

The Poor Will Always Be With Us? Not if nurses have a role!

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Street Nurses were singled out by the Ontario Government's television and newspaper advertisements in the weeks preceding 2006's Nursing Week. In fact the government and the sponsoring nursing organizations seemed to celebrate the notion of street nursing, almost suggesting that homelessness will always be with us and this specialized form of nursing is here to stay.

Here's some of the copy from the newspaper ad, which depicts a nurse bandaging the leg of an apparently homeless man on the street:

"Street nurse Diane, RN, is but one example of the varied and vital roles that nurses are playing in Ontario's health care system. Through years of education and experience, nurses are specializing in everything from oncology, cardiovascular care and neuroscience to research, rehabilitation and critical care.

Today's nurses are highly qualified, doing far more than you might think. Nurses – a key part of the team strengthening health care in Ontario."

As you will see, I do celebrate nursing and the power of individual nurses to make real and lasting differences, but I cannot celebrate the idea of the Street Nurse. Many of us, who call ourselves Street Nurses, use that term to describe the obscenity of needing that kind of nursing specialty in such a rich country – we are nursing people who are homeless. It is not dissimilar to nursing in a refugee camp, which is usually set up as a response to a natural disaster or war. So, let's not call homeless people couch-surfers, or 'chronics', street people, hard-core, or hard-to-house. People who have been de-housed remain so much longer today than previously, and it is not by choice or through their personal fault. People homeless in Canada, are in fact, displaced persons, de-housed people – through government policy rather than from a flood, an earthquake or war.

In 1998, when conditions reached a breaking point, a group of us came together and formed the Toronto Disaster Relief Committee and declared homelessness a national disaster. Two Canadian NGOs took the State of Emergency Declaration to the United Nations in Geneva. ***The United Nations took the Declaration seriously.*** Both the UN Human Rights Committee and the UN Committee on Economic, Social and Cultural Rights remarked on Canada's record on housing, poverty, and the treatment of

First Nations peoples. Here is what the latter UN Committee said right after our 1998 Declaration:

“The Committee is gravely concerned that such a wealthy country as Canada has allowed the problem of homelessness and inadequate housing to grow to such proportions that the mayors of Canada’s 10 largest cities have now declared homelessness a national disaster.”

Only three weeks ago, the United Nations Committee on Economic Social and Cultural Rights released their latest report on Canada. In it they went farther than they ever have before, calling Canada’s homelessness disaster and housing crisis a “national emergency” and calling on federal, provincial and territorial governments to meet their international obligations by “reinstating or increasing, where necessary, social housing programmes for those in need”. The Committee’s concluding observations, released Monday, May 22nd, states in Paragraph 62:

62. The Committee reiterates its recommendation that the federal, provincial and territorial governments address homelessness and inadequate housing as a national emergency by reinstating or increasing, where necessary, social housing programmes for those in need, improving and properly enforcing anti-discrimination legislation in the field of housing, increasing shelter allowances and social assistance rates to realistic levels, and providing adequate support services for persons with disabilities. The Committee urges the State party to implement a national strategy for the reduction of homelessness that includes measurable goals and timetables, consultation and collaboration with affected communities, complaints procedures, and transparent accountability mechanisms, in keeping with Covenant standards.

Today, it is critical that you as nurses know where our political ‘leaders’ stand on this question.

The last time Canada had a Conservative government, it was a majority government from 1984 to 1993. During that time our national housing programme was destroyed. There were almost \$2 billion in funding cuts over the decade, and then all new spending was cancelled in 1993.

The Liberal government, elected in 1993, was equally bad on their housing policy during the 1990s. Further cuts were made to housing funding, most national housing programs were downloaded to the provinces and territories in 1996, and the role of Canada Mortgage and Housing Corporation was further eroded in 1998.

Homelessness is now represented as part of the status quo. There are government ads about street nursing. We have federal and provincial homelessness funds to help agencies deal with homelessness. We even had a Minister Responsible for Homelessness. ***Yet, we do not have a national housing programme.***

It is widely accepted that housing is a social determinant of health. Or, another cleaner, simpler way to say it – you can't get healthy or stay healthy without a home.

I want to present to you a summary of where we're at today:

- Shelter conditions in most of the country by and large remain totally inadequate for human living. In some cases shelters continue to break the United Nations Standard for Refugee Camps, for example by not providing 3.5 square metres per person for sleeping space and a separation between beds of .75 metres.
- Outside living remains as a forced choice for many, and it remains fraught with dangers related to climate, violence and quality of space.
- A higher mortality rate is now noticed in many communities – Toronto, Ottawa, Sudbury, Thunder Bay . The Toronto Disaster Relief Committee has been tracking homeless deaths for many years, with great frustration – both at the high numbers, the number of John and Jane Does, and the lack of municipal or coroner's office responsibility.
- Tuberculosis remains a threat following a series of outbreaks in shelters that were responsible for homeless deaths. Poverty, malnutrition, long-term congregate living, lack of proper ventilation, and lack of prevention or screening measures led to those deaths.
- Emerging viruses like Norwalk wreck havoc given shelter conditions.
- I feel we have learned little from SARS when we continue to keep people crowded in shelters – and a pandemic will pose a serious threat for homeless people, seniors, people living in poverty – look at the effect a simple power blackout a few years ago had on those communities.
- Bedbugs – are the new scourge causing people both physical and mental anguish.
- Families and children remain the fastest growing group of people who are becoming homeless. By and large, every community I have visited over the last 3 years has not had sufficient emergency shelter spaces for families with children. In many cases, smaller cities and towns do not even have a designated family and children's shelter and rely on contracts with motels.
- Hunger is now reported as the Number One concern of Street Nurses and nurses working in the inner city health centres. Hunger is exacerbated by the harsh provincial climate of welfare cuts, more onerous criteria for obtaining disability assistance and recent

restrictions to the Special Diet Allowance, as well as increasing hydro rates and a lack of affordable rents.

- Hate, discrimination and prejudice are growing. We seem to be following the US pattern of attacks on homeless people - in the media, by politicians through their response to the homeless crisis and most graphically, in the vicious physical attacks in the public realm.

I have witnessed an unprecedented growth in all of the above in recent years and I predict that these things will only get worse. The first and foremost solution to this crisis is not even in the policy mix at the federal or provincial levels. **Housing.**

There's an expression "the poor will always be with us" and that line of thought has often led to a charity response to problems, or an institutionalized response like food banks, shelters, Out of the Cold programmes.

A number of years ago I became inspired by the words and work of pediatrician Dr. Helen Caldicott, who campaigned against the nuclear arms race and formed Physicians for Social Responsibility. She is profiled in the fabulous movie 'If You Love This Planet'. In fact, her energy inspired me to form Nurses for Social Responsibility. I discovered that nurses, speaking out on social justice issues were warmly embraced by the public far and wide. I was later inspired by Norman Bethune, by Philip Berger, by Michael Rachlis.....all doctors. They challenged the ideas that war and military build-up was inevitable, that we should be an enclave to ourselves, that discrimination against people with AIDS for example was acceptable, that privatized health care was a given.

Although inspired by these physicians, I later discovered that many of the social reforms I take for granted originated with nurses and I had a lot to learn from their practice.

I want to show you how some nurses from our past (and one whose practice is history in the making) decided to challenge the assumption that "the poor will always be with us". Sometimes it's helpful to look at our past to feel inspired for our future.

Sara Cohen, my nursing student, assisted with much of this historical research.

Jeanne Mance (1606-1673)

- Was the first lay nurse in North America; the story of Montreal cannot be told without mentioning her name.
- Mance founded the Hôtel-Dieu de Montréal – it was built in 1645.
- Located between Rue St-Paul and Rue St-Sulpice, the modest wood building measured 60 feet long by 24 feet wide, with six beds for men

and two beds for women. It was surrounded by a stockade and a trench. This hospital served Montreal until 1654, when a larger building was built.

- Mance was to be the hospital's administrator until her death. In the event of her death, a community of nurses was to be established to serve the poor without charge. In 1659, several years before her death, three nurses from La Flèche arrived in New France to help care for patients at the Hôtel-Dieu de Montréal.
- Mance began health care for the poor in Canada

Marguerite d'Youville (1701-1771)

- In 1737, Marguerite d'Youville and three companions shocked Montreal society by dedicating their lives to the poor. The Hospital General, a hostel for the destitute, admitted only men; d'Youville took poor women into her home.
- At the same time they erased the Hospital's debts by sewing everything from lingerie to tents, selling building materials, and managing a cartage business. The order she established was the Grey Nuns; they continue her work to this day.
- In 1747 she was allowed to take over the administration of the Hospital General--including its large debt. D'Youville and her companions restored the buildings, and provided a combination veteran's hospital, nursing home, orphanage, mental asylum, VD clinic, reformatory for prostitutes, and overflow ward in case of epidemics.

Dorothea Dix (1802-1887)

- Known as a teacher, 'nurse' and social reformer.
- She is perhaps best known for her role in the American Civil War where she convinced skeptical military officials that women could nurse the wounded. She was often at odds with doctors over their drinking habits and neglect of sanitation.
- At age 19 she ran a free evening school for poor children – one of the first in the US.
- Dix spent more than 20 years working for improved treatment of people suffering mental/emotional problems.
- Major prison reformer – after visiting a jail where she observed “prostitutes, drunks, criminals, retarded individuals and the mentally illall together in unheated, unfurnished and foul-smelling quarters...” She took the matter to the courts and after a series of battles won major reforms.
- She traversed the US and Europe (in a time when women rarely traveled alone) inspecting mental institutions. Her research had a profound effect on reforms worldwide.

Henrietta Muir Edwards (1849-1931)

- In 1893, Henrietta Muir Edwards, together with Lady Aberdeen, founded the National Council of Women, and for nearly 35 years served as chair for Laws Governing Women and Children.
- In 1897, again with Lady Aberdeen, she founded the Victorian Order of Nurses.
- Muir Edwards championed many of the accomplishments of different feminist organizations and was an avid supporter of equal grounds for divorce, reform of the prison system, and allowances for women.
- Muir Edwards' major contribution to the review of provincial and federal laws relating to women earned her a reputation for knowing more about laws affecting women than even the chief justice of Canada.
- In 1927, she joined forces with Emily Murphy, Nellie McClung, Louise McKinney and Irene Parlby to sign a petition requesting that the Supreme Court of Canada reinterpret the law concerning the term "person" in the British North America Act. It was not until October 18, 1929, after taking their cause to the Judicial Committee of the Privy Council in London, that a reversal of the Supreme Court decision granted Canadian women the right to be appointed to the Senate. By joining the "Famous Five", Henrietta Muir Edwards brought to the cause of "women not officially recognized" her determination, extensive knowledge of the Canadian legal system and the prestige of having fought so many battles aimed at re-defining the position of women in Canadian society.

Lillian Wald (1867-1940)

- Lillian D. Wald was a practical idealist who worked to create a more just society. Her goal was to ensure that women and children, immigrants and the poor and members of all ethnic and religious groups would realize America's promise of "life, liberty and the pursuit of happiness."
- Shocked by conditions she saw in overcrowded tenements in New York City, the high death and morbidity rates she was moved to action.
- With nurse and friend Mary Brewster she founded the Henry Street Settlement and the Visiting Nurse Service.
- Although Wald achieved international recognition; her efforts were always grounded in the belief that the world was simply an expanded version of the culturally diverse neighbourhood.
- Wald actively supported efforts to improve race relations and made sure that her settlement houses not only provided services, but also employment, for members of all racial and ethnic groups. She insisted that Henry Street's classes be racially integrated, and Stillman House (later known as Lincoln House), the branch of Henry Street, which served the African-American community, was known for its extensive research on the lives of African Americans.
- Wald became an influential leader in city, state, and national politics,

championing the causes of public health nursing, housing reform, suffrage, world peace, and the rights of women, children, immigrants and working people. Her tireless efforts to link the health of children with the health of nations made her a model of achievement, caring, and integrity throughout her lifetime.

Isabel Hampton Robb (1860 - 1910)

- A Canadian nurse who moved to the United States and became a leader in nursing education.
- Johns Hopkins nursing training school opened in 1889 under Robb.
- Robb, a national leader and visionary in the nursing profession, believed that nursing extended beyond caring for the sick and included reforming the conditions that caused the illness.

Dorothea Palmer (1908 - ?)

- Palmer was actually a social worker.
- Pioneered provision of birth control information and contraceptive materials in Ontario.
- Arrested in an Ottawa suburb, as she was leaving the home of a French Canadian Roman Catholic family that was on relief and had a large number of children. The mother had phoned and invited her to call. Palmer was arrested on the charge of distributing birth control information and contraceptive devices. The trial lasted over 6 months. The trial was remarkable because the decision overruled religious and medical objections to the dissemination of birth control information. Palmer was acquitted!
- Palmer led the movement for a women's right to choose in Canada.

Anne Ross (1911-1998)

- Anne Ross was hired to be the head nurse of the Mount Carmel Clinic in 1948, building on and expanding the clinic's services to a changing community. A NFB movie 'Rebel with a Cause' profiles her work.
- Ross was challenged and inspired by some of the people she saw in the neighbourhood - those who lacked food or a steady income, people who lacked parenting skills, those living in situations of domestic abuse or neglect. Not only did she realize that the health needs of the children were aggravated by the socioeconomic needs of the families, she was able to earn the confidence and trust of the poverty-stricken parents.
- In 1969, the federal government finally passed a bill which legalized contraception and reformed the law on abortion, making therapeutic abortions legal in order to preserve a women's health, with each case reliant on the recommendation of a hospital review committee. As a response to the new law, Mount Carmel Clinic developed the Pregnancy

Counselling Service. This service was provided to the many women who began requesting abortions, ensuring that each would receive accurate information concerning all her options, along with contraceptive information and follow-up, regardless of the patient's decision to continue with or terminate the pregnancy.

- Ross ensured that clinic services were all encompassing, including a woman's right to choose.

Clare Culhane (1918-1996)

- Did not finish nursing school (Ottawa Civic) – she remained frustrated with the hierarchy, the disparity in resources between the private patients and public – she could not conform to regulations she felt were unjust.
- After a stint in Vietnam she became a peace activist, questioning Canada's complicity in Vietnam.
- Culhane was most famous for her prisoner justice work and whistle blowing.

Peggy Ann Walpole (1933 -2006)

- As a nursing student in St. Michael's Hospital Emergency – she wondered where did the homeless women come from? Where did they go when they left Emerg?
- Started a drop-in for women in 1965 in an unused beverage room of an old hotel.
- Testified at inquests, frequent speaker with the media calling for proper conditions for homeless women.
- Peggy Ann founded both Street Haven and Joubert House.

Megan Oleson (1978-)

- A 28 year-old nurse and activist who has been tireless in her fight to protect the health and human rights of some of the most vulnerable residents of Vancouver's Downtown Eastside.
- Instrumental in helping to establish a safe injection site in 2003.
- As part of her work at the Safe Injection Site, Megan supervised injections, taught drug users about safe injection practices, and referred individuals to available services. Megan also helped advance nursing practice within the site by developing a protocol for accommodating individuals who require assistance with injections. She would often spend over an hour with individuals requiring assistance with injections, teaching them how to self-inject safely.
- Oleson has spearheaded various direct action measures that address an array of issues ranging from lack of access to appropriate harm reduction measures and housing to poverty and police brutality.

The motto of the Mack School of Nursing in St. Catharines ' was "I See and am Silent" but this brief look at some nursing figures tells us a very different lesson.

Throughout our history, it has been nurses who, after witnessing injustices spoke out. They responded with words, with research, with action, with the development of programs, with legal action and with new policy proposals.

So this brings us to the notion of the Street Nurse. This unusual specialty originated, in part because of the lack of responsiveness of mainstream health care agencies and other institutions to poor people's needs. **However, upon closer inspection our homelessness crisis originated with the destruction of our national housing programme.**

My main point is this – we once fought for a national health care program in this country. We know that story very well – many of you saw the Tommy Douglas story on television and many of you have been active in recent years in campaigns to save Medicare as members of RNAO or ONA.

What is forgotten is that we once fought for a national housing program – vets after World War II were part of that fight, joined by women's groups and church groups, among others. They won a national housing programme that led to hundreds of thousands of housing units built all across this country.

That housing programme was taken from us in 1993 and we have to get it back. Canada is now the only G8 country without a central government role in providing affordable housing.

Each of you can obviously care for people who are homeless in your nursing practice but my bigger hope is that you will engage in a more intentional way for the real solution – housing.

The idea that it is wrong to discriminate against someone based on the colour of their skin is now common sense, but it was a fight that took well over 300 years and that fight continues. The idea that it is wrong to discriminate against women is also common sense, but that fight took well over 100 years and that fight continues. Nurses were part of all of these fights. The idea that it is wrong to discriminate against someone based on their poverty or their circumstance is no less an equally common sense idea. Nurses must play a role in this fight today.

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