

The Right to Shelter Homelessness, Housing and Healthcare

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Thank you for inviting me to speak to you tonight. I thought I would speak to you about homelessness, how it connects to health and why a National Housing Program is, in my opinion, as important a national program to fight for, as Medicare.

There is a nursing specialty in this country called **street nursing** and that speaks volumes to the need for a national housing program. It also speaks to the need and the right to shelter.

I have worked in this area for about 15 years and in the past held nursing clinics at drop-in centres, in shelters and in social housing buildings. I primarily see homeless or formerly homeless men and women although in the past have seen youth, families and children. I also work on larger issues related to shelter conditions and respond to new emergencies whether it is a squat, an eviction, deaths, shelter closure, etc.

There are over 50 street nurses in the city, working for various employers, who provide health care to men, women and children who are homeless.

I used to think of human rights as they might be relevant to starving children, or questions of discrimination such as racism, or families fleeing military dictatorship or war or torture or a natural disaster. **The question of human rights came a lot closer to home during the course of my work as a street nurse.**

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.

Homelessness is now considered a national disaster in Canada. Canada is now widely seen to have violated numerous United Nations covenants and declarations. How did we, as a country, come to this? How did we recognize it for what it is - a man made disaster? I'm just going to give you the Coles' notes here:

- In 1993 the federal government cancelled its national housing programme.
- In 1995 the Ontario provincial government did the same (including 17,000 units in development). In addition about 3,000 rent geared-to-income social housing units and 3,300 rent supplement units in privately owned buildings have been cancelled.

- They also cut welfare rates 21.6 % and made significant changes to the landlord tenant act.
- Within months, of the 1995 housing and welfare cuts we saw homelessness essentially double on the streets and in drop-ins. We saw clusters of homeless deaths. We saw the return of tuberculosis, more deaths, malnutrition, and more visible homelessness on the streets and in most major Canadian cities and then also in towns!
- In May of 1998 a few of us formed the Toronto Disaster Relief Committee. We issued a declaration declaring homelessness a National Disaster and the rest is history. www.tdrc.net
- We made our case all across the country and to the United Nations.
- We witnessed widespread “buy-in” by national groups, city councils like Ottawa, Vancouver, Victoria and Toronto, and by community groups, that the homeless crisis people faced was a disaster. The United Nations similarly agreed and responded with statements that reflected a polite condemnation of the Canadian government policies that allowed the situation to occur.

Why call it a disaster?

I don't want to dwell on what we saw a few years ago because I think it is evident now that homelessness qualifies as a man made disaster. But consider this: over 250,000 Canadians will be homeless this year in Canada. There is enormous loss of life. In Toronto an estimated 400 seniors will use the shelter system tonight, and there are approximately 300 women who re pregnant and homeless. Each month we add between 2-4 names of homeless individuals to the homeless memorial at the Church of the Holy Trinity beside the Eaton Centre although I should point out that in January we added 10 names.

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.”

What is our situation today?

I want to tell you about what I call the “hotspots”.

Hotspot #1: The shelters are full and unhealthy

Shelters are full and overflowing – both night shelters and day shelters which are called drop-ins. On cold nights mats and cots are squeezed in. Congregate living supports infectious disease spread and poor mental health.

In big cities there is an increased municipal reliance on, and use (abuse) of, the volunteer sector and the faith based **Out of the Cold** programs for additional emergency “beds” in the winter months. Homeless people sleeping here move night by night. No longer can we say these people are “guests” of the church or that they choose to avoid shelters or housing. They are economic refugees, displaced people, in need of both proper shelter and support and ultimately housing and we should provide both just as we would in a natural disaster that left people homeless. In fact the UN defines internally displaced persons as “persons or groups of persons who have been forced to flee or to leave their homes or places of residence, in particular because of, or in order to avoid, the effects of armed conflict, situations of generalized violence, violations of human rights or natural or man-made disasters....”

In Toronto, people who are in shelters face a 5-10 year stay while they wait on lists for social housing. While there, they face conditions that believe it or not, often do not meet the UN Standard for Refugee Camps. For example, there may be an inadequate number of showers and toilets, there may be overcrowding, and there may be no provision for storage of belongings, for privacy or emotional security. You may be familiar with secret video footage that we used to expose this. I’m happy to report the City is working to remedy this problem.

Hotspot #2: People do not choose to sleep outside.

Tonight in Toronto there are approximately 1,000 people sleeping literally outside – or as the Brits say, “sleeping in the rough” (in North York alone, there are an estimated 200 people sleeping outside) It’s rough all right. Some are on street corners, others on grates, in alleyways, in parks, ravines, along train tracks. Some are robbed or raped, or have their stuff stolen. Any visitor to this city will walk by cardboard structures used for shelter, and piles of flattened cardboard and blankets used to shield sleeping bodies from the damp and cold pavement. We had 5 murders of homeless people sleeping outside in 2001. That’s like an American statistic.

We now see encampments and groups staying together for protection. Approximately 20 at City Hall tonight.

We now spend an enormous amount of time trying to find sleeping bags. The Winter Relief Project estimates we will need 10-20,000 bags this winter – and note that the bags we are able to afford are Chinook bags, they are not meant for -10 or 15 degrees, i.e. winter camping.

Hotspot #3: Encampments. Tent City, Woodward’s, Pope Squat.

We now have the beginning of self –managed refugee/squatter camps in Canada. Homeless people striving for a healthier existence outside of the shelter system initiated Tent City. Tent City was a squatter’s camp of 140 people – the largest and longest act of civil disobedience by homeless people in Canadian history. Many of the men and women living there were labourers, drywallers, steelworkers, roofers, or outreach workers. There were couples and there were disabled people.

The Toronto Disaster Relief Committee (TDRC) brought in disaster relief to Tent City – portable toilets, insulation, wood stoves for heat and cooking and we were experimenting with composting toilets and showers. People were no longer in tents – they were in self-built shacks, some built to building code or they were in a trailer or pre-fab homes we brought in on flatbed trucks. After the September eviction, and **after protest**, these people won a rent supplement program. As

of this week 120 men and women are housed in apartment. I tell that story to illustrate that no one is hard to house – there is no such thing. Next week we are holding a Tent City Xmas party. People are healthier, happier and some are now rejoining us in our political fight.

Hotspot #4: The absolutely crummy health. We are leaving people languishing in disease, isolation and depression.

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.

Hotspot #5: Plagues. TB has returned and it is evident that people's weakened immune system is a major factor in the higher incidence of TB infection and death.

Since 2001 there were 16 active cases (15 DNA linked) of TB in homeless men and women in Toronto and three have died. Ironically the last case was a political refugee from a TB endemic country who contracted TB in a homeless shelter. We are now in the midst of an inquest and have standing.

SARS is a warning to us. Public health officials, politicians and the media have all ignored our alert to them that if SARS enters the homeless population it will be a social catastrophe. Despite warnings there is inadequate prevention, quarantine plans or intentions to protect people. Front-line homeless health care workers have been begging for assistance, we offered to be seconded to SARS headquarters – all to deaf ears. To date I know of no community health nurse that has been mask fitted.

Hotspot #6: The grief. People are dying – **all the time.**

In Toronto the people who are homeless are dying at the rate of 2-4 per week and they are dying young, from TB, from AIDS, from trauma, from fire. The impact on their friends who are homeless, their family, and the workers is devastating. The monthly memorial at the Church of the Holy Trinity is a monthly moment of remembrance and

healing for us all. On May 13 the 300th name was added to the memorial.

Victories since TDRC formed

- The Prime Minister appointed a Minister Responsible for Homelessness.
- In 1999 the National Housing and Homelessness Network was formed, and despite our name (the Toronto Disaster Relief Committee) we believe it is a national disaster and we are the secretariat for the national group.
- In 1999 the federal government announced its homelessness strategy and \$753 million over 3 years.
- In December 2000 a Maclean's survey reported that 85% of Canadians agreed with increased spending to eliminate homelessness.
- We now celebrate and fight for housing on a nationally proclaimed day – November 22 is National Housing Day.
- In November 2001 the Federal government created the Affordable Housing Framework agreement and in 2003 added more money to a total of \$1 billion over 5 years, **the first federal funds for housing since 1993**. (Note- only 9% of this money has been spent yet.)
- Numerous shelter openings, the blackout monies, the armoury, etc.
- 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."

So why is homelessness still increasing?

Professor Ursula Franklin suggests that natural disasters such as the 1985 Mexico City earthquakes that killed 10,000 people, evoke solidarity and tolerance. We have witnessed other landmark Canadian versions of the earthquake, for example the Eastern Ontario and Quebec ice storm, the Manitoba floods, the Mississauga train derailment. These catastrophes all led to both a shelter and rehousing response. We have the current example of a recent crisis – the Uptown theatre collapse – if 100 people lost their housing what would we see?

Political and social divisions are put aside and people focus on providing solutions to the injured and homeless while at the same time addressing prevention, including in the Mexico case - improved use of geological knowledge and the role of the subway layout in the amplification of shock waves.

The Ontario and federal government responded to SARS with “disaster relief” - \$20 million dollars – for hospital relief and for a tourism campaign.

But, our governments still do not acknowledge homelessness, as a legitimate political earthquake. If they did we would see an organized tri-level government response to homelessness and it’s not unrealistic to expect that.

A friend told me a story recently. A number of years ago a woman couldn’t afford a hospital birth. She lay on the table and her husband helped her deliver and cut the umbilical cord with a knife. My friend told me this story and it was still hard for me to grasp its relevancy. What he was saying is that we now understand and believe we need a public Medicare system. He reminded me that a baby was born to a Tent City couple but that birth, even in a publicly funded Medicare system, did not occur in a society that also valued their need for housing. We expect and demand a fully funded Medicare program. We must also expect and demand a fully funded housing program.

What can you do as nurses?

- Social audit of hospital practices (food in emerg, clothing, TTC, discharge policy)
- Client support worker in emerg (SMH)
- Ethics committee that ensures practices are in place that do not allow discrimination based on someone deciding the worth of another's life.
- Read a paper a day, know who your city councillor or MPP or MP is
- Donate – three streams 1) direct service 2) housing 3) advocacy
- Edmund Yu House, Evangel Hall housing

I sincerely hope that you will figure out a way you can help that moves beyond charity and truly deals with human rights and with dignity.

Thank you very much for inviting me today.

(Check with delivery)
