

Statement by Sarah Graham, Harm Reduction Worker, AVI Health and Community Services

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

May 3, 2020

I'm writing to convey the harmful impacts of BC Ministerial Order M128, and to ask that you revoke this order or at the very least significantly extend the deadline.

I have been working with the street community for 4 years. Since the COVID crisis my job has been reconfigured multiple times and I am in multiple roles. For my harm reduction work I am currently providing harm reduction outreach and overdose prevention/response to approximately 300 people: 250 living at Topaz or Pandora, and 50 living at other parks or recently placed in motels/hotels. My work on outreach includes distributing harm reduction supplies, snacks, handwashing kits, and other wellness gear. I also am on staff at the overdose prevention site at Topaz park where we do witnessed consumption and provide emergency first aid if people overdose.

No level of government has asked the people who I support what housing and services they need, or sought their advice on how to do things. Government hasn't even given them access to basic information about what has been decided on. Government hasn't consulted with harm reduction workers either, or made any attempts to inform us about what is happening.

A basic starting point is for government to ask people what they need, and seeking to act effectively as well as efficiently to ensure that those needs are met. When figuring out indoor sheltering solutions, holistic plans must be made to ensure that all needs (e.g., food, access to substances, emotional support) are met.

Frontline workers care a lot about the people who we support. For some people we are like family and that feeling goes both ways. Like some of my co-workers, I am working unpaid on top of my paid hours, volunteering for community groups that are trying to raise money for more access to survival supplies, doing outreach to sites that have even less support/services than Topaz and Pandora, and otherwise trying to fill the gaping gaps in the government's response to the COVID crisis.

What I have seen is shocking and terrifying. Since the health emergency was declared in mid-March, people have been left outside for over 6 weeks without access to sufficient food, drinking water, bathrooms, showers, or handwashing facilities. Laundry is non-existent and fires are prohibited so people are living in wet clothes and can't get warm. This should be unacceptable in any situation but especially in a pandemic. People at Topaz and Pandora haven't been treated well and heavy police presence has made life difficult, but at least are located close to some survival services like the overdose prevention site and showers at Topaz, or for people on Pandora food and showers at Our Place, and SOLID's harm reduction workers. People at other locations have even less, they don't even have 24/7 bathroom access or access to drinking water and food let alone access to services. They have had to travel to Topaz or Pandora to get these

things and I don't know what they will do once these areas are cleared and the only services are on-site at motels/hotels.

Many people have been impacted by COVID, the situation has showed how patchy the safety net is for everyone and how close many housed people are to homelessness. But housed people who have been inside complying with government health orders or self-isolating for their own protection aren't seeing how bad it is out here. Housed people have been given eviction protection, phone lines and websites for support, financial supports like rent relief and CERB, and other resources that while inadequate to fully address the impacts of COVID do provide some buffer. People who are homeless haven't had any of these additional supports, let alone the baseline material necessities that housed people can take for granted.

Impacts of the May 9 deadline

The May 9 deadline to clear the camps at Topaz and Pandora has made an already terrible situation much worse.

As part of its announcement the government said that BC Housing, non-profit and health authority staff, provincial community-integration specialists, and municipal staff would work directly with people at Topaz / Pandora to transition them into safer accommodations. But that has not happened in any serious way, especially for people at Pandora where there isn't the same level of government-supported infrastructure as at Topaz.

When people on Pandora have had questions, they've been directed by police and fencing staff to "find the people with clipboards". I was on outreach at Pandora the morning of April 25th and witnessed how minutes after the press conference fences started going up. Nobody knew what was happening, people living outside don't have computers they can plug in to watch a livestream press announcement. I was texting my friends asking if anybody knew what was going on. Many people felt they were being forced to move immediately and were turned away by everyone they asked for information from. The mystery clipboard workers (supposedly from BC Housing) were impossible to find. Some of our clients left and we don't know where they've gone or whether they are OK.

People living outside are incredibly stressed and confused about the enforcement order and the May 9 deadline. There is a lot of frustration because nobody is providing information about what hotel spaces are available. Many people currently living at Topaz and Pandora want to move inside but they don't know how to make that happen or what their options are, they just know that the Ministerial order says they have to leave by May 9. There's a lot of concern that they will be physically removed/forced out of Topaz and Pandora if government doesn't make it happen to move them by May 9.

The fences have really hurt the situation. People living at Pandora were already in a narrow corridor and now they feel even more trapped, caged in, and dehumanized and treated like zoo animals. It takes a lot of labour power and money to arrange that much fencing, and to resource people to be onsite watching people's tents and quickly moving fences to block off areas as soon as people leave. It is informative that so much is being put into the decampment process while

very little has been put in place to meet homeless people's basic survival needs or to inform or support them through this uncertain and rushed process.

The Indigenous Harm Reduction Team (IHRT) has in calls with BC Housing identified that the fences imposed as part of the decampment process are specifically traumatic for Indigenous people who have been through many rounds of forced government relocation enforced by police and are often heavily criminalized and overrepresented in the prison system. IHRT specifically reminded BC Housing that fences are weapons of colonialism and that this process is reminiscent of the reservation system where Indigenous people were forced off their territories into tiny spaces controlled by an Indian Agent who had power to decide who could and couldn't leave the designated area. BC Housing is well aware of this issue already as it was raised when the tent city on the courthouse lawn was displaced following a similar decampment process, yet chose to enact this harmful model a second time and have continued to ramp up fencing despite being repeatedly told by multiple service providers how harmful and traumatizing this is.

The fencing has also revealed a double standard around how government follows its own rules. When the site at Topaz was being set up as a government-sanctioned site, there were many rules initially imposed about how tents had to be arranged for fire safety and physical distancing, including clear paths of egress. Now the tent cities are a maze of internal fencing set up by government contractors and people can't get in or out easily or quickly. This is making overdose response and other medical emergencies more complicated and will be disastrous if there is a fire.

The government's decision to focus on decampment and imposition of an unworkable deadline has created a huge amount of distrust, because our clients feel they haven't been heard or seen in any decision-making processes. Many people already had years of being treated badly by systems and the way government has approached this has further confirmed that people aren't valued or cared about.

We're struggling to keep track of all the folks we know, but it's becoming increasingly difficult as people are forced to move in a chaotic and uncoordinated way. It's been especially hard to keep track of youth. I know some were placed in hotel rooms while some groups of Topaz campers have 1 or 2 youth with them. For these youth, staying connected with the community they've formed is really important to ensure they are emotionally well as this crisis continues.

The May 9 deadline is most brutal for people living outside but it's also taking a big toll on frontline workers. Already many of us have had our jobs constantly changing since COVID started. There's a huge amount of uncertainty right now as our service model will have to shift yet again, for the third time since March. Further, because the plans are not actually clear or complete, it's impossible for us to even start planning. I don't know if the organization I work for will be responsible for providing onsite services and if so what my job will be in that. As we have no clue what our services will look like after May 9 it's impossible to even start scheduling staff. Further, since it seems very unlikely everyone will be offered a hotel room by then (based on how few people have reported such offers so far) we will have the additional struggle of trying to support remaining Topaz and Pandora residents while also trying to set up services for clients indoors. With so much concentration of resources on services to people inside at the new

sites, I don't know what services will be left for those still living outside, who aren't even being considered for shelter under the current plan let alone those at Topaz and Pandora who didn't get spaces.

An extension of the May 9 deadline is needed and it needs to be a long enough extension to do things in a less harmful way. An extension would relieve a huge amount of stress that our clients are experiencing and give service providers an opportunity to plan how to offer support during and after the transition.

While removal of the May 9 deadline is the most pressing need, there are many other problems that also need to be dealt with once that extension is granted.

Housing gaps

All of the current 'housing' options are temporary shelters with no clear timeframe for how long people can stay. This creates a lot of frustration and uncertainty.

Limits around how many possessions can be brought inside exacerbates the feeling that the space is anything but a home. People are only allowed to bring two tote bins inside, totally insufficient to address survival needs. Many people are very concerned about having to give up their possessions in order to move inside, especially as hotel rooms are not a permanent solution and they fear not being able to afford a new tent, sleeping bag, and camping gear if they need them again. People have been promised safe storage for their belongings but that hasn't materialized yet and it's not clear whether tents and other sheltering supplies will be considered people's belongings and stored along with the rest of their things, or whether those will be considered government property and (needlessly and wastefully) destroyed.

According to the last Point In Time count done here, 1/3 of homeless people are Indigenous, i.e., 500+ people. But at this point the only Indigenous-run shelters for homeless people are two small facilities. The only new shelter that's part of the current plan, set up by the Aboriginal Coalition to End Homelessness, has beds for 10-15 people in a group setting and though the specifics are still under discussion is contemplated as a residential managed alcohol program. The other one is a small pre-existing seasonal night-time shelter (mats on the floor of a big room) at the Victoria Native Friendship Centre that normally would close at end of March but has had funding extended till June 30. This shelter was intended as a "dry" shelter for people who do not use substances and though that has been slightly more relaxed since the COVID emergency is still high-barrier for people who use substances. Group shelters are not sufficient in COVID times and mats on a floor is especially insufficient. Both shelters are too small to meet more than a fraction of the needs and also both have barriers that are not workable for many people especially Indigenous people who use street drugs. Many more immediate sheltering options are needed, and there must be as part of the longer-term housing plan serious work with Indigenous people and housing/service agencies to develop a plan that is culturally safe, trauma-informed, and inclusive of a wide diversity of needs including places safe for Indigenous people who use substances.

Service gaps

If people's needs were met fully in hotel rooms (e.g., food, clothes, safe supply, support) then that would be a remarkable form of harm reduction. For this to be effective, people living in the hotels would have to be the organizers as they know their needs the best.

Tent cities are not perfect, but they provide more access to community and services who can immediately respond (even just by hearing a yell for help). The risk of overdose is made higher when people are using alone without access to peers who they can use at the same time with, or an overdose prevention site that is accessible 24/7 and that they are comfortable using. I am very, very concerned about what will happen to people once they are moved inside en masse. Even if people are using together and one person ODs, the amount of time that it would take to call for help through a phone line when they are on the third floor of a hotel could be life-altering. Peer workers who can check on folks and/or organize systems so that people don't need to use alone need to be fairly paid and supported.

Access to a safe supply of substances, which is basically non-existent at this point, is a major requirement for any future plans as that is the only real way to reduce overdose risk. People need access to safe alternatives to street drugs, so they are not in a situation of wildly unpredictable drug quality and cut with a variety of substances including ones that can't be ameliorated by naloxone. Safe supply includes ensuring that people have sufficient quantities of both drugs and alcohol to not be going through unsupported withdrawal, which has its own health impacts. Withdrawal prevention is especially important for those living outside who are cumulatively impacted by dehydration from government failure to provide drinking water, malnutrition from insufficient nutritious food, lack of access to bathrooms/showers, and lack of access to health care.

As a harm reduction worker, everyone who I support uses drugs and most want options around safe supply. But very few of the people who I support have been able to reach a doctor or nurse who is willing to prescribe and when they do, the options they have been given haven't worked for them. Many folks don't have a prescribing primary care provider at all, while others see the same 2-3 doctors who are totally swamped. Further, folks want more information from their community about experiences on prescribed alternatives and what might work for them. There are many questions about whether the quantities that clinicians are willing to prescribe will actually meet people's needs or whether, as many people have already experienced with OAT, people will need to still supplement with street drugs to get their needs met.

Food security is also a huge question. Some people are not getting adequate nutritious food and of the spaces being allocated thus far, few have cooking or food storage set up to give people housed there any choice about what kind of food they will eat or when they will eat. People have different physical and cultural dietary needs, and just liked housed people need to eat when they're hungry not on an institutional schedule. It is not clear how any of this is being taken into account.

The disregard for Indigenous homeless people's needs extends to service delivery. Onsite wraparound services that government has committed to for the new locations don't include

cultural supports or a commitment to ensuring that all services are culturally safe. There is no thought being given to what Indigenous people being moved to motels/hotels might specifically need for onsite services. Indigenous people left outside are also being totally left behind in consideration about culturally safe service provision.

The only Indigenous organization on the ground here doing frontline outreach – the Indigenous Harm Reduction Team (IHRT) – has not been resourced in any substantive way or included in any planning for onsite services at the new motels. As part of my volunteer work I do tasks to support IHRT's outreach and I have been appalled at how I see IHRT being treated. IHRT has from the start of the COVID emergency been the only organization in town consistently providing street survival service updates and information about government decisions for people living outside and service providers, something no other organization and no level of government has managed to achieve. They were the first out on the ground when COVID hit to provide immediate survival support to Indigenous and non-Indigenous homeless people. Yet they are constantly being left out of government and service provider meetings, not part of any planning tables, and having to fight for even scraps of information.

IHRT has no core funding yet rapidly expanded their work when COVID started to address the many urgent community needs. Since COVID started, despite submitting multiple funding applications they haven't received any funding for their workers' time and have been only minimally funded for survival supply provision. A proposal to the health authority was rejected because IHRT works in Indigenous and holistic ways not colonial ways, and though IHRT offered to talk about how that could work, Island Health wouldn't agree to discuss with them what that kind of funding model would look like. IHRT can't even do a statement as part of this process because their workers, 6 / 7 who are peers, are flat-out on the ground, working far beyond the modest stipend peers received through community donations and a small repurposed one-time grant received before COVID started. IHRT's non-peer worker is working beyond full-time hours right now, completely unpaid.

Forcing Indigenous people and service providers into colonial funding models where they are managed by white overseers is a replication of colonialism and an unacceptable approach to this situation. Indigenous self-determination and autonomy need to be respected. As a first step government needs to, as part of this initiative, contact all of the Indigenous organizations working with homeless people and invite them to work collaboratively on mechanisms to resource the vital work they are doing and to be engaged in service planning. These mechanisms must include substantive discussion with homeless Indigenous people and Indigenous peer workers.