

**Neighbourhood Unitarian Universalist Congregation**

July 5, 2020

**We're All In This Together**



I want to start with an excerpt from my book: A Knapsack Full of Dreams. The title originates from a story about Tommy Douglas who was described as having a 'suitcase full of dreams' and the knapsack is a reference to my nursing outreach bag that held my supplies.

“Let me start by telling you a housing story. It’s about one of the biggest struggles in our country’s history involving homeless people. Do you remember Tent City?”



Image: Pre-fab and modular homes being brought in to Tent City.

People in this encampment ought for housing—for three solid years while they lived there, and especially when they were so brutally evicted. One hundred of them are now successfully housed, thanks to an emergency rent supplement program. Not one of the Tent City people said, “No thanks—I’d rather live outside,” when they were offered housing. They have gone on with their lives, and I would venture to say that each one of them is healthier. Some are now on ODSP (Ontario Disability Support Program), some are working or in school, some are reconnecting with families and friends. It’s as simple as that. They’re the lucky ones, because for the rest of the city facing homelessness and substandard housing, I see a future that includes serious harm to their health and life.”

I told this story in 2004 to Mayor David Miller's Housing Summit.

That serious harm has manifested itself in overcrowded shelters. In fact, the city has not once met its goal of a 90% capacity in the shelter system – a goal that city council affirmed when then City Councillor Jack Layton showed council secret video footage of an emergency shelter. Shelters are 98-100% full and have been for 20 years.

Harm to health and life has also resulted from the development of a 2<sup>nd</sup> tier shelter system: dome structures that cram 100 people into one space; and the two women's day drop-in programs that now sleep women, some as old as 80, on mats and in chairs. This has been going on 5 years now. The Out of the Cold Program is 33 years old. Then there are the growing numbers of people sleeping outside and what I describe as a forced migration for food, temporary shelter, washrooms, ID clinics, showers.

The harm to health and life ranges from disease outbreaks such as tuberculosis, Strep A, Norwalk virus to bedbugs to insomnia, humiliation at lack of privacy, experiencing public disdain – all which worsen physical, emotional and mental health.

Then the worst harm of course is death. For twenty years we have been holding a monthly event at the Homeless Memorial. Each month we had between 2 – 12 names of people who have died homeless in the city.

The monthly Homeless Memorial at Church of the Holy Trinity takes place on the second Tuesday of every month at noon, currently it is virtual and will be streamed on Facebook.

I will say that I go through waves of emotions in my work and you will see that described quite frankly in my memoir.

It's why I focus on wins and lessons from the past – especially in this time of a pandemic.

History gives me hope.



I always tell nursing students that there are two national programs that impacted my work as a nurse. The first is of course Medicare and it's sad that when I show this picture of Tommy Douglas today to students, they don't know who he is.

We have to know our history. With respect to Medicare we have to keep fighting to protect it and we certainly now see the lessons of COVID with respect to long-term care.

The second program I'm referring to is our national housing program that came about thanks to returning World War II vets and their families

and women's organizations and faith groups who, facing a housing shortage, fought for this program.

This picture is very telling. See the signs that reference "Empty bedrooms" "Empty Hotel" and I'll come back to that.

Probably the most important thing I've learned as a street nurse is that once you lose a program, it's really hard to get it back.

I was working at the corner of Sherbourne and Dundas in 1993 when two successive federal governments destroyed the national housing program. I was not even aware it was being eliminated.

From post WWII to 1993 we saw 20,000 new units of affordable housing built every year across Canada. Housing for seniors, for families, supportive housing, social housing and of course co-ops that provide all of the above.

Then it was gone, and the rest is history. A national disaster.

My petition is closed but 51,000 people signed it asking Mayor Tory to declare homelessness a state of emergency. He didn't.

Then COVID hit.

We have all faced challenges and surprises in this pandemic. On Canada Day at a family BBQ we did a go around at the dinner table listing what we were thankful for. Diversity, inclusion, family were some of the answers.

I remarked that I was thankful COVID had taught us some lessons. My grandsons were really puzzled at my answer, so we talked it through.

So for example, COVID has ensured that:

We will do better in providing long-term care in the future. Home care too.

We will enhance our public health care system.

We can use technology in good ways – virtual medical appointments in this day and age for certain issues is practical and improves access.

We now know our neighbours better and we have all learned how to support and share with people. The efforts of the care mongering group on Facebook stop me in my track every time I read a post. EXAMPLE

And for myself – it was on a pandemic walking tour that I took Councillor Cressy and the Medical OH's chief of staff on where I had an epiphany moment. Standing with them outside a shelter with the shelter manager explaining to us the conditions inside, I realized shelter conditions had to be radically changed to protect homeless people from the virus.

Day after day we've heard wash your hands, stay home, stay two metres apart. For the first 2 months of COVID public health officials, nowhere in the world referenced homeless people, people in refugee camps or migrant workers. The science was not being applied to the most vulnerable populations.

I naively thought the city would do the right thing and order shelters to move beds/cots/mats 2 metres apart and stop using bunk beds.

They refused. They wanted shelters to do this voluntarily. Some did. Most did not.

So, we took the city to court. A coalition of 6 legal organizations plus Sanctuary Toronto formed a coalition. We won this agreement.

**YOU HAVE RIGHTS.  
WE NEED YOUR HELP TO PROTECT THEM.**

# **ARE TORONTO'S SHELTER BEDS REALLY SAFE AND AVAILABLE?**

**THE CITY OF TORONTO SAYS THAT IN ALL ITS  
SHELTERS, RESPITES AND DROP-INS THERE ARE:**



**2 metres**  
←  
**between all beds**

**No bunk beds**



**A BED AVAILABLE FOR EVERY PERSON WHO  
RECEIVED SUPPORT FROM THE CITY'S SHELTER  
SYSTEM SINCE MARCH 11 - INCLUDING FOR  
PEOPLE WHO LEFT THE SHELTER SYSTEM, WENT  
SOMEWHERE ELSE, SET UP TENTS.**

**IF YOU SEE SOMETHING DIFFERENT, TELL US.  
YOU DO NOT HAVE TO GIVE YOUR NAME.**

**[COVIDShelterRights.ca](https://COVIDShelterRights.ca)**

This picture is a shelter during COVID that did not voluntarily physically distance. There are numerous pictures like this that were taken by front-line workers and homeless people, alarmed at the danger.



Remember the WW II vets holding signs about empty hotel rooms? These original warriors for housing didn't consider themselves social justice advocates but they were.

Well, we too had empty hotel rooms in this city – a lot of them.

We have actually won hotel rooms for people – 1500 of them and it has worked. People's lives have been saved.

In this pandemic and for the future there is only one protection for people. That is: one room – one washroom per person could do that.

Our current wins of hotels and apartments are only temporary. 9,000 homeless people in the city, and that number will grow by the fall, all need homes and the hope I have is that COVID shows, albeit brutally, the dangers of not creating housing.

My hope is that we all see this and will accept nothing less.

