

Statement by physician, name withheld by request

Re: Encampment Health and Safety (COVID-19) BC Ministerial Order M128

May 3, 2020

I'm writing to convey the negative impacts of BC Ministerial Order M128, and to ask that you substantively extend the timeframe and change the process for rapid rehousing of people who are homeless. BC Housing's current process is causing significant harm to my patients.

I am a physician and have been working with the street community for 7 years. I am currently providing medical consultation, care, and prescribing services to approximately 300 individuals who are homeless and living in Topaz/Pandora tent cities or who have been placed in transitional housing (e.g., hotels/motels) as a result of the recent initiative. Additionally, I have 30 homeless patients living in other locations. In making this statement I have asked that my name be withheld as I am concerned about the potential impact on my ability to secure future contracts providing services to people sheltering in parks, motels/hotels, or other similar inner city services.

To the best of my knowledge, my patients have not been asked by government what they want or need with respect to housing or services and how that should be arranged. Government has not consulted or collaborated with me as a service provider directly, though they may have done so with other physicians I am working with. If so, I am not aware of it.

Most of my patients who live at Pandora or Topaz are very eager to leave these tent cities and are upset or anxious that they were not one of the first ones chosen to leave. Rapid rehousing is needed. However, the way this is currently being done is chaotic and interfering with the delivery of care.

The imposition of a May 9 deadline for clearing the two tent cities here has resulted in abrupt movement of my patients. I had arranged for medications to be delivered to the park for several people, but they had been relocated. The nurse involved did not know where to reach them and so they did not receive medically necessary medications.

The imposition of an unworkable deadline to shelter everyone has led to a scramble to reconfigure services, stress/uncertainty, lack of clarity about who is responsible for what, things getting missed, and increasing difficulty of triaging concerns from multiple geographic locations simultaneously. If we house people too quickly without sufficient social work, counselling, nursing, and physician staff, it just creates a locus of chaos. It is not possible to have enough staff (of many different sorts) in place by May 9. At this time there are no contracts in place to support the long-term nature of the work that will be required.

A substantive extension of the May 9 deadline is needed and would have a positive impact. There would not be unnecessary added pressure to rapidly house people under conditions

geared to cause maximum chaos, disrupting both personal and therapeutic relationships, as well as medical care.

Time is also needed to clarify the intake, assessment, and placement process. Right now there are two different housing placement processes happening, one by BC Housing and one by Island Health. My understanding is that youth, in particular young women, are being prioritized by nursing staff for housing. However, to an extent BC Housing has circumvented this by housing people off its own waitlist without regard to the triaging being done by Island Health nurses.

In the April 25th announcement, it was stated that BC Housing, non-profit and health authority staff, provincial community-integration specialists, and municipal staff would work directly with people at Topaz and Pandora to transition them into safer accommodations. Thus far this has been a process with much miscommunication and it has not been nearly as effective as it should be. Every day, park residents are given new and sometimes contradictory information on the process. People who are being moved are given very little notice to pack up their belongings. Others are left waiting with no information about the status of their application.

My patients who are sleeping elsewhere are spending time at Topaz, in hopes that they will be housed as well. They are worried that more housing won't be made available and they'll be left behind, if the government only houses homeless people at its designated sites. The government's commitment to only house individuals at two sites is forcing homeless people to compete with each other for scarce resources and reducing ability to self-isolate and shelter-in-place. The commitment to rapid rehousing with services needs to be made to all people who are homeless, with effective intake and triaging beyond the two tent cities.

The patients of mine who have been moved inside have experienced an abrupt, unsafe, and unpredictable transition. One woman was moved into a room right next to the room of her former partner who has sexually assaulted her. Other residents were told they were going to move the next day, only to be told no the day of.

In the announcement government emphasized consideration for people's relationships and keeping street families together. From my perspective this has not always been respected. One consequence was the re-traumatization of the sexual assault survivor mentioned above. Other people have had their mental health, already fragile, visibly deteriorate.

Government promises to address sexual violence have also not been fulfilled other than Island Health nurses trying to prioritize young women for housing. What needs to be done is to create large, women-only spaces. There is no reason why the government couldn't IMMEDIATELY create a women's camp and also women-only buildings.

The sheltering options that have been secured by BC Housing are primarily (but not solely) single rooms in motels and hotels. Single rooms do help with self-isolation re: COVID-19 but they also increase overdose risk. Nearly all of my patients use illicit drugs and I am highly

concerned about the potential for overdose, both for people placed in shelters and also those left behind. This risk can be successfully mitigated with enough staffing levels including peer workers. I believe there already are lots of naloxone and safer-use services. Much more peer support and counselling is needed, as well as more nursing and physician care. Women's-only safer use spaces would help. Legalized drugs would help.

The current model of safer supply is not widely accessible to my patients due to insufficient number of physicians and physician follow-up time available. This is not a problem that can be solved by funding alone, there is a literal limit to the physician human resource capacity. Other models need to be explored that do not create a bottleneck due to physician shortage.

In addition to long-term appropriate housing, my patients need access to low-barrier safer drug supply outside of a medical model, and massive expansion of mental health supports in the form of multidisciplinary teams, case management, and trauma counselling. The current commitment to staffing is not sufficient. My fear is that under this initiative people will be technically sheltered, but with nowhere near enough services. The insufficient resourcing for this initiative thus far, and the impossible deadline imposed, leads me to believe the government doesn't truly understand the level of psychosocial supports my patients need. It is imperative that, going forward, government work with service providers to develop a more coherent plan with appropriate resources and timeframe.