

# Urban Issues Panel

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Good morning. It's an honour for me, as a long time street nurse, to be asked to speak to you this morning.

I want to begin by telling you that there is a nursing specialty in this country called ***street nursing*** and that speaks volumes to the need for a national housing program. There are maybe over 100 street nurses now across the country – from Victoria to Halifax. Later today I will visit with my Montreal counterpart from a local CLSC.

I began working in the late 80s as a street nurse in downtown Toronto, quite by accident – I didn't plan it. I grew up in a small town and I have to say I was pretty shocked by what I saw. I met people who were homeless who did not fit my stereotype of who I had thought would be homeless. I was equally shocked by their 24 hour living conditions in overnight shelters, and day time drop-in centres, and the resignation that this was their "norm". The nursing work was hard. Homeless people had the same health problems that you or I had but no bed to snuggle into, no chicken soup, no medicine cupboard or supplies, no caregivers. Furthermore, after surgeries or hospital admissions, people were discharged back "to the street".

It was however mostly possible for me to find someone a shelter or detox bed.

In special circumstances (which usually meant bad circumstances like the diagnoses of a brain tumour, or severe illness like diabetes), people could hope to eventually move up the waiting list and move into affordable housing.

I want to highlight a few significant periods of time that are relevant to my talk today.

- In 1987 a homeless woman named Drina Joubert froze to death. Public outcry and a subsequent inquest led to the implementation of 3000 new units of affordable housing. It also led to the formation of a very specialized mental health outreach program.
- In 1992 the Street Health Report was released, the first national study of health and homelessness in Canada. This made front-page news and the World Health organization certainly took note of the research.
- In 1995 and 96 we began to see troubling signs: a lot of **newly** homeless people, signs of worsening health including a return of tuberculosis, even a case of necrotizing fasciitis and what seemed to be a doubling of the number of people in drop-in centres and out on the street.

- In 1996 three men froze to death on the streets of Toronto and the city reeled in reaction to that news. In this inquest the word housing was not allowed to be mentioned. We **did not see** new units of housing built in response to the blatant need.
- Conditions proceeded to worsen and were somewhat catastrophic. Nurses tried to learn how to cope with mass rehydration of people left outside in the hot weather, and respond to cold injuries such as hypothermia, clusters of deaths continued to occur. Toronto even saw its first cluster of murders of homeless people.
- In 1998 the eastern Canadian ice storm occurred and we witnessed quite an impressive response from levels of government to a natural disaster. Our analogy that homelessness was a man made disaster that required government intervention stands to this day.

It's important to note that the term disaster is appropriate to use:

***The World Health Organization describes disaster as “any occurrence that causes damage, ecological disruption, loss of human life, deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community.”***

**State of Emergency Declaration (Toronto Disaster Relief Committee, 1998)**

**Homelessness: A National Disaster**

***We call on all levels of government to declare homelessness a national disaster requiring emergency humanitarian relief. We urge that they immediately develop and implement a National Homelessness Relief and Prevention Strategy using disaster relief funds both to provide the homeless with immediate health protection and housing and to prevent further homelessness.***

***Canada has signed the International Covenant on Economic, Social and Cultural Rights guaranteeing everyone's right to "an adequate standard of living ... including adequate food, clothing and housing." Homeless people have no decent standard of***

***living; our governments are violating these Human Rights. Despite Canada's reputation for providing relief to people made temporarily homeless by natural disasters, our governments are unwilling to help the scores of thousands of people in Canada condemned to homelessness. Morally, economically, socially, and legally, we cannot allow homelessness to become "normal" in Canadian life. Inaction betrays many thousands of us to a miserable existence and harms our society for years to come.***

That was then – this is our situation now because of inaction.

***More homeless everywhere***

In virtually every community in the country there is some form of homelessness. More families are homeless, more children are homeless, and more working people are homeless. More couples are homeless. Pregnant women are homeless. Seniors are homeless. War vets are homeless.

***Homeless and still homeless***

I know people that have been homeless over 10 years and struggle to survive. Our only emergency response now is sleeping bags. Each year I see agencies more desperate for sleeping bags and a scramble for money to buy bags – bags that are only good for 0 Celsius.

Our children and youth will suffer for years because of where we've left them.

Let me quote you from a Canadian Press article from the year 2000:

***Tonight, more homeless people per capita will sleep on the streets and in shelters of Toronto than in several major US cities. In fact, statistics show that homelessness in Canada's largest urban centre is comparable to levels in New York City, long considered the homeless capital of North America.***

***Worsening health – even plagues***

Obviously, homelessness is bad for your health. I see malnutrition and I see that poverty has looted poor people's immune system. Every street nurse in the country could tell you tales of horror that they see every day – suicidal ideation, actual suicide, malnutrition and starvation, bedbug infestations, cancers, loss of dignity and

hope. They could tell you about the children and they would tell you that they can barely cope with the volume and demand.

I consider the entire experience to be an assault on the immune system and certainly it provides fertile ground for infectious and communicable diseases. If we are to allow third world conditions we will see third world health problems. We have witnessed a rapid bedbug infestation throughout our shelter system with serious skin infections requiring antibiotics. People are literally being eaten alive. We have high Hepatitis B and C rates, high HIV rates. We now have the return of tuberculosis. In 2001 in Toronto we had a TB outbreak in the men's shelter system that led to deaths. As recently as March this year, the same DNA strain was shown to have spread and infected another individual. When the Norwalk virus hit the shelter system it spread fast. We fear the next deadly flu virus.

### ***Mental health and addictions***

I want to mention these two areas because they are frequently used to stigmatize homeless people. The longer people are homeless the more likely they are to suffer and apart from how we label people with diagnoses I think it is important to say that most people end up suffering from what I call "deprivation of the human spirit". In particular harm reduction housing and supportive housing is desperately needed as an appropriate response.

### ***Deaths***

A homeless woman that I know often says to me, when she knows I am going to speak to a group, "tell them that we are dying". In Toronto we track homeless deaths on a monthly basis and we add between 2-4 names each month to our list. The word "stunning" is usually a word attributed to a woman's looks. Last week we saw the word stunning used to describe the shocking research by Dr. Stephen Hwang that young homeless women are 10 times as likely to die as housed women.

We now need palliative care in our shelters. In the non-funded Out of the Cold program we see home care nurses who administer chemotherapy. In two shelters in Ontario, palliative care programs are

set up.

### ***Mark***

Now I want to tell you a story. Many years ago my boss said to me: “what about moving Mark into that empty unit around the corner”. I was horrified. He was about 28 years old, aboriginal, had lived on the street for years – mostly under the Mount Pleasant bridge. I had never known him to even sleep in a shelter for one night. He was essentially estranged from his family, had only one or two friends although he was extremely charismatic. He did glue. He started using glue when he was 10. He was losing his eyesight from glue. He was losing his ability to walk as well. Within minutes of seeing him in our nursing clinic in the drop-in I would get the hugest headache from the glue.

Well, he agreed to move in to the unit and lived there several years until he died.

I learned that no one is “hard to house” – in fact that word itself is discriminatory. It is the right type of housing that is hard to find.

### ***They want to sleep outside***

We always hear that there are no solutions – they want to sleep outside. Several recent examples demonstrate that not to be true. 1) each time we open an armoury, an empty hospital, or an empty school for emergency shelter people come in, they don't die and they access services; 2) the wave of squats, encampments and tent cities across the country are a signal that people are going to create more interesting ways to live than simply staying in a shelter or under a bridge. If governments will not create the housing people will create it themselves. In the case of Tent City in Toronto, there were 50 houses (no tents), some of the houses built to building code, wood stoves were installed, houses insulated, streets named, portable toilets, running water, etc. etc. Those folks by the way are now – 100 of them in housing thanks to an emergency and pilot rent supplement program. Not one asked to go back to the street or Tent City.

## ***Where are we today?***

I was going to say that I think the biggest problem we face today is NIMBYism, discriminatory attitudes and behaviour, political lethargy and a lack of imagination.

But, to be honest, our biggest problem is we don't have a fully funded national housing program. We don't have provincial governments' commitment to step up to the plate and commit money, with the exception of Quebec and Nunavut.

If they can fund housing and target to eliminate homelessness in Scotland, in Finland, why not here? Dr. Stephen Hwang, who I've already mentioned says it most clearly – that there are choices we have to make as a country. Do we, like India devote huge sums of money to nuclear technology at the expense of the masses on the street?

It seems to me that Ottawa has not yet figured out that the appointment of a cabinet minister, responsible for homelessness, is cause for embarrassment. We have a Minister Responsible for Homelessness when we really should have a senior cabinet ministry that is responsible for housing – to end homelessness.

- In December 2000 a Maclean's survey reported that 85% of Canadians agreed with increased spending to eliminate homelessness.
- In June 2003, TD Economics issued a report on affordable housing "one of Canada's most pressing public policy issues". TD noted: "After ten years of economic expansion, one in five Canadian households is still unable to afford acceptable shelter."
- SCPI monies make homeless people more comfortable. The 1% solution, a reinvestment of the monies we used to allocate to building affordable housing would house them.

I would love to see CMHC take this on.

(Check with delivery)