

**Statement by social worker [name/agency withheld by request]
Re: Encampment Health and Safety (COVID-19) BC Ministerial Order M128**

May 2, 2020

I'm writing to express my strong concern about the negative impacts of BC Ministerial Order M128 and the way that the related housing and service supports have been implemented. I hope that as part of revising this entire initiative you will revoke the order completely or, at the very least, substantially extend the timeframe as the rush to meet a May 9 deadline is totally unworkable and having significant negative effects.

I am a social worker and have been working in this field for eight years. In my current job I provide intensive 1:1 support for individuals with complex needs including 15 people who are homeless and living in various locations on the street, in parks, in shelters, in transitional housing, and couch-surfing. Five of my clients live at Pandora or Topaz tent cities, and 10 at other locations. My work includes harm reduction, overdose prevention, connection to primary care and OAT, support to access hospital or other treatment for medical conditions, emotional support, basic needs, and housing/shelter navigation. I am already supporting people in hotels from the first round of hotel placements that happened earlier, before the April 25th announcement, around case management, harm reduction and health care liaising.

The individuals who I support have never been asked what they want or need as part of this process, and have no idea what is going on because nothing has been communicated to them. I have been muzzled by my employer throughout the COVID pandemic about my concerns about my homeless clients. I have tried to bring concerns forward, and the response had caused me to feel more stress and burnout.

The Ministerial Order is not realistic. You cannot "fix" a housing crisis that is years in the making in 2 weeks. There is not enough time to properly assess the needs and wants of all the people in Topaz/Pandora and successfully place them in supported sites. People are going to be evicted (again) from hotels. There are staffing shortages. BC Housing is going to hire under-qualified people as evidenced in their recent job posting.

My clients need government to address their basic needs, including needs around substance use (including facilitating safe supply). They should be asking people what they want, developing strategies based on those identified needs, slowing down and ensuring these sites/locations will be adequately staffed with QUALIFIED (including lived experience/peer) support staff. BC Housing needs to stop the use of enforcement onsite, including traumatizing use of fencing. They should be respecting the idea of "home" for people, and respecting their belongings. They should have a strong trauma-informed lens, and be especially focusing on those folks considered most vulnerable and most likely to slip through the cracks without the use of a trauma-informed lens – i.e., young Indigenous women and trans folks.

The use of fencing has been highly traumatic for the people who I support. Waking up to being fenced in is extremely traumatizing especially for those with experiences of incarceration or confinement.

Since the order to clear the camps by May 9 was put in place, I can't find all of the people I work with and I have no idea if they've been moved to other sites. People who were previously in Topaz unregistered can't return and I struggle to locate them to provide support. They have no access to phones to get in touch with me either.

Displacing tent cities is completely pointless, and harmful. Without enough housing that meets people's needs, another tent city will inevitably develop in another park or public space. People will have to set up all over again with even less access to basic needs and life-saving harm reduction resources.

All of my clients want housing, but having worked with homeless people for years I am sure there are folks that want to remain outside just as there was before COVID-19 hit. People have camped out on Pandora for years as it is close to survival services where they can get some basic needs and have the freedom and autonomy that tent living offers in comparison to restrictive shelters or supported housing sites that don't work for everyone.

At no point were we consulted about our clients' needs and at no point were we asked to collaborate on a service plan.

There are many things wrong with the current process, and the whole thing needs to be rethought. BC Housing is not collaborating well and they are warehousing people. They don't seem to think an assessment of needs is very important. BC Housing needs to publicly and firmly say to the provincial government that this rushed approach is unacceptable and not best housing practice.

As a starting point BC Housing needs to slow down and take the time to consult with each and every person camping at these sites. We need to listen to them about their needs. We need to staff sites appropriately. In the meantime, we need to ensure these camping locations are providing all basic needs, and be adequately staffed to go beyond that. At this point people still don't even have enough food.

Topaz Park needs to stop turning people away as well. There are tent cities in other locations that no-one is talking about, these folks have attempted to go to Topaz and been turned away being told it's "closed." Some of these folks are barred from inside shelters and haven't showered in weeks, and have little access to food, and no laundry. The people outside of the Pandora/Topaz registry that BC Housing is creating aren't being considered for hotels and are being left behind. They have tried to register at Topaz and have been turned away. The public concern will settle once Topaz and Pandora are cleared and these folks will be left behind.

At Topaz things need to change as well. The government promised to address sexual violence but I haven't seen anything on this. Service providers at Topaz asked for a women's-only respite camping area for weeks but I am not aware of this having been implemented. Some women don't feel safe overnight but I don't know how to help them feel safe in a government-run camp (not a community-led camp). As a government-run camp it is, especially now with the fencing, essentially an internment camp. The emphasis is on top-down rules and enforcement, not

resourcing community for peer-led spaces and self-governance that would include women giving direction on what they need to be safe.

When my clients were moved into motel/hotel spaces weeks ago they didn't have anything and they still have no access to peer support or counselling. I would say it took 1-2 weeks for the most basic needs to be in place, i.e., meal delivery, opening the showers, providing soap and handwashing stations. Some of these things are a little more established at some sites now, but as far as I know there's still no plan for laundry. Community organizations are picking up some of the slack (often unpaid) by collecting donations and providing supplies to folks, but people can't rely on donations that may or may not happen to meet people's basic survival needs. There is no cohesive, coherent plan that has been communicated to residents or service providers; no clarity about who is working on the different pieces that have not yet come together; and no information about timeframes for the housing units, the formal onsite services at those units, or the plan for services that thus far have been completely neglected. I am appalled that people have been living for six weeks with no laundry and no access to clean clothes, this should be unacceptable in any situation but especially in a pandemic.

Because of my work, all my clients use illicit drugs. I am terrified for them around the risk of overdose now that they are living in single rooms, using behind closed doors and with no overdose prevention or response services on-site. At least at the tent cities there are people around who can keep an eye on each other and respond and get help.

I think hotels could be safe if it was done properly and staffed by harm reductionists that know how to talk to people about their use and listen to their needs and act accordingly. But this is not currently happening at all of the sites.

For my clients to be safe, discussions need to happen with each individual person about their use, their needs, and their harm reduction strategies. This needs to be done by someone who is trusted and has a relationship not a random stranger. Then develop individualized safety plans around frequency of room checks and risk reduction etc. Overdose prevention units have to be at all sites and they need to be set up by experiential workers and agencies that know what they're doing. Safe supply needs to be implemented in a way that actually meets people's needs. Doctors and nurses who are willing to prescribe safe supply need to be onsite to facilitate rapid connection to safe supply when people are ready.

My clients want safe supply, but very few have access. It is particular (wonderful) doctors in town that are more willing than others to prescribe. Doctors are being conservative, and dishonest. I have seen public statements by addiction medicine doctors in support of safe supply, but in practice these same doctor-teams are not prescribing. They're also being careful to call it "pandemic prescribing" which really scares me, as this may mean that people will just be cut off once the pandemic passes, and they will be at great risk of overdose and/or withdrawal complications.

The May 9 deadline has been awful for my clients and for me. It's caused stress, uncertainty, exacerbation of ongoing grief from losses already in the four years of the overdose public health emergency, and stress and worry about the deaths we will see in hotel rooms if this move is

rushed and resources aren't in place. It makes me feel it's unethical to even participate in the process. I don't know what the future holds because at my workplace very little has been communicated to frontline workers.

I have asked that my name and employer be withheld because I believe I would be reprimanded for whistleblowing, and I don't want to impact my clients' care by not being there for them due to possible reprimanding. Thank you for this opportunity to anonymously share what is happening to my clients and to frontline workers like me as a result of government actions.