

Everything is Health, Episode 2:
Housing and Health, Part 1: Human Rights

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1. Introduction

- Maddie:** Welcome to Everything is Health, where we summarize findings from research being done about health on the Downtown Eastside of Vancouver.
- Nick:** I'm Nick Ubels, a community engagement librarian at the University of British Columbia Learning Exchange.
- Maddie:** And I'm Maddie Elder, I'm a first-year medical student at UBC.
- Nick:** This podcast is produced on the unceded, ancestral, and traditional territory of the Musqueam, Squamish, and Tsleil-Waututh people.
- Maddie:** In these next two episodes we're going to be talking about homelessness, starting today with research on why housing is important to health, and how encampments can be better supported to uphold human rights.
- Nick:** In this episode we talk about residential schools; For anyone listening, support is available for survivors and families from the Indian Residential School Survivors Society at 1-800-721-0066 or via their 24/7 crisis line at 1-866-925-4419.
- Maddie:** We also talk about suicide. If you or someone you know is thinking about suicide, you can call the Canada Suicide Prevention Service at 1-833-456-4566.

2. Definition & Prevalence of Homelessness

- Nick:** It feels like homelessness is super common in Vancouver, but what are the stats?
- Maddie:** In 2019, over 23,000 British Columbians experienced homelessness, and about half of these people experienced chronic homelessness, so it lasted more than six months [1]. But this is probably an underestimate of homelessness now because these counts were done before COVID really hit us here. Also, it's super important to mention that homelessness disproportionately impacts women, Indigenous people, and newcomers to Canada, so it's not evenly spread over the population. Another way of measuring the need for housing is with core housing need.
- Nick:** What's core housing need?
- Maddie:** If you're paying more than 30% of your income on housing, if your house is overcrowded, or if it's not structurally sound, then you're in core housing need [2].

Nick: Okay, so housing needs to be affordable, big enough, and safe. Those seem like good metrics. How widespread is core housing need in Vancouver?

Maddie: As of 2016, almost 18% of people here were defined as being in core housing need [2].

Nick: Wow, that's a lot. And I can only imagine that's gone up since then with increasing housing and rental costs.

Maddie: Totally, it's projected to go up by as much as 50% in the coming years [2].

Nick: Yikes! Okay, but core housing need is different from homelessness though- how is homelessness defined?

Maddie: I feel like it's a bit intuitive, but the Canadian Observatory on Homelessness defines it as when someone lacks stable, safe, permanent, and appropriate housing, or lacks the immediate prospect, means, and ability to obtain it. Kind of a mouthful. And you are said to be at risk of homelessness if your housing situation is precarious, like if you're living in a single-room occupancy hotel.

3. Relevance to Health

Nick: So, just like last time, housing isn't usually something you would see your family doctor for; why are we talking about it today? How does it relate to health?

Maddie: It's well established that homelessness and precarious housing can bring on preventable health conditions and make some even worse [3].

Nick: Right, I can imagine exposure to the elements isn't helpful.

Maddie: Yeah, like how my mom used to tell me not to go outside with wet hair, or to bundle up or you'll get a cold. It's like that, times a million, every day.

Nick: Yeah, it makes me think of the heat dome and some of the other extreme weather we've been seeing more and more of because of climate change.

Maddie: Exactly, and these changes are going to disproportionately affect people experiencing homelessness. Exposure to the elements can lead to skin infections, respiratory illnesses, and weather-related things like frostbite, hypothermia, and heat exhaustion [3, 4].

Nick: During the pandemic we've heard a lot about how hard it is to physically distance yourself from others when you're experiencing homelessness - is that also a factor?

Maddie: Totally. Overcrowding in shelters can increase the risk of infection, disease progression, and transmission of infectious disease such as tuberculosis or even COVID-19, which has meant that during the pandemic, homeless shelters have often been sites of large-scale outbreaks [5, 6]. On top of this, lack of access to things like toilets, sinks, and showers increases the risk of illnesses [7].

Nick: Is there any research being done specifically in Vancouver about the connection between homelessness and health?

Maddie: Yeah, a lot. One interesting study done in 2021 at St. Paul's hospital in downtown Vancouver linked homelessness with depression. It was led by Lilian Shyman, and they measured a bunch of social determinants of health, as well as people's level of depression, when they presented to the emergency department with an acute mental health crisis. They found that not feeling satisfied with your housing increased the severity of your depression, as did factors like not having clean water, not having enough food, and having less structured, or purposeful time in your day [8].

Also relating to mental health, there's been a lot of research done in Vancouver about the relationship between homelessness and traumatic brain injury, or TBI [9, 10].

Nick: Like concussions?

Maddie: Yeah, but more than that. Most of the research focuses on moderate-severe TBIs, so that means losing consciousness for more than 30 minutes, sometimes for days, and having really severe memory loss, like up to 24 hours.

Nick: Wow, so what's the relationship there?

Maddie: So, one of the largest housing studies being done right now in Vancouver is The Hotel Study. It began in 2008, and they've published more than 25 papers so far. In a 2022 analysis led by Tiffany O'Connor at SFU they estimated that 51% of the precariously housed participants were experiencing at least one TBI every year [10].

Nick: Wow.

Maddie: And this fits with another paper published in 2021, led by Jacob Stubbs, in which they report that 82% of participants, these are people living in supportive housing in Vancouver's Downtown Eastside, reported having a history of TBI, that's almost everyone [9].

Nick: So, are people getting brain injuries because they're precariously housed?

Maddie: Well, being homeless is associated with more exposure to violence, substance use, and other factors that increase your risk of traumatic brain injury. But in that paper led by Jacob Stubbs

they suggest that the relationship between housing and brain injury probably goes both ways [9].

Nick: So, getting a brain injury makes you more likely to become homeless?

Maddie: Yes - they found that the more severe a brain injury was, the more likely you were to lose stable housing. And that experiencing a TBI close to when you lose housing for the first time makes you more likely to spend more time homelessness or in precarious housing [9].

Nick: So that would mean that a lot of people who are newly homeless are likely experiencing symptoms of TBI. I know that can look like confusion, problems making decisions, and mood changes, and that rest is important for recovery. That must be hard when your housing isn't secure.

Maddie: Yeah, that might be a useful way to think about it. Obviously it's not everyone, but there are a lot of people who are homeless who experience compromised cognition, for a lot of reasons, and brain injury is one of them.

Nick: Okay, this is a lot, but what about other health issues?

Maddie: I think another important health issue to talk about is HIV, partially because there's so much research about HIV that's still coming out of the DTES.

Nick: Right, I there's a lot of history there.

Maddie: Yeah, actually would you want to say a bit about that?

Nick: Sure, Adrian Dix, BC's health minister, has been quoted as saying recently that B.C. is the gold-standard in reducing HIV transmission, but there was a time in the late 90s when the Downtown Eastside had the highest rates of HIV infection outside of Sub-Saharan Africa.

Maddie: What changed?

Nick: It was really community activists- drug user activists- who pulled us out of that crisis, and provided a template for the rest of Canada, and really the rest of the world to follow. The strategy that much of the world follows now, treatment as prevention, was conceived of in Vancouver.

Maddie: Oh yeah, we learned about that in school- the idea's that treating you for HIV reduces your viral load enough that there's basically no way you'll transmit it, right?

Nick: Yeah, exactly. And in 2014, the United Nations adopted the treatment as prevention goals that the B.C. Centre for Excellence in HIV/AIDS pioneered- the 90-90-90 targets.

Maddie: Right, I remember that - the idea is that we can end the HIV epidemic if 90% of people with HIV are diagnosed, 90% of these people receive treatment, and 90% of people in treatment achieve this undetectable viral load.

Nick: Yeah, they're like nested goals. We don't need to be perfect- just 90% of 90% of 90%.

Maddie: I didn't realize all of that came from Vancouver!

Nick: Yeah, it really emerged from a crisis here- it took activists like Bud Osborn, Ann Livingston, John Turvey, Liz Evans, Dean Wilson, and many others to push the city to view it as a public health emergency, to start needle exchanges, supervised injection facilities, and reduce stigma.

Maddie: Okay, so we could really make a whole episode about HIV research on the DTES, but as it relates to housing there is one study that was published this year that I want to bring up. For context, people experiencing homelessness are about 5x more likely to contract HIV, and they tend to have reduced access to HIV care and antiretroviral therapy, higher rates of depression, and lower adherence to treatment, for a number of reasons [11].

Nick: Okay, right - HIV is more common, and harder to treat, among people experiencing homelessness in Vancouver.

Maddie: Yes, and this paper led by Hudson Reddon that was published earlier this year really dives into that second part.

Nick: So why is it harder to treat?

Maddie: I think there's so much stigma and misinformation around homelessness, mental illness, and substance use, that people just throw their hands up and say that it must be because people just aren't taking their medication or something. But this study looked at more than 800 people living with HIV who use unregulated drugs, and they found that adherence to HIV medication only explains about 16% of the relationship between homelessness and HIV progression [12].

Nick: So, what's the rest of it?

Maddie: They didn't have a concrete answer, but they presented a few theories. One of them that really stuck out to me was that food insecurity might be mediating the relationship between homelessness and HIV disease progression [12].

Nick: How would that work?

Maddie: Well, we know that when your body isn't getting enough food, your immune system is compromised, and you can't fight off the HIV virus as well. And this is the part I found really interesting - this might all be due to the fact that the drugs used to treat HIV are less effective when they're taken without food, maybe even 700x less available to your body [12].

Nick: 700?!

Maddie: Yeah, and I mean this is one theory of how homelessness might lead to worsening HIV, but there's also just the idea that inflammation in general increases HIV progression, and there's a lot of factors associated with homelessness that increase inflammation [12].

Nick: Like what?

Maddie: Like psychosocial stress, smoking, eating a high-fat diet, and even just irregular sleep patterns could all be making people living with HIV more sick [12].

Nick: Wow, so we've covered a lot of ways in which homelessness leads to poor health.

Maddie: Yeah, and it is hard to untangle the compounding effects of poverty, poor housing, and pre-existing medical conditions, and they often cooccur, but studies have shown that poor housing conditions are an independent determinant of health, when isolated from poverty and pre-existing health conditions [2] for all the reasons we've been talking about.

Nick: So, what does this all mean?

Maddie: Well, it boils down to a really horrific reality. The median life expectancy of people experiencing homelessness in BC is between 40 and 49 years – approximately half the 83-year life expectancy of the average person living in BC [13].

Nick: We'll be right back.

4. Encampments & Human Rights

Nick: Confronted with these awful and isolating circumstances, many people experiencing homelessness in Vancouver have formed communities or encampments as a way to survive together.

Throughout the pandemic, the media narrative about encampments has often been really one-sided. It usually reflects the perspectives of housed community members, with their feelings and needs are the forefront. As is so often the case, those with the most privilege have the biggest megaphone. From my perspective, this contributes to stigma. And neighbours' complaints drive government action- like evictions. What's the latest research in this area?

Maddie: In 2020 the UN published a national protocol for homeless encampments in Canada. In this they make it really clear that encampments happen because the Canadian government has

failed to uphold our right to adequate housing. Housing is a human right enshrined in Article 11 of the UN International Covenant on Economic, Social, and Cultural Rights, which Canada has signed [14]. And more generally, governments have a responsibility to provide citizens with the prerequisites to health.

Nick: Absolutely.

Maddie: Canada has signed multiple international human rights agreements saying that they will provide us shelter. But they're often called out by international authorities for not fulfilling these commitments [2].

Nick: So, how do we move forward?

Maddie: In this report, they say that the way to move forward is for the government to take a rights-based approach. They argue that although encampments are not a permanent solution to homelessness, governments need to uphold the basic human rights and dignity of people living in them while they figure out other housing options that meet their needs [14].

Nick: Okay, help me make sense of this - I'm having trouble understanding how the evictions we've been hearing about fit into this rights-based approach.

Maddie: They don't. Under international law, governments can't remove residents from encampments without finding them somewhere to live that's acceptable to them. I think we've gotten really used to forceful evictions here, but they clarify that the destruction of peoples' homes, even if they are made of improvised materials and established without legal authority, is a gross violation of human rights. And that many of the reasons used to justify these removals, like public interest, city beautification, and development, do not justify forced evictions [14].

Nick: What I'm hearing is that we need to stop evictions of homeless encampments.

Maddie: Yeah, and even more than this, the first principle they present in the report is to recognise residents of homeless encampments as rights holders, basically as people. This means not getting in the way of, of criminalizing, homeless encampments. And actually, if encampments are being used as a sort of temporary solution while adequate housing options are negotiated and secured, the government is responsible for ensuring that the camps meet the basic needs of residents, consistent with human rights [14]. This means safe drinking water, washrooms, fire safety, food security, I mean the list really goes on.

Nick: I think that point about what adequate housing means is really important. One of the best parts of my job as a librarian is helping community members find relevant research that supports their advocacy work and services. I remember just a few months ago someone asked me to dig up some research about the use of fencing and other kinds so-called "hostile architecture" to prevent encampments.

I came across an excellent commentary published in The Conversation by researchers Jesse Jenkinson and Stephen Hwang called “The solution to homeless encampments is making them unnecessary, not illegal” which I think has a lot of relevance here. In particular, they unpack some of the complexities behind why some people choose to stay in encampments when shelter is offered.

Maddie: And why is that?

Nick: Well, some people just don’t feel safe in shelters, and with good reason. In Toronto, violent incidents in shelters increased from 120 in 2016 to 368 in 2021. This is particularly true for women and gender diverse people. Of course, some people also are worried about exposure to COVID and other airborne disease in an enclosed space with other people [15]. Second, shelters offer temporary housing, and sometimes have conditions that require people living there to leave during the day and return at night [15]. And third, encampments offer social connection and belonging that can be disrupted when people move into shelters [15].

Maddie: What do you mean?

Nick: Well, people living in encampments are often required to split up according to where shelter beds are available. And sometimes that means mixed gender couples have to stop living together. In many cases, people aren’t allowed to bring their pets [15].

I think another aspect of this that’s really important to underscore is that forcibly removing Indigenous peoples living in encampments can bring up past trauma related to Residential Schools and colonial displacement [15].

Maddie: Do the authors provide any suggestions?

Nick: Yes, for sure. First, they recommend that cities offer to move people into housing or shelters in groups so that they can retain their social connections. And then, as we’ll get into in part two, they also emphasize the importance of housing-first [15].

Maddie: Thanks for listening to this episode of Everything is Health!

Nick: Please let us know if you have any questions or feedback! Send us an email at mrai.info@ubc.ca. We’d love to hear from you.

Maddie: We hope you’ll tune in to our next episode- part 2 of housing as health. We’ll be talking about housing first initiatives. Until then, remember, everything is health...

Nick: ...and health is everything.

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