we want to work together to do what is needed before it is too late. We ask that ministers and deputy ministers meet with us and others doing emergency response work in our community within 48hrs to assist us in following through on our immediate and ongoing community response.

Respectfully,

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