

## Death as a Social Justice Issue: Perspectives on Death & Dying on the Streets of Victoria

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A broad coalition of anti-poverty, community health, peer-based, faith, research, and student groups came together to host a week of events called [Street Deaths are Preventable Deaths \(June 15-19, 2015\)](#) to highlight the fatal impact of poverty and homelessness in our community. The week of events emerged from a report released by the University of Victoria's Poverty Law Club documenting their investigation of 30 deaths of street-involved people in Victoria in the Summer and Fall of 2012. Many of the deaths were not reported or investigated by the BC Coroners Service, or were classified as "natural" or "accidental", highlighting the underreporting and misclassification of homeless deaths. Around the same time, a [Megaphone report](#) stated that homelessness cuts an individual's life expectancy in half (40-49) in comparison to the general population.

The week kicked off on Tuesday with an annual *Peer Convergence* consisting of workshops run by and for people who use(d) drugs. On Wednesday, a well-attended panel entitled [Moving Forward with Supervised Consumption Services \(SCS\) in Victoria](#) showed the growing support and demand for SCS in Victoria. Thursday's panel called ***Death as a Social Justice Issue: Perspectives on Death and Dying on the Streets of Victoria***, sponsored by the *Equitable Access to Care Study* (P.I. Kelli Stajduhar) at the [Centre on Aging](#), provided space for close to 100 people to engage in a lively discussion about structural inequities and the responsibility of health care institutions and workers in creating safer spaces for street-involved people to access and receive care. The week culminated in a rally on the corner of Pandora and Quadra with coffins, crosses, and a meal.

Six panelists spoke to a packed room on the Thursday at a forum entitled *Death as a Social Justice Issue: Perspectives on Death and Dying on the Streets of Victoria*. The panel was moderated by Trudy Norman, a doctoral candidate at the Centre for Addictions Research of B.C. (CARBC) with over 25 years' experience working with people experiencing homelessness as a front line worker, program manager, and researcher.

Bernice Kamano was the first to speak. She introduced herself as from the Kwakwaka'waka Nation and described her work with the homeless population in her role with the [Aboriginal Coalition to End Homelessness](#). She described her own identity as a person who has experienced homeless and shared her experience of being taken away from her mother during a hospital visit at the age of 9 months old. She told this story to explain an Indigenous person's experience with colonial health care institutions and the intergenerational trauma that is brought with Indigenous individuals as they access care. She spoke about the importance of building trust when working with Indigenous communities and that despite good intentions, health care workers cannot assume they will automatically be trusted. Trust is earned.

Next, Bruce Wallace spoke about the [YES2SCS campaign](#), the campaign for supervised consumption services in Victoria. The YES2SCS campaign has been running for a little over a year and was formed to show the momentum for SCS in our city. SCS are spaces where people can access safer and more dignified spaces to consume drugs, dispose of their drug use equipment, and connect with health and social services, including peer support and treatment services, if desired. The City of Victoria has recently announced a process to bring together members of the Health Authority; the Victoria Police Department, and YES2SCS to establish these services within 3 years. He spoke about an upcoming campaign aimed at raising awareness that street deaths, linked to poverty, homelessness, and access to health care, is a huge, yet unacknowledged issue due to underreported and misrepresented data.

Grey Showler, a nurse at the [Cool Aid Community Health Centre](#) and member of the Palliative Outreach Resource Team (PORT), talked about his work history as a home care nurse providing palliative care to housed and well-supported individuals in our community in comparison to providing palliative care to individuals who are homeless or unstably housed, and living with complex health challenges. At the clinic, he noticed the early age at which people died (average was 47) compared to the general population of between 79 and 82. He spoke about the deplorable conditions he has witnessed people living and dying in, largely alone, hungry, and poorly groomed. Grey highlighted the impact of the social determinants of health on a “good death” and need to apply a palliative approach to individuals living with chronic illnesses in the street community.

Yvette Ringham-Cowan introduced herself as from the Kwakwaka’waka Nation on her mom’s side and English on her dad’s side, working with the [Cultural Safety program](#) at Island Health. She introduced herself rather than having the moderator provide a bio to speak to the vital importance for health care workers to share who they are when they engage in work and care with Indigenous and street-involved populations. Yvette told the story of Brian Sinclair who died while sitting and waiting in an emergency room in Winnipeg. She described speaking to an elder who had been in the residential schools, and how if she started to walk up stairs, if one of the nuns was coming down, she had to turn around and go back to the bottom and stand out of the way - no speaking, no eye contact. Knowing that, Yvette understood why Brian Sinclair sat quietly in the waiting room and didn’t speak up for himself. She emphasized the importance of understanding the history, and how health care organizations have been built on oppression and colonization.

Bernie Pauly, a nurse and scientist with the [Centre for Addictions Research of BC \(CARBC\)](#), spoke next and shared a story of her early research days in 2003 trying to convince decision makers that homelessness was killing people, and not being believed. In 2008, the World Health Organization (WHO) released a statement that “Social injustice is killing people on a grand scale.” Bernie spoke about a research project entitled “[Fostering Cultural Safety in Nursing Care for People who Use Drugs](#)” and the findings that healthcare institutions tend to individualize, criminalize and/or medicalize people who use drugs. She spoke about cultural safety as an approach to care for people who use drugs including fostering engagement and participation of

people who use drugs in healthcare decision-making; considering how past histories of trauma and violence, disadvantage and stigma may affect people's ability to engage with care plans; emphasizing relationships of trust as priority outcomes; and developing a culture of respect and safety within the workplace.

Finally, Kristen Kvakic, a social worker from [AIDS Vancouver Island \(AVI\)](#) and member of PORT, talked about the impact of the lack of discussion about death in Canadian society and how it influences community workers who support clients through the dying process. She pointed out that in our society we do not talk about death because it causes us deep grief. The grief occurs in part because we feel powerless. Kristen stated the importance of 'going to where people are at' to provide services and the lack of capacity for this to happen in our community. She pointed out that when we work with people who are dying, the inevitable "outcome" is death which defies our normal indicators of success in health and social services. Once we acknowledge that the outcome is death, health care workers can focus on the process in providing dignified and culturally safe care for individuals in our community.

A group discussion unfolded and the first theme of discussion was around the numbers of homeless deaths in our city. In terms of homelessness, 1700 people are using shelters on a daily basis. The number of deaths is unclear. The Megaphone report listed 281 homeless deaths in the past 8 years in B.C. and 70 of those were on Vancouver Island. This number, however, is underrepresented due to the definition of homelessness used by the Coroner's Service, and the underreporting of homeless deaths. For instance, if a homeless individual dies at the hospital, it is not considered a "homeless" death. Another issue is that once people are deemed "palliative" they may get access to housing, which makes them no longer considered "homeless." Panelists were aware of a physician who has begun listing "poverty" on death certificates as a secondary cause of death in cases where unstable or inadequate housing, lack of income, food insecurity, or other indicators of poverty have contributed to the death.

Between 2003-2013, at least 500 people died from illicit drug related deaths on Vancouver Island. The number of illicit drug related deaths has doubled over this time, while harm reduction interventions have been successful at reducing the spread of disease, other interventions are needed (e.g., SCS) to prevent these deaths in our community.

Another theme that emerged was that while homeless deaths need to be politicized, we also need to celebrate the lives of the resilient people in the street community. An audience member, Troy Sebastian, gave a beautiful analogy of looking at this through the eyes of a colonial cartographer, mapping the landscape of grief and pain in a society that has little understanding of death, loss and grieving. He spoke about the layers of grief including intergenerational loss stemming from colonization, and referred to an article that [Sherman Alexie](#) wrote about a funeral for his missing uncle.

An idea evolved in the community discussion about how we can both politicize and celebrate life by taking our grief and memorial out of private spaces and into the public so others can see it.

Conversation turned to “what can be done” and ideas emerged from getting involved with social movements such as YES2SCS and an upcoming Fall 2015 campaign to politicize the fatal effects of poverty and homelessness; writing letters to officials about the need for dedicated palliative resources for homeless and street-involved people; celebrating and commemorating the lives of homeless individuals through a street festival; attending the yearly homeless memorial on December 21<sup>st</sup>; and simply acknowledging homeless folks as you pass them on the street to say: “I see you and you matter.”

If you are part of a group that would be interested in a presentation from the Palliative Outreach Resource Team (PORT), please contact Kristen Kvakic at AIDS Vancouver Island at 250-384-2366, or Grey Showler or Caite Meagher at the Victoria Cool Aid Society at 250-384-2366, or Caelin Rose or Lucie Mattar at Victoria Hospice at 250-370-8715.

For more information or to be added to our listserv for updates on the study and related events, please contact [equitableaccess@uvic.ca](mailto:equitableaccess@uvic.ca).



**Equitable Access to Care for People with Life Limiting Conditions**