

May 6, 2020

The Rt. Hon. Justin Trudeau, PC, MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, Ontario
K1A 0A2



Dear Prime Minister:

On behalf of the 390,000 members of the National Union of Public and General Employees (NUPGE), I'm writing to you to discuss a growing crisis. NUPGE represents a large number of Community Service Workers (CSW) and other workers who work primarily with vulnerable populations. Over the past weeks, we've heard an alarming number of stories from these members about one particularly vulnerable sector: people experiencing homelessness.

There are 2 key issues at play: 1. people experiencing homelessness aren't receiving any COVID-19 benefits or protections from the virus; 2. CSWs aren't receiving adequate personal protective equipment (PPE), or funding that enables them to do their jobs safely.

As a backdrop to the current crisis, it's important to recognize that homelessness isn't the result of a single cause. While violence and poverty are commonly cited as the main causes of homelessness, it is more complex than that. Income inequality, a lack of affordable housing, the rise of precarious work, institutional racism, and other forms of discrimination all play a part. It's important to recognize that the majority of people experiencing homelessness come from other marginalized groups. Research suggests that 45% of people experiencing homelessness in Canada live with a disability or mental illness. In Toronto, approximately 35% of the 7,000 people accessing the shelter system are refugees and asylum claimants. Indigenous people are also overrepresented in the shelter system. That said, it's also important to recognize that people experiencing homelessness shouldn't be treated as a single entity. They are individuals with different abilities and needs.

In general, though, there are several problem areas that have been heightened by COVID-19 that need to be addressed ASAP. It's well known that asymptomatic transmission of COVID-19 contributes largely to community spread. A shelter in Boston tested 397 clients. A shocking 36% of clients tested positive for COVID-19, but even more worrisome was that none of the 146 COVID-19-positive clients displayed any symptoms. The advice for long-term care workers working in residences with outbreaks is to act as if every resident was positive and isolate them as much as possible.



But people experiencing homelessness can't self-isolate. Their only option for refuge is shelters, and social distancing is currently impossible in the majority of facilities. Most shelters in Canada have a common eating area and shared bathrooms and kitchens. Many use bunkbeds. Some shelters have reduced the number of beds in their facilities to give clients more room to social distance, but this means more people are left living on the street. Self-isolation for people who test positive is not an option in most shelters.

Information sharing is another major problem. People experiencing homelessness can't rely on news updates from television or the internet. Those staying at shelters get some information from the workers, but depending on the length and frequency of their stay, they hear only piecemeal information or information that is outdated.

Even with the knowledge of symptoms and means of transmission, most people experiencing homelessness don't have phones or computers, so they lack access to self-assessment tools or COVID-19 hotlines. If they get sick, their only options are to go to a shelter, walk-in clinic, community health centre, or an emergency room. But if the person lacks a health card, and can't prove they're a resident of the province, there is the potential for them to be denied treatment. This is particularly true for people of colour experiencing homelessness. And in rural communities, people experiencing homelessness may not be able to get themselves to a community health centre.

Another challenge is that people experiencing homelessness often have compromised mental health. These individuals can be dealing with lifelong mental illness, as well as mental health conditions brought on by the loss of income or housing insecurity. Often they deal with multiple conditions at the same time. While not all people experiencing homelessness have mental illnesses, those who do are a substantial portion of the population and can't be ignored.

How are CSWs expected to get their clients to understand social distancing when many have no concept of personal space or boundaries? Across the country, CSWs are reporting difficulties that stem from working in close proximity to clients when neither party has been given sufficient PPE. And even when PPE is provided to clients, some still refuse to wear it because they lack education about COVID-19. This is taking a toll on the mental health of CSWs, who feel unsafe on the job, and who feel helpless when trying to protect their clients. It's also hurting the mental health of the clients, who are confused and angry when CSWs tell them to stand behind a line or to stay in their rooms.

CSWs who work with clients experiencing addictions issues face even more dire challenges. Workers are reporting that even though they carry lifesaving NARCAN, they aren't being given bag-valve masks and they can't administer mouth-to-mouth.

An outbreak in any sector of our society is still an outbreak. People experiencing homelessness should not be of less importance than any other person living in Canada. The CSWs who work with vulnerable populations deserve the same protection as other public-facing workers.

Provinces are announcing plans to reopen economies even though there are known hot spots that exist in our shelters. We know from examples in other countries, like South Korea, how a single individual can become a super spreader. People experiencing homelessness don't live separately from the rest of society. They visit food banks. They go to grocery stores. They interact with people on the street. The same risks exist for the CSWs that work with these individuals. A single asymptomatic CSW could potentially spread COVID-19 to hundreds in their community.

With N95 masks in short supply, the priority must be given to front-line health care workers. But that's not an excuse to ignore the needs of CSWs. Increased procurement—either internationally or domestically— must result in N95s and other PPE being distributed to CSWs.

New Zealand has been lauded as the western country with the best response to the COVID-19 outbreak. That government allocated NZ\$107.6 million to help house people experiencing homelessness and to address their needs. This included paying for 1,600 motel units as well as other physical and mental health needs.

The government of British Columbia recently announced a similar strategy and has committed to moving people experiencing homelessness in Vancouver into temporary accommodations such as hotels. Anyone moved into temporary accommodations will be tested before the move takes place. Funding projects like this is a win for everyone. It gets people off the street and into a safe environment where they can self-isolate. It also gives hotels business they're sorely lacking, which in turn, helps them to keep employees on the payroll and keeps money flowing into the economy.

The immediate, short-term asks are simple: we ask that the federal government work with the provinces and CSWs to create action plans for people experiencing homelessness. Testing, tracking, and protecting are top priorities. CSWs need adequate PPE to safely interact with their clients. Staff also need proper training on PPE procedures, and employers need to collaborate with workers and unions to develop risk assessments. Everyone in the shelter system needs to be tested in order to properly isolate those who test positive. All new clients must be tested before entering, and they must be able to receive their test results in a timely manner. There needs to be widespread movement to get all people experiencing homelessness off the streets, tested, and into accommodations. Employers must keep an open line of communication with staff and be transparent about protocols, such as those around shelter cleaning. Access to mental health support for people experiencing homelessness must be improved and maintained. We recognize that the federal government has reconfirmed its immediate investment of \$207.5 million to support organizations that service vulnerable populations. However that amount is insufficient to address the needs of people experiencing homeless in a pre-pandemic world, let alone during the pandemic.

The long-term asks are more difficult to fulfill. But these must be discussed now as we start thinking about our new normal. There's likely to be an increase in youth experiencing homelessness as a result of closing drop-in centres and after-school programs due to COVID-19. It's unclear how the labour market will function as businesses begin to reopen. While the federal government has done a commendable job providing funding to individuals and businesses, it's undeniable that some businesses will never reopen, and some jobs will

be permanently lost. It's estimated that Canada has around 50,000 "hidden homeless." These hidden homeless are likely to become visible as friends and family who are providing temporary refuge become financially insecure and vulnerable themselves. This means there's a high risk that shelters will see a surge of new clients—something they'll be unable to handle if COVID-19 is still running rampant in our shelters.

Shelters have been traditionally under-resourced and lacked capacity to deal with demand before the pandemic started. More funding must be allocated for the immediate crisis, but we cannot allow the return to a pre-pandemic status quo once it's over. There must be a 2-pronged strategy—developed in partnership with workers, unions, and other stakeholders: 1. To properly fund organizations that serve people experiencing homelessness; 2. to provide stronger supports for low-income families and individuals to prevent them from experiencing homelessness in the first place.

The federal government must commit to enhancing the National Housing Strategy by subsidizing supportive housing. There must be more support given to low-income families and individuals who rely on precarious work and experience housing insecurity. Action must be taken for improved health, addiction, and social services for people experiencing homelessness. These services must include supports that are tailored to the needs of a diverse clientele that includes women, youth, people of colour, Indigenous people, immigrants, refugees, members of the LGBTQI2S communities, and people with disabilities. There is no one-size-fits-all solution to preventing and ending homelessness, but it's clear that our current system is not adequately addressing the needs of those experiencing homelessness.

We urge your government to work with the provinces and territories and take action. If stronger measures aren't taken now, we're likely to see a crisis in our shelter system like the one we saw in long-term care. Society is only as strong as its most vulnerable member. And our society has left people experiencing homelessness in a very vulnerable position.

Sincerely,



Larry Brown
President

cc: Bert Blundon, Secretary-Treasurer
National Executive Board
Provincial and Territorial Premiers
Jagmeet Singh, Leader of the New Democratic Party of Canada
Andrew Scheer, Leader of the Conservative Party of Canada
Yves-François Blanchet, Leader of the Bloc Québécois
Jo-Ann Roberts, Interim Leader of the Green Party of Canada