

From: [Maggie Hulbert](#)
To: [Board of Health](#)
Cc: [Alice Cavanagh](#)
Subject: Written Deputation for BOH meeting January 17
Date: January 16, 2022 8:57:09 PM
Attachments: [BOH deputation for publishing.pdf](#)

Hello,

My name is Dr Maggie Hulbert and I am a physician with Health Providers Against Poverty, a national coalition of healthcare providers interested in social justice.

We would like the following written deputation to be submitted to the official record of Monday's BOH meeting under the agenda item HL33.3. We would also like to register for our Co-Chair, Alice Cavanaugh, to depute under this item during the meeting.

Thank you

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Maggie Hulbert, MD
Psychiatry Resident, University of Toronto



January 16 2022

Written Deputation to Board of Health

To: Medical Officer of Health Dr Theresa Tam, Board of Health Chair Councillor Joe Cressy and Vice Chair Councillor Kristyn Wong-Tam

Re: Item HL33.3 "Response to COVID19 Update" January 2022

As healthcare providers, we are gravely concerned about what is happening in the shelter system in regards to the Omicron COVID19 response. The transmissibility of the Omicron variant together with the low vaccination rate of people experiencing homelessness puts them at high risk of serious COVID19 infection no matter where they find shelter; this risk increases even more in congregate shelter settings. In addition, people experiencing chronic homelessness typically have many complex medical comorbidities as a result of systematic oppression and difficulty accessing consistent healthcare. This is reflected in the numbers: as of January 12 there are 46 shelters in the City under outbreak, and almost 350 people experiencing homelessness with an active COVID19 infection.

We are aware of recent announcements from the City in regards to [actions being taken](#) in this regard, including providing N95s, increasing vaccination initiatives, and the opening of 2 new emergency shelters. These are significant and important steps.

However, we believe that these actions alone are not enough to protect our patients and community members in the shelter system. We therefore ask for the following urgent demands to protect people experiencing homelessness from COVID19 infection:

1. **Adequate PPE (KN95s) for all shelter and drop-in residents and staff** - We were relieved to hear that the City is planning to distribute these to all shelter residents. As we have personally seen over the last two years of the pandemic, the supplies promised in press releases are often delayed or do not materialize to front line staff or residents. We ask that the Board of health members personally follow up to ensure that shelters are equipped with adequate PPE as soon as possible.
2. **Increased space for isolation and recovery**- The opening of two emergency shelters announced on January 14 is an important first step in securing more space for those experiencing homelessness, as overcrowding is an important modifiable risk factor that increases likelihood of infection for an airborne transmissible illness such as COVID19. We believe that there need to be even more shelter spaces, including options for tiered levels of medical support and isolation for those who are infected with COVID19.
 - a. **Recovery sites and isolation beds:** The Omicron variant has a wide range of infectious symptoms. Some people will have COVID19 and no symptoms, and require spaces to isolate with meals, harm reduction, and social support. Some will also require clinical support from healthcare professionals and require more intensively staffed recovery beds. We ask for an increase in both.

- b. Safe injection sites:** All new shelter spaces opened in this wave, as well as spaces already open, particularly shelter hotels, need to be equipped with safe injection sites and high levels of harm reduction staffing. 20% of all overdose deaths in shelters occurred in shelter hotels in the last COVID19 wave, according to City of Toronto's own data, and the overdose crisis is a significant threat to people accessing shelters.
- 3. Increased access to testing (RAT, PCR testing) to shelter and drop-in residents and staff:** While we are aware that PCR testing is limited at present, shelter users are a high risk population for acquiring COVID19 due to the factors listed above (lower rates of vaccination, complex medical comorbidities, congregate living setting), and actions should be taken to increase access to PCR testing. In addition, rapid access tests should be provided to every shelter and drop-in for both staff and residents to triage those who become symptomatic.
- 4. Increased vaccination initiatives:** We are aware of the increase in initiatives to ensure shelter residents have access to third doses of COVID19 vaccines. Again, we ask that the Board of Health personally follow up to ensure that these initiatives have adequate supplies and are occurring as scheduled, as this is one of the most significant interventions that can be offered to reduce the spread and severity of COVID19 infection in shelter residents.
- 5. Transparency around outbreak sites:** We have heard from our colleagues that it is very difficult to understand which shelters are in outbreak and how to access non-outbreak shelters for clients. There needs to be clear communication around how COVID19 shelter outbreaks are impacting the availability of shelter beds, and which shelters are in active outbreak.
- 6. Immediate eviction moratorium (encampment, rentals):** The shelter system is overcrowded, and there are not enough beds to provide to people who need them at present. Therefore urgent and commanding measures are needed to prevent more people from entering the shelter system immediately. We ask that eviction moratoriums be enacted for those renting, as well as for people who choose to live in encampments. In addition, we ask that all encampment residents be provided with urgent survival supplies (sleeping bags, tents etc).
- 7. Decent work for shelter, drop-in and housing workers:** There are severe staffing shortages in many industries, including healthcare right now. We are aware that increasing beds will result in additional pressures put on front line workers, and therefore request that the BOH and the MOH use their influence to support access to fundamental principles of decent work for these workers, including access to 10 paid sick days for all workers, and raising hourly wages to reflect their role as essential service providers.
- 8. Inclement Weather Cut offs for Emergency Shelters:** The co-occurrence of severe cold weather and reduced shelter spaces due to COVID19 outbreaks put many residents at risk for severe cold related injuries such as frostbite and death. We support the request by the Shelter Housing and Justice Networks [2022 Winter Plan](#) to change the current temperature thresholds for opening additional warming centres under the Emergency Cold Weather Program from -15 or -20 degrees with windchill to -5 or -10 degrees with windchill.

It is disheartening to find ourselves in the same place as we did in the first, second, and third waves of the COVID19 pandemic. We are encouraged by the actions the City has taken in the last week, and urge you as members of the BOH to implement our asks as soon as possible. Sincerely,

Health Providers Against Poverty