Statement by Lacey Alexandra Mesley
Re: Encampment Health and Safety (COVID-19) BC Ministerial Order M128
May 3, 2020

My name is Lacey Alexandra Mesley, I have been working in Harm Reduction and Outreach on the Lkwungen and Xwsepsum territory, also known as Downtown Victoria for 10 years. I am also a Research Assistant with the Canadian Institute for Substance Use Research, under the mentorship of Dr. Bernie Pauly and Dr. Karen Urbanoski.

Today I write to you in opposition to the Ministerial Order M128, which requires all individuals sheltering at Topaz Park and on Pandora Avenue to stop living in or occupying these areas and evacuate by noon on May 9th, 2020. Though I am an advocate for the right to clean, safe and adequate housing options, I oppose the use of an Emergency order to forcibly remove individuals from community and safety. Moreover, I wish to express the inadequacy with which motel and indoor locations have been developed.

I have been supporting community members sheltering in place at Topaz Park from its inception, and have been witness to the stigmatization, discrimination and criminalization experienced by campers. With recent pressure to move people experiencing homelessness into indoor shelter options, the announcement of Ministerial Order M128 has only increased stigmatization of poverty and substance use. To date, movement of persons in the Topaz Park to indoor shelters has been uncoordinated and rushed. There has been zero consultation with onsite staff, and absolutely no involvement of the people in the community of campers. Poor coordination, no consultation, and stigmatization of people who are homeless and drug using will increase overdose risk, and will result in loss of life.

On Sunday, April 26th I and my co-workers attended 7 overdoses, in the span of the one shift. In the course of an hour, the majority of overdoses occurred, with complex presentations requiring 6-11 doses of Naloxone. Some of these occurred among people who had expressed desires to access Safe Supply, as per the BC Guidelines. But had been denied by prescribers. Without Safe Supply I expect that on my next shift, running from back to back overdoses, we won’t be so lucky and lives will be lost. Further, with inadequate planning, and nonexistent roll-out of Safe Supply, people moved from sheltering in place, to hotels will die preventable overdose deaths.

With every overdose I have ever attended, I experience an unlearning and questioning. I review every step I took. I feel a burden and a sense of responsibility. Moving people from sheltering in place must take on the same sense of responsibility and burden. We cannot afford to get this wrong.

Yet under the government’s rapid decampment order and process, people who have already experienced significant (and often cumulative) trauma are being further violated. This morning, Sunday May 3rd, the contractor crew employed by BC Housing to put up fences and “decamp” people threw out at least one person’s tent and all their belongings including wallet, money,
and pictures of their children. This dehumanizing approach and rush to clear people out of the park is causing very significant harm.

I strongly urge the Minister of Public Safety and Solicitor General to cancel M128 and take a different approach to housing people who are currently camping outside. At a bare minimum you must extend the May 9th deadline of Ministerial Order, M128 to reduce the serious risk of overdose and other harms associated with the stigmatization of poverty and drug use.

Lacey Alexandra Mesley  BA Hons, MPH(c)
Statement by Corey Ranger
Re: Encampment Health and Safety (COVID-19) BC Ministerial Order M128

May 2, 2020

I am writing as a nurse who has worked with the street community for seven years, to express my grave concern about the process that has unfolded since the BC Government’s April 25th announcement about an enforcement order to clear three tent cities by noon on May 9th.

I currently work with around 200 homeless people. Many are sheltering outside at various locations in Victoria including at Topaz Park, along Pandora Avenue, outside Rock Bay Landing, at Beaconhill Park, and at Stadacona Park. I also work with homeless people who are provisionally sheltered in facilities (detox, hospital, etc.) or transitional housing such as the recently leased motels.

On April 29 I was asked to attend a committee intended to rapidly triage housing candidates from tent cities into temporary shelters that BC Housing is working on securing. Below is an email I sent to BC Housing in response to their request that I and other health and housing workers participate in the rapid decampment process currently underway in response to the public safety order. In it I set out my concerns. Peers and nurses have been openly expressing our concern to decision makers without being heard. I hope that by providing this statement you will see the impact your decisions have had and that you will change direction.

Sincerely,

Corey Ranger RN BN

-------- Forwarded message --------
From: Corey Ranger <cranger.rn@gmail.com>
Date: Thu, Apr 30, 2020 at 12:42 PM
Subject: Re: Encampment placement committee meetings
To: Lois Gabitous <lgabitous@bchousing.org>
Cc: Mike Glossop <michael.glossop@viha.ca>, morgan.boc@viha.ca <morgan.boc@viha.ca>, jconnolly (jconnolly@coolaid.org) <jconnolly@coolaid.org>, Christine O'Brien (cobrien@coolaid.org) <cobrien@coolaid.org>, Bernice Kamano <Bernice.Kamano@phs.ca>, Westmacott, Lauren P <Lauren.Westmacott@viha.ca>, Hartwig, Christine <Christine.Hartwig@viha.ca>, Sandie Mashon at Pacifica <SMashon@pacificahousing.ca>, Grantham, Kim SDPR:EX <Kim.Grantham@gov.bc.ca>, Johnston, Brent <Brent.Johnston@viha.ca>, LeahY@ourplacesociety.com <LeahY@ourplacesociety.com>, Louw, Kristin <Kristin.Louw@viha.ca>, Jeni Temple <Jeni.Temple@lookoutsociety.ca>, Evans, Jodie <Jodie.Evans@viha.ca>, carlie.patterson@viha.ca <carlie.patterson@viha.ca>

Good Afternoon,
Given your acknowledgement of this group's exceptional understanding of health and supports, I have to take this opportunity to express my tremendous concern in the current and planned process--where is our lived and living experience voice in this dialogue? Advocates have been saying for over a month that we haven't incorporated the voice of those impacted by our decisions nearly enough to warrant an informed strategy. We are all very good at echoing the statements of 'nothing about us without us' but once again are at risk of tokenism in our approach. The approach that was taken at SIC/courthouse was one that campers recall as traumatic and oppressive. To duplicate this process amidst the dual crises of overdose and COVID19 would be to create even further harms. Yesterday, a large group of police escorted a large group of workers putting up fencing around people. This is not an anti-oppressive lens. Nobody is opposed to housing unsheltered people during a pandemic, especially those who want to access those services. If it comes via enforcement, then will generate more harms than our current situation. The presence of fencing has already resulted in an exodus of people from Topaz to other unspecified locations.

First and foremost, we need to be strongly pushing back against the May 9th timelines and the public safety order. Enforcement being incorporated into the decamping process is another way of criminalizing people for their homelessness. There are many on Pandora and Topaz that do not want to access temporary hotel shelter and we should honour their right to shelter in place. When I ask organizers what will happen to people who choose to not leave, I am told "they don't have to go to hotels but they can't stay here". This sounds like it is being driven under the guise of perceived public safety issues, or more notably, people not wanting to see visible poverty in their backyard. If that weren't the case, we would see pushes to house vulnerable populations in other locations, like Rock Bay and Stadacona. Topaz park is not the same as the courthouse encampments; the courthouse encampments were a grassroots initiative whereas Topaz park is a state-run park where people were encouraged to move to. Now we are going to emphatically displace them again. According to PIVOT Legal Society "The right of unsheltered people to occupy public space in order to take care of their health and safety needs has been recognized in the courts". We still have no guarantee that people won't be evicted from hotels once they get in. I have seen firsthand the harms of housing someone and then evicting them shortly after. It fosters mistrust in an already tenuous relationship between service providers and service users.

Next, without rapid upscaling of safe supply we will see increased deaths in hotels. As someone who has responded to 28 overdoses in the park since the first tent was there, the risk is rising exponentially. After seven overdoses on Sunday, and verification from drug checking, it is clear we are dealing with way higher overdose risk and toxic drug supply. If we can't guarantee safe supply then we are merely isolating people even further. As a registered nurse, and public health professional, I am openly cautioning that hotels without safe supply is a death sentence to many.

If key decision-makers are willing to revisit timelines, use of enforcement, fencing, safe supply, and ensuring we have the appropriate supports in place prior to increasing their isolation and subsequent risk, then I would be happy to participate. If we are committed to repeating the mistakes of our past and ignoring public health tenements, then I wish you good luck.

Warm Regards,
Corey Ranger RN BN
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.
Statement by Nicholas Olson, Outreach / overdose prevention and response worker
Re: Encampment Health and Safety (COVID-19) BC Ministerial Order M128

May 2, 2020

I’m writing to convey the negative impacts of BC Ministerial Order M128 and ask that you rescind the order or, at the very least, substantially extend the timeframe.

I have been working with homeless people for 8 years and in my current job I provide harm reduction services to hundreds of people, with 1:1 close support relationships for around 30 individuals. The people who I support live outside at various locations, including several hundred at Topaz Park tent city and Pandora tent city, with additional clients at other outside locations and at emergency shelters including motels.

At the two tent cities at Topaz/Pandora, which have been ordered to be cleared by May 9, I do harm reduction outreach and support as a staff member of a local agency. My work includes distributing harm reduction supplies, operating overdose prevention sites, updating people about available services, attempting to connect people with prescribed alternatives to street drugs (safe supply) and housing options, referrals to other organizations / support workers / programs, advocacy, crisis intervention, and emotional support. I also have been working outside my paid hours because the combined impacts of the COVID and overdose crises are so intense right now and people need more support than the chronically underfunded harm reduction agencies can provide. I am volunteering with a local organization to do outreach and delivery of survival supplies to homeless people at multiple locations.

When the COVID public health emergency was declared and shelters started to close or reduce their spaces, people who were already homeless abruptly found themselves living outside. People were first directed to multiple parks in the city, then only to Topaz Park (including in some instances people being directed there by police even after Topaz was at capacity), and now to motels. None of this involved any consultation with those experiencing displacement and homelessness. The people who I support have never been asked by government what kind of housing or services they want and how that should be set up.

The impacts of the May 9 deadline to clear the camps

We are only a week away from the May 9 deadline to clear Topaz and Pandora, and there is high anxiety and uncertainty. Several people who I support have said they think it impossible to get everyone indoors by that date, and expressed concern about what will happen if people are still outside then. For many others, the May 9 deadline is not their main concern either because they have to prioritize their safety and survival which hasn’t allowed them to consider the implications of this date, or in some cases because they haven’t been given information by BC Housing so they don’t really know what the situation is.
At this point nobody knows what will happen to anyone who isn’t moved inside by May 9. There aren’t that many other spaces with bathrooms where people can camp, and none are near food services or showers. I’ve heard people with very high stress and anxiety asking where they are going to go after May 9, and how they will find out about the status of their hotel application if they can’t stay at the tent cities. Living outside and with drop-in services closed to COVID, even people who have phones (and many don’t) don’t have a reliable way to charge their phones. Some people are talking about going back to alleys or other parks. Others discussed the possibility of going up-island to try to camp somewhere else, but they aren’t sure how to get there.

The May 9 deadline also means that people are being put in situations that are unsafe. There are significant safety risks at hotels regarding overdose, due to the isolated nature of hotel rooms and lack of harm reduction and peer support on site. People have reported that rooms have security/privacy latches on the insides of the hotel room doors, which can only be opened from the inside, and that some of these latches are loose and close accidentally. The hotel is not willing to remove these, making it a serious hazard in responding to overdose or other emergencies. Hotels are not fully staffed yet, and many hours, especially overnight, there are still no housing agency staff let alone support workers. Staff are enforcing strict cleaning measures that require tenants to keep their rooms extremely tidy upon risk of eviction, however are not supporting people who need assistance in maintaining room cleanliness. Realistically, the lack of community and splitting up of loved ones means people will not spend time isolating in hotels and risk using their rooms to host others, thereby risking their placement and also limiting their ability to physically distance.

BC Housing doesn’t have things lined up to properly shelter people and can’t get that in place by May 9. They don’t have enough rooms for everyone at Topaz Park and Pandora, so to cram in as many people as possible by May 9, some people are being put in rooms together rather than people having their own living space. Government promised that a housing agency worker would be onsite 24/7 but that isn’t happening yet. People aren’t always getting enough food or clothing, laundry and health care are sometimes non-existent, harm reduction and overdose prevention services aren’t in place yet. Safe storage for belongings was promised but isn’t yet consistently happening. People are not able to bring their bicycles into the building, in many cases their only form of transportation, and bicycle storage options have not been offered. At one site computer access has been promised so people can access information and talk with loved ones, but it’s insufficient and computer time is not being distributed fairly or evenly leading to resident conflict.

As a harm reduction worker and overdose response worker, I feel highly stressed and concerned about trying to get people set up with safe supply before they are moved indoors or displaced elsewhere, especially when access to safe supply has been restricted significantly and I haven’t heard of anyone getting set up with safe supply for several weeks. I don’t know what ways I’ll have to contact, support, and do outreach once people are displaced or put into indoor hotel situations with no-guest policies. My job has constantly been changing since COVID
started and I am uncertain about my job security. The looming May 9 deadline most impacts people living outside but it is also causing me a lot of stress and anxiety.

Right now I’m supporting around 50 people who are living outside in locations other than Topaz/Pandora. These people are also impacted by the May 9 deadline and the way this sheltering plan is working in general. People are upset they can’t even apply to be on the motel/hotel waitlist. People are concerned about their access to food, washrooms, showers, and other services. There are concerns about what will happen to their camps before, during, and after May 9.

While the most helpful thing to do would be to remove the enforcement order altogether to give time to find out what people want and need, and set up housing and services appropriately, at the very least a significant extension to the May 9 deadline would make a big difference. It would mean reduced stress caused by the current impossibly tight deadline and fears of police enforcement and criminalization. An extension would mean that people would be able to be placed in housing/hotels that are safe and appropriate for their situations, that people would be more likely able to be connected with safe supply, that adequate supports and services would be in place at the hotels once people moved in, that plans around evictions or room changes/transfers would be in place, and that people who cannot move into hotels are able to find workable alternatives.

**Intake process needs to change**

The reality is that BC Housing can’t even do all the intakes by May 9 let alone get everyone placed by that date. Of the five days I have worked at Topaz since the evacuation order was announced, three of the days they were no longer doing intakes for people transitioning to hotels. It’s unclear who is doing intakes, when they are doing them, and where to find them when Topaz campers ask. One day BC Housing had one person at Topaz doing intakes, the next day they had one person who ran out of intake forms, and then a group of 3-5 workers from PHS and BC Housing on site for approximately an hour. Many camp residents have not yet gone through any kind of intake.

I have found the intake process to be largely ineffective, lacking communication and coordination. Many people at Topaz have not filled out an application, others have filled it out several times because of confusion about the different between BC Housing application forms, Island Health assessment forms, the GVCEH (managing Topaz) camp census, and BC Housing application forms that were filled out prior to the evacuation order (BC Housing changed the form after the evacuation order).

Also camp residents have expressed serious issue with the uncertainties of whether they would be placed after filling in an intake form, and how to find that information out. One intake process that I witnessed required the applicant to have a working phone number which was difficult to obtain. It’s not realistic to expect that everyone have a phone especially when
there’s no way to charge phones when you’re living outside and libraries and other spaces where people used to be able to do that are all closed because of COVID.

Placements aren’t working

Already 10-15 people who I support 1:1 have been moved to motels and overall that hasn’t gone well. The May 9 deadline is making all of this happen in an even more haphazard, abrupt, and chaotic way. For example, at around 7pm one person got confirmation that they have a room and needed to get there before the end of the night otherwise the room would be given away. Upon calling the hotel we learned they could not check in after 8pm when BC Housing workers (the hotel staff said 'nurses') had left for the night. People have felt rushed to ensure their place isn't given up, but unsupported in how best to get there.

The government promised in their announcement that street families would be kept together but my experience is that people’s family, health, and safety needs have either been neglected at intake time, or not given adequate priority when placed into housing. One elderly person was housed in a hotel, however their partner, also elderly, was not housed with them for over a week despite explicitly listing their relationship on the intake form, and only after significant advocacy and a lot of work tracking her down on Pandora and Topaz.

Just like housed people, homeless people’s relationship situations can be complicated and this isn't being taken into account either. One person who I supported was moved into a hotel with their sibling. After just a couple days this placement became unworkable, and the person I supported ended up spending several nights unsheltered again until we could advocate for a new arrangement. There was also a situation of a person being placed in the same hotel on the same floor as their domestic abuser and support workers on-site were unwilling to ameliorate the situation. Tenants are reporting a strict “one warning rule” that can see them evicted for smoking or guests, and the potential of being evicted for room untidiness after several warnings.

Fences need to come down

The fencing is not helping the situation. People feel that the fences are encroaching on their personal space and feel uncomfortable with police and fence / demolition crews hovering around waiting to fence off certain areas when people leave. This is creating a siege mentality at the parks. People are scared that if they leave to access services that aren’t available onsite, or even to go for a walk like a housed person could, that if they come back their tent will be gone and their site considered abandoned.

The fences are also getting in the way of people who are newly homeless, or becoming homeless again, having safer shelter. One person who was living at Topaz went to Detox before the April 25th announcement was made. Before that time they had already filled in the BC Housing application for earlier spaces. When the May 9th deadline was announced, staff at Detox told this person to leave and go back to Topaz otherwise there might not be an
opportunity to get a motel room. But because the camp was already being fenced off and no “re-camping” allowed, they were not allowed into the site at Topaz and became unsheltered again. In the meantime the Detox space was filled by someone else on the waitlist for that service so they couldn’t get back in there.

Another person gave up their tent upon being told they had been accepted at a hotel. He arrived after dragging all his belongings to the hotel on his own (no moving company as promised). But upon arrival at that hotel, housing agency/hotel staff demanded to look through everything. Staff wouldn’t allow him to keep certain items and said he had more than the allowed 2 bins. Storage wasn’t offered as an option so he was told he’d have to discard many of his personal belongings. He was not willing to throw away his things and after an argument ensued was told he was not allowed to stay at the hotel any longer. When he returned to Topaz his tent was gone and the area was already fenced in, so he was left wandering the streets for several nights as he no longer had a tent to sleep in. Now he is staying in a tent structure with several other people, making physical distancing impossible.

**Issues for people who use illicit drugs**

I’m a harm reduction worker, so 95% of people who I support have told me they use illicit drugs. Because of stigma, shame, and discrimination against people who use drugs, people may not be telling some random stranger from BC Housing who’s doing intake what their substance use is, but the reality is that every housing site needs to address this. In many cases the lack of clarity about the substance use policies at the hotels is causing people to hide their substance use during their intake and putting them at significant risk of overdose. I’m extremely concerned that without safe supply, harm reduction workers, peer workers, or overdose prevention sites, and with the increasingly toxic drug supply, people are at significant risk of overdose. I feel tent cities are safer than hotels in regards to overdose because of the communities built within the encampments, and the prevalence of support workers or peers with access to naloxone.

People who I support very much want access to safe supply, but thus far few people can get it. Barriers include not having a GP, the GP refusing to prescribe safe supply, inaccessibility of doctors in general (especially those prescribing safe supply), inability to connect with street nurse who can connect them with doctor, limited spaces in managed alcohol programs, outreach workers untrained on how best to support and advocate in accessing the safer supply program, inaccessibility of the safer supply program to the street community, and previous trauma experienced through the medical system.

All sites need safe supply, ideally run by peer workers and harm reduction workers. If that’s not possible, then there needs to be nurses and doctors on site to be able to ensure people have access to safe supply upon their first day of staying at hotel. This is imperative. Overdose prevention rooms/sites are also key.
What government should do

First and foremost government needs to actually consult with people living outside about how to set things up. The kinds of sheltering options available right now don’t meet everyone’s needs. People have expressed concern about lack of community in hotel settings and therefore lack of safety. There are concerns about the increased likelihood of contracting COVID-19 indoors, as people know that COVID outbreaks has been happening in shelters, prisons, and care homes. People are concerned about a possible lack of harm reduction supports once inside, including peer-based overdose prevention and support which is available 24/7 at the camps. There are concerns about curfews, surveillance, privacy, and unknown rules of hotel or indoor living situations. People are worried about being placed in hotels and don’t want to leave partners, friends, or other loved ones outside, which puts them at risk of breaking guest rules.

People shouldn’t be punished for this bad process. Those who want it and are ready to go right now should have rapid access to motels/hotels, not have their placement grind to a halt. But if the existing inside sheltering options don’t work for people then they must be allowed to shelter in place where they feel safest – including Topaz or Pandora – without the threat of a looming deadline for enforcement. There must be timely and adequate assessment of needs to ensure they are moved into a situation that is safe and appropriate for their situation. People who say they need support services on-site to be safe should not be moved until real ‘wraparound’ services are put in place, with those services as requested and determined by the people who will be living there. This needs to be made available to everyone who is homeless, not just people at Topaz/Pandora.

Access to safe prescription alternatives to street drugs (aka “safe supply”) is a huge issue as the current street drug supply is highly unpredictable and often cut with multiple agents including fentanyl, benzodiazepines, and synthetic cannabinoids. Overdose prevention in these circumstances is not just a matter of giving people naloxone kits and hoping for the best. At tent cities peer witnessing is much easier to do than when people are behind locked doors and being encouraged to self-isolate, and prohibited from having guests. People need to be connected to safe supply in a way that works for them and can be easily adjusted going forward. Such a safe supply system must be done without the barrier of accessing an exclusive list of prescribers or overly restrictive pharmacy guidelines.

I and other outreach workers have been working in incredibly difficult conditions trying to keep people safe, with long hours, constantly changing conditions, and supporting people who are being treated really badly. But at no point has government consulted with me or collaborated with me in any of their planning. It’s extremely frustrating and exhausting that frontline workers and people who are displaced and experiencing homelessness were not consulted in this process. I hope that the government changes its approach by rescinding the order to clear the camps by May 9, and engaging in a process that is more respectful and that actually has a hope of meeting people’s needs.
Statement by clinical health care provider, name withheld by request
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 lift the decampment order, or at the very least substantively extend the timeframe; and change the process for how you engage with people who are homeless. BC Housing’s current process is causing significant harm to my patients and is profoundly unethical.

I am a health clinician and have been working with homeless people for three years. I have asked that my name and details about my clinical role be withheld as I am concerned about possible professional consequences for speaking up about what I am witnessing. I appreciate this opportunity to share my concerns.

I work with approximately 110 people who are homeless, including 100 people at one of the two tent cities slated to be cleared by May 9th and ten people living in other locations. My work includes supporting people to connect with primary care; assessing for a range of concerns including mental health, substance use, and COVID symptoms; providing harm reduction supports; and assisting those who are being triaged to motels/hotels.

The homeless people who I am seeing have not been asked by government what they want or need, or how to set up housing or services in ways that would work for them. People living at locations other than Pandora and Topaz are highly anxious that they cannot access shelter because they have not been camping onsite.

While I appreciate that efforts are being made to obtain shelter (and longer-term housing) with appropriate resources, and that youth have been prioritized for placements, the decampment order must be immediately lifted. Government must stop infringing on human rights to shelter-in-place, take down the fencing, and stop requiring campers to move to areas where they feel their safety is threatened. It is imperative to slow down the process of obtaining shelters to properly staff and resource said shelters, including continuity through crossover staff from tent cities who have established relationships to people living in shelter sites to ease the transition. It is also vital that the commitment of sheltering with services, and transition to longer-term housing, be made to all homeless people not only those living in the two tent cities under the Ministerial order.

All of the campers who I have worked with do want an inside option. People are excited to leave and to have the possibility of proper shelter. What I am hearing from campers is that some of the sheltering options do not work for them, e.g., they do not want to isolate in an arena. Some campers voice anxiety over where they will go if they haven’t been given proper shelter or what will happen with their belongings during the move, as they are limited to two bins. Some people plan on moving elsewhere and camping, if none of the options will work for
them. This doesn’t mean that people don’t want shelter and housing options, but that these options must address people’s needs and be set up in ways that will actually work for people.

The current rapid decampment process and May 9th deadline to clear the two tent cities has led to people feeling caged in and pushed out. The moment fences were put up, the population at the main camp I am working with dropped about 25%. The fences are displacing campers with no safe sheltering option as none is available. The entire goal of the fences is to enforce, push campers into specific areas that are heavily monitored, and eventually off the property altogether. Many campers have already been displaced and staff have no idea where they have gone. We will be unable to communicate shelter options when available.

It has been communicated to staff on site (but not to campers) that there will not be any forcible removals. People do not know what to expect at noon on May 9th. They are afraid that they will be forcibly removed and displaced elsewhere. It is creating high anxiety about whether people will be placed in time, and some people have already left to try to set up in other parks, which they see as their only option, rather than face forcible removal on May 9th. If the order is not going to be enforced, this needs to be admitted and the order rescinded. It is cruel to leave people thinking that there is an impending police raid in six days.

Sheltering supplies (tents, tarps, etc.) must not be seized as part of people being moved inside, and the rules of businesses being contracted to provide shelter must not infringe on people’s ability to meet their own needs in a dual COVID and overdose public health emergency. This includes ensuring that people can physically distance to the best of their own ability, but without promoting isolation that is deadly from an overdose prevention perspective. It includes not imposing unrealistic and unfair rules that set people up for eviction from motels back into living outside, with even less support and security than there has been at Topaz. All inside sites MUST have overdose prevention units and everyone who is homeless, including those who have already been moved inside in previous motel placements, must be given the opportunity to be screened for safe supply and/or OAT (opiate agonist treatment) if interested.

It is troubling that government has not effectively communicated with campers on anything in this process, or with the service providers on the ground. 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 / Pandora to transition them into safer accommodations but this has not happened in any kind of serious way. Government has not consulted with me and none of my colleagues have mentioned being consulted with, and they are not communicating with us about what is happening and what plans are in process. After the press release BC Housing moved an unknown numbers of campers to hotels and to my knowledge did not liaise with any staff on the ground.

I am also highly concerned that because of the rush to move people, staff at sites people are going to may have little to no experience working with this population and may not be operating with a harm reduction lens. All staff who will be interacting with campers need appropriate screening and training. This is imperative to reduce conflict and prevent evictions.
Of the people who I work with, 80% have identified that they use illicit drugs and 95% use substances. As a clinician, my main concern is overdose risk when we move vulnerable campers to hotel rooms where they are not allowed visitors. I fear the May 9th deadline will not allow us to assess all campers in time for safe supply / OAT and that people will die. That deadline is unrealistic as sheltering sites have not yet been obtained and with the current onsite clinical allocation per day it is not possible to access all campers in the limited amount of time we have. Although the decampment order should be removed completely, at the very least it must be meaningfully extended to allow proper assessment of all campers’ needs - physical health, mental health and substance use.

The people who I support want access to safer supply, but there are significant challenges in accessing it thus far. There is a limited number of prescribing clinicians actively engaged with tent cities (they are essentially volunteering) and they do not have the capacity to see everyone. Some campers are linked already with OAT prescribers but many of those providers are uncomfortable with broadening their work to prescribe other substances and to prescribe at levels high enough to meet people’s actual maintenance needs. There is also fear that this will apply only as “pandemic prescribing” to reduce COVID transmission by facilitating physical distancing, rather than understanding safe supply as also vital in addressing the four-year public health emergency of the overdose crisis. This is not a simple problem to solve and will take time to address. Proper assessment of people’s needs helps us advocate with our clinical colleagues to demonstrate the urgency of their participation. We also need to look at models that reduce clinician bottlenecks.

Thank you for considering this statement. I hope that things will change going forward.
Statement by Justin Sawyer, Harm Reduction Counsellor, 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 negative impacts of BC Ministerial Order M128, and to ask that you revoke this order or at the very least significantly extend the deadline. In order to protect and care for the people I support, I ask that the government remove the May 9th deadline, work with community agencies and service providers, and listen to what the community wants. Thus far the government hasn't contacted me for collaboration whatsoever. I hope they will listen to what I am saying in this statement.

I have been working with the street community for 6 years. In my current position as a Harm Reduction Counsellor I primarily work 1:1 with around 30 clients to provide emotional support and crisis/suicide intervention; facilitate referrals to temporary shelters/housing, detox, and substance use treatment services; assist with system navigation; advocate to resolve income assistance and PWD issues and to prevent eviction from shelters or housing; supply survival basics to the extent possible (e.g., limited food, water, harm reduction supplies and information); support people fleeing abusive relationships; and support people accessing safe drug supply. My clients live in a wide variety of locations including the Topaz Park tent city, Pandora tent city, other outside tenting locations (parks, alleys, sidewalks, etc), vehicles, emergency shelter, and transitional housing. Some of my clients are precariously sheltered through couch-surfing, or are currently in facilities such as hospital, detox, or jail but have no housing to return to.

Due to short staffing and urgent immediate needs for overdose prevention, I also do some hours at AVI’s overdose prevention site, which provides services to many more people. Prior to COVID this overdose prevention site was located at AVI’s downtown office and accessed by people living in a variety of locations, but with the COVID crisis has been relocated to Topaz Park and is accessed primarily by people living at that location.

At no time in this process has government engaged with my clients to ask them what housing and services are needed and to seek their input on how that should be arranged. The government, to my knowledge, has had no communication with people who are homeless about what their needs are or what care and safety looks like. The least that could be done is to listen to and organize with the Topaz/Pandora community of people living on the streets. Right now decisions are being made top-down without any understanding of how people are being impacted.

Impacts of the May 9 deadline

My clients describe an impending sense of doom and profound confusion about what is being done and why. Hope exists because they are hearing that people are advocating for positive action, but fear predominates because they have experienced a lot of disappointment in the past from housing organizations and police-facilitated relocation initiatives.
The fencing around and within the two tent cities, and heavy police presence, make people feel like they're being treated as if they were animals. It's creating physical and emotional disconnection between individuals because of the physical fencing and policing of areas and the fencing is blocking access to crosswalks, forcing those in the areas to cross dangerously. People are experiencing the situation as a version of ghettoization on the level of camps seen in POW situations or internment camp scenarios.

The fencing and enforcement regulations have created a situation where I can't find my clients reliably. People may be being relocated to a hotel room, or they've chosen, perhaps, to relocate to a different fenced-in zone, or they've fled completely in a bid to resist what they perceive as a threatening, untrustworthy, police-led scenario. I'm unable to support or advocate for clients without transparency or clarity in this process. Who is supposed to fill out the intake and assessment forms, who qualifies, where are they being placed, who are my contacts with BC Housing and at the hotels? None of this is clear to me and this is the information which forms the basis of my ability to support and help make sure people are safe. Due to this lack of clarity, communication, and safety planning I have been unable to properly support people fleeing from domestic abuse who are staying in the temporary housing/hotels. I have been unable to effectively communicate with clients and offer support when there is threat of eviction or barring, resulting in people I know and care about being put back on the street again.

At this point, if the hundreds of people still living at Topaz and Pandora aren’t moved into hotel rooms by May 9th, the terms of the order suggest they will be forcibly removed. The goal of the Victoria Police Department and BC Housing seems to be to return those areas to “normal”, where laws and bylaws about tenting and occupation will apply and be enforced.

This is causing massive anxiety for my clients, and for those who care about them. Nobody knows what they’ll do if they don’t get housed in the next 6 days. Some people talk about leaving town, but realistically people don’t have anywhere else to go and the situation is no better in any other location. Many will have to continue tenting under the stress of displacement.

The May 9 deadline is hard too on my clients who are homeless and living in areas other than Topaz and Pandora. They tell me there is a general increase in police presence and they are afraid that they will be left behind and not get housing.

A substantial extension of the May 9 deadline would be positive because it would create time to receive feedback and participate in a dialogue with clients and other service providers and with the government. This dialogue is necessary to make our work safer and help meet the needs of others.

**The intake process needs to be changed**

Right now the situation for my clients is that government has failed to keep the promise 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. BC Housing shows up sporadically and then disappears without engaging meaningfully or consistently with people living at the tent cities.
As someone who’s been involved in doing motel/hotel intake, the intake process has been really frustrating. BC Housing gave us forms and told us that if we don’t help people complete them they won’t get on the list for housing, but there’s been no discussion about how the whole triage process works. I can't inform people about how to properly fill the forms out without an inside perspective of how filling the form informs the administration at BC Housing. I don't know what happens to the paperwork after I've sent/submitted it, at that point I'm cut out of the process and no longer sure if any of the people who I’ve helped complete intake forms are or will be accepted. I don't know if the paperwork is even being looked at or if it’s just sitting on someone’s desk in a giant stack. I'm unaware of whether or not people will be filtered into various categories of need after having filled out the paperwork. And it is insulting that with no discussion we were expected to facilitate this process for BC Housing on top of already doing crisis support, overdose prevention response, and other emergency situations.

There is no meaningful assessment of people’s substance use needs as part of BC Housing’s intake process. People who I work with who use illicit drugs were concerned about putting that on the BC Housing intake form. There is a very real fear of stigma and discrimination. These fears are well-founded as I’ve seen that motel and hotel staff are not being trained or supported and they have power to evict my clients. I’ve also seen that people who were honest about their substance use were considered to have needs that were “too intense” to reflect the current limited resources and people who were considered more “socially acceptable” were prioritized by BC Housing for initial placements.

**People are currently being placed in unsafe situations**

Because the intake process has been ineffective in assessing safety needs and on-site service planning isn’t realistic, the accommodations people have been put in are not safe. People are being housed with their past and present abusers without any supports being provided to assist them. With the increase number of overdoses and overdose related deaths in recent weeks as the result of a more unpredictable and toxic drug supply, the lack of planning regarding onsite harm reduction services means that people will very likely be harmed or die.

Many people do want to be moved inside into housing that meets their needs. But for some people, living in tent cities feels safer than temporary motel/hotel spaces. People I have spoken to who wish to continue tenting say that it allows them access to community. It's unclear what resources will be available in hotel situations or how much people will be moved around as these are all temporary options. Going through many transitions with uncertainty is hard, whereas familiarity creates a sense of safety. Also, being stuck in a hotel room doesn’t give you options if you need to leave. People have a right to not be moved into a hotel room with their abuser. Some relationships demand other options and those needs must be taken into account.

The reality is that tent cities not only feel safer, but are potentially safer for some people. It's a struggle at Topaz and Pandora, with the police presence and lack of services, but communities do come together and care for one another in a tent city scenario. AVI has been able to work with other agencies to provide overdose prevention resources at these sites so far. It is unclear what we will be able to do for those moved into motels/hotels.
In the April 25th press conference, sexual assault at tent cities was stated as the rationale for implementing the order to clear the tent cities. Government said it would address sexual violence and protect survivors. I have not seen any positive measures taken to address sexual violence. Rather, I have seen further harm done to survivors of sexual violence throughout this process. Everything needs to slow down so that people can be properly supported. This would require collaboration with individuals and service providers for a plan to be put in place so that people's safety and well-being are considered.

Before COVID, some of my clients were youth. But since the pandemic started I don’t know where they are. I worry about them and don’t know how this enforcement order is impacting them or whether anything is being done to meet their needs. I know that involving the Ministry of Children and Family Development is not going to make housing or services accessible to youth who experienced trauma as a result of MCFD breaking up their family, taking them away from caregivers, or putting them in unsafe group homes or foster care situations.

**Impacts of a badly planned rapid relocation**

It’s been hard to keep track of what’s happening to my clients but I’m only aware of five people being placed at motels/hotels thus far. For all of these people the transition has been abrupt and disruptive. Specific safety concerns or people's health have not been taken into consideration. People that I have supported did not have basics they needed when they moved in, it was only through the efforts of frontline outreach workers in community agencies, and volunteers securing donations, that we were able to fill some of the gaps. There is still a distinct lack of in-house support being provided for people who were placed earlier.

None of the promises government made about what would be provided at the hotels/motels are being kept. Onsite health care, harm reduction services, overdose prevention, 24/7 housing agency workers, are often missing for people who have already been moved in. People do not always have their own living space, and access to laundry is sporadic. Not everyone is getting enough food. There’s minimal resourced peer support, no counselling services, and it has been hard for clients to contact family, friends, and service providers from their hotel rooms. Cultural safety isn’t part of the service model or planning.

Of the people who I have supported who have been placed in motels/hotels, several have had to leave under traumatic circumstances. Their health and overall situation is worse now than before they were placed in motels/hotels.

One person was barred for defending himself when attacked by another person. My client ended up in the hospital. He accessed supports and attempted to go into detox in order to remain in his hotel room. The hotel told us that this wasn't sufficient. He is now trying to stay in another shelter but the process of being barred has further demoralized him so his substance use has gone up. Due to this he has been denied at the shelter. He is preparing to go back to the streets.

Another person had to flee their abusive partner. They contacted me for help and I began calling and emailing BC Housing, the hotel, and many other services in town attempting to find them...
another room they could go to. I was unable to reach anyone through BC Housing, and the housing support worker at the hotel seemed unsure if they would be able to assist in moving them. The individual ended up sleeping in a storage locker for several days, then returning to their abusive partner feeling there was no other alternative. They did not know the housing support worker nor feel safe talking to them about what was happening.

There has been a threat of eviction looming over another individual, whom I have been desperately trying to support and keep housed.

I am extremely concerned about risk of overdose deaths for people living in sites that don’t have proper support services. I have already had people I know and work with die since COVID started, and the fear that there will be an increase once people are alone and unsupported in hotel rooms is very real. All of the sites where people are being placed need harm reduction services and resources, including overdose prevention sites and peer workers to help facilitate.

People who I support want access to prescribed alternatives to street drugs. Access to a predictable drug supply would greatly help reduce overdose risk. But there is limited access and there are many barriers, including 1) lack of doctors 2) lack of information 3) lack of healthcare planning, so as to get medication to people 4) overwhelming workloads put on the few doctors and nurses providing these services and 5) risk-averse attitude of the health authority. These are problems that can’t be fixed by BC Housing, but the push to rapidly house people before this is addressed is creating more chaos and risk.

**Being a frontline worker in this situation**

This entire situation is most impacting my clients, they are the people who I work for and who we all should be accountable to. But the government’s actions, especially the May 9 deadline, also creates a great deal of concern and stress among me and my coworkers. It's a feeling of powerlessness, both for the people we support and for ourselves and each other. We have already because of COVID had to constantly adapt and change. Our services are being reconfigured every week and our work hours constantly changing.

There has been no clear communication about what our jobs will be after May 9, though there have been some talks about possible hotel locations where we might do outreach. There has been no clear communication about what our roles will be, or how harm reduction or overdose prevention factor into the plan to move people into hotel rooms. This situation is exhausting. It doesn’t have to be this hard, if government would actually work with us on a plan.

No clear planning or communication makes it impossible for essential workers in this field to organize our lives around a plan of action. As far as people who will supposedly move into these rooms, there is a lot of confusion and fear that go along with pre-existing safety concerns resulting from failures in the system as it has been implemented so far. The difficulty of the situation as it stands and the lack of communication creates a sense of dread among myself and my coworkers.

I hope that this statement will be taken seriously and that the government will shift its approach.
Statement by Kim Toombs, Manager - Harm Reduction Services, AVI Health and Community Services
Re: Encampment Health and Safety (COVID-19) BC Ministerial Order M128

May 3, 2020

AVI Health and Community Services provides overdose prevention and harm reduction supports and education at Topaz Park with 2 tents for injection and inhalation. We also provide on-site supply distribution and outreach at both Topaz and Pandora. AVI has relationships with community members, specifically those camping at Topaz and Pandora, that span decades.

As the Manager of Harm Reduction Services I work alongside AVI staff at Topaz Park to deliver the best relational harm reduction supports and services we can under the circumstances. Our relationships within the community allow us to hear directly from campers. Most commonly the theme is confusion and mistrust in the current process. This is made worse by police routinely walking through the encampment and fences being put up all around the park. This puts our deeply committed staff in the challenging position of trying to maintain that trust when we can’t give folks reliable information on what is coming, where our services will be and how we can continue to be consistent. Campers are faced with the choice of leaving the serviced encampments to go find hidden camping spots, or to move to indoor locations where there are no services (or very limited services) in place yet to support folks. In a place where our staff respond to overdoses daily and sometimes multiple times, the May 9th deadline provides no safe direction for campers or staff.

There has been a distinct lack of discussion, collaboration, and conversation with those who will be directly impacted by this decampment order. Many campers have been asked if they would move indoors, but nobody, to my knowledge has been asked how/what folks would need to feel safe and confident that they would get their needs met safely by moving indoors. “Wraparound services” are not present in the indoor spaces as of now, yet people who are at risk of multiple harms are already being moved into these sites. Without a well thought out harm reduction plan that directly involves the residents in the development of the plan, then we have great potential for services that won’t work and don’t mitigate the risk.

Direction and information needs to come from the folks staying at Topaz and Pandora about what would work best to keep them safe during this transition and moving forward. Also providing widespread easy access to safer supply and a managed alcohol program are two things that could help lessen peoples risk. While promised, these programs have not actualized in any substantial way. Creating plans, together with folks living indoors/outdoors to tackle issues around safety and OD risks will make it safer for everyone, including workers. All of this needs to be based in building relationships and trust. Without these things taken into account, risk of dying from overdose is extreme. We responded to 7 overdoses in 4 days last week at Topaz Park. I fear that folks will die at unprecedented rates if people are forced to move indoors by May 9th.
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.
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.
STATEMENT OF IMPACT OF THE PUBLIC SAFETY ORDER

May 3, 2020

AVI Health and Community Services Society (AVI) is actively involved in the provision of harm reduction services at Topaz Park and providing outreach to other sites in Victoria where homeless people are currently sheltering. We are providing 10 hours a day of outreach and OPS services in Victoria. We have a fixed Overdose Prevention site at Topaz that opened 2 weeks ago, that was used 200 times over the last week. We monitor people while they are injecting or smoking illicit substances and then provide rescue breathing and naloxone administration if they overdose. Last week, we responded to more than 7 overdoses in the span of 4 days. We know anecdotally of another 12 that occurred in that same period. There was also the devastating loss of 2 people.

The deadline for the closure of the camps at Pandora and Topaz is putting unbelievable pressure on front-line staff who care deeply about the people they work with and who are working as hard as they can to prevent more deaths. At Topaz our staff feel they are able to actively engage and connect with people which will be harder once people are in individual rooms spread out through multiple hotels and other sites. This engagement is imperative for creating trust and safety.

As the executive director of a non-profit agency I have many questions about what the shift in services will mean more broadly for overdose prevention. I am concerned that resourcing and service planning decisions are being made rapidly now in rushed ways that will have very significant implications for years to come. The vast majority of people who use illicit drugs are housed and we know from Coroner statistics over the past four years of overdose crisis that the majority of overdose deaths take place inside. The most recent Coroner update, posted April 15, 2020, confirms that this remains unchanged – from 2017-2020, on Vancouver Island 86% of illicit drug toxicity deaths occurred inside, with 61.6% in private residences and 24.5% in other residences (including social/supportive housing, SROs, shelters, hotels, etc.). Only 13% of overdose deaths occurred outside in parks, vehicles, etc. (https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports).

Prior to the COVID crisis, we were one of two overdose prevention sites (OPS) in Victoria that anyone in the community, including housed people who use drugs, could access – in addition to two onsite overdose prevention sites at a shelter (Rock Bay Landing) and supportive housing site (PHS Johnson Street) where high numbers of illicit drug users shelter/live. Already it has been extremely challenging to encourage housed people to use drugs at an overdose prevention site, because of widespread shame, stigma, stereotyping, and discrimination experienced by people who use illicit drugs.

Since COVID and reduction/closure of most in-person services, there are now no overdose prevention sites in Victoria that can realistically be accessed by housed people who use drugs, other than the OPS for the residents and guests of the PHS Johnson Street building. It is our understanding that the new motel sites will have no-guest policies meaning housed people in the community, or homeless people sheltering elsewhere, cannot access OPS there; and even if they could, the terrible things that have been said about people sheltering outside recently

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and depictions of high crime, violence, etc. are not conducive to housed people accessing services at sites intended for a highly stigmatized and marginalized population.

While it is vital and necessary that there be onsite overdose prevention in buildings where many people who use drugs live, this is not a solution for housed people living outside of congregate housing. There needs to be time and resources put into planning this. Peer witnessing is an excellent and important basis for OPS at congregate sheltering/housing sites, but again there needs to the appropriate space and resources to do so. For example our OPS included workers (peer and non-peer) able to also do oxygen monitoring and assess nuances of overdose-in-process to determine when to call 911 and when to provide first aid and periodically re-evaluate. Overdose prevention is a nuanced field especially when drug supply is contaminated with multiple substances not treatable with naloxone, as is the current situation.

The move to inside locations, while welcomed by many, has the potential to create much higher risks as people are isolated in their rooms with inadequate services and supports. It is imperative that there be more time allowed to develop harm reduction services and supports. As well, a plan for the rapid deployment of a program for a safer supply of substances to mitigate the impact of the illicit drug market needs to happen prior to moving into inside locations, where the risk of fatal overdose is higher than at tent cities where people can at least do peer witnessing 24/7 and call out for immediate administration of naloxone if someone overdoses. The most important piece though is that there needs to be time taken to talk to people about what will work for them and to ensure they are actively involved in decisions about their housing and health. This includes consultation with all people who use drugs, housed and unhoused, as their access to services is now much more precarious than before.

Sincerely,

Katrina Jensen

Executive Director
Statement by the South Island Overdose Response Network (SICORN)
Re: Encampment Health and Safety (COVID-19) BC Ministerial Order M128

The South Island Overdose Response Network was formed in Fall 2016 in response to the ongoing BC public health emergency of overdose. SICORN is comprised of people who use/d illicit drugs, family members of people who have died from overdose and of those who have survived, researchers, representatives of community organizations including frontline workers, and other community members. Our work together takes place on Lkwungen and Xwsepsum territory and we meet in what is also known as Downtown Victoria. We envision a world in which people are not criminalized or discriminated against because of their drug use. All individuals have a right to exist in public space, engage in the community, live in dignified housing and be free of poverty.

We stand in grave opposition to Ministerial Order M128 which requires all individuals sheltering at Topaz Park and on Pandora Avenue to stop living in or occupying these areas. While we advocate for considered action to make safe, clean, accessible housing options available to all individuals, we condemn the use of the Emergency Program Act to forcibly remove individuals from sheltering in place.

We strongly oppose the May 9 deadline which does not allow for a safe and supportive transition for individuals who will be moving into hotel rooms and other indoor sheltering locations.

As the announcement of Ministerial Order M128 was made to the public, fences were already being erected on Pandora Avenue to begin containment of individuals sheltering in that area. Following this containment, BC Housing’s poor communications with individuals living in camps has created confusion and further anxiety, and reinforces the stigma, discrimination and criminalization they experience every day. The uncoordinated and rushed process to move people into hotel rooms has led to a heightened sense of chaos and unsafety and we strongly believe that this will also further increase overdose risk. We also know that due to this stress and anxiety, some people have fled the camps to find calmer and more isolated places to shelter, and support organizations are struggling to remain in contact with them. Many will not be included in this government initiative to temporarily house people and they will still require the same supports that those who are indoors do. We cannot afford to lose contact with people who are not moving to the hotels.

It is unclear how much outreach support local organizations will be able to provide to people who continue to shelter in dispersed outdoor locations with such an intense reorientation to providing services at the hotels. These organizations that have key relationships with people living in poverty have been stretched very thin and are also experiencing anxiety related to unclear communication about short and long-term plans for shelter and housing. We are gravely concerned about sustainability and the health and well-being of frontline workers in this context. Outreach workers do not need an outside ‘emergency response team’ to parachute in and offer counselling services without having any relationship to the community.
Local organizations require financial resources to shore up their own capacities to do this work, adequately compensate their staff through internal supports, and continue to provide care to the people they have built relationships with. Effective and culturally safe outreach and overdose prevention services for people who use drugs are those that are offered by staff who have lived experience, local knowledge, and adequate and ongoing supports to do the work.

We are particularly concerned that people have already moved indoors without access to a safer supply of regulated substances and that a local system for providing access to this critical overdose prevention measure is not yet in place. Currently the illicit drug supply is stronger, more toxic and deadlier than ever. While the existence of camps like Topaz Park make known the prevalence of overdose, we know that overdose is occurring in similar numbers in locations such as single-room occupancies that are not under the public gaze. Collective sheltering-in-place does not increase the likelihood of overdoses occurring: a toxic, unregulated supply of drugs does. For people sheltering outside, being together is safer. For those who will be moved indoors, we are concerned about a stress-induced rise in overdose due to loneliness, isolation and boredom. Around-the-clock, on-site overdose prevention services is one tool to reduce risk but we know that deaths will occur where people continue to be forced to use highly adulterated street drugs.

An April 6 letter from the Controlled Substances and Cannabis Branch of Health Canada to partnering organizations included the following statement:

Health Canada is very concerned that as the situation evolves on the ground, people who traffic illegal substances may start using harmful cutting agents, leading to an even more dangerous drug supply. We have heard that many PWUD are worried about dangerous withdrawal periods that may be precipitated by the current environment. I [the Associate Assistant Deputy Minister] continue to urge all jurisdictions to provide the broadest possible access to medication, as needed, during this very difficult time (emphasis added).

We anticipate more deaths as long as a safe, regulated supply of substances is not widely accessible to people who use drugs. Prescriptions under the new BCCSU guidance document for “Risk Mitigation in the Context of Dual Public Health Emergencies” are not being written in number and at the pace that is required to mitigate compounded harms associated with displacement and isolation in hotel rooms or in dispersed tenting sites. Primary health care supports are not in place, staffing has not been confirmed and coordinated, and the ‘decampment’ process is already causing harm and increased risk for overdose.

We strongly urge the Minister of Public Safety and Solicitor General to extend the May 9 deadline of the Ministerial Order M128 in order to reduce serious risk of overdose and other harms to individuals sheltering on the streets and in the parks.
May 3 2020

RE:

The public safety order has presented some heavy impediments to people’s health, particularly as it has not been accompanied by a health order that would allow proper housing and supports available to individuals who are being displaced by the safety order. As a service provider in Victoria that has been tasked with assisting individuals in encampments, we are horrified to see that the province’s safety order is further compromising individuals’ mental and physical health rather than assisting, and actually preventing us from being able to assist people who we work with regularly.

Key immediate issues include:

1/ Use of fencing to control encampments at Pandora and Topaz: the use of fencing is terrible for people’s mental health onsite and does not convey an attitude or atmosphere of assistance when people need this most. Some people are leaving the encampments because of the atmosphere created by the fencing, with the risk that we are losing contact with individuals at the critical moment that we are attempting to assist people in accessing safe supply and housing.

2/ Inadequate provincial action in securing appropriate housing/shelter: the continued focus on securing housing by contracted leases is not working. This method is not securing enough housing to meet current need. This method is also not securing housing that is able to meet the health needs of those accessing the housing/shelter. For instance, several of the recently acquired motel units are with owners who do not seem aware that integrated and comprehensive harm reduction services are required as a component of this housing system. This has already meant that harm reduction services (such as overdose prevention rooms) are not provided in some motels, and that starting these services in motels could be limited, delayed or compromise the security of the lease. Housing units must be secured in a way that allows for appropriate harm reduction services to be provided without barriers to use.

3/ Inadequate time to assist in transition to housing/shelter is creating unsafe situations. The public safety order timeline of May 9 would be inadequate to allow us to ensure people are provided proper supports as they are moved in, even if there were enough shelter/housing spaces, and even if everyone wanted to access these spaces. Contracts are not yet in place for staffing at these units, harm reduction services are not yet in place at these units, safe supply prescriptions are not yet available for many individuals, and the rush to house people without taking the time to meet needs and place people in appropriate locations with the family/community of their choice risks putting people into unsafe or unhospitable situations that will not work for them. Being forced to move people too fast is in some cases
setting people up to fail, when it should be an opportunity to really assist people. Many people have services where they are in encampments – disrupting these connections needlessly because of an artificial timeline is not an approach that is good for anyone’s health.

4/ No consideration for health and support needs of individuals who will be displaced by the safety order and who will remain on the street. Some people will remain on the street, both because there is not enough housing/shelter units and because some people will for their own reasons choose to not access the housing/shelter that is made available to them. People’s self-determination must be respected, and this means not coercing people into housing/shelter that they feel is not appropriate to them or does not meet their needs, and this also means not displacing or criminalizing people who remain on the street.

The public safety order must be repealed, and a public health order that prioritizes availability of secure, appropriate housing with appropriate health supports must be introduced.

Sincerely,

Mark Willson
SOLID Outreach Society
Empathy * compassion * education * peer support * harm reduction * acceptance
May 3, 2020

To whom it may concern,

We recognize that newly available motel and other indoor space for unsheltered individuals is welcome news for many and has the potential to increase personal wellness, access to support, and COVID 19 protection for people we serve. Indeed, several people we serve are already benefitting from the provision of motel sites after being homeless and without access to basic facilities for some time. However, I would also like to report on critical factors which have not been addressed this week and continue to undermine the potential for this investment to have its intended effects with regards to housing for unsheltered individuals.

1.) Although it is in development, a robust harm reduction and overdose prevention plan has not been implemented to date in the region in the newly acquired motel sites. Individuals who have experienced overdose or are at risk of overdose are being referred to motel rooms without harm reduction and overdose prevention services being in place at the sites they are moving to. This will result in increased likelihood of fatal overdose behind closed doors.

2.) Some individuals who wish to access pandemic prescribing have not yet been able to successfully do so. Blockages and delay in access to pandemic prescribing must be addressed immediately alongside referrals to motel room to reduce harms of drug and alcohol withdrawal and overdose. Of considerable concern is that residents of motel rooms who might benefit from pandemic prescribing continue to be forced to access the illicit supply in the community placing them at higher risk of overdose and thoroughly undermining any potential benefit associated with having a private space in which to physically distance.

3.) We are supporting residents of motel sites who do not yet have access to predictable on-site nursing care at these sites.

4.) The proposed motel sites have yet to secure 24/7 staffing. Staffing in some sites has not reached ratios which allow the staff to effectively respond to emergencies. Staffing challenges existed prior to the April 25th public safety order due to the pandemic, and have been heightened by the timeline associated with this order. It is not possible for us as an organization to fulfill our new proposed support contracts by May 9th because funders have not confirmed service contracts,
and even if they do in the coming days, they will not be signed in time for us to give reasonable notice to staff. This puts us as an organization in the awkward position of trying to staff new positions even before we know the funding is confirmed.

5.) Some new motel sites are not yet able to fully meet nutritional needs of residents, which also undermines the stated intent of supporting physical distancing.

6.) There has been a lack of communication and involvement of direct support staff and potential residents of the new sites in the plans that have been unveiled this week. This has contributed to misinformation, confusion and inadequate support planning for individuals who are being asked to move. In some cases, existing support relationships are disrupted because health and social service providers arrive at camps to see that individuals they are in support relationships with are no longer there, but they do not know where they have gone, and there is no way to easily access this information while maintaining service confidentiality.

7.) Self determination is fundamental well-being and individuals must be presented with options including the option to continue living outside. It is inevitable that some people will remain outside both because there are not enough units available and because the range of choices will not meet the diversity of needs. With the emphasis on preparing for new motel sites in response to the public safety order, there has been little time to discuss what services and supports will remain for those outside the new motel sites including access to food and supervised injection services previously available in the downtown area and outreach services to other sites in the region.

8.) Forced displacement is neither evidence based nor humane, and police presence at sites combined with fencing to restrict movements increases harm by disrupting service relationships, forcing premature exit from sites, while reinforcing the harmful notion that socially and economically marginalized individuals need to be contained and controlled. Fencing also arguably introduces new risks at these sites because it complicates emergency egress.

9.) Even with sustained effort, it is very unlikely that the needed service, support and referral infrastructure can be realized in time for May 9th and this imposition places undue stress on those making the transition as well as the support and planning staff at a time when we are collectively facing interacting stressors related to the pandemic. It is reasonable to flex the deadline as the situation develops and lead this process with care and compassion rather than the specter of force.

Sincerely,

Rachel Phillips
Executive Director, Peers Victoria Resources Society
#1-744 Fairview
Victoria BC, V9A 5T9
April 30, 2020

Statement in response to Encampment Health and Safety (COVID-19) BC Ministerial Order M128

The Vancouver Island Drug Checking Project is the only drug checking service available on Vancouver Island. As two researchers at the Canadian Institute for Substance Use Research (CISUR) located at the University of Victoria and currently implementing this drug checking project, we are registering our deep concern of the unintended impacts of the May 9th order and ask that the deadline be extended. Our concerns are based on current evidence from drug checking in Victoria.

After two deaths and multiple overdoses straining outreach and overdose prevention services in Topaz Park, the Vancouver Island Drug Checking Project has sought to offer services for those sheltering at the park. Over the last two weeks, our drug test results indicate high levels of fentanyl as well as adulterants such as benzodiazepines, synthetic cannabinoids and sedatives. In the context of such an unpredictable and dangerous drug supply, the order to displace individuals at Topaz Park by May 9th will surely lead to heightened overdose risk, thus increasing the burden on the healthcare system, front line services, and most importantly, the community of chosen family that establishes itself in encampments like Topaz.

Public health representatives at the health authority and provincially have expressed their concerns to us about the potential shifts in the illicit drug supply since COVID-19. We would like to respond. However, the sites where our services were operating are now closed. We have asked where harm reduction services are being relocated as part of this May 9th order and the response from front-line responders is they don’t know. This situation is resulting in us being unable to ensure continuity of service in May as we seek to co-locate our services within public health responses.

While we understand this is a public safety order and not a public health order, we are concerned that public safety measures will seriously impede public health responses and that the proposed timeline is inconsistent with the public health agenda. The proposed eviction precedes the implementation of Bonnie Henry’s recommendations for safe supply and the BCSSU’s “Risk Mitigation in the Context of Dual Public Health Emergencies” clinical guidelines for people who use drugs and alcohol. The prescribed medications have not yet reached those facing challenges that Dr. Henry is advocating for in Victoria.

From the evidence we are aware of, we express our deep concern and recommend a suspension of the planned May 9th decampment. We recommend a timeline aligned with public health responses and implore that wrap around, culturally safe and appropriate services are assured and in place to those who choose to leave the park, and importantly, for those who choose to stay.

Signed,

Piotr Burek, Researcher, Canadian Institute for Substance Use Research (CISUR) & Vancouver Island Drug Checking Project

Dr. Bruce Wallace (PhD, RSW), Associate Professor, UVic School of Social Work & Scientist, Canadian Institute for Substance Use Research (CISUR)
OPEN LETTER: RE Health and Human Rights Impacts of Public Safety Order

We are writing in regards to the April 25th Announcement of Minister Farnworth’s public safety order followed by Minister Simpson’s ‘housing announcement’.

First, the plan for temporary sheltering with a view to permanent housing is, in principle, a welcome one, and many are working hard to achieve the sheltering goals set out in the announcement. We have serious concerns, though, about the health and human rights implications of the public safety order and the process the safety order has pushed BC Housing to take thus far. Key issues include: contravention of UN directives regarding meaningful and respectful engagement with camp residents; a chaotic intake process with no communication with residents about the status of their application leading to high anxiety and stress; lack of transparency about whether an adequate number of sheltering units are available to meet current need of those without housing; inadequate time to prepare health supports and staffing models required to safely and respectfully transition individuals into available hotels, and; inadequate measures to support individuals who will not be housed through this process. The timeline of the public safety order is leading to short-cuts and enforcement measures that are at odds with the health and human rights of residents. This approach must change immediately if this initiative is to be successful.

We would specifically note that this plan was once again made without including people whose lives are impacted. The United Nations has issued several directives regarding homeless people and COVID, and in an April 30, 2020 document, National Protocol for Homeless Encampments in Canada, the UN Special Rapporteur on Housing stated again that a key principle is “meaningful engagement and effective participation of camp residents” and that residents are experts of their own lives. As stated on page 16 of that protocol, “Governments and other actors must engage encampment residents in the early stages of
discussion without using the threat of eviction procedures or police enforcement to coerce, intimidate, or harass.” Of serious concern is the two-week deadline which essentially forecloses on the possibility of this being done in a way that is positive or measured and it will certainly not allow time for transition, assessing or respecting resident needs. The deadline of noon May 9 is not the slow gradual decampment that was portrayed, and not at the end of May as was portrayed in the April 25th press conference.

We are now just over one week into the attempt to have rapid decampment and it is clear that it is simply not feasible to do detailed needs assessment with 360 people and have them move within 2 weeks. This, combined with lack of communication and transparent processes, is creating intense stress for camp residents and undue pressure on service providers and health professionals who have been working on the frontlines of COVID 19 for over six weeks, and are frequently being asked to change and adapt on very short timelines. It takes time and planning to ensure that appropriate services to meet people’s health and safety needs are in place in addition to basic amenities such as meals, cleaning of common spaces, and laundry. It is becoming clear that lease agreements and contracts with motels and other private providers are not adequate to permit the accommodation of all of those in need. It is also becoming clear that lease agreements with motels do not include provisions for harm reduction services (such as overdose prevention rooms) required to ensure safety of residents, and that motel owners and management may not be supportive of these services onsite due to popular misunderstandings or lack of knowledge about these critical health interventions.

Lack of appropriate supports and services create an environment in which residents do not feel safe or welcome. Individuals are often distrustful due to previous experiences and failures of systems to understand or meet their needs. This combined with the rapid pace make it even more difficult for providers to create and maintain the trust and relationships that are essential to providing effective supports. As well, it is extremely difficult if not impossible to hire and train staff for these units in such a short timeframe. To date, BC Housing and Island Health have not been able to meet the staffing/support needs of the current sites despite their best efforts. There is simply no way the staffing needs of this plan can be met in the timeframe.

The intensive focus on on-site wraparound services in hotels is also having significant impacts on services remaining in the community. Contracted agencies do not have enough experienced, trained staff to split services between the 6 new sheltering locations in Victoria and still provide outreach services to the 1000+ other homeless individuals living in other sites here -- including those still unsheltered (parks, vehicles, etc), people living in pre-existing shelters, and people who are provisionally housed -- let alone people in the street community who live in supportive housing without wraparound services onsite and also need community access to the kinds of services that are now all being concentrated in a few locations. There is no evidence to support this rapid reorientation of services to an onsite congregate model, and the people impacted have not been consulted about the best way to do this. This will have profound and disturbing long-term implications.

The fences at both Topaz and Pandora went up within minutes of the April 25th announcement and before there was even much possibility of notifying the residents. Fences have continued to be erected sometimes locking out workers aiming to help residents. Fences are tools of oppression, criminalization,
and colonialism. This is neither caring nor compassionate and in itself is trauma-inducing rather than trauma informed. The fences, along with the rushed timeline, are increasing stress, pressure and distrust driving people away and making it even harder for services providers and health professionals to provide essential health services and match them with appropriate housing. In the past few days we are hearing reports from outreach workers that the fencing is impeding their movement and acting as a barrier to their ability to quickly effectively respond to overdose, fire, calls for safety and other emergencies. 

Fencing and an artificial timeline to displace individuals in camps is working against people’s safety rather than for it.

To date, it has not been confirmed that no-evictions policies will be enacted in hotels and some of the people who we support have already been evicted from their new motel space back into homelessness because of the rush and inadequate supports. Some facilities are imposing no-guest policies even though such policies would not be accepted by the RTB if applied in housing under the Residential Tenancy Act. Both of these policies are critical to well being. The first provides a measure of security, while the second will protect against even higher rates of overdoses and mental health impacts of isolation from loved ones. In fact, no-guest policies are contrary to BC Housing and BCCDC guidance regarding the importance of having a buddy for ‘peer witnessing’. Such policies also further endanger sex workers who will be forced into unsafe situations. Dr. Patricia Daly, Vancouver Coastal Health’s Chief Medical Health Officer, specifically stated on April 28 “We should not be putting people in a situation where they’re alone in their rooms consuming their substances. I would rather we have guests come in and I would tell people there’s very low risk of COVID-19 and it’s safer to have someone with you when you’re consuming substances.”


We know from Point In Time counts that approximately \( \frac{1}{3} \) of the homeless population here is Indigenous. Control of Indigenous people’s movement, use of fences, threat of police to facilitate displacement, and government deciding where people will be moved to has particular implications for Indigenous people who have already experienced this many times over in lands being forcibly taken and people being ripped out of their communities and families. Homeless people include survivors of residential schools, “Indian hospitals”, the 60s and 70s scoop, and the “child welfare” system. We know that Indigenous women, girls, and Two-Spirit people are already at high risk of violence. How is decampment in line with protecting the rights of urban Indigenous communities on Indigenous lands? In what way is government ensuring that this plan is actually centering cultural safety and protection from further colonial violence? Specific protocols in working with Indigenous people who are homeless are set out in the UN protocol that your government is failing to follow.

As outlined in the April 30th protocol for homeless encampments, the UN Special Rapporteur on Housing stated unequivocally that forced evictions should be prohibited on the basis that it is a gross violation of human rights. This follows on her previous statements calling for housing as a front line defense for COVID 19 and to leave encampments alone until housing is mobilized. Public health and human rights must go hand in hand. The public safety order to enforce de-encampment is contrary to both human rights and public health.
In an open letter dated April 12 and resent April 19, and endorsed by more than 170 individuals and organizations including the City of Victoria, we asked for the use of hotels/motels as housing under the emergency act which is a public health order, not a public safety order. In addition, we called for self-determination to shelter in place, implementation of safer supply, non-discriminatory healthcare and testing, decriminalization of survival-based activities, and respect for human rights and lived expertise. The current announcement, with the exception of a commitment to permanent housing, does not align well with these requests.

We respectfully request that 1) the May 9 enforcement order be rescinded immediately, 2) that this entire process be enacted as government commitment to securing a variety of housing options and services for everyone who is homeless rather than clearing of three tent cities, 3) that the fences be immediately removed, 4) that true and meaningful processes of engagement with homeless individuals take priority, 5) that service providers and health professionals be substantively involved in determining a workable and realistic service delivery plan that prioritizes wellbeing of individuals over artificial timelines, 6) that housing and sheltering contracts clearly stipulate that residents shall have the same rights and eviction protections as tenants who are in housing under the Residential Tenancy Act, and 7) that housing and sheltering contracts recognize that shelter/housing includes unfettered resident access to integrated health supports, including but not limited to harm reduction and overdose prevention services.

Signed

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