



Dying on the Streets

Homeless deaths in British Columbia

**Dying on the Streets:
Homeless deaths in British Columbia**

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Table of Contents

3	Executive Summary
5	Homeless Deaths Data
8	Who Has Died
10	Where They Died
13	How They Died
17	A National Crisis
19	Summary of Recommendations

Executive Summary

At least 281 homeless people died in British Columbia between 2006 and 2013. The true number is likely much higher. It's this rarely discussed statistic that inspired 'Dying on the Streets,' the first report of its kind to look at homeless deaths in the province.

As municipalities across B.C. struggle with increasing homelessness and the City of Vancouver works to try and end homelessness by 2015, little attention is paid to the hundreds of lives lost in the province simply because individuals could not access proper housing.

By highlighting the significant undercounting of homeless people who die in B.C. each year, illustrating the deadliness of homelessness, and demonstrating that these deaths are largely preventable, 'Dying on the Streets' aims to galvanize governments to do more to end homelessness in the province.

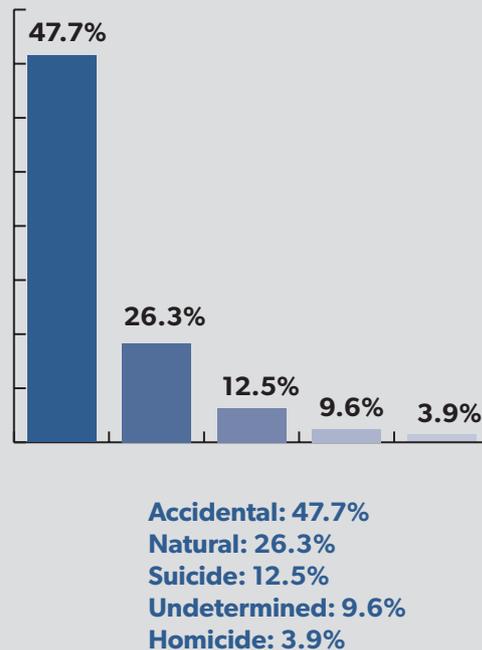
'Dying on the Streets' was produced primarily using data from the BC Coroners Service, which reports on deaths across the province. At the request of Megaphone, it produced an updated homeless deaths report with 2012 and 2013 data.

Officially, we know that 281 homeless people died in B.C. over the past 8 years. But because of gaps in accounting and the difficulty of tracking the hidden homeless, the true number is likely much higher. This means an untold number of people are dying in our province because of housing insecurity.

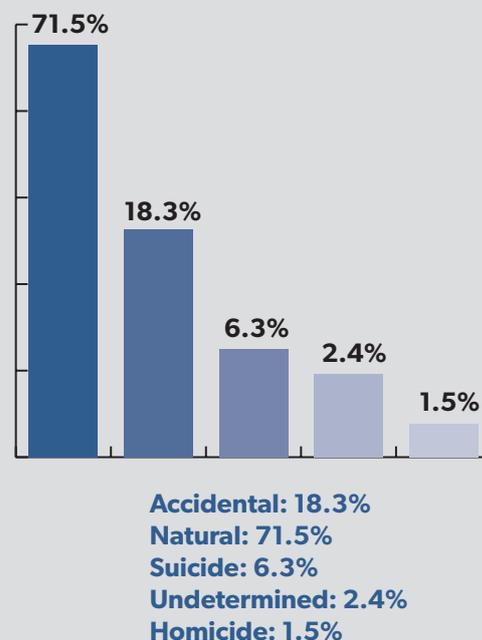
Acknowledging the coroner's data is a drastic undercount is important: homelessness is a life-threatening health hazard. As the data in 'Dying in the Streets' shows, the median age of death for a homeless person in the province is between 40 and 49.¹ This is almost half the life expectancy for the average British Columbian, which is 82.65 years.²

Homeless individuals are also twice as likely to die by accident, suicide, or homicide than the average British Columbian, which shows not only that homelessness puts people at dramatic risk but also homelessness-related mortality is largely preventable.

How homeless individuals died in British Columbia



How the general population died in British Columbia



¹BC Coroners Service. (2014). *Deaths among Homeless Individuals 2007-2013*.

²BC Stats. (2013). Life Expectancy at Age 0.

estimated there are up to 15,500 people homeless people in B.C.,³ which means thousands of people in the province are at risk of a premature but preventable death.

To get a better sense of the true state of homeless deaths in B.C., 'Dying on the Streets' offers a series of recommendations to improve the way the coroner's office analyzes its data.

Across Canada, the data is even less accessible and the scope of the homeless crisis even more unclear. A survey of other provinces found there is little to no data available on homeless deaths. Today, we only have a very preliminary idea of who is dying and why they're dying. In a country as rich as Canada, we can and need to do better at tracking our most vulnerable citizens.

Acknowledgements

Megaphone would like to thank the BC Coroners Service for compiling these statistics and making them available; to Pivot Legal Society lawyer DJ Larkin and former City of Vancouver homeless advocate Judy Graves for their analysis, advice and support; to Street Roots in Portland, Oregon for providing leadership and inspiration; to Jenn McDermid for her intrepid research; to Robyn Smith for her poignant profiles; and to Megaphone's staff, volunteers and vendors for helping make this report possible.

'Dying on the Streets' is written in commemoration of every homeless person who has died in British Columbia—many died violently and anonymously. This report aims to honour their lives.



Sean Condon
Executive Director
Megaphone

Key Recommendations

- The BC Coroners Service should work with regional health providers and local homelessness agencies to share data about homeless deaths so it can better record the true number of homeless deaths in British Columbia.
- The BC Coroners Service should track the number of Aboriginal homeless deaths in order to gain a better understanding of how homelessness impacts the Aboriginal population.
- The BC Coroners Service should create a yearly report that offers deeper analysis and data about homeless deaths across the province—this should explain what drugs caused overdoses and attempt to explain trends by providing analysis from health providers and social workers.
- Each provincial and territorial government should commit to gathering data on homeless deaths and creating yearly reports with detailed analysis and information on how the deaths can be prevented.

Key Findings

- At least 281 homeless people died in British Columbia between 2006 and 2013. Because of gaps in accounting, the true number is likely much higher.
- The median age of death for a homeless person in British Columbia is between 40 and 49. The average life expectancy for the general population in British Columbia is 82.65 years.
- Accidental deaths account for 47% of all homeless deaths in British Columbia, compared to 18.3% of general population deaths.
- Homeless individuals in British Columbia are twice as likely to die from suicide and homicide as the general population.

³ Greater Vancouver Regional Steering Committee on Homelessness. (2014). *Results of the 2014 Homeless Count in the Metro Vancouver Region*.

Homeless Deaths Data

The BC Coroners Service maintains a database of all deaths investigated under its jurisdiction. It investigates roughly 25% of all deaths across the province each year. Since 2008, it has released three reports on homeless deaths outlining the total number, demographic data, and causes of homeless deaths in British Columbia, which were used for this report—the last of which was produced at the request of Megaphone.

According to British Columbia’s Coroners Act, the coroner’s office must conduct an investigation if a death occurred in British Columbia and there is reason to believe the person died:

- (a) as a result of violence, accident, negligence, misconduct or malpractice;
- (b) as a result of a self-inflicted illness or injury;
- (c) suddenly and unexpectedly, when the person was apparently in good health and not under the care of a medical practitioner or nurse practitioner;
- (d) from disease, sickness or unknown cause, for which the person was not treated by a medical practitioner or nurse practitioner;
- (e) during pregnancy, or following pregnancy in circumstances that might reasonably be attributable to pregnancy;

(f) if the chief coroner reasonably believes it is in the public interest that a class of deaths be reported and issues a notice in accordance with the regulations, in the circumstances set out in the notice, or;

(g) in any prescribed circumstances.

A person is considered homeless by the coroner’s office “if ‘no fixed address’ was given as the home address, the injury premise was a ‘homeless shelter’ or if the words ‘homeless,’ ‘no fixed address,’ ‘living on the streets’ or ‘transient’ were noted in text searches” in the coroner’s database. The coroner’s office then determines if that person was “street homeless” or “sheltered homeless.”

The coroner’s definition of “street homeless” is “persons living outdoors, in a make-shift shelter, a parked vehicle, or any other structure not intended for habitation.”

Its definition of “sheltered homeless” is “persons staying at an emergency shelter (overnight) or temporarily sheltered (less than 30 days) by friends or family, in a short-term shelter, safe house for youth, or transition house for women and children fleeing violence.”

Between 2006 and 2013, the coroner’s office determined that 281 people who died in British Columbia were homeless.

Homeless Deaths in British Columbia

	2006	2007	2008	2009	2010	2011	2012	2013	Total
Street	21	23	32	31	19	10	17	7	160
Shelter	10	16	13	10	11	6	9	15	90
Unknown	-	-	8	1	4	9	3	6	31
Total	31	39	53	42	34	25	29	28	281

Source: BC Coroners Service

PROFILE: TOM SAWYER



Tom Sawyer & Ikebana © Andrew Owen A01

In March 2010, Thomas Sawyer died from internal injuries in a downtown Vancouver alley under what police called “suspicious circumstances.” The cause of death was “multiple blunt force injuries.” He was 55.

Sawyer was well known in downtown Vancouver, where he often sold or gave away flowers, and was affectionately known as the ‘Flower Man.’ He had a large number of loyal customers who appreciated his sense of humour and philosophical musings.

“He was a very peaceful, gentle guy, and knew everything there was to know about plants,” said Judy Graves, the former homeless advocate for the City of Vancouver. “Before he had a place to sell flowers he would get them out of the gardens in the Bentall Centre and then sell them to the movie crowd, and I would always buy them even though I was allergic.”

What most people didn’t know about Sawyer was that he had a wild and adventurous past. A child of the ‘60s, he often travelled around North and South America with just a few dollars in his pocket. His famous name often got him in trouble with the police, who thought he was being cheeky. He eventually settled down in Mexico, where he got married and had a son.

“If he had been living inside that night, he would not have died.”

— Judy Graves

But something terrible happened to Sawyer in Mexico and he returned to Canada in the mid-1990s, damaged and hurt. His brother, Doug, said he wasn’t the same again. Sawyer would stay with his brother from time to time, or in Single Room Occupancy (SRO) hotels. But fiercely independent, he began to reject any support and spent the last decade of his life on Vancouver’s streets.

“He refused to have anything do with the welfare system and once that stopped then he couldn’t afford to rent anything,” said Doug Sawyer. “What he needed was something other than a welfare cheque to pay the rent and some sort of safe housing.”

Tom Sawyer struggled with some personal issues, but Graves was working with him to get him into housing before he died. “He had decided he was too old for the streets and it was time to come in,” said Graves. “It wasn’t for a lack of effort to get him in, it was a lack of housing.”

“There’s always a reason why somebody makes that choice to stay on the streets, and with Tom at that point it was a moral judgment that he placed on himself that he didn’t think he deserved to be on welfare so he cut himself off,” she added.

The Vancouver Police Department has not been able to determine exactly how Sawyer died. It is possible that he was the victim of a hit and run or an assault, or fell from a height. But one thing is for certain: being homeless put him in a much more vulnerable position.

— By Sean Condon

Discrepancies with definitions

Since each death has to be confirmed as meeting its definitions of homelessness, the coroner's office admits, "these statistics may not capture all deaths of homeless individuals, representing only cases that could be identified and confirmed via this method."⁴

Further, the coroner's definition does not include those who transition in and out of homelessness or who live in unstable housing. In 2012, the Canadian Homelessness Research Network released a more inclusive definition of homelessness:

"Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioral, or physical challenges, and/or racism and discrimination."⁵

Counting someone as homeless only if they are without housing at the exact moment of their death does not properly reflect the realities of homelessness in British Columbia. Many people move between unstable housing and the streets. Nor does it account for the physical toll that homelessness takes on a person's health. If someone who has been living on the street for a prolonged period dies shortly after moving into housing, the coroner's office would not count them as homeless.

The Metro Vancouver Homeless Count attempts to take the transitional, fluid nature of homelessness into account by using this definition: "A person was considered homeless... if they did not have a place of their own where they could expect to stay for more than 30 days and if they did not pay rent."⁶

The coroner's definition of homelessness has caused discrepancies in accounting for homeless deaths. For example, the University of Victoria's Poverty Law Club recently documented 30 homeless deaths in Victoria over a period of just four months in 2012 and called for a coroner's inquest into the deaths.⁷ However, BC Coroners Service spokesperson Barb McLintock told Megaphone that many of those deaths did not meet the office's definition of homeless.

"About half of [those Victoria homeless deaths weren't] reported to us, and when we looked at the ones that were reported to us, half of those actually had street addresses at the time they died," she said. "They wouldn't have met our definition of being street homeless or sheltered homeless, which is not to say they wouldn't be next week or weren't the week before."

Hidden in hospitals

The province's Coroners Act legislates that the coroner does not investigate any death "under the care of a medical practitioner or nurse practitioner," which means, unless in an extraordinary circumstance, any death that occurs in a hospital or under the care of a physician would not be included in these statistics. If someone contracts pneumonia while living on the streets and then dies after being admitted to a hospital, they are not counted by the coroner's office as homeless.

The coroner's office investigates roughly one-quarter of all deaths in the province. However, spokesperson McLintock said that due to the more accidental nature of most homeless deaths (such as overdoses or motor vehicle incidents) the percentage of homeless deaths reported to the coroner is "a bit more" than non-homeless deaths.

Taking all of this information into account, the true number of homeless deaths in British Columbia is likely much higher than the 281 reported between 2006 and 2013.

Summary

At least 281 homeless individuals died in British Columbia between 2006 and 2013. However, because of discrepancies with how the BC Coroners Service defines homelessness and what it is able to investigate, the true number is likely much higher.

Recommendations

Recommendation #1: The BC Coroners Service should amend its definition of homelessness to include vulnerably housed individuals who were recently homeless or at risk of homelessness to better capture the true state of homelessness in British Columbia.

⁴ BC Coroners Service. (2014). *Deaths among Homeless Individuals 2007-2013*.

⁵ Canadian Homelessness Research Network. (2012). *Canadian Definition Of Homelessness*.

⁶ Greater Vancouver Regional Steering Committee on Homelessness. (2014). *Results of the 2014 Homeless Count in the Metro Vancouver Region*.

⁷ 'Homeless deaths in Victoria prompt demand for inquest', *The Globe and Mail*, Feb. 26, 2013.

Who Has Died

The BC Coroners Service provides information about the demographics of people who died while experiencing homelessness in British Columbia.

According to its data, the vast majority of homeless deaths between 2007 and 2013 were male (85.2%).⁸ However, women make up a much higher percentage of the hidden homeless population, which would likely skew this data. Homeless women face an increased risk of assault and sexual abuse, which is why many women avoid the shelter system and the streets, often remaining in abusive and violent relationships.⁹

The coroner's office offered ethnicity statistics for 2006 and 2007, which showed that 14.3% of the homeless deceased were Aboriginal, with the remainder identified as non-Aboriginal.¹⁰ While Aboriginal people make up just 5% of the total population in British Columbia, they are disproportionately represented in homeless statistics across the province and in Canada.

Megaphone did not receive a clear answer as to why the coroner's office stopped reporting on Aboriginal homeless deaths after 2007.

According to the 2014 Metro Vancouver Homeless Count, 31% of homeless people identify as Aboriginal despite comprising 2% of the overall population in the region. This overrepresentation is consistent in cities across Canada, particularly in Western Canada. Aboriginal people still live with the complex legacies of colonial violence and residential school survivorship that contribute to the high incidence of Aboriginal homelessness and other forms of systemic marginalization and discrimination, such as barriers to education, employment, and finding and securing housing.

The coroner's office offers age ranges for homeless deaths. The age range with the most deaths is 40 to 49 years old, followed by 50 to 59 years old. The overall median age of death of a homeless person in British Columbia is between 40 and 49 years old.

Homeless Deaths by Age Range

	2006	2007	2008	2009	2010	2011	2012	2013	Total
10-19	0	—	1	—	—	—	—	—	1
20-29	4	5	7	1	4	4	5	3	33
30-39	7	6	9	5	12	4	5	8	56
40-49	10	14	15	18	9	5	11	8	90
50-59	9	12	16	14	6	7	4	4	72
60-69	1	2	5	2	2	5	2	5	24
70-79	0	—	—	2	1	—	—	—	3
80+	—	—	—	—	—	—	2	—	2
Total	31	39	53	42	34	25	29	28	281

Source: BC Coroners Service

⁸ Individual data not available for 2006.

⁹ Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver. (2013). *The State of Homelessness in Canada 2013*. Toronto: Canadian Homelessness Research Network Press.

¹⁰ BC Coroners Service. (2008). *Deaths Among Homeless Individuals 2006-2007*.

British Columbia's median age of death for homeless individuals is consistent with both international and national research. Crisis, a London-based charity, found the average life expectancy for homeless individuals in the United Kingdom is 47 years,¹¹ while the National Health Care for the Homeless Council estimated the average life expectancy for the homeless population in the United States is between 42 and 52 years old.¹² A 2009 report by Charity Intelligence Canada states the average life expectancy for a homeless person in Canada is 39 years.¹³

While the median age of death for a homeless person in the province is between 40 and 49 years, BC Stats show the life expectancy for British Columbia's general population is 82.65 years.

These numbers are jarring and should jolt all levels of governments into accelerating policies that would reduce poverty and create more affordable housing, thus both preventing homelessness and helping homeless individuals get housing.

Despite these health consequences, homelessness remains a debilitating social issue in B.C.¹⁴ An estimated 5,900 people experience homelessness in Metro Vancouver every year,¹⁵ while a one-day homeless count in 2014 in the Fraser Valley found 346 individuals (both are considered undercounts). An estimated 1,000 people live in temporary accommodation in Victoria on any given night.¹⁶ In 2007, it was estimated that there are up to 15,500 homeless people across British Columbia.

More action by governments is required to help homeless individuals get safe and affordable housing and prevent people from becoming homeless.

Summary

The median age of death for a homeless individual in British Columbia is between 40 and 49 years of age, while the average life expectancy for the general population in British Columbia is 82.65 years.

Recommendations

Recommendation #2: The BC Coroners Service should track the deaths of women in violent relationships. Examining whether a woman has vacillated in and out of a dangerous living arrangement, while depending on her partner financially for housing, should be considered in determining whether she is effectively homeless and whether a death at the hands of a violent domestic partner should be assessed as a homeless death.

Recommendation #3: The BC Coroners Service should return to reporting Aboriginal homeless deaths so it can gain a better understanding of how homeless deaths impact the province's Aboriginal population, a group disproportionately represented in British Columbia's overall homeless population.

Recommendation #4: The Province of British Columbia should develop and implement a poverty reduction strategy.¹⁷

Recommendation #5: The Government of Canada should develop and implement a national housing plan.¹⁸

¹¹ Crisis. (2011). *Homelessness: A Silent Killer*.

¹² National Health Care for the Homeless Council. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature*.

¹³ Charity Intelligence Canada. (2009). *Homeless in Canada: A Funder's Primer in Understanding the Tragedy on Canada's Streets*.

¹⁴ The Metro Vancouver Homeless Count counted 1,121 homeless individuals in 2002 and 2,777 in 2014.

¹⁵ Greater Vancouver Regional Steering Committee on Homelessness. (2014). *Results of the 2014 Homeless Count in the Metro Vancouver Region*.

¹⁶ Greater Victoria Coalition to End Homelessness. (2013). *Facing Homelessness: Greater Victoria Report on Housing & Supports 2012/13*.

¹⁷ British Columbia is one of two provinces in Canada that has not committed to implementing a poverty reduction plan.

¹⁸ Canada is the only G8 country and member of the Organization for Economic Cooperation and Development (OECD) without a national housing program, despite it being a signatory to the Universal Declaration of Human Rights, which states that everyone has a right to housing and an adequate standard of living.

Where They Died

The BC Coroners Service provides data that examines whether a homeless individual died in the streets or in a shelter.

Its definition of “street homeless” is “persons living outdoors, in a make-shift shelter, a parked vehicle, or any other structure not intended for habitation.”

Its definition of “sheltered homeless” is “persons staying at an emergency shelter (overnight) or temporarily sheltered (less than 30 days) by friends or family, in a short-term shelter, safe house for youth, or transition house for women and children fleeing violence.”

In British Columbia, street homelessness is almost twice as fatal as sheltered homelessness. While all levels of governments’ main priority should be working to create healthy, permanent

housing for homeless individuals, low-barrier and emergency shelters can temporarily increase safety for street homeless individuals as they transition into secure housing.

However, Vancouver has seen a decrease in emergency and winter response beds, from a high of 340 Homeless Emergency Action Team (HEAT) shelter beds and 160 winter response beds in 2011 to 200 HEAT shelter beds and 105 winter response beds in 2014.¹⁹

Homestead

The BC Coroners Service provides data that examines both the region and township in which homeless deaths occurred in British Columbia. Although half of the province’s 4.61 million people live in Metro Vancouver, just 32.7% of all homeless deaths occurred in the region.

Homeless Deaths

	2006	2007	2008	2009	2010	2011	2012	2013	Total	%
Street	21	23	32	31	19	10	17	7	160	56.9
Shelter	10	16	13	10	11	6	9	15	90	32.0
Unknown	-	-	8	1	4	9	3	6	31	11.0
Total	31	39	53	42	34	25	29	28	281	

Source: BC Coroners Service

Homeless Deaths by Region

	2006	2007	2008	2009	2010	2011	2012	2013	Total
Metro Vancouver	7	10	20	14	13	9	12	7	92
Island	8	12	12	10	7	5	8	8	70
Fraser	11	8	10	9	8	5	6	7	64
Interior	4	7	8	6	3	5	—	3	36
Northern	1	2	3	3	3	1	3	3	19
Total	31	39	53	42	34	25	29	28	281

Source: BC Coroners Service

¹⁹ Ballem, Penny. July 8, 2014. *Actions needed to End Street Homelessness by 2015*.

Township, 2007 - 2013	Deaths	%
Vancouver	64	25.6
Victoria	33	13.2
Surrey	21	8.4
Kelowna	10	4.0
North Vancouver	9	3.6
Burnaby	8	3.2
Campbell River	7	2.8
Chilliwack	7	2.8
Prince George	7	2.8
Abbotsford	5	2.0
Mission	5	2.0
Duncan	4	1.6
Kamloops	4	1.6
Nanaimo	4	1.6
Langley	3	1.2
Penticton	3	1.2
Quesnel	3	1.2
Sooke	3	1.2
Coquitlam	2	0.8
Cranbrook	2	0.8
Delta	2	0.8
Maple Ridge	2	0.8
Merritt	2	0.8
New Westminster	2	0.8
Terrace	2	0.8
West Vancouver	2	0.8
Other	32	12.8
Total in the region	250	100

Source: BC Coroners Service

A lack of affordable housing and health supports outside of Metro Vancouver makes homeless individuals in other regions even more vulnerable. There are few social housing units or shelter beds in northern communities in the province, despite the growing need.²⁰

The 2014 Metro Vancouver Homeless Count shows the homeless population is not as transient as conventional wisdom may suggest: 79% of homeless individuals said they'd lived in the same city for at least one year, while 51% said they'd lived there for 10 years or more. Just 2% said they'd recently moved to the city where they were interviewed during the count.²¹

It is estimated that there are up to 15,500 homeless people across the province, but little data exists on exact numbers outside of Metro Vancouver and the Fraser Valley. We do know, however, that transience can exacerbate the negative impacts of homelessness on an individual. Homeless people, like anyone else, often wish to stay in the cities and towns they live in and remain close to their support networks.

Leaving one's community can increase a homeless individual's sense of isolation, making it more difficult for someone experiencing homelessness to get the support they need to get off the streets, and thus increasing their health risks.

Metro Vancouver and the Fraser Valley are the only regions in the province that conduct both street and sheltered homeless counts, making it difficult to get a better sense of how large the homeless community is in other cities across the province and difficult to compare regional homeless deaths statistics with the overall provincial homeless population.

Legislating harm

Conversely, municipalities can work with the provincial and federal governments to ensure that shelter beds and social housing are built in their cities.

Municipal governments can gift land for social housing developments and provide supportive funding. They can also remove bylaws that increase displacement and health risks. Bylaws that ban harm reduction programs increase the risk of overdose and infectious diseases.²² Bylaws that ban homeless encampments cause displacement and impact people's safety.

²⁰ Homeless Crisis Growing in BC North, *The Tyee*, Mar. 16, 2009.

²¹ Greater Vancouver Regional Steering Committee on Homelessness. (2014). *Results of the 2014 Homeless Count in the Metro Vancouver Region*.

²² Harm reduction health services include access to clean needles, clean injection supplies, methadone clinics and safe-injection clinics. Access to these health services for drug users—many of who experience homelessness—are banned in some cities through exclusionary zoning practices. For example, in 2005 the City of Abbotsford amended its Zoning Bylaw to include a prohibition on "harm reduction use" and in particular, clean needle exchange. Only after the filing of a lawsuit in 2013 impugning the constitutionality of the prohibition did Abbotsford City Council repeal its bylaw.



Photo by Elaine Briere.

Despite the clear need for supports demonstrated by homeless communities across the province, many cities in British Columbia work to push homeless communities out of their borders. In 2013, the City of Abbotsford went so far as to throw chicken manure on one homeless camp in an attempt to disperse it, which is now the subject of a human rights complaint.²³ This type of institutionally driven harassment produces even more harm for an already vulnerable homeless population.

Summary

More than half of all homeless deaths in British Columbia occurred in the street, compared to the shelter. Despite the fact that half of British Columbia's population live in Metro Vancouver, just 32.7% of all homeless deaths occurred in the region.

Recommendations

Recommendation #6: The provincial government should work with municipal governments to ensure there are enough emergency and winter shelter beds available to reduce the number of people living on the street.

Recommendation #7: All levels of government should commit to building shelters, social housing, and supports equally across the province, not just in urban centres like Metro Vancouver, so homeless individuals can receive the necessary housing and health support in their communities.

Recommendation #8: All municipalities across the province should conduct street and sheltered homeless counts so they can get a better sense of the totality of the homeless population in their communities. Those numbers can be analyzed in conjunction with homeless deaths data.

Recommendation #9: Municipalities should repeal anti-harm reduction and anti-camping bylaws as they increase the risks to homeless individuals and exacerbate displacement.

²³ 'Manure on homeless camp leads to Abbotsford lawsuit,' CBC.ca/BC. Nov.26, 2013.

How They Died

The BC Coroners Service provides data that examines the means of death for homeless individuals in British Columbia. According to its data, 134 deaths, or 47.7% of all homeless deaths over the past 8 years, were deemed “accidental”—which includes drug and alcohol overdoses, motor vehicle incidents, and drowning.

Each year the coroner’s office investigates approximately 25% of all deaths that occur in the province. Examining the means of death for the general population in British Columbia between 2006 and 2010 (the last year of publicly available data) the coroner’s office’s statistics shows that most common way to die is by natural circumstances (71.5%).

Comparing the means of death of the homeless population against that of the general population, homeless individuals are at least twice as likely to die by accident, suicide, or homicide. These numbers starkly show how dangerous homelessness is in British Columbia and how much more likely a homeless person is to die by violent means. It also reinforces the point that most homeless deaths are preventable if adequate housing and health supports are provided.

The number-one cause of death for homeless people in British Columbia was “poisoning” by drug and alcohol overdose, which accounted for 28.4% of deaths.²⁴ The next leading causes of death were natural diseases (25.6%) and suicide (12.4%). Exposure (both to the cold and heat) accounted for just 3.6% of all deaths.²⁵

Homeless Deaths

	2006	2007	2008	2009	2010	2011	2012	2013	Total	Percentage
Accidental	12	25	26	22	16	10	13	10	134	47.7%
Natural	10	10	16	9	5	10	6	8	74	26.3%
Suicide	4	3	4	6	7	3	5	3	35	12.5%
Undetermined	2	1	4	3	5	1	5	6	27	9.6%
Homicide	3	—	3	2	1	1	—	1	11	3.9%
Total	31	39	53	42	34	25	29	28	281	

Source: BC Coroners Service

General Population Deaths

	2006	2007	2008	2009	2010	Total	Total Percentage
Accidental	1,383	1,317	1,388	1,448	1,594	7,130	18.3%
Natural	5,688	5,420	5,819	5,473	5,480	27,880	71.5%
Suicide	461	476	483	510	530	2,460	6.3%
Undetermined	288	161	160	160	167	936	2.4%
Homicide	133	102	121	132	115	603	1.5%
Total	7,780	7,476	7,971	7,730	7,825	39,009	

Source: BC Coroners Service

²⁴ Specific data on alcohol and drug overdoses in 2006 is not available.

²⁵ BC Coroners Service. (2014). *Deaths Among Homeless Individuals 2007-2013*.

PROFILE: RICK HOF'S



Rick Hofs photo by Diane Elliott.

Richard Hofs died two days after Christmas behind Amy's Loonie Toonie Dollar Store in south Vancouver. He was 49.

"I always hoped that he was married somewhere and he had a life," his sister Louise Wilson told *Vancouver Courier* reporter Mike Howell after a memorial for the homeless man in January 2013. "To hear he was homeless was hard."

Wilson, who had not seen her brother for a decade, was particularly struck by how hard drinking and a life on the streets had rapidly aged her brother, a carpenter who once loved to tinker with muscle cars. Before he died, he was using a walker to get around.

It was clear to examiners that Hofs had lived in the alleyway behind the store for some time, his belongings surrounding him, an empty vodka bottle nearby. Toxicological results found some alcohol in his blood, but no drugs.

His coroner's report determined he could have been killed by a seizure, which he was prone to, induced by alcohol withdrawal. Or it could've been an irregular heartbeat.

Given he died on a cold night, with temperatures between two and six degrees in the early morning hours, he might have also drunk just enough that he didn't feel the hypothermia creeping in.

It's not clear how Hofs first became homeless, but those who knew him said he suffered at least two broken hearts in a lifetime: one from

a girlfriend who left him in his twenties, and another much later, after his beloved dog Bandit was stolen.

Following that, "he was never quite the same," a friend told *Courier* reporter Howell, and his health deteriorated.

Hofs slept in vans and rooming houses, under bridges and in paved alleyways, but in later years he stuck to the Marpole neighbourhood, where he made a number of friends and acquaintances.

One of them was Cathie Higgins, a grandmother and local neighbourhood house volunteer. After passing by Hofs several times on her walks, they started to chat, and she'd give him money from time to time.

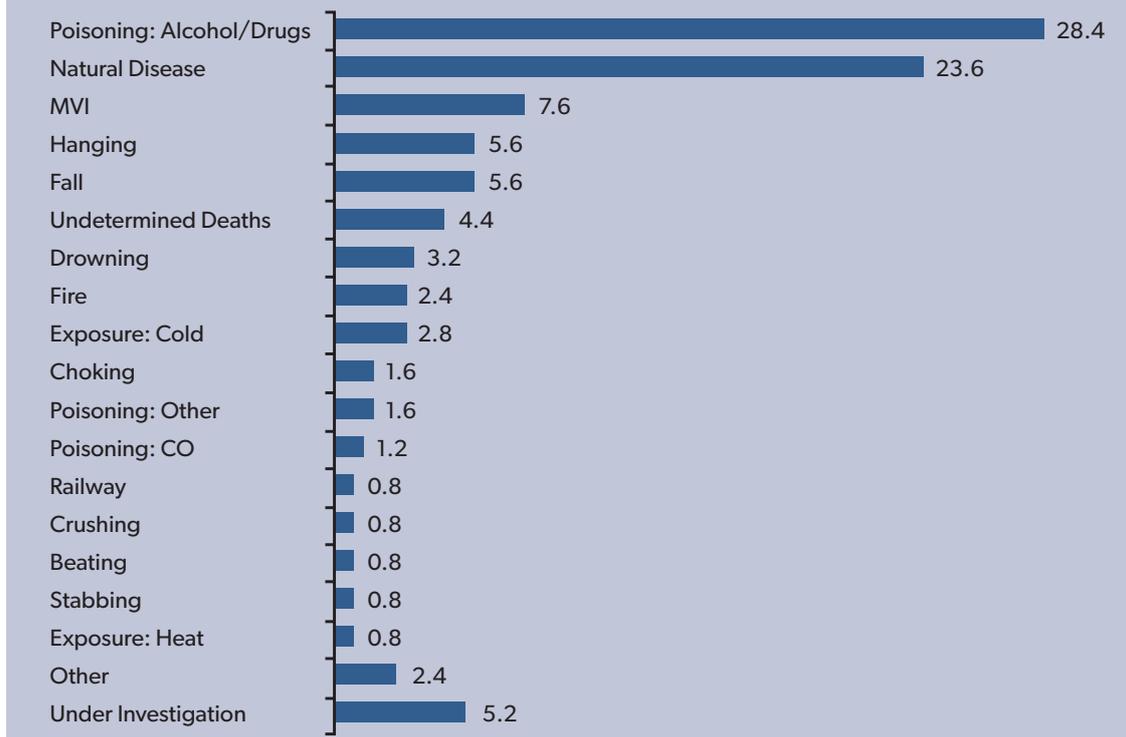
"I always found him very respectful. He'd take my hand sometimes, he'd say, 'Thank you for being kind.' He was appreciative."

She was glad she'd been able to give him his Christmas package a few days before he died. It contained some of the things he liked best or needed: cigarettes, chocolate, an orange, some money. "It wasn't very healthy, because it was what he wanted," Higgins laughed.

Over 80 people attended Hofs' funeral, a fact Higgins was touched and surprised by. "To have that many people turn out for a wonderful homeless man... I felt overjoyed and overwhelmed that so many people cared. It just enlightened my heart."

—By Robyn Smith

Percentage of Deaths among Homeless Individuals by Means of Death, 2007 – 2013



Source: BC Coroners Service

Missing data

One encouraging trend noted by the coroner's homeless deaths statistics is that after peaking at 53 homeless deaths in 2008, there has been a steady decline in the number, averaging 27 deaths a year over the past 3 years. Additionally, the number of overdose deaths dropped from a high of 15 in 2007 to 5 in 2011.

However, the coroner's data lacks the deeper analysis that would explain the fluctuations in overall deaths, or a breakdown of which drugs caused the overdoses.

Coroner spokesperson McIntock said: "We would like to think that all the work we have done with the public education around overdoses... are penetrating through, but on the other hand we still always worry because these are very small numbers; one bad year and one bad batch of drugs, and we could be up there again. We worry about those a lot... we'd like to think we are making progress, but my fingers remain crossed."

As to why drug and alcohol overdose deaths are not separated from each other, McIntock said: "Drug and alcohol deaths are lumped together

because so many involve both. We get many fewer deaths than we used to in which only one drug is involved. Much more often now, it is a 'mixed drug overdose' and very often alcohol is one of the drugs involved."

However, outlining which drugs are involved can help health providers identify usage rates and overdose trends. Without the proper data, health and government officials are not able to fully understand and thus take steps toward preventing homeless deaths.

Homeless individuals experience disproportionately higher rates of addiction compared to the general population. According to a 2007 study by the Centre for Addiction and Mental Health, 13% of British Columbians struggle with addiction.²⁶ Comparatively, the 2014 Metro Vancouver Homeless Count found 49% of homeless individuals in the region reported living with an addiction.

Addiction is often either a debilitating cause or a result of homelessness and more data and analysis are needed to understand its impact on homeless deaths. We need more information, for example, on which illicit drugs are

²⁶ 'B.C. residents abuse drugs, alcohol more than national average,' *The Vancouver Sun*, Aug. 22, 2007.



Photo by Peter Lolley.

responsible for overdoses, whether harm reduction services are properly accessible in specific cities where deaths occur, how many detox and treatment beds are available, and how many more may be necessary to meet demand.

Chronic Homelessness

Homelessness is extremely hard on an individual's mental and physical health. But most people who experience homelessness do so for less than a few months. For those who are homeless for more than 3 months, known as the "chronic homeless," research has shown that "life on the streets and in shelters creates cascading trauma leading to addiction, abuse and suicide."²⁷

Recent research suggests roughly 20% of Canada's homeless population is "chronic homeless."²⁸ However, Vancouver has a much higher percentage of chronically homeless individuals. According to the 2014 Metro Vancouver Homeless Count, 41% of homeless individuals in the region have been homeless for one year or more.²⁹

The longer someone is homeless, the more likely it is that they will suffer from a medical condition compared to the total homeless population: 35% of the chronic homeless in Metro Vancouver reported a physical disability compared to 29% for the total homeless population. The long-term homeless experienced slightly higher rates of other medical conditions, such as an addiction and mental illness.³⁰

Summary

Homeless individuals in British Columbia are at least twice as likely to die by accident, suicide or homicide than the general population. These numbers show both how dangerous homelessness is in British Columbia and that most homeless deaths are largely preventable.

Recommendations

Recommendation #10: The Province of British Columbia should fund the BC Coroners Service to create an annual report that offers deeper analysis and data about homeless deaths across the province.³¹

²⁷ Charity Intelligence Canada. (2009). *Homeless in Canada: A Funder's Primer in Understanding the Tragedy on Canada's Streets*.

²⁸ Ibid.

²⁹ Greater Vancouver Regional Steering Committee on Homelessness. (2014). *Results of the 2014 Homeless Count in the Metro Vancouver Region*.

³⁰ Ibid.

³¹ The BC Coroners Service has had its budget reduced each year, from \$17.3 million in 2008-2009 to \$11.8 million in 2012-2013. The provincial government would need to provide the Coroners Service with adequate funding to perform this important work.

A National Crisis

Homelessness affects thousands of Canadians every year. A 2013 report by Homeless Hub suggests at least 200,000 Canadians experience homelessness every year.³² However, little to no data exists on homeless deaths across the country.

According to a report on Canadian mortality rates by Dr. Stephen Hwang, the probability for homeless and low-income individuals of surviving to the age of 75 was only 32%, with most deaths occurring between the ages of 25-44.³³ Populations who were identified as being homeless or having no fixed address experienced higher mortality rates than those who were living in poverty alone.

In order to get a sense of how British Columbia's homeless deaths' data compares to other provinces, Megaphone contacted provincial coroner's offices across the country. While coroner's offices in Alberta, Manitoba, New Brunswick, and the Northwest Territories were able to provide some numbers, the data was still limited. All other provinces and territories were unable to provide reports.

The following is a compilation of the data Megaphone was able to solicit from provincial and territorial coroner's offices, with accompanying notes.

Province	Homeless Deaths	Notes
Alberta	375 (2008-2013)	The Chief Medical Examiner examines all deaths in Alberta and it only counts an individual as homeless if their residence is described as "no fixed address." No detailed data about the deaths were provided.
Saskatchewan	7 (2007-2012)	The Office of the Chief Coroner said it is unable to track homeless deaths. eHealth Saskatchewan did provide a basic summary table of "homeless" and "no fixed address" deaths, but said the data did not deliver appropriate results. No detailed data about the deaths were provided.
Manitoba	57 (2008-2013)	The Office of the Chief Medical Examiner provided data that showed 79.4% of homeless deaths in Manitoba were men and 20.6% women, and the median age of death was between 40 and 49 years old. The office counts an individual as homeless if "no fixed address" is provided by outside agencies in the course of an investigation.
Ontario	N/A	The Office of the Chief Coroner said it does not keep track of homeless deaths and suggested Megaphone contact municipal governments.
Quebec	N/A	The Bureau du Coroner in Quebec said it was unable to gather homeless deaths data.
New Brunswick	3 (2008-2011)	The New Brunswick Coroner Service did not include any detailed data on homeless deaths.
Nova Scotia	N/A	The Nova Scotia Medical Examiner Service said it could not provide homeless deaths data because it does not collect information that would identify fatalities in this way.
P.E.I.	0	The Prince Edward Island Chief Coroner said there have been no reported homeless deaths since 1994.

³² Stephen Gaetz, Jesse Donaldson, Tim Richter, & Tanya Gulliver. (2013). *The State of Homelessness in Canada 2013*. Toronto: Canadian Homelessness Research Network Press.

³³ BMJ. (2009). *Mortality Among Residents of Shelters, Rooming Houses, and Hotels in Canada: 11 Year Follow-up Study*.

Province	Homeless Deaths	Notes
Newfoundland	0	The Office of the Chief Medical Examiner said, “there have been no deaths on record of homeless people in Newfoundland & Labrador.”
Yukon	N/A	The Yukon Coroners Service did not respond to a request for homeless deaths data.
NWT	(2008-2012)	The Department of Justice in Northwest Territories noted “it is hard to determine whether many of the deaths that occur in many of the communities in NWT are homeless or not.” The only additional data provided were that 2 of the deaths occurred in Fort Smith and the other 2 occurred in Yellowknife.
Nunavut	N/A	The Nunavut Coroners Service was unable to provide homeless deaths data.

The statistics Megaphone received from coroner’s offices were often prefaced with an apology for the speculative nature of the figures. A common grievance was that homelessness is difficult to define and track.

There are a few advocacy organizations, however, which have attempted to create and update databases of homeless deaths in their respective cities.

One notable example is Church of the Holy Trinity in Toronto, which has diligently collected data, and maintained a memorial, for those who have died as a result of homelessness. By contacting drop-ins and shelters across the city for the names of those who have died, the church has counted 720 homeless deaths in Toronto between 1985 and 2013.

Likewise, the Edmonton Coalition on Housing and Homelessness counted 185 homeless deaths in its city between 2010 and 2013. The group also constructed a homeless deaths memorial statue outside of City Hall.

While the work of these groups is valuable in helping us understand the number of homeless deaths in their cities, without sufficient provincial data it is difficult to determine the necessary steps to minimize homeless deaths across the country.

Recommendations Summary

Recommendation #1: The BC Coroners Service should amend its definition of homelessness to include vulnerably housed individuals who were recently homeless or at risk of homelessness to better capture the true state of homelessness in British Columbia.

Recommendation #2: The BC Coroners Service should track the deaths of women in violent relationships. Examining whether a woman has vacillated in and out of a dangerous living arrangement, while depending on her partner financially for housing, should be considered in determining whether she is effectively homeless and whether a death at the hands of a violent domestic partner should be assessed as a homeless death.

Recommendation #3: The BC Coroners Service should return to reporting Aboriginal homeless deaths so it can gain a better understanding of how homeless deaths impact the province's Aboriginal population, a group disproportionately represented in British Columbia's overall homeless population.

Recommendation #4: The Province of British Columbia should develop and implement a poverty reduction strategy.

Recommendation #5: The Government of Canada should develop and implement a national housing plan.

Recommendation #6: The provincial government should work with municipal governments to ensure there are enough emergency and winter shelter beds available to reduce the number of people living on the street.

Recommendation #7: All levels of government should commit to building shelters, social housing, and supports equally across the province, not just in urban centres like Metro Vancouver, so homeless individuals can receive the necessary housing and health supports in their communities.

Recommendation #8: All municipalities across the province should conduct street and sheltered homeless counts so they can get a better sense of the totality of the homeless population in their communities. Those numbers can be analyzed in conjunction with homeless deaths data.

Recommendation #9: Municipalities should repeal anti-harm reduction and anti-camping bylaws as they increase the risks to homeless individuals and exacerbate displacement.

Recommendation #10: The Province of British Columbia should fund the BC Coroners Service to create an annual report that offers deeper analysis and data about homeless deaths across the province

Recommendation #11: Each provincial and territorial government across Canada should gather data on homeless deaths and create yearly reports with detailed analysis and information on how homeless deaths can be prevented.

PROFILE: JEAN-LUC



Jean-Luc photo by Casey Austin/Rifflandia Magazine.

Joseph Viateur Jean-Luc Lavoie, known to some Victoria residents as the “Pirate of Pandora,” died on a late summer night last year in his temporary suite at the Rock Bay Landing Shelter. He was 61.

The official reason for his death, given by the BC Coroners Service, was “severe coronary atherosclerosis,” or the narrowing of the arteries. It was classified as natural.

Despite some history of cardiac troubles and heavy drinking, by all accounts the ‘pirate panhandler,’ rarely seen without his trademark captain’s hat, was cheerfully causing mischief up until his death.

Those who knew him remember a funny, charming French-Canadian who worked in construction and as a DJ earlier in life. But when he moved to Victoria several years ago, he wasn’t able to find or hold a job.

A legacy of physical work took its toll: he suffered a weak back and often complained about his hearing. He was also prone to anger and anxiety that could escalate into tantrums, confounding shelter workers.

“When people tried to calm him down it seemed to get worse, because no one could understand what he was saying,” remembered Rock Bay support worker Chandu Claver.

Chronically homeless, Lavoie became a fixture in the downtown area. He could almost always be found beneath the Pandora Avenue tree, tipping his cap.

The shelter tried to help Lavoie find housing several times, Claver said, but the pirate’s temper and rowdy behaviour always led to his eviction. “For years, he’d been housed in one place or another, but couldn’t hold onto it.”

Lavoie intermittently stayed in the shelter and on the streets. “Even in the best of the health, being homeless is a very strenuous thing for the body. For Jean-Luc, it made things worse,” Claver said.

Rev. Al Tysick, a veteran outreach worker and minister in the community, sees every day how homelessness erodes a person’s well-being. On weekends when shelter kitchens don’t keep regular hours, homeless people must find food elsewhere. Their hygiene suffers, with socks and underwear often worn too long, he said. For Lavoie, all of this was compounded by mental health issues, such as hoarding and substance use. The pirate also struggled with loneliness. Still, his death came as a surprise to many who knew him.

“He always had a spirit on the street that kept the laughter going,” Tysick said. “He drew the street together.”

—By Robyn Smith

ABOUT MEGAPHONE



Published by the non-profit Street Corner Media Foundation, Megaphone is a monthly magazine sold on the streets of Vancouver and Victoria by homeless and low-income vendors who buy each issue for 75 cents and sell it for \$2. They keep the profit.

Megaphone provides low-threshold employment for marginalized individuals who struggle with various barriers—poverty, addiction or mental and physical illness. By selling the magazine, vendors gain a sense of pride and financial security.

Produced by professional journalists and designers, the magazine features award-winning progressive journalism, community news and independent arts. It also includes stories from Megaphone's community writing workshops, which give marginalized writers an opportunity to have their voices heard across the province.

For more information:

MegaphoneMagazine.com

