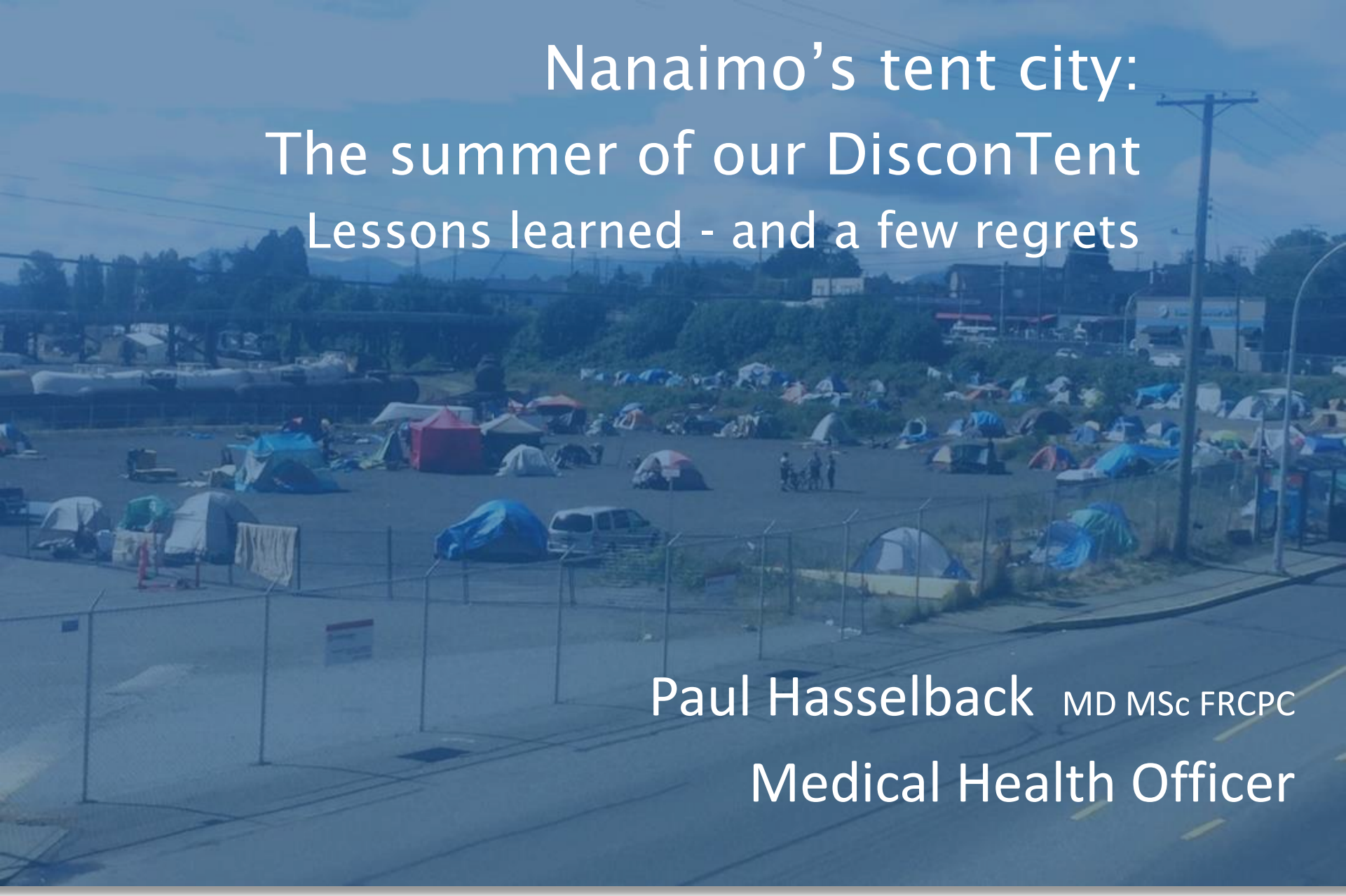
Nanaimo's tent city:
The summer of our DisconTent
Lessons learned - and a few regrets



Paul Hasselback MD MSc FRCPC
Medical Health Officer

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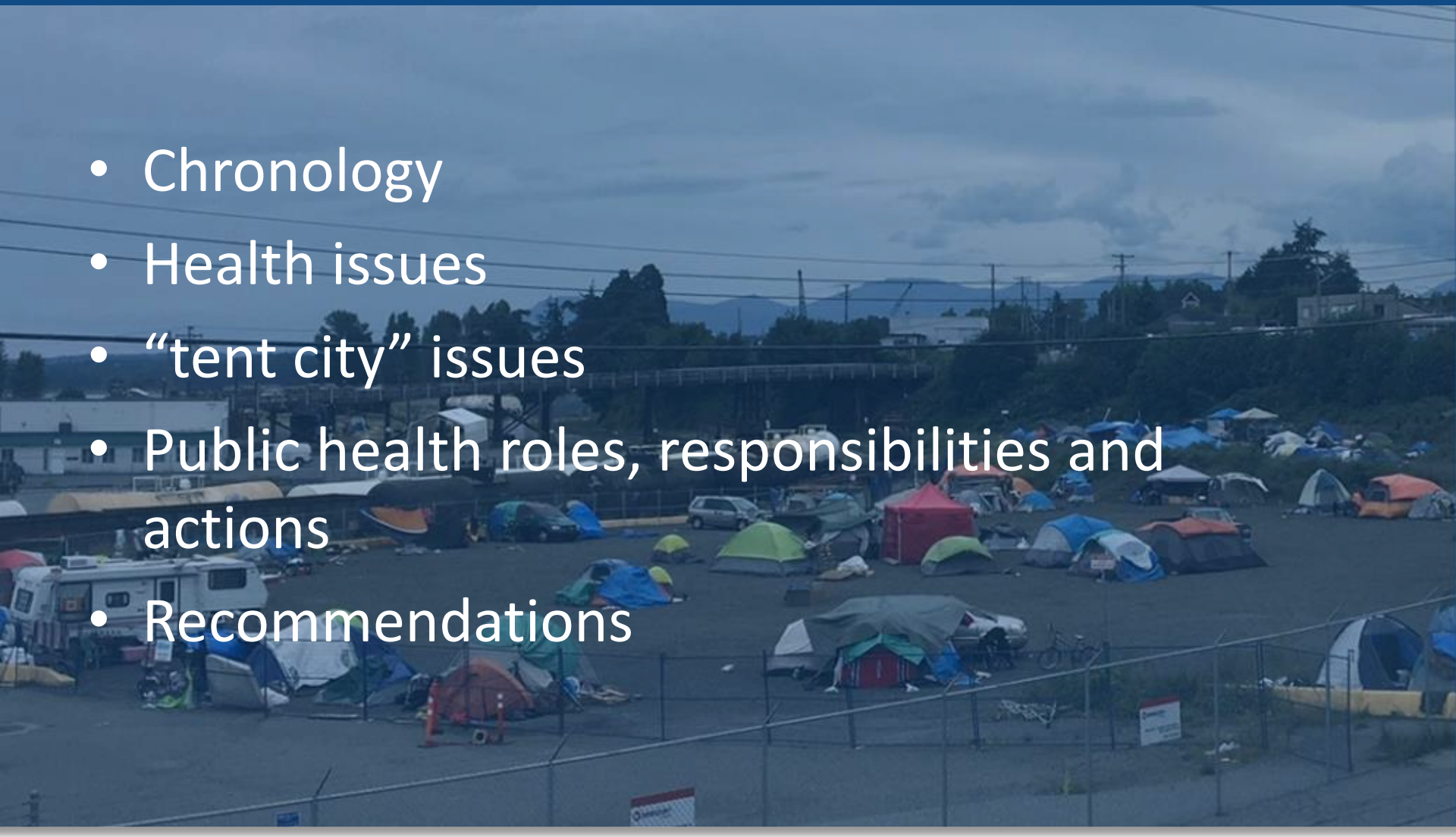
Outline



- Chronology
- Health issues
- “tent city” issues
- Public health roles, responsibilities and actions
- Recommendations

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Setting camp

- March 2018 – 10 day encampment on rocky, steep city hall lands, agreement to build new supportive living complex
- April 2018 – chosen housing location defeated by council following public hearing and NIMBY voices
- May 17th, group storm city owned locked lot used for sporadic storage of equipment.

Chronology cont.

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Demographics

Largest Encampment in BC history

- Peak 270+ structures
- Over 300 Residents
- 30 % Female
- 30% First Nations

95% were in Nanaimo area 3 months prior to camp

Likely 2/3rds to 3/4s were local homeless

Equal number of homeless in Nanaimo in other settings

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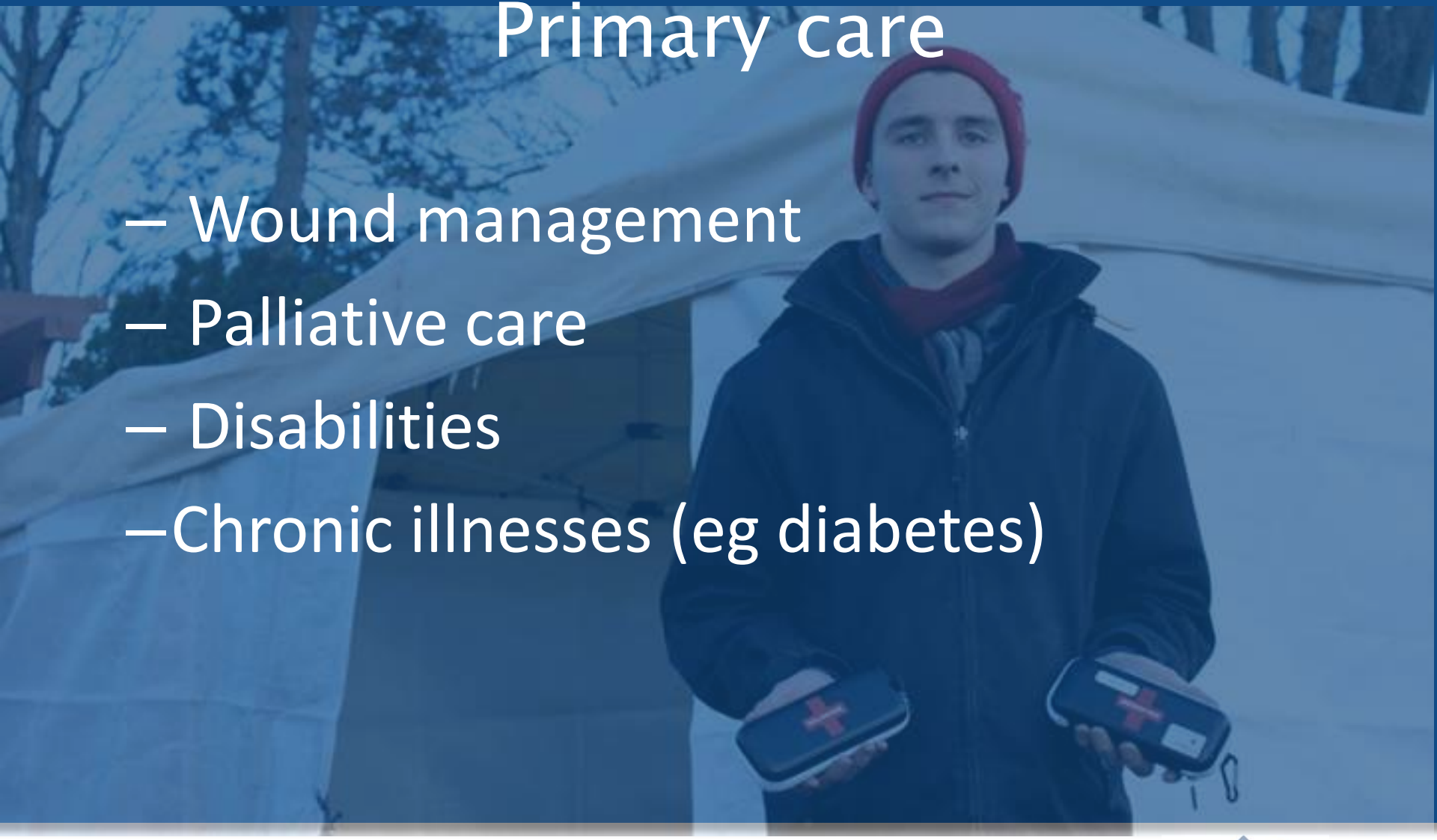
Encampment health issues MHSU

Mental Health

- Known clients with persistent severe mental illnesses who were street oriented.
- Clients of COR team (combined outreach response team)
- Acute crisis issues

- ~ 80% substance users, many with substance use disorder.
- Alcohol was not a substantive issue on site

Encampment health issues
Primary care



- Wound management
- Palliative care
- Disabilities
- Chronic illnesses (eg diabetes)

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Encampment health issues
Public health services

- "Hygiene"
  - Handwashing, showers, feminine, dental
- Harm reduction (overlap with COR team)
- STIs and prevention
- Pregnancy
- Communicable disease (severe iGAS)
- Some vaccine provision

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Encampment health issues
Health protection

- Safe drinking water
- Food preparation and storage (no electricity)
- Waste removal, solid and liquid
- Hygiene
  - sanitizers
- Pest control
- Heat (and cold) protection

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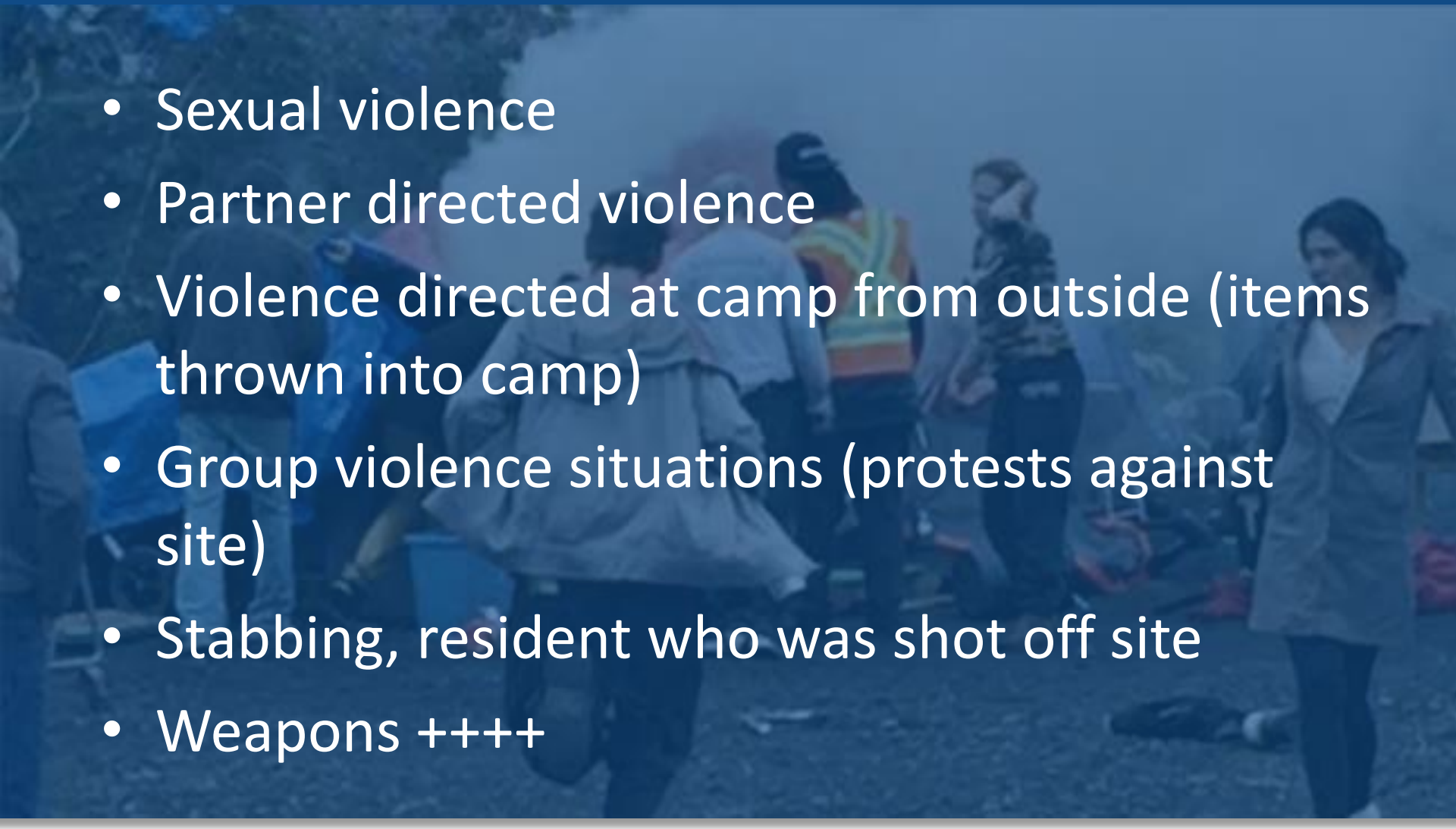
Violence



- Sexual violence
- Partner directed violence
- Violence directed at camp from outside (items thrown into camp)
- Group violence situations (protests against site)
- Stabbing, resident who was shot off site
- Weapons ++++

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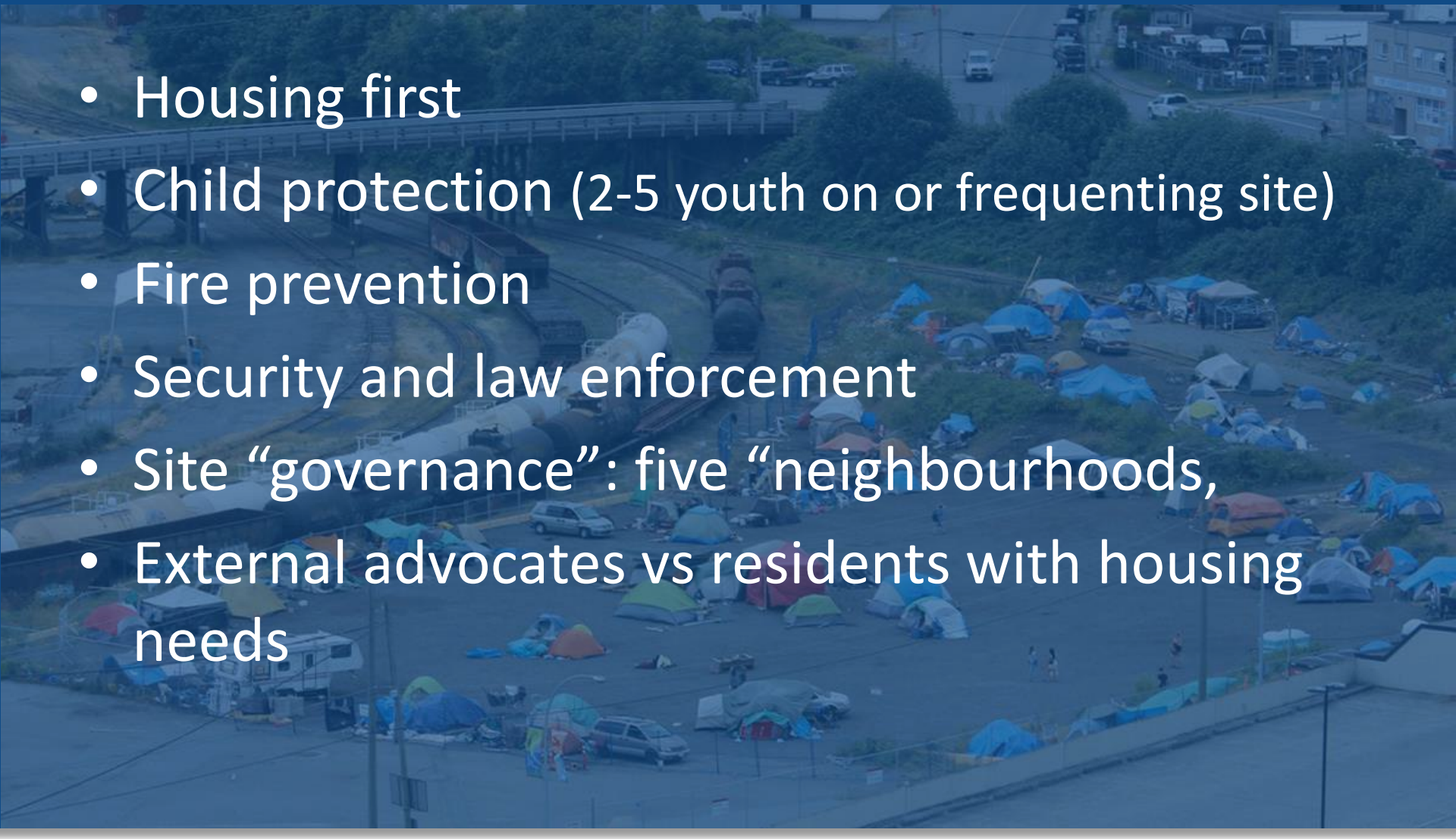
Broader site issues



- Housing first
- Child protection (2-5 youth on or frequenting site)
- Fire prevention
- Security and law enforcement
- Site “governance”: five “neighbourhoods,
- External advocates vs residents with housing needs

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Community Issues Related to Encampment

- Leadership – who's job?
- Legal battles – $$$ likely the main cost
- Politics – dysfunctional council.
  - Not a provincial political battlefield
- Media –coverage "negative" to community
- Security and protection of neighbouring businesses
  - Definite impact on local businesses
  - Crime increased in area and decreased in rest of city
  - Gawkers, tensions, name makers, conflicts

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Health Authority Service Issues

- Information sharing
  - within health authority – Day 55 onwards twice weekly teleconferences – not client specific
  - With contract agencies – Day 63 – weekly meeting, not client related.
    - Day 120 – beginning to collect "service level" aggregate data.
  - With housing and other key partners – Day 55, weekly, not substantive
    - Client specific only when modular housing became concrete, ~ day 188
- Staff security
  - ~day 130 Weapon shown to staff resulted in five days of no service
  - ~day 140 Staff attended someone on site who was shot (off site)
    - executive decision to pull further MHSU on site services
- Aligning services to be synergistic has not yet happened
- Health services decision making (Nanaimo vs HA).
- No additional allocated resources. Minor incidental costs covered.

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(my) Recommendations

1. BC Housing be mandated with responsibility to coordinate local actions to address homeless encampments, and held accountable
2. Proposed new mandated housing plans be enacted as legal expectation of local governments
3. Attorney General office lead any legal actions, and do so consistently

   Establish guidelines for judge's decisions (and timelines)
4. Clear local health leadership structure be established with authority and resources
5. Provincial (health) guidelines on responses to homeless encampments be established
6. Health authorities be held accountable for ensuring health services to persons wherever they choose to live

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Current

- Camp allowed to remain until Nov 30 (open modular housing)
  - Only those who have applied for new housing staying – others removed
  - Vehicles and combustibles removed
  - Service provider's "bus" - early October,
    - service tent for residents, early November
  - 170 modular units (work camps) mobilized in 2 sites
  - 260 applications
    - 220 from site. 185 before judge's decision on who could stay
- Council
  - 7 of 9 on council newly elected
  - Largest ever local turnout for municipal election (40%)

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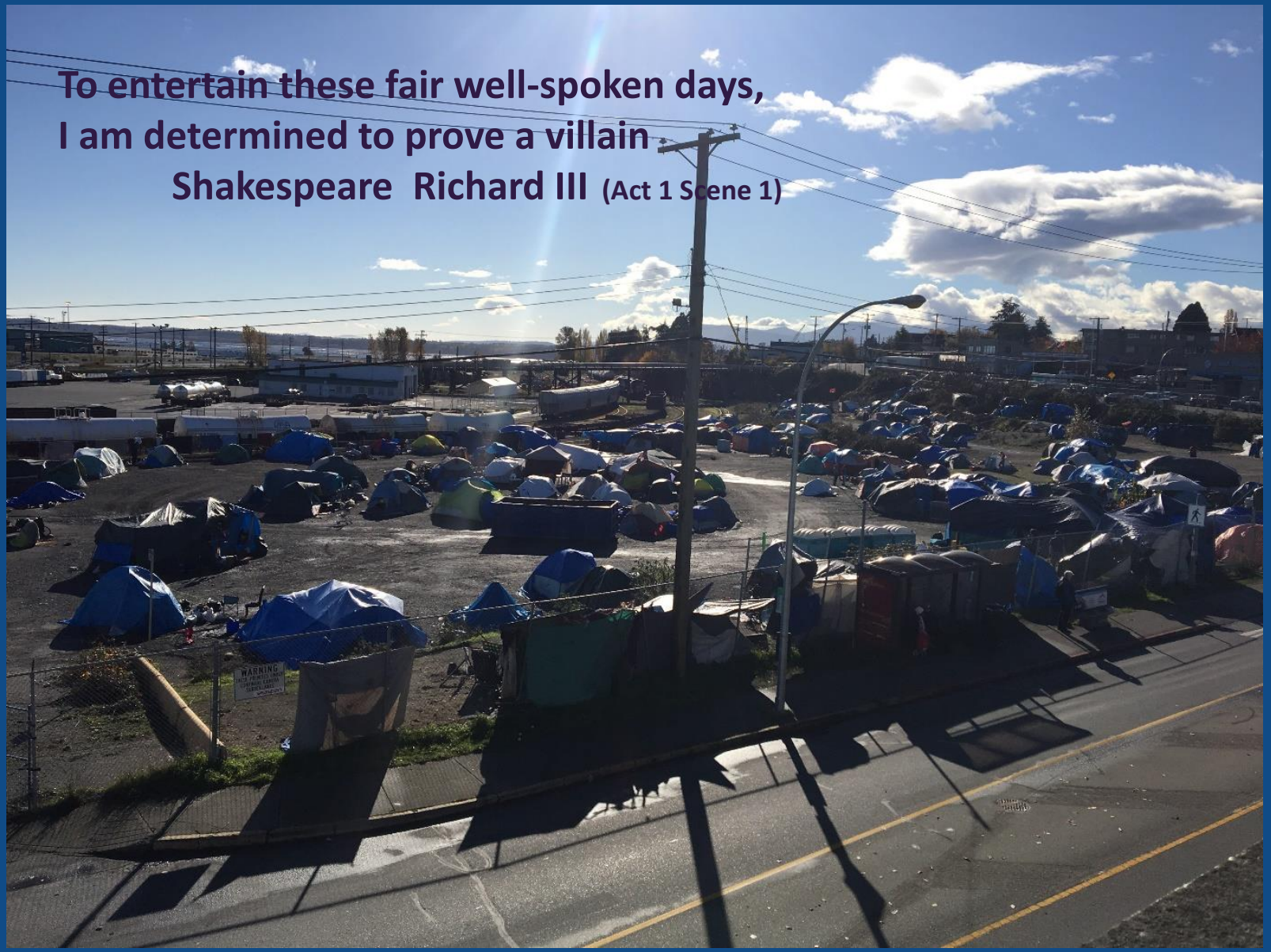

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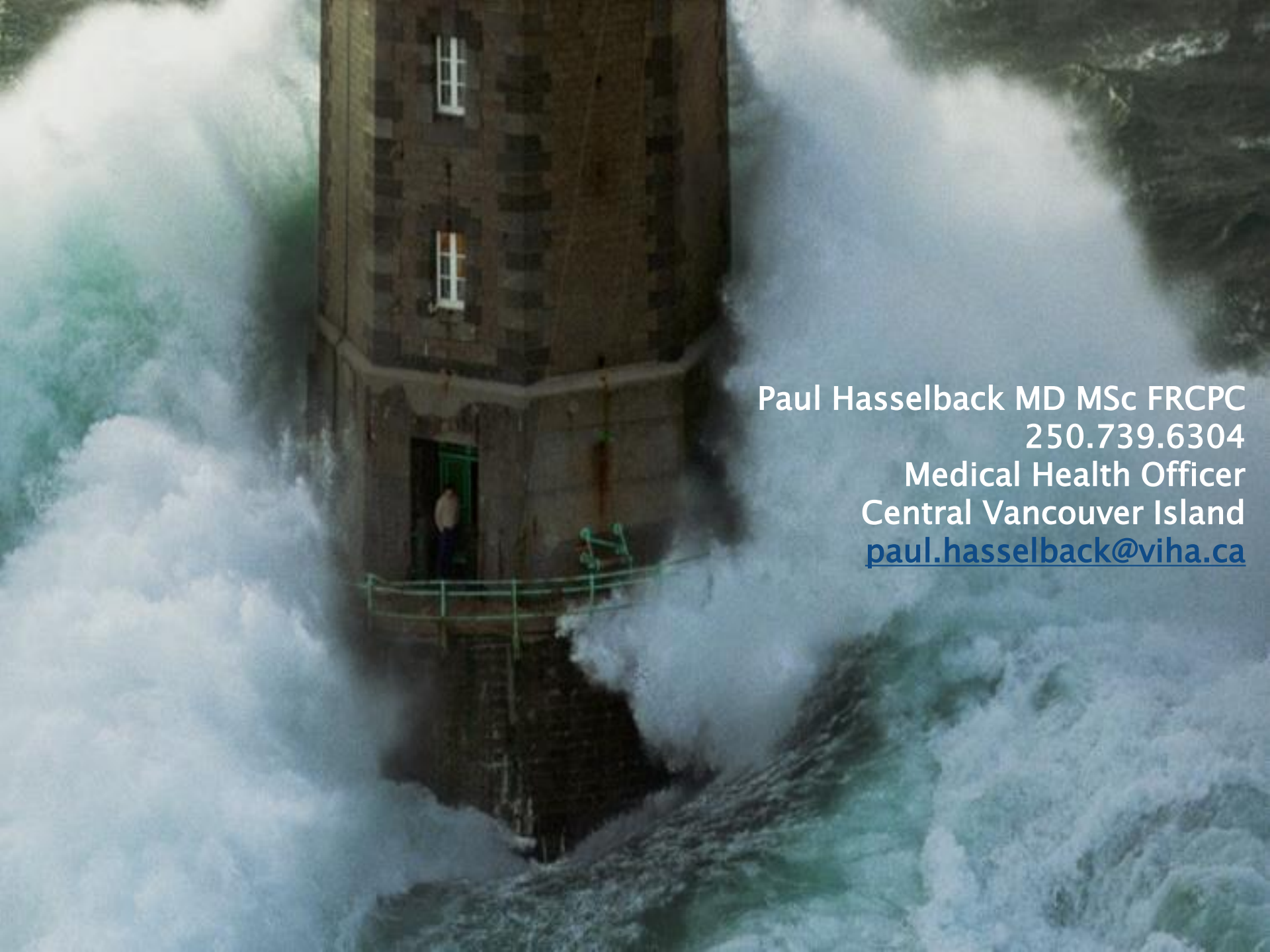

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